Council of Accountability Court Judges

Chief Judge Kathlene F. Gosselin
Executive Committee Chair
Northeastern Judicial Circuit

Taylor Jones
Executive Director

MEMORANDUM

Memorandum

TO: Council of Accountability Court Judges and Staff Members

FROM: Rachel Gage, CACJ Data Programs Manager and Certification Officer II
         Matthew Bishop, JC/AOC Research Analyst

RE: FY2022 Updates to the CACJ Data Collection Manual

DATE: June 28, 2021

The purpose of this memo is to summarize data collection changes and updates for Fiscal Year 2022. The proposed data changes are meant to refine some areas of data collection in effort to improve the quality of data received by the Council of Accountability Court Judges (CACJ). CACJ and the Judicial Council/Administrative Office of the Courts (AOC) will discuss these changes in an upcoming webinar.

Monitoring
1. "Narcotics" will now appear as "opioid."
2. Drugs of choice: "prescription opioids" should be used instead of "prescription narcotics."

New Status
3. Since treatment records are required for ALL active participants, but it is understood there are situations in which a participant may not yet have treatment sessions (e.g., entered the program at the very end of the quarter) or may have completed all required treatment (e.g., pending graduation), courts now have an additional status for which participants can be categorized: **Active – No Treatment Required**. This status should only be used in special circumstances and will be monitored through quality assurance processes.

New Requirements
4. All accepted and active participants must have a diagnosis or diagnostic impression. This data element is required.

The FY2022 Evidence-based Curricula list includes:

1. Acceptance and Commitment Therapy (ACT)
2. Anger Management
3. Celebrating Families
4. Cognitive Behavioral Therapy (CBT)
5. Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA)
6. Criminal and Addictive Thinking
7. Dialectical Behavioral Therapy (DBT)
8. Eye Movement Desensitization Reprocessing (EMDR)
9. Family Violence Intervention Program (FVIP)
10. Hazelden Co-Occurring Disorders Program
11. Hazelden LifeSkills
12. Individual Therapy/Counseling
13. Individual-Trauma
14. Integrated Dual Disorders Treatment
15. Living in Balance (LIB)
16. Matrix Early Recovery Skills and Relapse Prevention
17. Moral Reconation Therapy (MRT)
18. Motivational Enhancement Therapy (MET)
19. Motivational Interviewing
20. MRT - Discovering Life and Liberty in the Pursuit of Happiness
21. MRT - Staying Quit
22. MRT - Untangling Relationships
23. MRT - Winning the Invisible War
24. Partners for Change Outcomes Management System (PCOMS)
25. Peer Support Services
26. Prime for Life
27. Prime Solutions
28. PSR – Psychosocial Rehabilitation – Ind.
29. Rational Emotive Behavior Therapy (REBT)
30. Relapse Prevention Therapy (RPT)
31. Seeking Safety
32. Strengthening Families
33. TCU Mapping Enhanced Counseling
34. Thinking for a Change (T4C)
35. Trauma Recovery and Enhancement Model (TREM)
36. Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
37. Wellness Recovery Action Plan (WRAP)

Please see the *CACJ EBC and Ancillary Service Submission Policy Memo* for the new evidence-based treatment submission process, scheduled for release mid-July, 2021.

Reminders for Quarterly Quality Assurance Checks

1. Exit Dates – AOC will ensure that each reported exiting participant includes both exit date and exit status.
2. Acceptance Dates – AOC will ensure that each reported exiting participant includes both an acceptance date and acceptance type.
3. Phase Movements – AOC will ensure that each quarterly report includes information for each participant that was reported as active in the previous quarter.
   a. Coordinators should update phase changes timely and at the least within the quarter of the change. This includes but is not limited to program exit/separation (e.g., graduation, termination).
4. Employment at Graduation – AOC will ensure that employment level is provided for each graduating participant. Coordinators may be asked to confirm employment levels if no updates were made prior to the participant's exit.
5. Diagnosis/Diagnostic Impression and Treatment – AOC will ensure that each active participant has a reported diagnosis/diagnostic impression and at least one treatment session reported for that quarter. **This is a requirement.**
   a. Coordinators should, however, enter all treatment sessions for every participant to include types and dates of treatment sessions, and attendance.
   b. CACJ will begin monitoring treatment dosage.
6. Drug Tests – AOC will ensure that each positive drug test includes substance data and that each active participant has at least one reported drug test in each reporting period. Additionally, AOC will monitor drug test frequency against active participant counts.
   a. Coordinators should, however, enter all drug tests for every participant with the result and substance, if positive.
7. AOC will monitor continuity of reporting for all participants regardless of status, therefore coordinators must push every participant, every quarter even if no changes within the quarter occurred. Coordinators shall ensure all records are submitted successfully.

Coordinators will be contacted by AOC and/or CACJ following the quarterly reporting deadline with questions and issues based on quality assurance checks. Coordinators must update records accordingly and resubmit during the determined maintenance window.

Please see your case management system vendor's repository submission instructions linked here.