

Georgia Accountability Courts
Data Collection Manual Toolkit



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Council of Accountability Court Judges of Georgia

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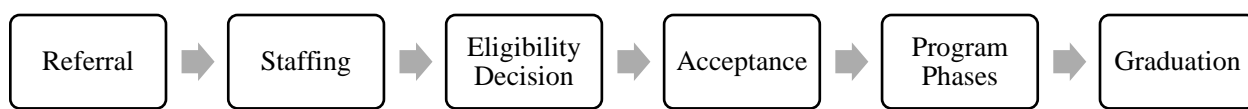
Introduction

The purpose of this toolkit is to provide practical guidance about accountability court workflow at every stage, from referral to graduation. This toolkit contains sample forms, workflow guides, and best practices lists to help inform daily operations in all accountability courts. The goal of this toolkit is to improve data collection and precision by providing a practical guide for data collected at each stage in a participant's accountability court journey. Some of the tools provided were generously shared by court programs, while others were provided by the Council of Accountability Court Judges. The toolkit is intended for use in conjunction with the data manual published annually by the Council of Accountability Court Judges. The data manual provides explanations of the collected data points, while the toolkit provides guidance on the implementation of best practices to collect the data points listed in the manual.

For any questions related to data collection, please contact Rachel Gage at (470) 591-0091 or at rachel.gage@georgiacourts.gov.

General Participant Flow through an Accountability Court

During a participant's journey through an accountability court program, a participant will travel through several stages that are similar across all programs throughout the state. An individual may be referred to a program by a prosecutor, a defense attorney, social services, probation officers, and sometimes, participants themselves or by a participant's family. After referral, the participant must be screened for eligibility, both legally and clinically, and the participant must be accepted into the program. Once a participant is accepted into the program, the participant must engage with treatment throughout all phases, including drug testing, supervision, treatment groups, individual treatment sessions, case management sessions, public service, and judicial status hearings. After completing all of an accountability court's requirements, a participant may graduate from the program.



Statutorily Required Data Points (collected and reviewed quarterly):

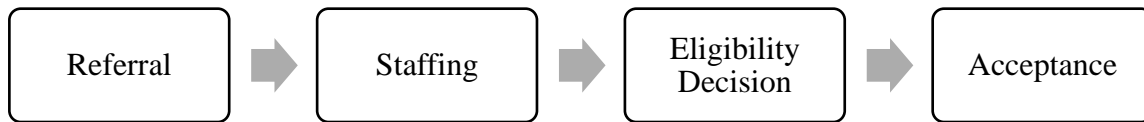
1. Drug Screen Results
2. Drug Screen Failures (positive test results)
3. Risk Level
4. Employment Status at Graduation
5. Exit Status
6. Exit Date

Note: Each of these data points is required to submit participant records each quarter. Records without these data points will not be pushed to the state.

State level data and analysis is only as good as the data submitted to the state.

Each court may have a slightly different process, but the flow chart above may be used as a reference for the general milestones that a participant must cross throughout each discrete section of the accountability courts process. Throughout this toolkit, the data points that are collected at each milestone will be presented.

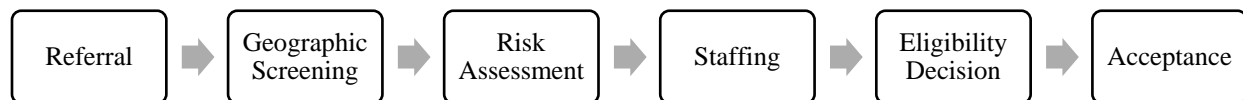
Pre-Acceptance/Intake



The first stage in any participant's journey is a referral to an accountability court. Referrals may be a pre-adjudication referral, a post-adjudication referral, or a probation revocation.

Additionally, referrals may come from several sources, including prosecutors, defense attorneys, family services, social services, probation officers, a participant, and/or a participant's family. In some cases, a referral, such as one from a prosecutor or defense attorney, may be considered to meet the legal eligibility requirements. Legal eligibility requirements may differ across each county and court.

The flow chart below depicts the intake process for a participant in a drug court in Georgia. This process may not apply to all courts, however, it may serve as a guide for data entry for several steps in the intake process. The chart above depicts a more general intake process.



Data points collected at Referral:

- State Identification Number
- Referring Charge
- Referral Source
- Referral Date
- Review/Screening Legal Date
- Arrest Date
- Demographic data, including name and date of birth

Data points collected at Geographic Screening:

- County of Residence
- Address

Data points collected at Risk Assessment:

- ASAM Level of Care Screening
- ASAM Level of Care Screening Date
- Risk Assessment Date, Results, and Type
- Risk Level

Data points collected at Staffing and Eligibility Decision:

- Review/Screening Program Date
- Eligibility Determination Date
- Eligibility Denial Reason
- Decline/Denial Date
- Decline/Denial Reason
- Staffing Approval Date

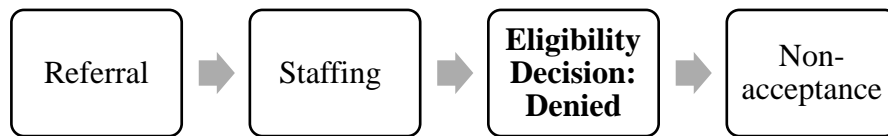
Data points collected at Acceptance:

- Plea Date
- Acceptance Date
- Acceptance Type
- Orientation Date
- Treatment Start Date
- Any additional demographic data as needed, including name and date of birth

During the Risk Assessment phase, courts may use any combination of risk assessment tools, however, an **ASAM Level of Care score is required for any participant with a substance use disorder diagnosis. Risk level must also be reported for every participant.** A sample intake form is provided as a reference for demographic and participant-specific data that must be collected. The intake form may be modified to suit individual program needs.

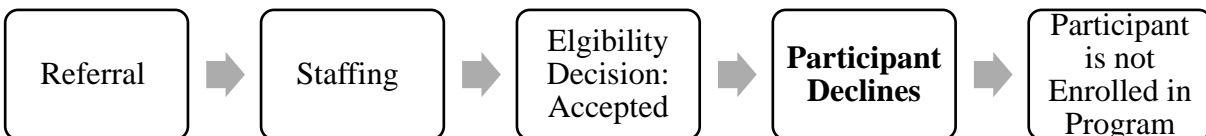
Eligibility Denials and Declines

While many participants are accepted into the program, some individuals who have been referred and screened will be denied by the program due to ineligibility. Additionally, some participants who have been accepted into the program may choose not to participate in an accountability court program. Data for those individuals is still necessary and must be reported to the Council of Accountability Court Judges.



Data points collected at Eligibility Denial:

- Review/Screening Program Date
- Eligibility Determination Date
- Eligibility Denial Reason
- Eligibility Denial Date



Data points collected at Participant Decline:

- Review/Screening Program Date
- Eligibility Determination Date
- Decline Reason
- Decline Date

Helpful Hints for Denial/Decline Data Entry

- If a participant declines or is denied acceptance, an exit status for that participant is not needed
- Demographic data and screening data are still needed for decline/denied participants

Sample Accountability Court Referral Form

Name: _____

Program Name: _____

Date Referral Received: _____

Referring Agency: _____

Referring Charge: _____

Arrest Date: _____

<u>Prosecution Initial Review</u>	<u>Defense Attorney Review</u>
SID: _____	Consultation date: _____
GCIC review date: _____	Interested in program: ____ Yes ____ No
Eligible: ____ Yes ____ No	Comments: _____ _____ _____ _____ _____
Comments: _____ _____ _____	
<u>Clinical Assessment</u>	
Date: _____	
Meets clinical eligibility: ____ Yes ____ No	
Diagnosis or Diagnostic Impression: _____	
Comments: _____ _____ _____ _____	
LSI-R Score _____	TCUDS Result _____
AUDIT Result _____	ASI Result _____
SASSI Result _____	ASAM Level _____
	TCU-CTS Result _____
	NEEDS Result _____

Additional assessments:

Team Review

Referral review date: _____ Approved for program entry: _____ Yes _____ No

Rejected date: _____ _____ Legal _____ Out of County _____ Clinical _____

Declined

Enrollment date: _____ _____ Pre-adjudication _____ Post-adjudication _____

Sentence: _____

Transferred date: _____

Transferred to county: _____

Additional comments: _____

Sample Accountability Court Participant Intake Form

Participant Information
Name:
DOB:
Social Security Number:
Gender:
Ethnicity/Race:
Are you a U.S. citizen? Yes No
Preferred Language:
Phone Number:
Housing status (circle one): Own Rent Live with family Homeless Staying at a shelter Staying on someone's couch Rehab Facility or Supervised Housing Section 8 Housing Supported Apartments
Is your housing provided through the Re-Entry Partnership Housing Program? (Drug Court, Family Treatment Court, Mental Health Court, and Veterans Treatment Court only) Circle one: Yes No
Address:
City/State/Zip:
How long have you lived at the address above?
Marital Status: Single Married Divorced Serious Relationship Widowed
Gender and DOB of children:
Do you have custody of your children: Yes No
If no, who has custody?
If placed with someone else, how long have your children been at that placement?
Is there any open DFCS case involving your children: Yes No
Do you have a valid Georgia driver's license? Yes No
Driver's license number:
Is your driver's license currently suspended? Yes No
If yes, why?
Do you have a limited permit? Yes No
Are you currently required to use any of the following (circle all that apply): Interlock SCRAM GPS Ankle Monitor

Education Information
Did you graduate high school? Yes No
If yes, what year did you graduate?
If no, what is the highest-grade level you completed, and what year did you complete?
Name of school:
Do you have a GED? Yes No
Name of school:
If no, are you interested in getting your GED? Yes No
Circle the highest degree you have earned: High school GED Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree
Name of school:
What year did you earn your degree?
Employment/Income Information
Employment Status (circle one): Unemployed Employed Disabled Retired
Status start date (when did this status begin):
If employed, what is your employment type (circle one)? Full-time Part-time Volunteer Temporary
Name of employer:
What is your profession?
What is your current position?
How many hours per week do you work?
What is your hourly rate or weekly pay?
Do you receive any of the following (circle all that apply): Food Stamps Unemployment TANF WIC Social Security Disability VA Benefits
If receiving disability, when did you start receiving benefits and what are you receiving disability for?
How much do you receive each month in disability benefits?
If receiving Food Stamps, Unemployment, TANF, or WIC, when did you start receiving these benefits and how much do you receive each month?
Do you pay child support? Yes No If yes, what is your court ordered monthly obligation?
Do you receive child support? Yes No If yes, how much do you receive a month?
Military Information

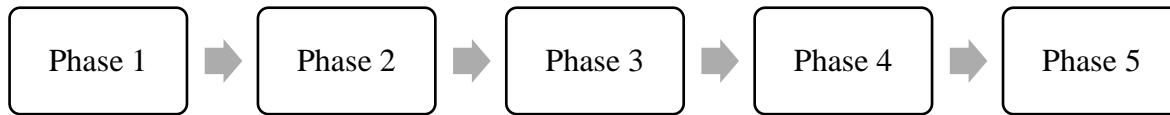
Have you ever served in the Armed Forces? Yes No		
If yes, in which branch of service did you serve?		
Enlistment date:		
Discharge date:		
Highest rank received:		
Discharge type:		
Discharge reason:		
Are you eligible for VA benefits? Yes No Unsure		
MOS/Job Assignment:		
Total deployments:		
Combat exposure? Yes No		
Conflict Type:		
Do you receive service connected benefits from the VA? Yes No		
What percentage of disability do you receive?		
Have you experienced any of the following (circle all that apply)? PTSD Sexual Trauma IED Exposure Traumatic Brain Injury		
List any medals/awards you received:		
Medical Information		
Have you ever been or are you currently receiving treatment for mental health issues? Yes No		
If yes, where?		
List any mental health diagnosis that you have received from a doctor:		
List any medications you are currently taking:		
Name of prescribing doctor:		
How long have you been taking these medications?		
Are you currently pregnant? Yes No		
What is your first drug of choice? of last use:	Age of first use:	Age
What is your second drug of choice? of last use:	Age of first use:	Age
What is your third drug of choice? of last use:	Age of first use:	Age
How often were you using? Daily Weekly Monthly		

Have you ever experienced any of the following (circle all that apply): Tremors, Delirium, Overdose, Blackouts, Intravenous (IV) Use
Does anyone in your family abuse drugs or alcohol? Yes No
How many times have you been in treatment for substance use prior to this program?
What kind of treatment (circle all that apply)? Inpatient Outpatient Rehab

Intake Data Helpful Hints

- More information is always better
- Risk Level is a statutorily required data point and must be reported each quarter
- Juvenile and Family Treatment Court intake may differ slightly than Drug, Mental Health, and DUI Court intake
- Veteran status is not exclusive to Veterans Treatment Courts; there may be veterans in other types of courts
- Juvenile and Family Treatment Court participants may not have an arrest date
 - For FTC participants, the date to be used in place of arrest date if there is no arrest is the date of a filing or a complaint to Department of Family and Children Services or a dependency filing in a juvenile court
 - For Juvenile participants, the date to be used if there is no arrest is the complaint date, i.e. the date that a complaint was filed against a juvenile

Phases



Data points collected for Phases:

- Participant Status and Participant Status Date
- Phase and Phase Change Date

After acceptance into an accountability court program, participants must complete defined stages of treatment, known as phases. Within each phase, participants must complete certain treatment, community and public service projects, and maintain a set numbers of days and months of negative drug screen results. Once a participant completes all requirements of a phase, that participant transitions into the next phase, a process known as “phasing up.”

While most courts follow a five-phase model, some courts include a “phase zero” for acute stabilization and some courts follow a four-phase model. In those courts, a participant may graduate at the completion of phase four; in some instances in four-phase model courts, participants who have not met graduation requirements upon completing phase four may enter into a phase five/“aftercare” phase to complete graduation requirements.

On the following pages are forms with actual phase completion requirements from a treatment court in Georgia. This court practices a five-phase model with the addition of a phase zero for intake and acute stabilization. These forms may be modified to fit the needs of any program. Additionally, these forms may be kept by both the case manager and the participant as a means of cross-referencing input data and as a means of participant equity in the program.

Phase Zero—Decision Phase

(Length: 14-30 Days)

Date Entered Phase: _____

Date Completed Phase: _____

Tasks to be Completed Prior to Phase Up:

1. Interview with Coordinator

Date: _____

Tentative Accept/Decline Participation: _____

Client Signature: _____

2. Completion of Clinical Assessment

Date: _____

Results: _____

3. Completion of Medical Screening

Date: _____

Results: _____

4. Final Decision to Enter Program

Date: _____

5. Review and Sign Paperwork for Program Entry

Date: _____

6. Set First Appointment with Case Manager

Date: _____

I hereby certify that I have completed the requirements for Phase Zero.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Phase One

(Length: ~30 Days)

Date Entered Phase: _____

Date Completed Phase: _____

Tasks to be Completed Prior to Phase Up:

1. Register for Call2Test Drug Screening and Receive Participant Handbook
Date: _____
2. Review Participant Handbook with Case Manager
Date: _____
3. Complete New Participant Survey
Date: _____
4. Assignment of Mentor and First Meeting (12-Step Program if applicable)
Date of Assignment: _____
Mentor: _____
Date of First Meeting: _____
5. Intake Appointment with Treatment Provider (determines treatment group and individual counseling needs)
Date: _____
6. Case Management Treatment Initiation Appointment
Date: _____
7. Group Session
Group Session Name: _____
Group Session Date: _____ (Ongoing Collection)
8. Individual Counseling
Date: _____ (Ongoing Collection)
9. Sanction/Incentive
Sanction Date: _____
Violation: _____
Sanction: _____ (Ongoing Collection)
Incentive Date: _____
Incentive: _____ (Ongoing Collection)

10. Drug Testing

Date: _____

Results: _____

Substance (if positive): _____ (Ongoing Collection)

11. Number of Days of Sobriety: _____

12. Completion of Phase One Transition Project

Date: _____

I hereby certify that I have completed the requirements for Phase One.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Phase Two

(Length: > 4 Months)

Date Entered Phase: _____

Date Completed Phase: _____

Tasks to be Completed Prior to Phase Up:

1. Weekly Meetings with Case Manager (16 weeks)
Date: _____ (Ongoing Collection)
2. Group Session
Group Session Name: _____
Group Session Date: _____ (Ongoing Collection)
3. Individual Counseling
Date: _____ (Ongoing Collection)
4. Sanction/Incentive
Sanction Date: _____
Violation: _____
Sanction: _____ (Ongoing Collection)
Incentive Date: _____
Incentive: _____ (Ongoing Collection)
5. Drug Testing
Date: _____
Results: _____
Substance (if positive): _____ (Ongoing Collection)
6. Maintenance of 30 consecutive days of sobriety and no sanctions incurred
Yes: _____ 30 Day Sobriety Date: _____
No: _____
7. Completion of Phase Two Transition Project
Date: _____

I hereby certify that I have completed the requirements for Phase Two.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Phase Three

(Length: > 4 Months)

Date Entered Phase: _____

Date Completed Phase: _____

Tasks to be Completed Prior to Phase Up:

1. Meet with Case Manager Weekly or Bi-Weekly
Date: _____ (Ongoing Collection)
2. Group Session
Group Session Name: _____
Group Session Date: _____ (Ongoing Collection)
3. Individual Counseling
Date: _____ (Ongoing Collection)
4. Meet with Case Manager to Develop Educational and Vocational Goals
Date: _____
5. Maintain Weekly Contact with Mentor
Date: _____ (Ongoing Collection)
6. Document Twelve-Step Program Progress
Date: _____ (Ongoing Collection)
7. Complete Personal/Household Budget
Date: _____
8. Complete a Resume
Date: _____
9. Maintenance of at least 30 consecutive days of sobriety and no sanctions incurred
Yes: _____ 30 Day Sobriety Date: _____
No: _____
10. Sanction/Incentive
Sanction Date: _____
Violation: _____
Sanction: _____ (Ongoing Collection)
Incentive Date: _____

Incentive: _____ (Ongoing Collection)

11. Drug Testing

Date: _____

Results: _____

Substance (if positive): _____ (Ongoing Collection)

12. Completion of Phase Three Transition Project

Date: _____

I hereby certify that I have completed the requirements for Phase Three.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Phase Four

(Length: > 4 Months)

Date Entered Phase: _____

Date Completed Phase: _____

Tasks to be Completed Prior to Phase Up:

1. Meet with Case Manager Weekly or Bi-Weekly
Date: _____ (Ongoing Collection)
2. Group Session
Group Session Name: _____
Group Session Date: _____ (Ongoing Collection)
3. Individual Counseling
Date: _____ (Ongoing Collection)
4. Complete Relapse Prevention Plan
Date: _____
5. Obtain Employment
Yes: _____ Date: _____
No: _____
6. Obtain Stable Housing
Yes: _____ Date: _____
No: _____
7. Monthly Attendance at a Family or Drug-Free Community Activity
Event/Activity: _____
Date: _____ (Ongoing Collection)
8. Maintain Weekly Contact with Mentor
Date: _____ (Ongoing Collection)
9. Sanction/Incentive
Sanction Date: _____
Violation: _____
Sanction: _____ (Ongoing Collection)
Incentive Date: _____
Incentive: _____ (Ongoing Collection)

10. Drug Testing

Date: _____

Results: _____

Substance (if positive): _____ (Ongoing Collection)

11. Maintain at Least 60 Consecutive Days of Sobriety

Date Completed: _____

12. Completion of Phase Four Transition Project

Date: _____

I hereby certify that I have completed the requirements for Phase Four.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Phase Five

(Length: > 4 Months)

Date Entered Phase: _____

Date Completed Phase: _____

Tasks to be Completed Prior to Phase Up:

1. Meet with Case Manager Weekly or Bi-Weekly
Date: _____ (Ongoing Collection)
2. Group Session
Group Session Name: _____
Group Session Date: _____ (Ongoing Collection)
3. Individual Counseling
Date: _____ (Ongoing Collection)
4. Complete an Accountability Plan
Date: _____
5. Maintain Employment from Previous Phase(s)
Yes: _____ Date: _____
No: _____
6. Maintain Stable Housing
Yes: _____
Date: _____
No: _____
7. Maintain Weekly Contact with Mentor
Date: _____ (Ongoing Collection)
8. Monthly Attendance at a Family or Drug-Free Community Activity
Event/Activity: _____
Date: _____ (Ongoing Collection)
9. Sanction/Incentive
Sanction Date: _____
Violation: _____
Sanction: _____ (Ongoing Collection)
Incentive Date: _____

Incentive: _____ (Ongoing Collection)

10. Drug Testing

Date: _____

Results: _____

Substance (if positive): _____ (Ongoing Collection)

11. Maintain at least 90 Consecutive Days of Sobriety

Yes: _____

Date completed: _____

12. Complete Final Project

Date: _____

I hereby certify that I have completed the requirements for Phase Five.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Case Management

Case management is time spent with participants by a case manager and/or a coordinator. In case management sessions, the case manager/coordinator engages with the participant to track progress, ensure accuracy of already-collected information, provide support to the participant, and address participant concerns. Most importantly, a case manager should be knowledgeable about resources available to a participant such as housing services, clothing sources, vocational training programs, government benefits and services, and shelters.

Data points collected during Case Management:

- Case Management Session Date
- Case Management Session Type

The following page contains a sample checklist for a case management session. The checklist may be modified to suit the needs of any court.

Helpful Hints for Case Management

- Knowledge of resources for participants is crucial
- Case management is important for building trust with participants

Case Management Checklist

Session Date: _____

Participant ID: _____

Participant Attendance:

Yes: _____ No: _____

1. Are there any changes to the following pieces of information?

Address

Yes: _____

Updated Address: _____

Date of Address Change: _____

No: _____

Phone Number

Yes: _____

Updated Phone Number: _____

Date of Phone Number Change: _____

No: _____

Education

Yes: _____

Education Status: _____

Date of Education Status Change: _____

No: _____

Employment Status

Yes: _____

Updated Employment Status: _____

Date of Employment Status Change: _____

No: _____

2. Phase Status Updates

3. Treatment Attendance Updates (including medication and medical updates)

4. Drug Testing Updates
5. Supervision Updates
6. Sanction/Incentive Updates
7. Mentor Meeting Updates
8. Address CM Concerns with Participant
9. Address Participant Concerns with CM
10. Create Action Plan (if necessary)

Monitoring

Participant monitoring generates the bulk of data collected by the Council of Accountability Court Judges. Monitoring may include drug testing, electronic monitoring, judicial status hearings, and tracking participant substance preferences. Because monitoring generates the bulk of the data collected, precision in collecting this data is crucial. Accurate monitoring data allows coordinators, case managers, and the Council of Accountability Court Judges to determine if participants are in compliance with their individual treatment plans, establish substance use trends across the state, and determine the effectiveness of treatment.

Data points collected in Monitoring:

- Crisis Intervention Episodes
- Drug Test Comments
- Drug Test Date
- Drug Test Method
- Drug Test Observed
- Drug Test Results
- Drug Test Results Date
- Drug Test Substances
- Drug Test Type
- Electronic Monitoring Dates
- Electronic Monitoring Type
- Hospital—Emergency Room Visits (Date)
- Hospital—Psychiatric Hospitalizations (Date)
- Judicial Status Hearing Attendance
- Judicial Status Hearing Date
- Medical Session Date
- Medical Session Type
- Primary Drug of Choice
- Secondary Drug of Choice
- Tertiary Drug of Choice

Helpful Hints for Monitoring Data Collection

- Not all data points will apply to a participant. The court should collect and report all applicable data points for each participant.
- Positive drug screen results must be reported each quarter
- Behavioral drug screen failures (i.e. dilute sample, not showing up, refusing to produce a sample, not producing a sample) are positive drug screens***
- Participants or the court may request a more detailed analysis of any drug screen
- Status hearing attendance requirements may be based on a participant's phase
- Drug testing data should be reported for each drug testing episode

Below is an overview of a drug court's practices regarding judicial status hearings. This list may not apply to every program, and it may be modified to fit the individual needs of each court.

Phase	Frequency of Status Hearings
Phase 1	Weekly
Phase 2	Weekly
Phase 3	1 st and 3 rd Friday of the month
Phase 4	1 st Friday of the month
After a violation:	Next available court date, regardless of phase

Staffing

Staffing is the meeting where all stakeholders, including judges, prosecutors, defense attorneys, treatment providers, probation, coordinators, case managers, and others discuss participant progress, recommendations, and whether to accept potential participants. These meetings are fluid and may be different across programs. Below is a list of topics to discuss for each participant. The list is not exhaustive and may be modified to fit the needs of any program.

Helpful Hints for Staffing

- Staffing notes may be generated by your case management software and customized based on your needs

Staffing Discussion List

Date: _____

Stakeholders Present: _____

Workflow

- Participant Name
- Violations (if applicable)
- Treatment Updates
- Supervision Updates
- Drug Screen Updates
- Stakeholder Concerns
- Applicable Decision Making

Supervision

Supervision is the monitoring of participants outside of program activities, usually conducted by Probation, the Department of Community Supervision, or local law enforcement. Supervision is an opportunity to develop trust with participants, family members, roommates, employers, etc.

Data points collected in Supervision:

- Supervision Services Contact Date
- Supervision Services Contact Duration

Helpful Hints for Supervision Data Collection

- Supervision is an opportunity to develop trust with participants
- Supervision helps ensure participant program compliance, including curfews
- Supervision may act upon visualization of items or actions prohibited by the program, weapons, and illegal substances (not an exhaustive list)
- Supervision data should be reported for each supervision episode

Treatment

Treatment data is crucial. It informs the services that a participant provides, data about the efficacy of treatment modalities used, and how well the participant is responding to the treatments and services provided. Treatment data includes group sessions, individual sessions, diagnosis data, medical appointments, and medication-assisted treatment.

Data points collected in Treatment:

- Diagnosis or Diagnostic Impression
- Diagnosis Level
- Treatment Session Attendance
- Treatment Session Date
- Treatment Session Duration
- Treatment Session Type
- Treatment Type is Evidence-Based
- Medical Appointment
- Type of Treatment
- Medication-assisted Treatment Completion
- Medication-assisted Treatment Denial
- Medication-assisted Treatment Prescribed
- Medication-assisted Treatment Referral
- Medication-assisted Treatment Level of Compliance

Graduation

When a participant completes all program requirements, that participant is eligible for graduation. Each program has different requirements that a participant must meet prior to graduation eligibility. Below is a sample list of graduation requirements from a drug court. The list may not apply to every program, and it may be modified to suit individual program needs.

Data points collected at Graduation:

- Exit Date
- Exit Status
- Employment Status

Graduation Checklist

Name of Participant: _____

Graduation Date: _____

Requirements for Graduation

- At least 18 months in program
- At least 120 consecutive days of sobriety
- Completion of Moral Reconciliation Therapy and/or any other individualized program
- Current on all program fees and other associated fees
- Staff approval of the participant's individual sobriety plan

Program Separation

In some instances, a participant may not graduate from or complete¹ an accountability court program. When a participant fails to graduate or complete a program, the participant is separated from the program. Separation types vary, and include termination-withdrawal, discharge-dismissal, discharge-administrative discharge, termination-noncompliance, and discharge-transfer. **When a participant is separated from the program, the participant's exit status and the exit date must be reported.**

Types of Participant Separation

- *Termination-Noncompliance*: removal from a program for failure to comply with program rules or regulations
- *Termination-Withdrawal*: voluntary withdrawal from a program
- *Discharge-Administrative Discharge*: removal from a program due to mental health, medical, or other circumstances outside the participant's control, that cannot be managed by court and/or community resources, and that prevent the participant from successfully completing an accountability court program
- *Discharge-Dismisal*: removal from a program due to death or incapacity
- *Dismisal-Transfer*: reassignment to another jurisdiction or another program type within the same jurisdiction

Data points collected at Separation:

- Exit Date
- Exit Status
- Employment Status

¹ A participant is deemed to have completed an accountability court program when a participant has spent the same amount of time in the program and treatment than the participant would have spent under a traditional sentence but has not yet met all of the requirements for graduation.

Frequently Asked Questions

What data do I need to collect if a potential participant is denied entry or declines to participate?

If a potential participant is denied or declines participation, demographic data, denial or decline reason, and denial/decline date should be entered. If a participant is screened but declines to participate or denied entry, the following data points should be entered: all demographic data, assessment data, such as ASAM screening results and date, risk level screening results and date, arrest date (or dependency filing date/juvenile complaint date), eligibility determination and date, eligibility denial date, eligibility denial reason, and decline/denial date and reason. Additionally, referral information should be reported. Referral information includes referral date and source, referring charge, legal review/screening date, and program review/screening date.

What if I don't see my risk assessment tool in the data menu?

If you don't see your exact risk assessment tool, please use "Other."

How do I enter the status of a participant that is currently in an in-patient treatment setting and receiving no services from the court? Alternatively, how should I report a participant who is still receiving services from the court, but is also in a residential treatment program?

That participant should be listed as "Inactive" during in-patient treatment and then marked "Active" once that individual returns to treatment and is receiving services from the court. If a participant is still receiving services from the court, but is in a residential treatment program, that participant should be reported as "Active—Residential" under the Participant Status Tab.

How should I report a participant that has absconded?

If a participant has absconded, that participant should be reported as "Inactive-AWOL" under the Participant Status tab.

Are drug test comments required data entry points?

Drug test comments are very helpful and should be reported if applicable to a participant's drug screening event.

What should I track for incentive data?

Incentive data is varied and may include grab bag draws, verbal commendations, gift cards, early release from court, skip a case management session, etc. All of those should be tracked and entered by date and type. Best practices for sanction/incentive implementation recommend three incentives for every one sanction. For more information about specific incentives, please see the forms at the end of the data collection manual.

Who should I call if I have a substantive data question or need clarification on a data point or requirement?

Please call Rachel Gage at 470-591-0091 or email at rachel.gage@georgiacourts.gov.

Who should I call if I have a technical data question or issue?

For technical data questions or support, please call your case management system vendor.