Codebook for Indiana Treatment Court Protocols and Procedures

Revised December 2023

Contents

CODEBOOK DEFINITIONS

Term	Definition
"Associate" Requirement	A restriction on the contact a participant may have with another individual
Adequate housing	A residence—rented or owned—in which the participant has access to common utilities such as electricity and running water
Alcohol Offense	Any criminal offense related to the consumption of alcohol
Re-Entry or Transition Court	These courts manage the transition of incarcerated individuals into the community by coordinating mental health treatment and other services. Source: National Criminal Justice Reference Service
Cognitive-Behavioral Therapy	A psycho-social intervention in which the client learns and develops skills to identify distorted thinking, modify beliefs, and change behavior accordingly *Source: Beck Cognitive Behavior Therapy, https://beckinstitute.org/get-informed/cbt-faqs/*
Comorbid Psychiatric Illness	An illness occurring at the same time as another
Dependence	A state in which an individual must consume a substance in order to perform daily activities and avoid physiological effects of withdrawal from the substance
Detoxification Period	The period of time an individual goes through without the use of a given substance prior to or at the beginning of an intervention for substance use disorder
Disability Services	A resource available to help individuals with disabilities receive any needed accommodations and all benefits for which they are eligible
Drug Possession Offense	Any criminal offense involving the unlawful possession of a controlled substance or derivative
Educational Materials	Any resource designed to inform. Common forms include pamphlets and workbooks
Forcible Felony	A felony that involves the use or threat of force against a human being, or in which there is imminent danger of bodily injury to a human being *Source: Ind. Code § 35-31.5-2-138*
Full Time Work (hours)	Employment less than 40 hours per week for which the employee earns a wage
Honorable Discharge	The highest form of discharge from the U.S. military granted for meeting the standards of conduct and performance while enlisted and service was meritorious *Source: Veterans Anonymous, https://va.org/forms-of-military-discharge/*
Ignition Interlock	A device installed in a vehicle to test a driver's alcohol consumption before the vehicle can be started (a.k.a. breathalyzer)
Incentive (for compliance)	Intangible or tangible rewards as a means of increasing desirable behaviors. https://www.in.gov/judiciary/pscourts/files/pscourts-psc-rules.pdf

Indiana Risk Assessment System	A comprehensive tool used to assess the risks and needs of individuals under supervision by the courts and inform the courts for appropriate sentencing, supervision, and treatment services *Source: Indiana Courts, https://www.in.gov/judiciary/iocs/2762.htm; http://indianacourts.us/times/2011/04/risk-assessment/*
Intervention	Service to which a participant may be referred for the treatment of a psychiatric illness
Medication Assisted Treatment	the use of medication in addition to counseling and behavioral therapy to treat a substance use disorder *Source: Substance Abuse and Mental Health Services Administration, https://www.samhsa.gov/medication-assisted-treatmenthttps://www.samhsa.gov/medication-assisted-treatment*
Opioid	A class of highly addictive illegal and prescription drugs derived from the opium poppy plant that relieve pain and evoke a "high" or elevated sense of happiness *Source: Johns Hopkins Medicine, https://www.hopkinsmedicine.org/opioids/what-are-opioids.html*
Part Time Work (hours)	Employment less than 30 hours per week for which the employee earns a wage
Personality Disorder (psychopathy/anti social personality, etc.)	An enduring pattern of internal experience and external behavior that deviates substantially from the expectations of the individual's culture, is pervasive and inflexible, and leads to distress or impairment *Source: DSM 5, p. 645*
Psychiatric Illness	A disorder of brain chemistry and processes that result in abnormal thinking, feelings, behavior, or mood *Source: National Alliance on Mental Illness, https://www.nami.org/learn-more/mental-health-conditions*
Psychotic Illnesses (schizophrenia, etc.)	Psychiatric illness marked by visual or auditory hallucinations, delusions, disorganized thinking, abnormal motor behavior, and negative symptoms such as diminished emotional expression, diminished motivation, and decreased ability to experience pleasure *Source: DSM 5, pp. 87-88*
Random Testing	Testing that the participant does not have any prior warning about
Regular Testing	Testing that the participant does know about and is on a set schedule
Sanction (for noncompliance)	A punitive response to reduce undesirable behaviors and increase desirable behaviors https://www.in.gov/judiciary/pscourts/files/pscourts-psc-rules.pdf
Substance Use Disorder	A psychiatric illness marked by the persistent use of an addictive substance resulting in impaired control, social impairment, physiological symptoms, and risky use of the substance despite adverse effects *Source: DSM 5, p. 483*
Support Group	A group organized for people with similar experiences to share their emotions and learn coping strategies for overcoming emotional struggles related to a particular experience or condition

	Source: Mayo Clinic, https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/support-groups/art-20044655
Transitional Living	A facility for individuals without housing to live in until long-term housing can be obtained
Voucher	A form of assistance that reduces the cost of a rental property that allows a participant to have adequate housing *Source: U.S. Department of Housing and Urban Development, https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/about/fact_sheet*

CODEBOOK ACRONYMS

AA	Alcoholics Anonymous
CBT	Cognitive Behavioral Therapy
IRAS	Indiana Risk Assessment System
LSD	Lysergic acid diethylamide
MAT	Medication-Assisted Treatment
MOUD	Medication for Opioid Use Disorder
NA	Narcotics Anonymous
OWI	Operation of vehicle While Intoxicated
RWI	Recovery While Incarcerated
SUD	Substance Use Disorder
VA	U.S. Department of Veterans Affairs

CODEBOOK NOTES

General

The purpose of this study is to determine whether individuals who are eligible to participate in a treatment court and completed treatment court programs (n=350) have better health outcomes than individuals who are eligible to participate in treatment courts but did not complete their programs (n=180).

Thirty Indiana treatment courts were included in this study. Interviews were given by 15 treatment court personnel and judges (collectively "interviews"). In addition, nine handbooks and guidance documents (collectively "protocols") were obtained.

Coding of the interviews and protocols were guided by this codebook. Answers to the questions were captured in Qualtrics. The Qualtrics link can be found here: https://pitt.co1.qualtrics.com/jfe/form/SV_77zHTJLZStMUI2F

Data from the coded interviews and protocols were sent to Management Performance Hub for linkage with MAT data provided by Indiana's Prescription Drug Monitoring Program. The intervention data was then linked with health outcome data (EMS calls, emergency department visits, rearrest information, and death data) housed at the Management Performance Hub. The datasets were deidentified and provided to the research team. The linked datasets were analyzed

using descriptive analyses, odds ration, and logistic regression. Impactful practices were integrated into large scale agent based model. Visualizations were created to show how the implementation of treatment courts in counties that currently do not have one would impact fatal and non-fatal opioid overdose events.

Assumptions

- When a question from the codebook was not addressed, the answer was left blank.
- "Unknown" was selected when the interviewee stated they did not know the answer for a question. "
- "Unknown" was selected as a response for the protocols if the response could not be gleaned from the protocol.

Interview and Protocol File Naming

- Documents were re-saved with consistent file names across document type (interview or protocol). Consistent file naming ensured that duplicate documents were easily identified.
- Documents were saved in an electronic folder accessible to the coders.
- Interviews included the court name in the file name.
- The protocol folders were also titled with the treatment court name.

Calculating Inter-Rater Reliability (IRR)

- The coded data was exported from Qualtrics into an Excel document.
- Agreement was defined as any time coders had identical responses.
  - If an answer was not given, the question was not included in the IRR calculation.
- Once completed, a summation of all agreements was calculated. This number served as the numerator for the IRR calculation.
- A summation of all questions answered by each individual coder was calculated. This number served as the denominator for the IRR calculation.
- The total agreements were divided by each coder's total questions to assess the individual's IRR.
- Finally, the ratings of all coders were averaged to get the overall IRR for the assessed interview or protocol.
- Three interview transcripts coded by the coders were used to calculate IRR.
  - IRR of 71%, 76%, and 77% was acheived
- Five protocols were coded and IRR was calculated.
  - IRR of 84%, 89% and 95% was acheived
- The group met to discuss issues and inconsistences in coding approaches. Changes to questions, definitions, assumptions, and rules were added to Qualtrics and the codebook after further clarification was needed.
- After IRR was calculated and recorded, the remaining interviews and protocols were coded.

<u>Discrepancies</u>

Meetings were held weekly to discuss discrepancies. When a discrepancy occurred between coders for the same document, the discrepancy was reviewed and resolved in the exported data file. If the two coders were unable to resolve the discrepancy, a third coder was consulted to resolve the discrepancy.

TREATMENT COURT CODING QUESTIONS

Protocol and Interview Coding Questions

General	
Question I	Name of reviewer
Variable Name	rev_name
Question Type	Check box, single answer Allow text entry after the response "Other (Please Specify)"
Response Values	Alyssa Johnston Patrick O'Toole Ethan Rosentel Devin Strynkowski Other (Please Specify)
Question Flow	n/a
Question II	Type of document being reviewed
Variable Name	doc_type
Question Type	Check Box, single answer Allow text entry after the response "Other (Please Specify)"
Response Values	Transcript Protocol/Policy/Procedure Other (Please Specify)
Question Flow	n/a
Question III	Title of document reviewing
Variable Name	doc_title
Question Type	Text entry
Response Values	Description text entry
Question Flow	n/a
Question IV	Document date (mm/dd/yyyy)
Variable Name	doc_pubdate
Question Type	Text entry (mm/dd/yyyy)
Response Values	Description text entry
Question Flow	n/a
Question V	Document "effective as of" date (mm/dd/yyyy)
Variable Name	doc_effdate
Question Type	Text entry (mm/dd/yyyy)
Response Values	Description text entry
Question Flow	n/a
Question VI	Document "effective until" date (mm/dd/yyyy)
Variable Name	doc_eff_until_psc
Question Type	Text entry (mm/dd/yyyy)
Response Values	Description text entry
Question Flow	n/a
Question VII	Name of jurisdiction reviewing document for
Variable Name	jurs_name
Question Type	Check Box, single answer

	Allow text entry after the response "Other (Please Specify)"
Response Values	Allen Bartholomew Boone Clark Crawford Dearborn Delaware Dubois Elkhart Fayette Fulton Grant Hancock Hendricks Henry Howard Huntington Jackson Jefferson Jennings Johnson Kosciusko LaGrange Lake LaPorte Lawrence Marion Miami Montgomery Noble Ohio Orange Perry Porter Pulaski Rush Spencer Switzerland Tippecanoe Vanderburgh Vigo Wabash Warrick Washington Wayne

	Whitley
	Other (Please Specify)
Question Flow	n/a
Question VIII	Type of treatment court
Variable Name	psc_type
Question Type	Check box, single answer Allow text entry after the response "Other (Please Specify)"
Response Values	Drug court Veterans court Mental health court Re-entry court Family dependency court Domestic violence court Other (Please Specify)
Question Flow	n/a
Eligibility Requirements	
Question 1	Are participants required to be a resident of the county where the treatment court is located?
Variable Name	county_residency_required
Question Type	Check box, single answer Allow text entry after the response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If no, question 1.1 will appear.
Question 1.1	Please list the other counties where participants may be residents.
Variable Name	county_residency
Question Type	Check box, single answer Allow text entry after the response "Counties known"
Response Values	Counties known Unknown
Question Flow	n/a
Question 2	Are participants required to be legal U.S. residents?
Variable Name	legal_us_residency_required
Question Type	Check box, single answer Allow text entry after the response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 3	Are participants required to be 18 or older?
Variable Name	eighteen_or_older
Question Type	Check box, single answer Allow text entry after the response "Other (Please Specify)"
Response Values	Yes

	No
	Other (Please Specify)
Question Flow	n/a
Question 4	Who can refer an individual to treatment court? (select all that apply)
Variable Name	who_can_refer
Question Type	Check box, multiple answer Allow text entry after the response "Other (Please Specify)"
Response Values	Prosecutor Lawyer Self-identification Unknown Other (Please Specify)
Question Flow	n/a
Question 5	For which offenses can a participant be referred to the treatment court? (select all that apply)
Variable Name	which_offenses
Question Type	Checkbox, multiple answer Allow text entry after the response "Other (Please Specify)"
Response Values	Alcohol offense Drug possession offense Offenses related to drug offense, or one to support a substance use habit Operating while intoxicated Unknown Other (Please Specify)
Question Flow	n/a
Question 6	Does participation require a guilty plea?
Variable Name	guilty_plea_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 7	Can a participant be referred to treatment court for a probation violation?
Variable Name	for_probation
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 8	Which people make the determination who is accepted into a treatment court program? (select all that apply)
Variable Name	who_decides

Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Judge Entire Team Unknown Other (Please Specify)
Question Flow	n/a
Question 9	Is there a required number of law enforcement contacts that a participant must have had before they can participate in the treatment court?
Variable Name	num_le_contacts
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes- more than one contact with law enforcement No- they can enter treatment court on their first drug/alcohol arrest or contact with law enforcement Other (Please Specify)
Question Flow	If yes, questions 9.1 and 9.2 will appear.
Question 9.1	How many contacts?
Variable Name	how_many
Question Type	Checkbox, single answer Allow text entry after the response "Contacts"
Response Values	Contacts, text entry Unknown
Question Flow	n/a
Question 9.2	Over what time period?
Variable Name	time_period
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	1-2 years 3-5 years 5+ years Unknown Other (Please Specify)
Question Flow	n/a
Question 10	Is military service required for admission to treatment court?
Variable Name	military_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 10.1 and 10.2 will appear.
Question 10.1	Is an honorable discharge required for participation?
Variable Name	honorable_required

Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 10.2	Is approval from the VA required?
Variable Name	va_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 11	Are participants required to be the parent or legal guardian of a child?
Variable Name	parenthood_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 12	Are participants required to meet clinical criteria for a psychiatric illness other than SUD?
Variable Name	psych_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 12.1 will appear.
Question 12.1	Please list specific illness(es).
Variable Name	psych_illness
Question Type	Checkbox, single answer Allow text entry after the response "Illness(es)"
Response Values	Illness(es) Unknown
Question Flow	n/a
Question 13	Do participants need to meet clinical criteria for SUD or dependence?
Variable Name	SUD_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes

	No Other (Please Specify)
Question Flow	n/a
Question 14	Does the treatment court require the participant to have a certain risk level based on the Indiana Risk Assessment System?
Variable Name	risk_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 14.1 will appear.
Question 14.1	What level of risk?
Variable Name	which_risk
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Low Moderate High Very High Unknown Other (Please Specify)
Question Flow	n/a
Question 15	Does the treatment court require the participant to have a certain Substance Abuse Domain level based on the Indiana Risk Assessment System?
Variable Name	iras_substance_abuse_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify) "
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 15.1 will appear.
Question 15.1	What is the Substance Abuse Domain level?
Variable Name	iras_substance_abuse_level
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Low Moderate High Very High Unknown Other (Please Specify)
Question Flow	n/a
Question 16	Does the treatment court require participants to have adequate housing?

Variable Name	housing_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 17	Does the treatment court require participants to pay fees/restitution?
Variable Name	fees_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 17.1, 17.2, and 17.3 will appear.
Question 17.1	What types of fees are incurred during the program? (select all that apply)
Variable Name	fee_types
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Initial Regular Drug/alcohol screening Unknown Other (Please Specify)
Question Flow	n/a
Question 17.2	What is the approximate total dollar amount of the fees incurred?
Variable Name	amount_fees
Question Type	Checkbox, single answer Allow text entry after the response "Amount"
Response Values	Amount Unknown
Question Flow	n/a
Question 17.3	Does the court offer any means of financial assistance to pay these fees?
Variable Name	fee_assistance
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Eligibility Exclusions	

Question 18	Does the current arrest offense disqualify participants from participation in treatment court?
Variable Name	offense_disqualifies
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 18.1 will appear.
Question 18.1	For which current offenses? (select all that apply)
Variable Name	which_offense_disqualifies
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Dealing or Manufacturing Controlled Substance/Legend Drugs Forcible Felony Sex Offenses Offenses involving possession of a firearm or destructive weapon Operation of vehicle while intoxicated (OWI) Racketeering Unknown Other (Please Specify)
Question Flow	n/a
Question 19	Are participants excluded from participation in treatment court for a prior offense?
Variable Name	prior_disqualifies
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 19.1 will appear.
Question 19.1	For which offenses? Please include number of offenses in text box. (select all that apply)
Variable Name	which_prior
Question Type	Checkbox, multiple answer Allow text entry after all responses for number of offenses Choice for unknown number of offenses
Response Values	Dealing or Manufacturing Controlled Substances/Legend Drugs Forcible Felony Sex Offenses Offenses involving possession of a firearm or destructive weapon Operation of vehicle while intoxicated Racketeering Unknown Other (Please Specify)
Question Flow	n/a

Question 20	Are participants excluded from participation in treatment court for warrants, detainers, parole, or probation violations in other counties?
Variable Name	outstanding_other_counties_disqualifies
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 21	Do pending charges in other jurisdictions disqualify a participant from treatment court?
Variable Name	pending_charges_other_counties
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If no, questions 21.1 and 21.2 will appear.
Question 21.1	Can a potential participant with pending charges be admitted to treatment court if the charges can be disposed of in a reasonable amount of time?
Variable Name	pending_charges_can_be_disposed
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 21.2	Does participation in treatment court with pending charges require approval from the prosecutor or a member of the treatment court team?
Variable Name	require_other_prosecutor_approval
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify) "
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 22	Can a participant be admitted to treatment court while under probation supervision in other jurisdictions?
Variable Name	other_county_probation
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify) "
Response Values	Yes

	No Other (Please Specify)
Question Flow	If no, questions 22.1 and 22.2 will appear.
Question 22.1	Can the potential participant under probation supervision in another jurisdiction be admitted to the treatment court if the case can be disposed of in a reasonable amount of time?
Variable Name	probation_can_be_disposed
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 22.2	Can a potential participant under probation supervision in another jurisdiction be admitted to the treatment court if the prosecutor or member of the treatment court team approves?
Variable Name	probation_require_prosecutor_approval
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 23	Can the prosecutor or other member of the treatment court team waive the eligibility requirements or exclusions?
Variable Name	prosecutor_waive_requirements
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 23.1 will appear.
Question 23.1	For which eligibility requirements or exclusions? (select all that apply)
Variable Name	which_requirements
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Offense Disqualifications Unknown Other (Please Specify)
Question Flow	n/a
Question 24	Can a participant be disqualified from treatment court for a co-morbid psychiatric illness?
Variable Name	disqualified_for_psych
Question Type	Checkbox, single answer

	Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 24.1 will appear.
Question 24.1	For which illnesses? (select all that apply)
Variable Name	which_illness
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Psychotic (schizophrenia, etc.) Personality Disorder (psychopathy/antisocial personality, etc.) Unknown Other (Please Specify)
Question Flow	n/a
Structure	
Question 25	Does the treatment court use a phased approach?
Variable Name	phased
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 25.1 and 25.2 will appear.
Question 25.1	Number of phases?
Variable Name	num_phases
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	1 2 3 4 5 6 Unknown Other (Please Specify)
Question Flow	n/a
Question 25.2	What is required for advancement to the next stage? (select all that apply)
Variable Name	phase_advancement_criteria
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Time clean Successful home visits Successful court appearances Meeting(s) with a case manager Meeting(s) with probation officer

	Associate participation Mentor participation Abiding by curfew set Complying with electronic monitoring Successful ignition interlock device use Meeting work/education requirements Substance abuse counseling- group Substance abuse counseling- individual Residential/inpatient treatment Cognitive behavioral therapy Trauma-informed care Substance abuse education Support group meetings Parent/family counseling Anger Management Medication Assisted Treatment Financial Counseling Employment/job skills training or placement Disability services Religion-based services Life skills classes Unknown Other (Please Specify)
Question Flow	If "time clean" is selected, question 25.2.1 will appear.
Question 25.2.1	What is the number of days clean required?
Variable Name	number_days_clean
Question Type	Checkbox, single answer Allow text entry after the response "Days clean"
Response Values	Days clean Unknown
Question Flow	n/a
Question 26	What types of housing assistance does the court provide? (select all that apply)
Variable Name	housing_assistance_offered
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Transitional Living Voucher Unknown None Other (Please Specify)
Question Flow	n/a
Question 27	Does the court have a detoxification period?
Variable Name	detox_period
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"

Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 27.1 will appear.
Question 27.1	What is the time period?
Variable Name	detox_period_duration
Question Type	Checkbox, single answer Allow text entry after the response "Time Period"
Response Values	Time Period Unknown
Question Flow	n/a
Question 28	Does the court monitor prescription drug use (if taking medication)?
Variable Name	prescriptions_monitored
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 29	Does the treatment court test participants for substance use?
Variable Name	test_substance_use
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 29.1 and 29.2 will appear.
Question 29.1	Does the treatment court test participants for illicit drug use?
Variable Name	test_illicit
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 29.1.1, 29.1.2, 29.1.3, and 29.1.4 will appear.
Question 29.1.1	Which drugs? (select all that apply)
Variable Name	which_illicit
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Opioids Amphetamines Cocaine LSD Cannabis Unknown

	Other (Please Specify)
Question Flow	n/a
Question 29.1.2	Are drug tests conducted randomly?
Variable Name	illicit_tests_randomly
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 29.1.2.1 will appear.
Question 29.1.2.1	Is the frequency phase dependent?
Variable Name	test_frequency_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 29.1.2.1.1 will appear with text entry for each phase. If no, question 29.1.2.1.2 will appear with text entry.
Question 29.1.2.1.1	What is the frequency?
Variable Name	test_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 29.1.2.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	test_frequency_non_phase_dependent
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 29.1.3	Are drug tests conducted regularly?
Variable Name	drug_test_regularly
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 29.1.3.1 will appear.
Question 29.1.3.1	Is the frequency phase dependent?
Variable Name	frequency_phase_dependent
Question Type	Checkbox, single answer

	Allow text entry after response "Other (Please Specify)"
Response Values	Yes
	No
	Unknown
	Other (Please Specify)
Question Flow	If yes, question 29.1.3.1.1 will appear with text entry for each phase.
	If no, question 29.1.3.1.2 will appear with text entry.
Question 29.1.3.1.1	What is the frequency?
Variable Name	drug_test_regularly_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 29.1.3.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please select/type "unknown")
Variable Name	drug_test_regularly_frequency_non_phase_dependent
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 29.1.4	How does the treatment court test for drug use? (select all that apply)
Variable Name	drug_test_how
Question Type	Checkbox, multiple answer
	Allow text entry after response "Other (Please Specify)"
Response Values	Urine Sample
	Sweat Patch
	Oral Swab
	Unknown
	Other (Please Specify)
Question Flow	n/a
Question 29.2	Does the treatment court test participants for alcohol use?
Variable Name	test_alcohol
Question Type	Checkbox, single answer
	Allow text entry after response "Other (Please Specify)"
Response Values	Yes
	No
	Other (Please Specify)
Question Flow	If yes, questions 29.2.1, 29.2.2, and 29.2.3 will appear.
Question 29.2.1	Are alcohol tests conducted randomly?
Variable Name	alcohol_test_randomly
Question Type	Checkbox, single answer
	Allow text entry after response "Other (Please Specify)"
Response Values	Yes
	No
	Unknown
	Other (Please Specify)

Question Flow	If yes, question 29.2.1.1 will appear.
Question 29.2.1.1	Is the frequency phase dependent?
Variable Name	alcohol_test_rand_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 29.2.1.1.1 will appear with text entry for each phase. If no, question 29.2.1.1.2 will appear with text entry.
Question 29.2.1.1.1	What is the frequency?
Variable Name	alcohol_test_rand_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 29.2.1.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	alcohol_test_rand_frequency_non_phase_dependent
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 29.2.2	Are alcohol tests conducted regularly?
Variable Name	alcohol_test_regularly
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 29.2.2.1 will appear.
Question 29.2.2.1	Is the frequency phase dependent?
Variable Name	alcohol_test_reg_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 29.2.2.1.1 will appear with text entry for each phase. If no, question 29.2.2.1.2 will appear with text entry.
Question 29.2.2.1.1	What is the frequency?
Variable Name	alcohol_test_reg_frequency
Question Type	Side-by-Side (phase dependent)

Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 29.2.2.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please select/type "unknown")
Variable Name	alcohol_test_reg_frequency_non_phase_dependent
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 29.2.3	How does the treatment court test for alcohol use? (select all that apply)
Variable Name	alcohol_test_how
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Urine Sample Sweat Patch Oral Swab Unknown Other (Please Specify)
Question Flow	n/a
Question 30	Does the treatment court conduct home visits to participants?
Variable Name	home_visits
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 30.1 will appear.
Question 30.1	Are home visits announced?
Variable Name	home_visits_announced
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes or no, question 30.2 will appear.
Question 30.2	Is the frequency phase dependent?
Variable Name	home_visit_frequency_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)

Question Flow	If yes, question 30.2.1 will appear with text entry for each phase. If no, question 30.2.2 will appear with text entry.
Question 30.2.1	What is the frequency?
Variable Name	home_visit_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 30.2.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	Un-announced_home_visit_frequency_non_phase_dependent
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 31	Does the treatment court require the participant to appear in court?
Variable Name	court_appearance_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 31.1 will appear.
Question 31.1	Is the frequency phase dependent?
Variable Name	court_appearance_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 31.1.1 will appear with text entry for each phase. If no, question 31.1.2 will appear with text entry.
Question 31.1.1	What is the frequency?
Variable Name	court_appearance_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/Every 3 weeks/monthly drop down, check box unknown
Question Flow	n/a
Question 31.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	court_appearance_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a

Question 32	Does the treatment court require the participant to meet with their case manager?
Variable Name	case_manager_meeting_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 32.1 will appear
Question 32.1	Is the frequency phase dependent?
Variable Name	case_manager_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 32.1.1 will appear with text entry for each phase. If no, question 32.1.2 will appear with text entry.
Question 32.1.1	What is the frequency?
Variable Name	case_manager_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 32.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	case_manager_frequency_non_phase_dependent
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 33	Does the treatment court electronically monitor participants?
Variable Name	electronic_monitoring
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 34	Does the treatment court require participants to have ignition interlocks in their vehicles?
Variable Name	ignititon_lock_required
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes

	No
	Other (Please Specify)
Question Flow	n/a
Question 35	Does the treatment court have a work/education requirement that the participant must meet?
Variable Name	workEdu_requirement
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 35.1 will appear.
Question 35.1	Are work/education activities phase dependent?
Variable Name	workEdu_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, questions 35.1.1 and 35.1.2 will appear with text entry for each phase if necessary. If no, 35.1.1 and 35.1.3 will appear with text entry.
Question 35.1.1	What work/education activities satisfy this requirement? (select all that apply)
Variable Name	workEdu_what_satisfies
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Work full time Attend school full time Community service Work part time Unknown Other (Please Specify)
Question Flow	n/a
Question 35.1.2	What are the total hours required?
Variable Name	workEdu_total_hours
Question Type	Side-by-Side (phase dependent)
Response Values	Number text entry
Question Flow	n/a
Question 35.1.3	What are the total hours required?
Variable Name	workEdu_non_phase_dependent_frequency
Question Type	Side-by-Side
Response Values	Number Text Entry
Question Flow	n/a

Roles and Responsibilities of the Judge and Caseload Numbers	
Question 36	Is the judge required to attend training events on issues in treatment courts?
Variable Name	judge_required_training
Question Type	Checkbox, single answer
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 36.1 will appear.
Question 36.1	What is the frequency?
Variable Name	judge_training_frequency
Question Type	Checkbox, single entry Text entry for "frequency"
Response Values	Frequency (text entry) Unknown
Question Flow	n/a
Question 37	How long does the judge serve?
Variable Name	judge_length
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	1 year or less 2 years 3 years 4 years Indefinitely Unknown Other (Please Specify)
Question Flow	n/a
Question 38	Does a participant appear before the same judge throughout their time in the program?
Variable Name	same_judge
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 39	Does the court impose a restriction on the number of participants it serves?
Variable Name	num_participants_restricted
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes, per year

	Yes, at a time
	No
	Other (Please Specify)
Question Flow	If yes per year, question 39.1 will appear.
	If yes at a time, question 39.2 will appear.
Question 39.1	What is the number of participants per year?
Variable Name	num_participants
Question Type	Text entry
	Check Box "Unknown"
Response Values	Number text entry
	Unknown
Question Flow	n/a
Question 39.2	What is the number of participants at a time?
Variable Name	num_participants_time
Question Type	Text entry
	Check Box "Unknown"
Response Values	Number text entry
	Unknown
Question Flow	n/a
Interventions	
Question 40	Are participants referred to substance abuse counseling?
Variable Name	substance_counseling
Question Type	Checkbox, single answer
	Allow text entry after response "Other (Please Specify)"
Response Values	Yes
	No
	Other (Please Specify)
Question Flow	If yes, questions 40.1, 40.2, 40.3, and 40.4 will appear.
Question 40.1	Is substance abuse counseling mandatory for participants?
Variable Name	substance_counseling_mandatory
Question Type	Checkbox, single answer
	Allow text entry after response "Other (Please Specify)"
Response Values	Yes
	No
	Unknown
	Other (Please Specify)
Question Flow	n/a
Question 40.2	Are substance abuse counseling sessions conducted individually?
Variable Name	substance_counseling_individually
Question Type	Checkbox, single answer
	Allow text entry after response "Other (Please Specify)"
Response Values	Yes
	No
	Unknown
	Other (Please Specify)

Question Flow	If yes, question 40.2.1 will appear.
Question 40.2.1	Is the frequency of substance abuse counseling individual session phase dependent?
Variable Name	substance_counseling_individually_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify) "
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 40.2.1.1 will appear with text entry for each phase. If no, question 40.2.1.2 will appear with text entry.
Question 40.2.1.1	What is the frequency?
Variable Name	substance_counseling_individually_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 40.2.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Question Variable	substance_counseling_individually_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 40.3	Are substance abuse counseling sessions conducted in groups?
Variable Name	substance_counseling_groups
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 40.3.1 will appear.
Question 40.3.1	Is the frequency of substance abuse counseling group sessions phase dependent?
Variable Name	substance_counseling_groups_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 40.3.1.1 will appear with text entry for each phase. If no, question 40.3.1.2 will appear with text entry.
Question 40.3.1.1	What is the frequency?

Variable Name	substance_counseling_groups_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 40.3.1.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	substance_counseling_groups_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 40.4	What method of therapy satisfies this intervention? (select all that apply)
Variable Name	substance_counseling_therapy
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	In-person Online Educational materials Unknown Other (Please Specify)
Question Flow	n/a
Question 41	Are participants referred to substance abuse education?
Variable Name	substance_education
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 41.1, 41.2, and 41.3 will appear.
Question 41.1	Is substance abuse education mandatory for participants?
Variable Name	substance_education_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 41.2	Is the frequency of substance abuse education phase dependent?
Variable Name	substance_education_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No

	Unknown Other (Please Specify)
Question Flow	If yes, question 41.2.1 will appear with text entry for each phase. If no, question 41.2.2 will appear with text entry.
Question 41.2.1	What is the frequency?
Variable Name	substance_education_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 41.2.2	What is the frequency? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	substance_education_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 41.3	What method of therapy satisfies this intervention? (select all that apply)
Variable Name	substance_education_therapy
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	In-person Online Educational Materials Unknown Other (Please Specify)
Question Flow	n/a
Question 42	Are participants referred to support group meetings?
Variable Name	support_group
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 42.1, 42.2, and 42.3 will appear.
Question 42.1	Are support group meetings mandatory for participants?
Variable Name	support_group_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify) "
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 42.2	Which types of support groups? (select all that apply)

Variable Name	support_group_type
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Alcoholics Anonymous (AA) Narcotics Anonymous (NA) Unknown Other (Please Specify)
Question Flow	If AA is selected, question 42.2.1 will appear. If NA is selected, question 42.2.2 will appear. If Other (Please Specify) is selected, question 42.2.3 will appear.
Question 42.2.1	Is the frequency of AA meetings phase dependent?
Variable Name	aa_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 42.2.1.1 will appear with text entry for each phase. If no, question 42.2.1.2 will appear with text entry.
Question 42.2.1.1	What is the frequency of AA meetings?
Variable Name	aa_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 42.2.1.2	What is the frequency of AA meetings? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	aa_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 42.2.2	Is the frequency of NA meetings phase dependent?
Variable Name	na_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 42.2.2.1 will appear with text entry for each phase. If no, question 42.2.2.2 will appear with text entry.
Question 42.2.2.1	What is the frequency of NA meetings?
Variable Name	na_frequency
Question Type	Side-by-Side (phase dependent)

Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 42.2.2.2	What is the frequency of NA meetings? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	na_non_phase_dependent_frequency
Question Type	Text Entry
Question Flow	n/a
Question 42.2.3	Is the frequency of the support group meetings phase dependent?
Variable Name	other_support_group_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 42.2.3.1 will appear with text entry for each phase. If no, question 42.2.3.2 will appear with text entry.
Question 42.2.3.1	What is the frequency of the support group meetings?
Variable Name	other_support_group_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 42.2.3.2	What is the frequency of the support group meetings? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	other_support_group_non_phase_dependent
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 42.3	What method of therapy satisfies this intervention? (select all that apply)
Variable Name	support_group_what_method
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	In-person Online Educational Materials Unknown Other (Please Specify)
Question Flow	n/a
Question 43	Are participants placed in residential/inpatient treatment?
Variable Name	inpatient_treatment
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"

Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 43.1 will appear.
Question 43.1	Is residential/inpatient treatment mandatory for participants?
Variable Name	inpatient_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 44	Are participants referred to parenting/family counseling?
Variable Name	family_counseling
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 44.1, 44.2, and 44.3 will appear.
Question 44.1	Is parenting/family counseling mandatory for participants?
Variable Name	family_counseling_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 44.2	Is the frequency of parenting/family counseling phase dependent?
Variable Name	family_counseling_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 44.2.1 will appear with text entry for each phase. If no, question 44.2.2 will appear with text entry.
Question 44.2.1	What is the frequency of parenting/family counseling?
Variable Name	family_counseling_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown

Question Flow	n/a
Question 44.2.2	What is the frequency of parenting/family counseling? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	family_counseling_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 44.3	What method of counseling satisfies this intervention? (select all that apply)
Variable Name	family_counseling_what_method
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	In-person Online Educational Materials Unknown Other (Please Specify)
Question Flow	n/a
Question 45	Are participants referred to cognitive behavioral therapy?
Variable Name	cbt
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 45.1, 45.2, and 45.3 will appear.
Question 45.1	Is cognitive behavioral therapy mandatory for participants?
Variable Name	cbt_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 45.2	Is the frequency of cognitive behavioral therapy phase dependent?
Variable Name	cbt_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 45.2.1 will appear with text entry for each phase. If no, question 45.2.2 will appear with text entry.

Question 45.2.1	What is the frequency of cognitive behavioral therapy?
Variable Name	cbt_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 45.2.2	What is the frequency of cognitive behavioral therapy? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	cbt_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 45.3	What method of therapy satisfies this intervention? (select all that apply)
Variable Name	cbt_what_method
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	In-person Online Educational Materials Unknown Other (Please Specify)
Question Flow	n/a
Question 46	Are participants referred to anger management?
Variable Name	anger
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 46.1, 46.2, and 46.3 will appear.
Question 46.1	Is anger management mandatory for participants?
Variable Name	anger_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 46.2	Is the frequency of anger management phase dependent?
Variable Name	anger_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify) "
Response Values	Yes

	No Unknown Other (Please Specify)
Question Flow	If yes, question 46.2.1 will appear with text entry for each phase. If no, question 46.2.2 will appear with text entry.
Question 46.2.1	What is the frequency of anger management?
Variable Name	anger_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 46.2.2	What is the frequency of anger management? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	anger_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Desscription Text Entry
Question Flow	n/a
Question 46.3	What method of therapy satisfies this intervention? (select all that apply)
Variable Name	anger_what_method
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	In Person Online Educational materials Unknown Other (Please Specify)
Question Flow	n/a
Question 47	Are participants referred to trauma-informed care?
Variable Name	trauma
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 47.1, 47.2, and 47.3 will appear.
Question 47.1	Is trauma-informed care mandatory for participants?
Variable Name	trauma_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a

Question 47.2	Is the frequency of trauma informed care phase dependent?
Variable Name	trauma_phase_dependent
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	If yes, question 47.2.1 will appear with text entry for each phase. If no, question 47.2.2 will appear with text entry.
Question 47.2.1	What is the frequency of trauma-informed care?
Variable Name	trauma_frequency
Question Type	Side-by-Side (phase dependent)
Response Values	Frequency text entry, Daily/weekly/bi-weekly/monthly drop down, check box unknown
Question Flow	n/a
Question 47.2.2	What is the frequency of trauma-informed care? (include time, days/weeks/hours; if unknown please type "unknown")
Variable Name	trauma_non_phase_dependent_frequency
Question Type	Text Entry
Response Values	Description Text Entry
Question Flow	n/a
Question 47.3	What method of services satisfies this intervention? (select all that apply)
Variable Name	trauma_what_method
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	In Person Online Educational Materials Unknown Other (Please Specify)
Question Flow	n/a
Question 48	Are participants referred to treatment for other psychiatric illnesses?
Variable Name	psych_other
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, questions 48.1 will appear.
Question 48.1	What method of treatment satisfies this intervention? (select all that apply)
Variable Name	psych_other_what_method
Question Type	Checkbox, multiple answer

	Allow text entry after response "Other (Please Specify)"
Response Values	In Person Online Educational Materials Medication Unknown Other (Please Specify)
Question Flow	n/a
Question 49	Are participants referred to Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD)?
Variable Name	mat
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 49.1, 49.2, and 49.3 will appear.
Question 49.1	Which types of MAT/MOUD are offered? (select all that apply)
Variable Name	mat_offered
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Naltrexone (ReVia, Depade, Vivitrol) Buprenorphine (Suboxone, Zubsolv) Methadone (Dolophine, Methadose) Unknown Other (Please Specify)
Question Flow	n/a
Question 49.2	Is MAT/MOUD mandatory for participants?
Variable Name	mat_mandatory
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Unknown Other (Please Specify)
Question Flow	n/a
Question 49.3	What happens if a participant stops MAT/MOUD?
Variable Name	mat_stops
Question Type	Checkbox, single answer Allow text entry after the response "Please Describe"
Response Values	Please Describe Unknown
Question Flow	n/a
Question 50	Does the treatment court refer participants to any of the following services? (select all that apply)
Variable Name	service_referral

Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Financial counseling Employment/job skills training or placement Disability services Religion-based services Life Skills classes Unknown Other (Please Specify)
Question Flow	n/a
Question 51	Does the court offer services for children of participants?
Variable Name	service_for_children
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 51.1 will appear.
Question 51.1	What types of services are offered?
Variable Name	service_for_children_what_service
Question Type	Checkbox, single answer Allow text entry after the response "Please Describe"
Response Values	Please Describe Unknown
Question Flow	n/a
Question 52	Does the treatment court instill a curfew on the participants?
Variable Name	curfew
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 53	Does the treatment court require participants to agree to "associate" (family/friend) requirements?
Variable Name	associate
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 54	Do participants get assigned a mentor?
Variable Name	mentor
Question Type	Checkbox, single answer

	Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 54.1 will appear
Question 54.1	Please describe the mentors assigned to participants (i.e., treatment court graduates, veterans, etc.)
Variable Name	mentor_type
Question Type	Checkbox, single answer Allow text entry after the response "Please Describe"
Response Values	Please Describe Unknown
Question Flow	n/a
Question 55	Does the treatment court offer incentives for compliance with treatment?
Variable Name	incentive
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 55.1 will appear.
Question 55.1	What incentives are offered? (select all that apply)
Variable Name	incentive_type
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Praise from judge/court Certificates of achievement Movie/event tickets Voucher assistance Later curfew Promotion to next phase Waiver of drug screening fees Gift cards Unknown Other (Please Specify)
Question Flow	n/a
Question 56	Does the treatment court impose sanctions for non-compliance?
Variable Name	sanction
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	If yes, question 56.1 and 56.2 will appear.
Question 56.1	What does non-compliance mean to the court?

Variable Name	noncompliance
Question Type	Checkbox, single answer Allow text entry after the response "Please Describe"
Response Values	Please Describe Unknown
Question Flow	n/a
Question 56.2	What are possible sanctions? (select all that apply)
Variable Name	sanction_type
Question Type	Checkbox, multiple answer Allow text entry after response "Other (Please Specify)"
Response Values	Judge reprimand Area/association restriction Increased supervision Homework assignments Earlier curfews Electronic monitoring Community service work Jail stays Increased court appearances Increased group attendance/twelve-step programs Return to previous phase/delay in phase advancement Termination from treatment court Unknown Other (Please Specify)
Question Flow	n/a
Question 57	Does the court provide referrals for long term treatment after graduation?
Variable Name	longterm
Question Type	Checkbox, single answer Allow text entry after response "Other (Please Specify)"
Response Values	Yes No Other (Please Specify)
Question Flow	n/a
Question 58	Please list any interventions not indicated in the above questions.
Variable Name	intervention_other
Question Type	Text entry
Response Values	Description text entry
Question Flow	n/a
Other	
Question 59	Please note any changes in policies/protocols/procedures related to COVID-19.
Variable Name	covid_changes
Question Type	Text Entry
Response Values	Description text entry
Question Flow	n/a

Question 60	Please note any other important information not collected.
Variable Name	other
Question Type	Text entry
Response Values	Description text entry
Question Flow	n/a

Pre Interview Survey Questions

1. Please enter below, your participant identification that starts with PSC, followed by five digit number.
2. How long have you been in your current role at your problem solving court?
   Years __
   Months __
3. Does your problem solving court use a policies and procedures manual?
   Yes
   No
4. If #3 is yes, How often are the manuals modified/revised?
   Weekly
   Monthly
   Quarterly
   Yearly
   Less than yearly
5. If #3 is yes, Are we able to obtain a copy of the manual?
   Yes
   No
6. How frequently are meetings held with the problem solving court team?
   Daily
   Weekly
   Monthly
   Quarterly
   Yearly
   Less than yearly
7. Does your problem solving court refer participants to medication-assisted treatment (MAT)? (Excel variable: Q49, mat)
   Yes
   No
8. If #7 is yes, Are MAT services available via tele health? By "tele health", we mean "synchronous or asynchronous treatment-related communication between the participant and a remote care provider". (Excel variable: mat_telehealth)
   Yes
   No
9. If #8 is yes, Were your program's tele health-based MAT services available before COVID-19 pandemic-related measures were adopted? (Excel variable: mat_covid)

Yes

No

10. If #9 is yes, Did COVID-19 pandemic-related measures prompt changes to the telehealth-based MAT services offered through your program? (Excel variable: mat_covid_change)
Yes
No

11. If #7 is yes, How long have you been referring individuals to MAT? (Excel variable: refer_mat)
Years __
Months __

12. If #7 is yes, Have any changes occurred to these referrals over time? (Excel variable: mat_refer_change)
Yes
No

13. If #12 is yes, How long ago did this happen? (Excel variable: mat_refer_change_time)
Years __
Months __

14. To which types of substance abuse treatments does your problem solving court refer participants? How long has this intervention been offered? How often are participants required to attend this intervention? How long have you been referring participants to this intervention? Have any changes occurred to these referrals over time? If changes occurred, how long ago did this happen?
    - Substance abuse counseling ___ (Excel variable: Q40, substance_counseling; substance_counseling_time; Q40.2.1.2, substance_counseling_individually_non_phase_dependent_frequency; substance_counseling_refer_time; substance_counseling_refer_time_change)
    - Parenting/family counseling ___ (Excel variable: Q44, family_counseling; family_counseling_time; Q44.2.2, family_counseling_non_phase_dependent_frequency; family_counseling_refer_time; family_counseling_refer_time_change)
    - Financial counseling ___ (Excel variable: Q50, service_referral; fin_time; fin_frequency; fin_refer_time; fin_refer_time_change)
    - Cognitive/ behavioral therapy ___ (Excel variable: Q45, cbt; cbt_time; Q45.2.2, cbt_non_phase_dependent_frequency; cbt_refer_time; cbt_refer_time_change)
    - Employment/ job skills training or placement ___ (Excel variable: Q50, service_referral; emp_time; emp_frequency; emp_refer_time; emp_refer_time_change)
    - Disability Services ___ (Excel variable: Q50, service_referral; dis_time; dis_frequency; dis_refer_time; dis_refer_time_change)
    - Religion-based services ___ (Excel variable: Q50, service_referral; religion_time; religion_frequency; religion_refer_time; religion_refer_time_change)
    - Anger management ___ (Excel variable: Q46, anger; anger_time; Q46.2.2, anger_non_phase_dependent_frequency; anger_refer_time; anger_refer_time_change)
    - Trauma-informed treatment ___ (Excel variable: Q47, trauma; trauma_time; Q47.2.2, trauma_non_phase_dependent_frequency; trauma_refer_time; trauma_refer_time_change)
    - Life skills classes ___ (Excel variable: Q50, service_referral; lifeskills_time; lifeskills_frequency; lifeskills_refer_time; lifeskills_refer_time_change)

- Substance abuse education ___ (Excel variable: Q41, substance_education; substance_education_time; Q41.2.2, substance_education_non_phase_dependent_frequency; substance_education_refer_time; substance_education_refer_time_change)
- Support group meetings (e.g., Narcotics Anonymous) ___ (Excel variable: Q42, support_group; support_group_time; Q42.2.3.2, other_support_group_non_phase_dependent; support_group_refer_time; support_group_refer_time_change)
- Other ___

15. Does you problem solving court require participants to undergo drug screenings? (Excel variable: Q29, test_substance_use)
    Yes
    No

16. If #15 is yes, What types of drugs are looked for during screenings? (Check all that apply) (Excel variable: Q29.1.1, which_illicit; Q29.2, test_alcohol)
    Alcohol
    Cocaine
    Marijuana
    Methamphetamines
    Opioids
    Other

17. If #15 is yes, What types of tests are used during drug screenings? (Check all that apply) (Excel variable: Q29.1.4, drug_test_how)
    Urine
    Blood
    Sweat Patch
    Oral Swab
    Other

18. If #15 is yes, How long has your problem solving court required drug screenings? (Excel variable: drug_test_time)
    Years ___
    Months ___

19. If #15 is yes, How often are problem solving court participants screened for drugs? (Excel variable: Q29.1.3.1.2, drug_test_regularly_frequency_non_phase_dependent)
    Daily
    Weekly
    Monthly
    Quarterly
    Yearly
    Less than yearly

20. If #15 is yes, Are the drug screens random? (Excel variable: Q29.1.2, illicit_tests_randomly; Q29.2.1, alcohol_test_randomly)
    Yes
    No
    Some

21. How much do you agree with the following statement: My county's problem solving court system is effective at reducing drug misuse?
Strongly Disagree
Disagree
Neither Agree nor Disagree
Agree
Strongly Agree

22. How much do you agree with the following statement: My county's problem solving court system is effective at reducing drug deaths?
Strongly Disagree
Disagree
Neither Agree nor Disagree
Agree
Strongly Agree