



# Court Operating Profile

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[FAQ & Other Information](#)

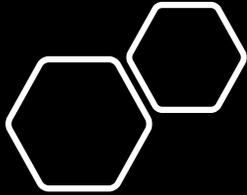


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This FAQ will attempt to cover questions regarding the Court Operating Profile & its operational aspects.

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# Login Information

- Each court has been designated a Unique ID and Password to enter the Court Operating Profile Report.
- This ID is based on your court type primary designation. It is comprised of **2** letters and **4** digits. Please enter this information directly into the ID field.
- The Password is 4 random digits. Please enter this information directly into the field.
- If you encounter issues logging into the system, please contact Mary Jane Parker.

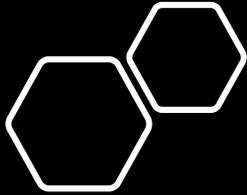
Please enter your authentication information.

**Id**

**PWD**

Enter





# Introductory Page

- At the introductory page, you must provide the person's name who:
  - Is completing this report;
  - Is going to submit the grant application.
- Please also provide the email of the person who is going to submit the grant application.

Please note the **Previous** and **Next** buttons at the bottom of the page. These will help you navigate within the report. If you need to update any question at any time, you can go back to it using the **Previous** button.



Please indicate the person who is completing this report.

The person who is completing this report

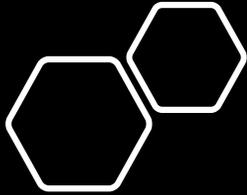
Please indicate the name of the person who will be submitting the grant application

The person who will be submitting the grant application

Please provide the email of the person who will be submitting the grant application.

Person@email.com

[Previous](#) [Next](#)



# Introductory Page

- Please select your court name from the provided drop list. If you are reporting for multiple facilities, please use the corresponding login information.
- If you are an implementation court, this selection is at the bottom of the drop-down list.
- This page will also ask which Judicial Circuit your court operates in. Please select it from the provided list. If you do not see your district, please inform Mary Jane Parker before proceeding.
- Finally, indicate between Juvenile, State, and Superior court levels.

From the list below, please select your court name. If you are submitting a profile for an implementation Court, please scroll to the end of the list and select "Implementation Court".

Cobb County Veterans Court ▼

Please select the Judicial Circuit in which your court is operating:

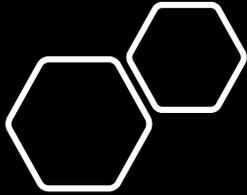
Cobb ▼

Please select the level of court in which your accountability court program will be located:

State Court ▼

Next





# Implementation Court

- If you indicated that you are an implementation court in the previous question, you will be brought to the following question.
- Please use the space provided to enter your court's name.

## Court Operating Profile Report

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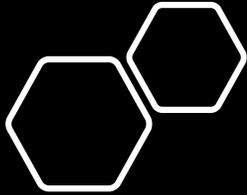
Please enter your implementation court's name:

No Answer

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# County Select

- Please select the county or counties that you intend to serve in the upcoming year via your accountability court program.
- If you are an implementation court, please select the anticipated counties of service.



## Court Operating Profile Report

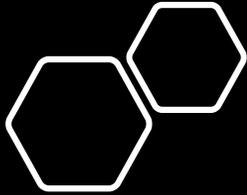
1%

Please select the county(ies) you intend to serve via your accountability court program.

- |  |                                    |                                     |                                     |                                     |
|--|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Appling       | <input type="checkbox"/> Cobb      | <input type="checkbox"/> Grady      | <input type="checkbox"/> McDuffie   | <input type="checkbox"/> Sumter     |
| <input type="checkbox"/> Atkinson      | <input type="checkbox"/> Coffee    | <input type="checkbox"/> Greene     | <input type="checkbox"/> McIntosh   | <input type="checkbox"/> Talbot     |
| <input type="checkbox"/> Bacon         | <input type="checkbox"/> Colquitt  | <input type="checkbox"/> Gwinnett   | <input type="checkbox"/> Meriwether | <input type="checkbox"/> Taliaferro |
| <input type="checkbox"/> Baker         | <input type="checkbox"/> Columbia  | <input type="checkbox"/> Habersham  | <input type="checkbox"/> Miller     | <input type="checkbox"/> Tattnell   |
| <input type="checkbox"/> Baldwin       | <input type="checkbox"/> Cook      | <input type="checkbox"/> Hall       | <input type="checkbox"/> Mitchell   | <input type="checkbox"/> Taylor     |
| <input type="checkbox"/> Banks         | <input type="checkbox"/> Coweta    | <input type="checkbox"/> Hancock    | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Telfair    |
| <input type="checkbox"/> Barrow        | <input type="checkbox"/> Crawford  | <input type="checkbox"/> Haralson   | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Terrell    |
| <input type="checkbox"/> Bartow        | <input type="checkbox"/> Crisp     | <input type="checkbox"/> Harris     | <input type="checkbox"/> Morgan     | <input type="checkbox"/> Thomas     |
| <input type="checkbox"/> Ben Hill      | <input type="checkbox"/> Dade      | <input type="checkbox"/> Hart       | <input type="checkbox"/> Murray     | <input type="checkbox"/> Tift       |
| <input type="checkbox"/> Berrien       | <input type="checkbox"/> Dawson    | <input type="checkbox"/> Heard      | <input type="checkbox"/> Muscogee   | <input type="checkbox"/> Toombs     |
| <input type="checkbox"/> Bibb          | <input type="checkbox"/> Decatur   | <input type="checkbox"/> Henry      | <input type="checkbox"/> Newton     | <input type="checkbox"/> Towns      |
| <input type="checkbox"/> Bleckley      | <input type="checkbox"/> DeKalb    | <input type="checkbox"/> Houston    | <input type="checkbox"/> Oconee     | <input type="checkbox"/> Treutlen   |
| <input type="checkbox"/> Brantley      | <input type="checkbox"/> Dodge     | <input type="checkbox"/> Irwin      | <input type="checkbox"/> Oglethorpe | <input type="checkbox"/> Troup      |
| <input type="checkbox"/> Brooks        | <input type="checkbox"/> Dooly     | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Paulding   | <input type="checkbox"/> Turner     |
| <input type="checkbox"/> Bryan         | <input type="checkbox"/> Dougherty | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Peach      | <input type="checkbox"/> Twiggs     |
| <input type="checkbox"/> Bulloch       | <input type="checkbox"/> Douglas   | <input type="checkbox"/> Jeff Davis | <input type="checkbox"/> Pickens    | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Burke         | <input type="checkbox"/> Early     | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Pierce     | <input type="checkbox"/> Upson      |
| <input type="checkbox"/> Butts         | <input type="checkbox"/> Echols    | <input type="checkbox"/> Jenkins    | <input type="checkbox"/> Pike       | <input type="checkbox"/> Walker     |
| <input type="checkbox"/> Calhoun       | <input type="checkbox"/> Effingham | <input type="checkbox"/> Johnson    | <input type="checkbox"/> Polk       | <input type="checkbox"/> Walton     |
| <input type="checkbox"/> Camden        | <input type="checkbox"/> Elbert    | <input type="checkbox"/> Jones      | <input type="checkbox"/> Pulaski    | <input type="checkbox"/> Ware       |
| <input type="checkbox"/> Candler       | <input type="checkbox"/> Emanuel   | <input type="checkbox"/> Lamar      | <input type="checkbox"/> Putnam     | <input type="checkbox"/> Warren     |
| <input type="checkbox"/> Carroll       | <input type="checkbox"/> Evans     | <input type="checkbox"/> Lanier     | <input type="checkbox"/> Quitman    | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Catoosa       | <input type="checkbox"/> Fannin    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Rabun      | <input type="checkbox"/> Wayne      |
| <input type="checkbox"/> Charlton      | <input type="checkbox"/> Fayette   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Randolph   | <input type="checkbox"/> Webster    |
| <input type="checkbox"/> Chatham       | <input type="checkbox"/> Floyd     | <input type="checkbox"/> Liberty    | <input type="checkbox"/> Richmond   | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Chattahoochee | <input type="checkbox"/> Forsyth   | <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Rockdale   | <input type="checkbox"/> White      |
| <input type="checkbox"/> Chattooga     | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Long       | <input type="checkbox"/> Schley     | <input type="checkbox"/> Whitfield  |
| <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Fulton    | <input type="checkbox"/> Lowndes    | <input type="checkbox"/> Screven    | <input type="checkbox"/> Wilcox     |
| <input type="checkbox"/> Clarke        | <input type="checkbox"/> Gilmer    | <input type="checkbox"/> Lumpkin    | <input type="checkbox"/> Seminole   | <input type="checkbox"/> Wilkes     |
| <input type="checkbox"/> Clay          | <input type="checkbox"/> Glascock  | <input type="checkbox"/> Macon      | <input type="checkbox"/> Spalding   | <input type="checkbox"/> Wilkinson  |
| <input type="checkbox"/> Clayton       | <input type="checkbox"/> Glynn     | <input type="checkbox"/> Madison    | <input type="checkbox"/> Stephens   | <input type="checkbox"/> Worth      |
| <input type="checkbox"/> Clinch        | <input type="checkbox"/> Gordon    | <input type="checkbox"/> Marion     | <input type="checkbox"/> Stewart    |                                     |

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# Court Programs

- Please select the primary program that your accountability court offers. If you are uncertain of this designation, please contact Rachel Meyer.
- If your court offers a secondary program, different from tracks, please indicate this information in the secondary question.

Note: *Program* is defined by the type of offender population your court primarily serves and the standards associated with serving that population - i.e. substance dependent, mentally ill, veterans, those with a history of DUI, families with substance dependence or mental illness, substance dependent juveniles, or mentally ill juveniles.

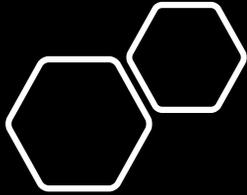


Please select the **primary** program that your accountability court offers.

- Adult Felony Drug
- Adult Mental Health
- Veterans Treatment
- DUI
- Family Dependency Treatment
- Juvenile Drug
- Juvenile Mental Health

Please select the **secondary** program (if any) that your accountability court offers.

- Adult Felony Drug
- Adult Mental Health
- Veterans Treatment
- DUI
- Family Dependency Treatment
- Juvenile Drug
- Juvenile Mental Health
- Not Applicable



# Court Tracks

- If your court offers different tracks within the program, please indicate that information in this question.
- "*Tracks*" here means that offenders may be classified by risk level, population characteristics, or other factor which dictates different treatment options or rigor.
- Please use your discretion to determine whether this applies to your court or not. If you have any questions regarding this matter, please reach out to Kimberly Howard.

Does your accountability court program have multiple tracks with differing treatment requirements?

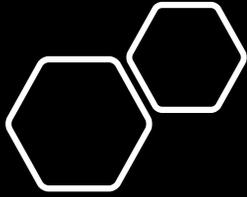
Yes

No

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# Track Type

- If you indicated that your court offered different tracks on the previous page, you will be prompted to indicate the type of track within your court.
- If you do not see your court track type, please navigate back to the previous page and change your answer to “No”.
- If your court uses multiple tracks, you can select more than one choice on this question.

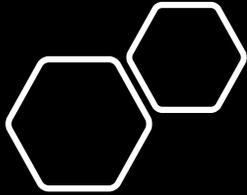
What kind of "tracks" does your accountability court offer?

- Low Risk Offender Track
- Co-occurring disorder Track
- Veterans Track
- Probation Violations Track
- High Risk Offender Track

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# Cost of Incarceration

- Please enter the average **daily** cost of incarceration per county served.
- Note that this average is a whole number. Please round your average accordingly.
- If you enter an invalid answer, you will not be able to go forward with the report.

■ 4%

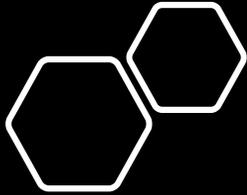
Please tell us the average **daily** cost of incarceration for each of the counties you served (Please enter **numbers only**. No dollar signs or decimals are allowed):

Cobb

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# Participant Consideration

- Please select at what point in the court process your court considers participants.
- You will only be able to select one choice on this question.

 8%

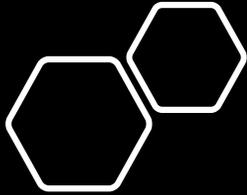
At which point in the court process does your court consider participants?

- Pre-Adjudication
- Post-Adjudication
- Both

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# Court Capacity

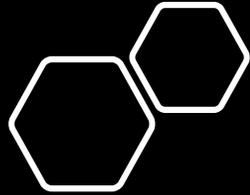
- Please indicate the numeric participant capacity of your court.
  - As indicated in the report, *Capacity* means the maximum number of participants your court can serve at one time – regardless of phase.
- Judicial time, case manager time, treatment availability, and other factors should be considered to determine the court capacity.

What is your court's capacity?

[NOTE: *Capacity* means the maximum number of participants your court can serve at one time - regardless of Phase.]

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# Family Court Capacity

- Family courts will need to specify the maximum number of adults and children that the court can serve at one time, regardless the phase.
- There are two boxes for answers, one for adult capacity and other for children capacity.

What is your Family Treatment Court's capacity for adults?

[NOTE: *Adult capacity* means the maximum number of adults your court can serve at one time -

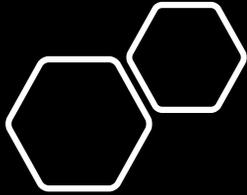
What is your Family Treatment Court's capacity for children?

[NOTE: *children capacity* means the maximum number of children your court can serve at one time -

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# Capacity Factors and Barriers

- Please select any/all factors that determine court's capacity.
- If there are additional determining factors not listed, please use the field besides **Other** to indicate.
- If the court is experiencing any barriers to maintaining capacity over the previous year, please select all factors applicably.

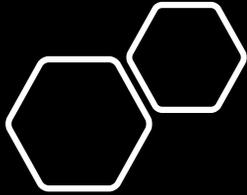
What factors does your court consider to determine capacity?

- Group Treatment availability with selected provider
- Amount of time presiding judge has available to monitor participants
- Number of surveillance officers available to the court
- Number of clinical case managers available to the court
- Number of case managers available to court
- Availability of slots in other life skills programming
- Part-time status of our program coordinator
- Other

If you have experienced any barriers to maintaining capacity over the previous calendar year, please select which those were from the list below

- Lack of referral from prosecutor
- Lack of referral from law enforcement/jail
- Lack of referral from public defender/defense counsel
- Too many of the referred participants were not clinically appropriate for the program
- Too many of the referred participants did not meet legal eligibility requirements
- Program offerings did not meet the needs of too many of the referred participants
- Lack of participants from target population
- Treatment slot capacity group treatment slot capacity
- Competing demands on judicial calendar
- Clinical case manager case load
- Non-clinical case manager case load
- Transportation issues for participants
- Housing issues for participants
- Surveillance officer capacity
- Funding shortage
- No Issues Meeting Capacity**
- Other





# Full Time Equivalents

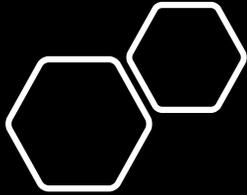
- Please indicate the percentage of a 40 hours work week that each of these staff members work.
- If, for example, a staff member works 6 out of 40 hours, indicate .15 for that FTE.
  - Note that these numbers should be indicated in decimals, not full numbers.

**.15 NOT 15%**

- If a particular position does not participate on your core team, please report a "0" in the box.
- You will need to place a number in each selection to continue the report.

Clinical Case Manager	<input type="text"/>
Community Supervision/Probation Officer	<input type="text"/>
Court-Appointed Special Advocate/Guardian ad Litem	<input type="text"/>
Department of Family and Children Services Case Worker	<input type="text"/>
Judge	<input type="text"/>
Lab Technician/Drug Screen Collector	<input type="text"/>
Peer Support Specialist	<input type="text"/>
Law Enforcement/Surveillance Officer	<input type="text"/>
Program Case Manager	<input type="text"/>
Program Coordinator	<input type="text"/>
Prosecutor (DA, Solicitor, or SAAG)	<input type="text"/>
Public Defender/Defense Attorney	<input type="text"/>
Special Assistant Attorney General	<input type="text"/>
Treatment Coordinator	<input type="text"/>
Treatment Provider	<input type="text"/>





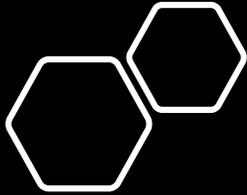
# Community Service Board

- Please select how much of your accountability court's treatments is provided by your local Community Service Board.
- Community Service Boards are the state-designated public agencies that provides behavioral health services for the state.
- Community-based Providers are public agencies or Non-profitable organizations that provide behavioral health services.

Does your local Community Service Board (CSB) provide all, most, some, or none of the treatment for your accountability court?

- All
- Most
- Some
- None





# Operational Services

- Please indicate whether or not the service is provided by the CSB or Other Treatment Providers. You will be able to select more than one option.
- If the service is not provided through your court, please select “Service Not Provided”.
- This information will be recorded for outpatient services, residential treatment services, life skills services, & evidence-based treatment.



Please select all of the **outpatient services** that your treatment provider (CSB or not) offers

	CSB Provides Service	Other Community-based Provider	Other Treatment Provider	Service Not Provided
Psychological Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each **residential treatment service**, please tell us whether the CSB or another

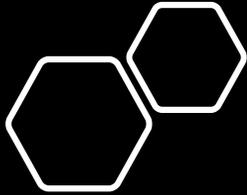
	CSB Provides Service	Other Community-based Provider	Other Treatment Provider	Service Not Provided
Intensive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For each **life skills service**, please tell us whether the CSB or another treatment provider

	CSB provides service	Other Community-based Provider	Other Treatment Provider	Service Not Provided
Employment counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

From the list below, please select all of the **evidence-based treatment** programs or practices

	CSB Provides	Other Community-based Provider	Other Treatment Provider	Service Not Provided
Relapse Prevention Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beyond Trauma (gender-specific)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



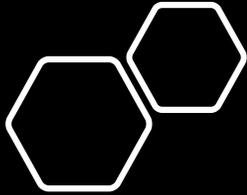
# Medical-assisted Treatment

- Please provide an explanation of why medical-assisted treatment is not provided in your court.

If medication-assisted treatment is not provided, please indicate why (select all that apply):

- No certified provider in the area
- Insufficient Funding
- Team member objected (role of the team member who objected)
- Other
- Not Applicable**





# Treatment Providers

- Please select the answer that best describes the following questions regarding your relationship with your treatment provider.
- You will need to answer these final 3 questions, regardless of whether your treatment provider is a CBS, another provider, or in-house treatment staff.
- If you do not answer these questions, you will not be able to continue the report.

How do(es) your treatment provider(s) give your court feedback on participant progress?

- Weekly progress reports sent via email
- Weekly progress reports sent via fax
- Notes/data entered directly into our court case management system
- Data shared directly from the provider electronic record to court case management system
- Attendance and treatment compliance notes only
- Treatment provider does not provide regular feedback (only ad hoc, upon request)

Does your court pay the treatment provider directly for the services it provides?

- Yes for all
- Yes for some
- No

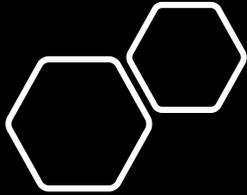
For what portion of the treatment provider's services does your court pay?

- All
- Only Additional/Non-Billable Services

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# Treatment Costs and Fund Sources

- Use the provided space to indicate how much your court paid treatment providers for all services rendered in the previous year.
- Please use the provided grid to indicate additional funds/payment. If you do not receive these funds, select Don't Know.

How much did your court pay treatment providers for services rendered to your participants in the previous calendar year?

555

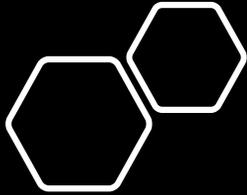
Please tell us if your local treatment provider receives or accepts funds/payment from any of the sources

	Yes	No	Don't Know
SAMHSA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
DATE Funds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Medicare	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Insurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Foundation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
BJA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
DBHDD	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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# No CBS Partnership

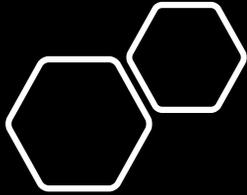
- Please tell us why your court does not partner with the local community service board for treatment services.

Why doesn't your court use your local CSB for any treatment services?

- Lack of capacity to handle referrals from court
- Wait list is too long to obtain treatment
- CSB does not want to participate in court staffing sessions (which we require)
- CSB does not offer evidence-based programming
- CSB location is not accessible to our participants
- CSB does not offer substance abuse services that are suitable to our population's needs
- CSB's overall service menu is not suitable for our target population
- We provide treatment services in-house
- We already had a long-standing treatment relationship with another provider
- CSB is too expensive
- Other Reasons

What non-CSB treatment provider(s) does your court use?





# Court Staffing

- Please choose the frequency of staffing meetings and judicial status hearings which best applies to your court staffing operations.

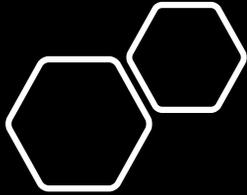
Please tell us the frequency of your staffing meetings and judicial Status hearings:

	Twice per week	Weekly	Every other week	Twice per month	Once per Month
Staffing Meetings	<input type="radio"/>				
Judicial Status Hearings	<input type="radio"/>				

How frequently does your court team meet to discuss court operation or policy issues that are not related to particular participants?

- Monthly
- Quarterly
- Semi-Annually
- Annually
- AS Needed





# Phase Information

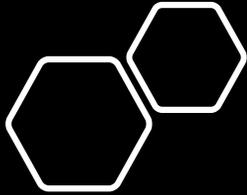
- Use the grid to indicate the average drug screens, treatment sessions, treatment hours, court appearance, and phase length for each of the phases.
- Please note that these averages are *per participant per month*.
- *Please do not report total treatment sessions, drug screens, treatment hours, or number of court appearances here.*
- If you do not use all 6 phases, please use 0 in these spaces.



What is the minimum length of your program (in months)?

Please complete this information for all Phases your program has.

	Average # Drug Screens/month	Average # Treatment Sessions/month	Average # Treatment Hours/month	Number of Court Appearances/month	Phase Length (in months)
Phase I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase III	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase IV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase V	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase VI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Participant Assessment

- For the remaining Phase Information questions, please choose the most applicable selection.
- If you select “Other” regarding the administration of substance abuse severity/mental illness severity, please specify in the space provided.

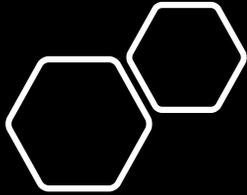
When are participants assessed for severity of substance abuse and/or mental illness?

- At intake for court
- Prior to determining eligibility
- Both when determining eligibility and at intake
- Prior to first treatment session

Who administers the substance abuse severity assessment and/or mental illness assessment?

- Our contract Treatment Provider
- The Local CSB
- The Clinical Case Manager on our court team
- Both our clinical case manager and our treatment provider
- Other (please specify):





# Graduation Requirements

- Please indicate whether or not a participant must compile with the following requirements to graduate:
  - To be free of positive drug screens
  - To be employed
  - To have a sober living environment
  - To be in school

How many days does a participant have to be free of positive drug screens before he/she is eligible to graduate?

Do participants have to be employed to graduate?

- Yes
- No
- Not Applicable

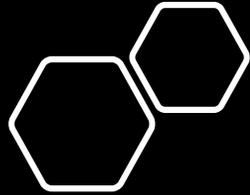
Do participants have to be in school to graduate?

- Yes
- No
- Not Applicable

Do participants have to be living in a sober living environment to graduate?

- Yes
- No
- Not Applicable





# Drug Screen Policy and Procedures

- Please select the method your court uses for random drug testing, all drugs routinely screened for, and any drug testing company you regularly use.
- If you select Other, please specify in the space provided.
- In the method question you may only make one selection.
- You can select multiple alternatives in the other questions.



What method does your court use for random drug testing?

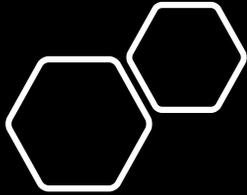
- Case management system randomly selects participants
- External system randomly generates numbers or names
- Other Method

For which of the drugs below do you routinely screen your participants?

- Alcohol
- Crack/Cocaine
- Ecstasy/MDMA
- Hallucinogens (Ketamine, LSD, Acid)
- Heroin
- Inhalants
- Marijuana (Cannabinoids)
- Synthetic Cannabinoids
- Methamphetamine
- Prescription Narcotics
- Other Prescription Drugs
- Other (Specify)

Which drug testing company do you use?

- Discover
- OneScreen
- Siemens
- Redwood
- In House Lab Test
- Reveal
- OraTect
- Confirm Biosciences
- USDiagnostics
- Noble Chemical
- ThermoFisher
- eLab
- AverTest
- GEPS
- Intrinsic
- Alere
- FACT
- Quest Lab
- Other



# Urine Screening

- Please answer the following questions regarding urine screens.
- If you indicate that less than 75% of urine screens are observed, you will be prompted to answer the additional question noted at the bottom of this page.

What percentage of your urine screens are observed?

- Up to 50%
- Up to 75%
- Up to 90%
- 90%-100%
- 100%

Have all the persons observing urine screens received training on how to observe drug testing?

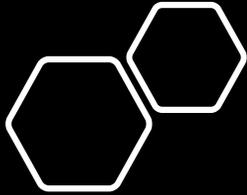
- All
- Some
- None

Is the person who observes urine screens the same gender as the participant?

- Yes
- No
- Don't Know

Please explain why fewer than 75% of your urine screens are observed?





# Drug Screens

- Please answer these additional questions regarding drug screens before continuing with the report.
- You may only make one selection for each of these questions. Answers are required before continuing the report.

Do you have a local drug testing lab or do you use onsite devices?

- We have a local Lab
- We have a local lab and use onsite devices
- We only use onsite devices

What percentage of your drug screens are read within 48 hours?

- Up to 50%
- Up to 75%
- Up to 90%
- 90%-100%
- 100%

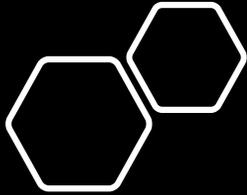
Which of the following does your court consider a positive screen?

- Creatinine Violations
- Missed Screens
- Both

Please explain why are fewer than 75% of your drug screens read within 48 hours.

asdfasdf





# Alcohol Monitoring Equipment

- Please answer the following questions regarding alcohol monitoring equipment.
- Select any/all monitoring equipment used in your program.
- If a company is used for alcohol testing, please navigate back to the previous page to indicate which company.

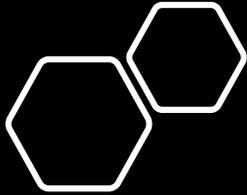
Does your court use alcohol monitoring equipment for participants?

- Yes
- No
- Don't Know

What kind of monitoring equipment does your court use?

- Continuous Alcohol Monitoring Devices (Transdermal Testing)
- Remote Breathalyzer Testing
- Electronic Ankle Monitoring
- Ignition Interlock Device
- None of these



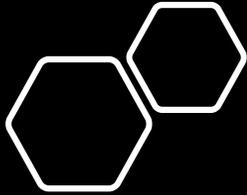


# Survey Submission

- This is the last page before submitting your survey.
- Just click on the “next” button if you complete the survey and are certain about the answers.
- Use the “previous” button if you need review your answers.

**This is the last page before submission. Once the “next button is clicked, you will not be able to change your values. Please use the previous button if you need to review your answers.**





# Download your Survey

- After submitting the survey you can download your answers in a PDF format.
- Click in the **DOWNLOAD PDF REPORT** link to download your answers.

Thank you for completing the Accountability Court Operating Profile. Please click on the link below to download your responses.

[DOWNLOAD PDF REPORT](#)

If you have any technical questions please reach out to

Mary Jane Parker ([maryjane.parker@cjcc.ga.gov](mailto:maryjane.parker@cjcc.ga.gov)) or Rafael Soares ([rafael.soares@cjcc.ga.gov](mailto:rafael.soares@cjcc.ga.gov))

If you have any questions regarding the survey submission, please contact:

Rachel Mayer: [rachel.mayer@georgiacourts.gov](mailto:rachel.mayer@georgiacourts.gov)



## Finishing the Report

If you plan on going through the report and entering zeros, please do not “Submit” the report. If you simply exit out of the report following the page on Alcohol Monitoring, you will be able to access the report through regular login.

The report saves all of the information you have entered. Once you log in again, the report will populate to the last page you accessed. You will need to use the **Previous** and **Next** buttons to navigate to the questions you would like to adjust.

The final page of the report will prompt you to download a PDF version of your report. If you have completed the Report to your satisfaction, download your report for your own register. If you wish to return to the report, you will need to contact Mary Jane Parker to manually re-open the report.



## Additional Questions?

- If you have any additional technical questions, please reach out to Mary Jane ([maryjane.parker@cjcc.ga.gov](mailto:maryjane.parker@cjcc.ga.gov))
- If you have any questions regarding data collection, please reach out to Rachel Meyer ([rachel.meyer@georgiacourts.gov](mailto:rachel.meyer@georgiacourts.gov))





## The Court's Profile Submission are due October 31<sup>st</sup>

Please remember that the system has a limited capacity to process applications at the same time. It means that a great amount of submission on the last day can generate delays that can even prevent from submit your court's profile. We recommend that you do not leave for the last day to submit your court's profile.

