

Accountability Courts Statewide Supplemental Performance Measures Report

Fiscal Year 2023

June 2024
Council of Accountability
Court Judges of Georgia



Prepared by the Georgia Statistical Analysis Center

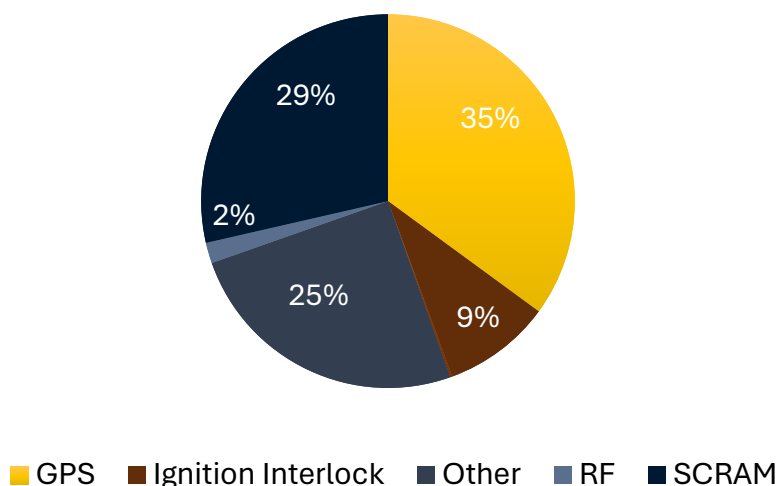
Electronic Monitoring

Approximately 30% of participants in FY 2023 underwent electronic monitoring at some point during the year. A variety of electronic monitoring types were used to keep participants accountable, with five major monitoring types and an additional “other” category.

Radio frequency (RF) consists of a bracelet which connects to a home hub unit. RF can only record location as either within or not within range of the home hub, so it is best used for curfew monitoring of low-risk participants. GPS monitoring uses a GPS device that records the location of the participant at all times and can be used to enforce a curfew as well as ensure the participant stays within acceptable location boundaries that can extend outside the home. Secure Continuous Remote Alcohol Monitoring (SCRAM) can track GPS location in addition to testing for alcohol in skin perspiration at least once per hour. An ignition interlock is a device that is used to monitor blood alcohol content in vehicles through which participants must use a breathalyzer each time they get into the car; the ignition interlock will prevent the vehicle from turning on if the participant is not sober. Medication Event Monitoring System (MEMS) is a unit that monitors medication adherence.

Most of the electronic monitoring was done via GPS monitor with 780 uses, while the least used method was MEMS, with only four uses. A significant portion (25%) of electronic monitoring records were reported as “other,” which may warrant further investigation. MEMS is excluded from the visualization below because it comprised less than 1% of monitoring types used.

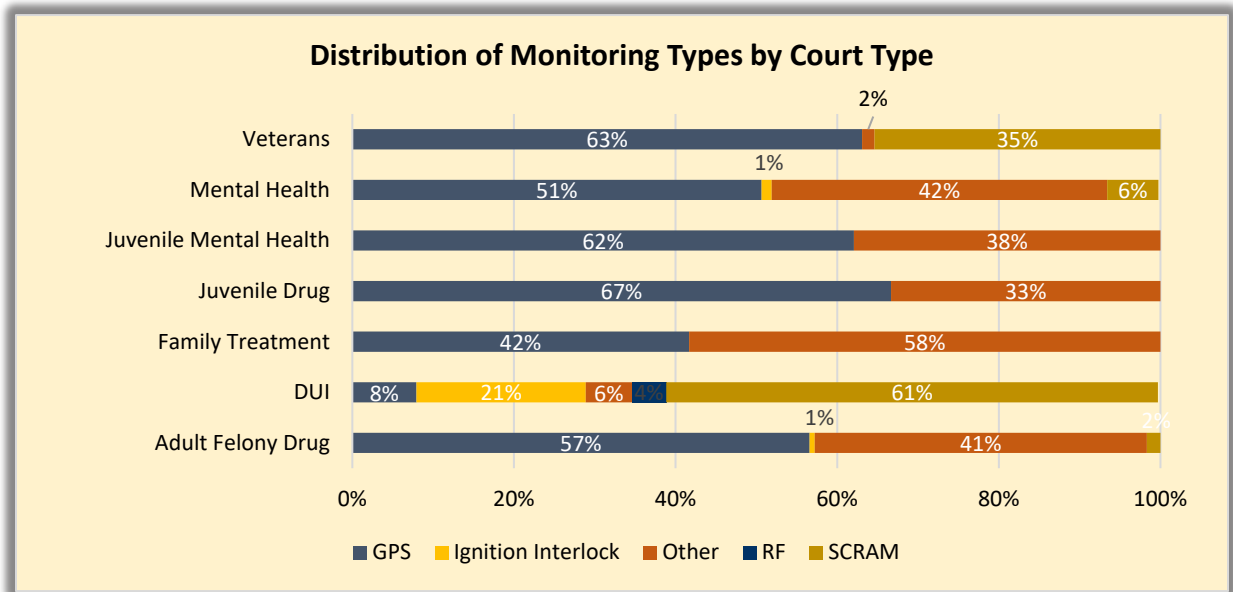
Frequency of Monitoring Type



Of those participants who had finished their monitoring period, 80% were monitored for less than six months. On average, participants were monitored for just under 14 weeks. Adult Drug Courts had the longest monitoring periods, averaging 25 weeks, while the five other courts averaged less than 10 weeks of monitoring. Family Treatment Courts had the shortest monitoring periods, averaging three weeks.



Average length of time a participant was monitored was **14 weeks**



GPS monitoring represented 51-62% of the monitoring for five of the seven court types (see graph above). Although Family Treatment Courts utilize GPS for monitoring, 58% of monitoring is done through other methods. DUI Courts employ the most monitoring diversity with the majority done through SCRAM (61%). MEMS was excluded from this analysis because it comprised less than 1% of the monitoring types in the courts in which it is used; one Mental Health Court participant and 3 DUI Court participants were monitored using MEMS.

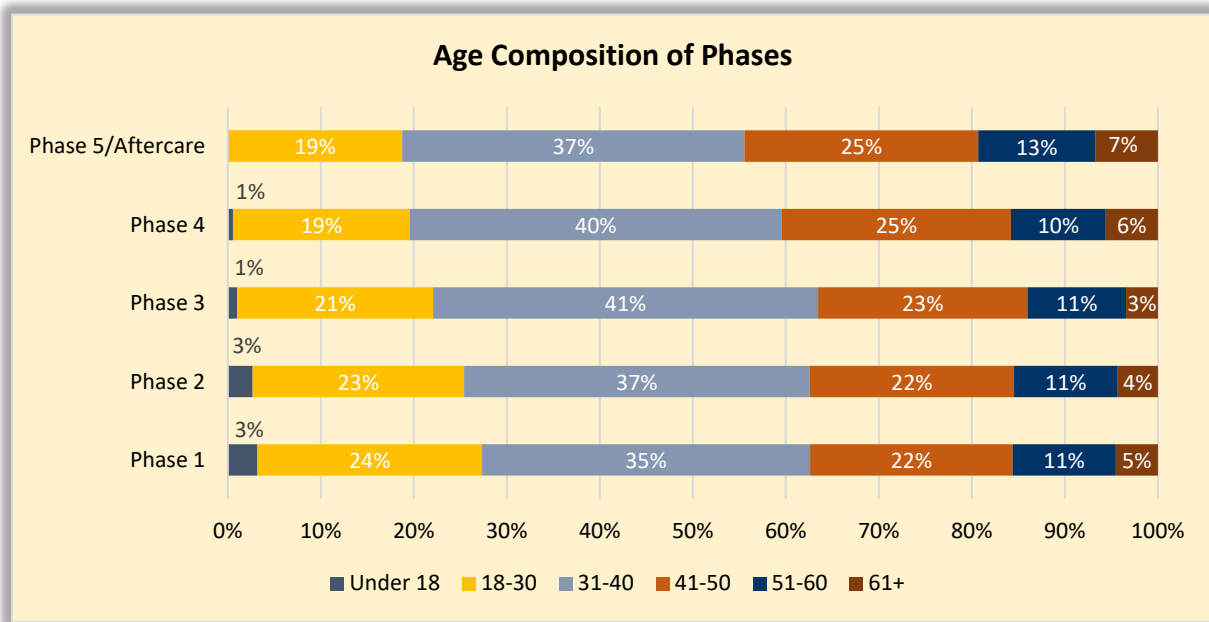
Participant Demographics by Phase

Participant demographics appear to be relatively stable throughout phases, though there are trends slightly shifting gender identity, racial, and age makeup throughout the phase progression. All phase information from FY 2023 is included in this analysis. This does not represent a single cohort which moved from phase 1 to phase 5 within FY 2023; rather, all participants and their respective phases throughout the fiscal year were included. For example, if a participant started FY 2023 in Phase 2

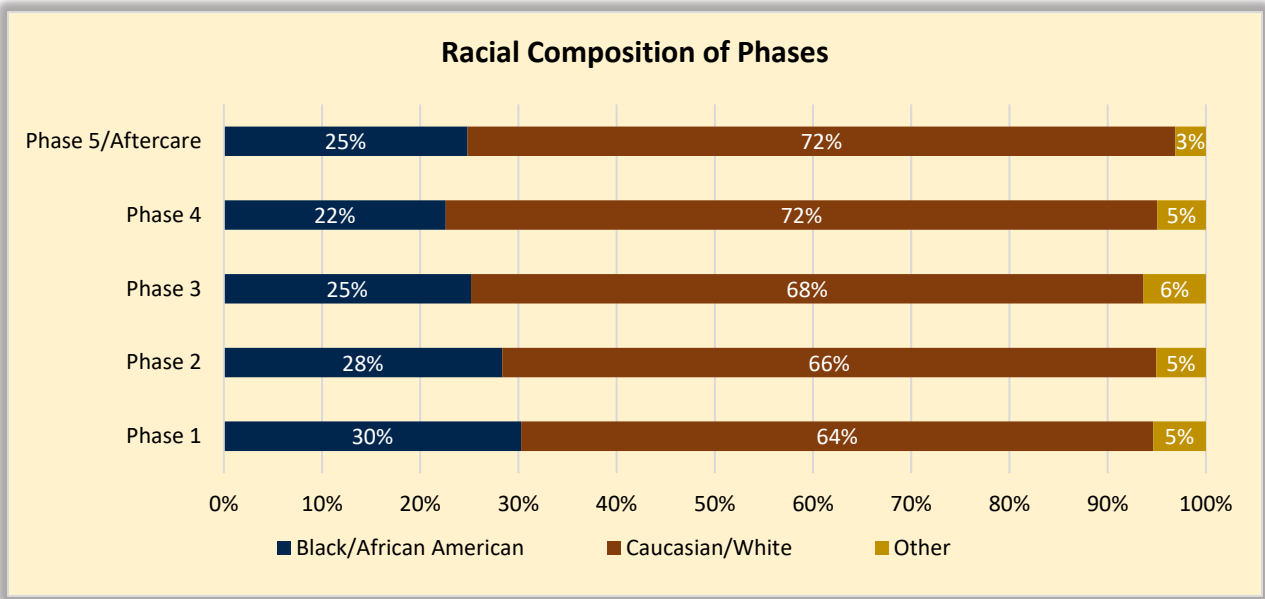
and ended FY 2023 in Phase 4, their demographic information is included in Phases 2, 3, and 4. Though there is almost no change in gender identity from phase-to-phase for Phases 1 through 4, there is a small but sudden (about 5%) drop in female participants in Phase 5. A limited number of participants were identified as being transgender or non-binary (9 total records); it should be noted, however, these participants were primarily in early phases during FY 2023, likely due to data collection updates deployed in FY 2023.



Age demographics were relatively stable, though there is a consistent trend that participants below the age of 30 decline in presence as the phases advance



Racial demographics remain relatively stable, though there is a consistent overall trend of the number of non-white participants decreasing and Caucasian/White participants increasing throughout the phases. Though these changes are small in each phase, they result in an 8% increase in the percentage of Caucasian/White participants from Phase 1 to Phase 5/Aftercare. While there are some individuals who identified as Native American, Asian, or Native Hawaiian/Pacific Islander, these individuals made up less than 1% of each phase and have therefore been omitted from the following chart.



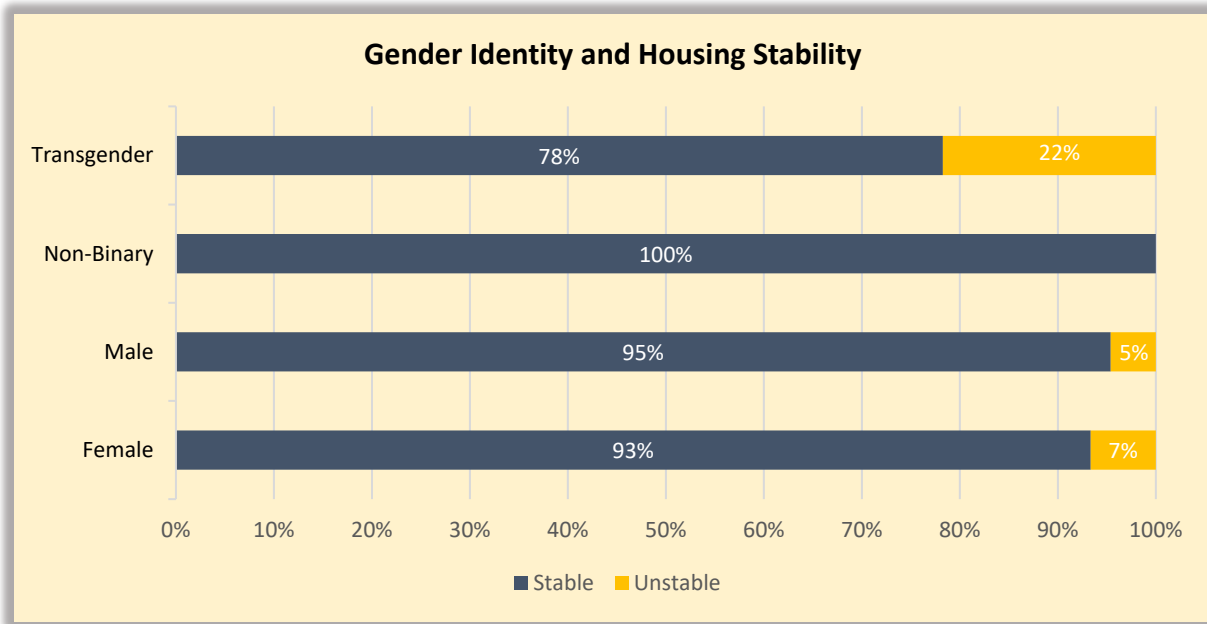
The proportion of participants who identify as Hispanic or Latino also reduces slightly throughout program phases but has the largest drop from Phase 4 to Phase 5/Aftercare, with around a 4% difference between Phase 1 and Phase 5/Aftercare.

Stable and Unstable Housing

Nearly half of all records (~46%) did not include housing stability status. Of those who did report either stable or unstable housing, the vast majority reported stable housing, with only 5% reporting unstable housing. It should be noted that the housing data elements were just added to the database in FY 2023.

Low educational attainment correlates with a higher likelihood of having unstable housing; around 6% of participants who had less than a high school diploma reported having unstable housing, while around 1% of participants who had a bachelor’s degree reported having unstable housing. Chi-square correlational testing, which used to show whether or not there is a relationship between two categorical variables, reveals that there is a less than 1% chance that this correlation is due to chance.

Racial distributions of stable and unstable housing appear to be approximately equal, with no one racial group presenting a particular concern for unstable housing risk. Though Native Hawaiians and Pacific Islanders do have the highest rate of unstable housing, there were only 9 participants who identified this way, causing the single unstable housing participant to have a disproportionate impact on the rate of instability. Gender is also relatively equally distributed, though transgender individuals are at the highest risk of unstable housing, with approximately a 20% instability rate, while other identities have between a 0% and 7% instability rate.



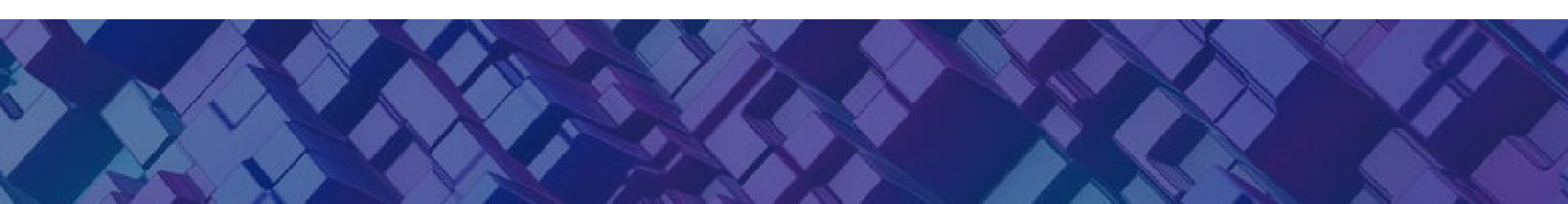
Unsurprisingly, chronic unemployment is also a risk factor for housing instability. Participants who were not reported as chronically unemployed have around a 2% unstable housing rate, while participants who were reported as chronically unemployed have approximately a 16% unstable housing rate.

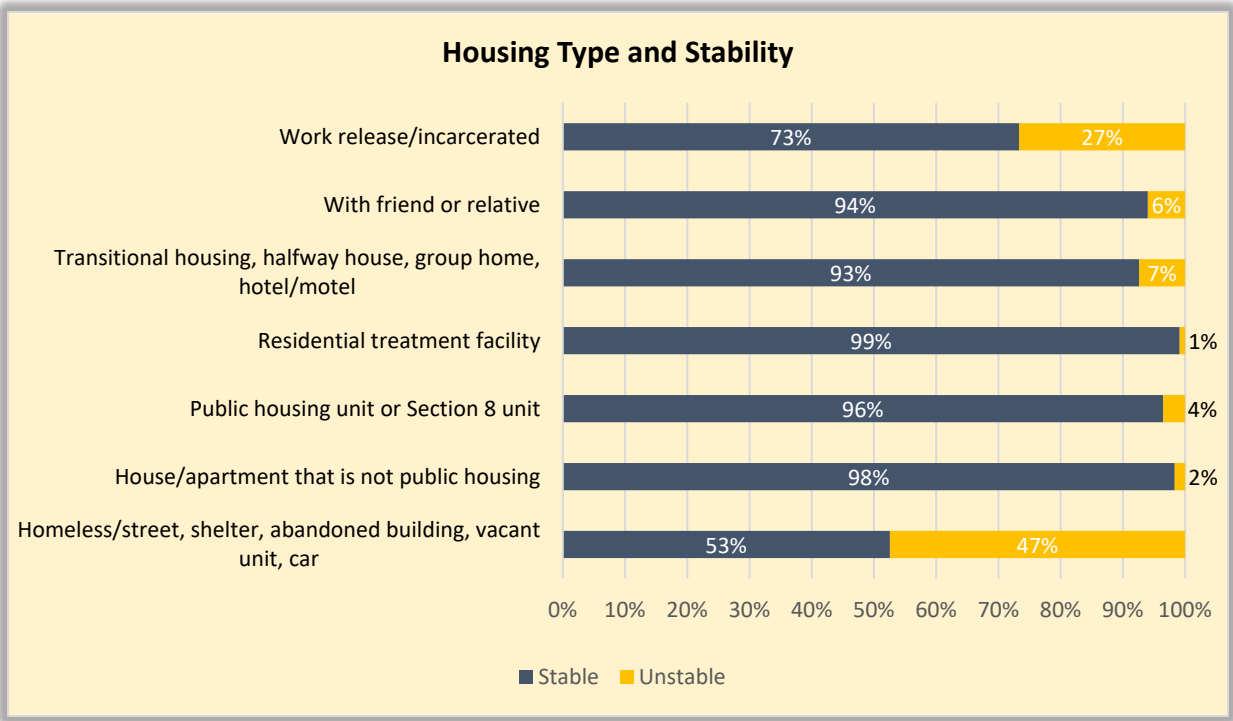


Chronic unemployment is related to housing instability



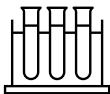
Participants who were reported as either homeless or living in a shelter, and those who were incarcerated, were the most likely to report unstable housing, with nearly 50% of those who were homeless or living in a shelter reportedly have unstable housing and nearly 30% of those who were incarcerated reported unstable housing.





Comparison to National Benchmarks for Drug Testing

Drug testing practices appear to align well with the national guidelines set forth for accountability courts; drug tests should be random, observed urine tests which occur at least twice a week for the duration of the participant’s time in the program. The average number of drug tests per participant per month in FY 2023 was eight, which adheres nearly perfectly to the two tests per week on average guideline.

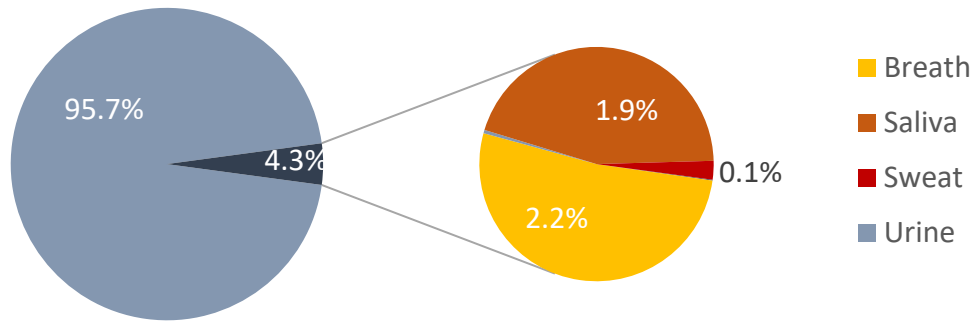


Participants averaged **eight** drug tests per month

Most drug tests were observed, with only approximately 1% of tests reported as either unobserved or observation unknown.

Most tests (approximately 96%) administered were urine tests, which is also in line with national recommendations for drug testing for accountability courts. Testing types that were less than 0.1% of total tests have been omitted from the below chart.

Drug Testing Methods



There is a relatively low frequency (72%) of tests being reported as random compared to the national standard. Further discussion with coordinators may be warranted to understand the definitions of what are and are not considered random tests by courts, and the obstacles that they face in administering random tests. It should be noted that in most courts, if team members suspect drug or alcohol use may request participants to test ad hoc, or at demand, based on need. Since these tests are technically not random, they are likely being reported as Scheduled, which would result in the overall percentage of random drug tests to decrease.