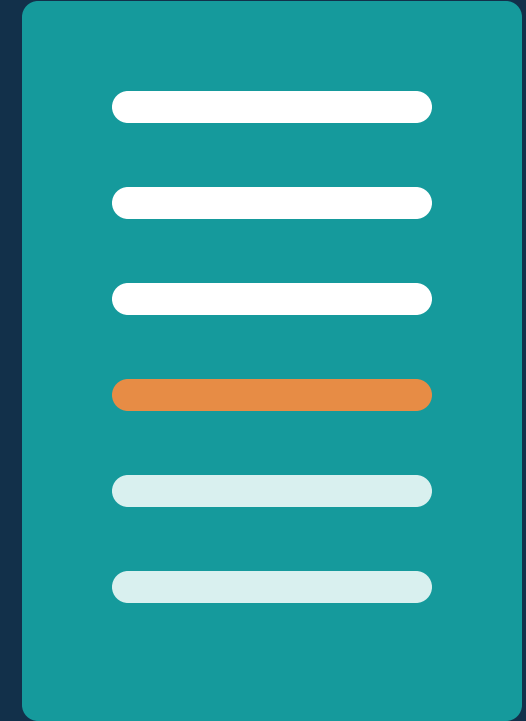


BEFORE THE OUTCOME

Seeing when a participant is beginning to struggle

A practical review process for treatment court teams

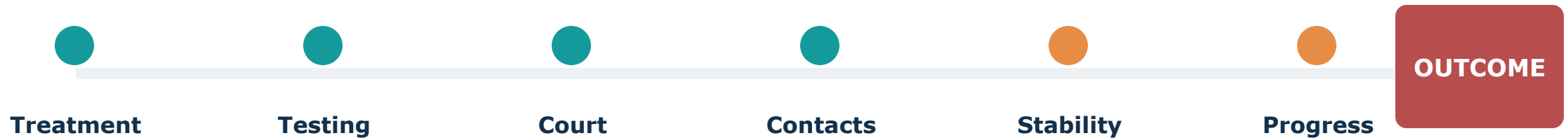


Montana Statewide Conference

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Could we have known earlier?

A participant leaves the program unsuccessfully today.



DIMS contains the events that came before the outcome. The question is whether those events show a meaningful change early enough for the team to respond.

Reporting after the fact leaves one question unanswered

WHAT HAPPENED

Graduations

Terminations

Positive tests

Missed treatment

Time in program

What is changing now?

Which changes deserve a closer team review while there is still time to help?

A pattern can matter more than a single event

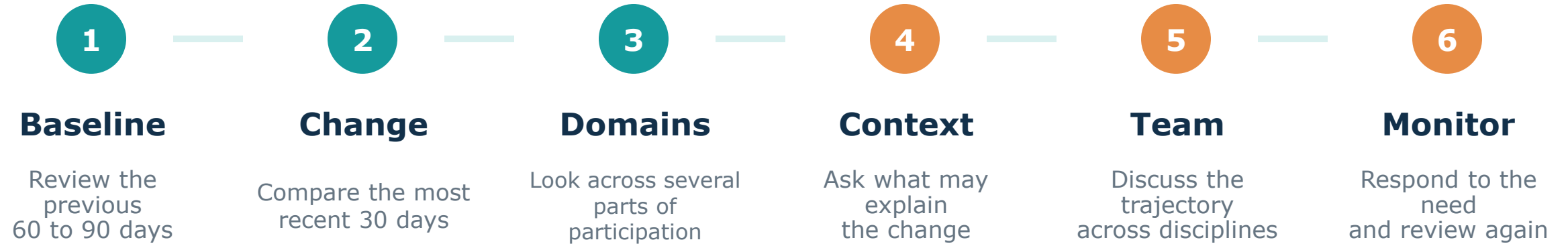
PRIOR 90 DAYS		LAST 30 DAYS		Something changed
Treatment attendance	94%		72%	
Missed drug tests	0		2	
Case manager contacts	96%		75%	
Employment	Stable		Job ended	
Phase progress	Progressing		Stalled	

Three questions for a closer review

- 1 Is this different from this participant's usual pattern?**
- 2 Is the change appearing in more than one area?**
- 3 Does the team understand what may be driving it?**

If the answers are YES, YES, and NO, bring the pattern to the multidisciplinary team.

Participant change review



The review starts with the participant's own baseline. It ends by checking whether the response helped the trajectory stabilize.

Six domains can reveal a wider pattern



Treatment

Attendance, missed sessions, engagement



Court and supervision

Appearances, contacts, incomplete tasks



Stability and needs

Housing, work, transportation, unmet needs



Drug testing

Missed tests, refusals, pattern changes



Program progress

Goals, phase movement, time without progress



Justice events and responses

New events, infractions, changing response pattern

Context comes before the response

OBSERVED CHANGE

**Attendance fell
Tests were
missed
Contacts
decreased**

POSSIBLE EXPLANATIONS

- 1 Clinical issue or recurrence of use
- 2 Housing or transportation disruption
- 3 Family, work, or caregiving pressure
- 4 Treatment mismatch or unmet service need
- 5 **Incorrect or incomplete data**

The same pattern can call for different responses when the underlying need differs.

Prediction is not the goal

The goal is to create an earlier opportunity to help.



A signal should prompt attention. It should never declare that a participant will fail.

What court teams can do today

- 1 Review each participant against their own baseline**
- 2 Compare the recent 30 days with the prior 60 to 90 days
- 3 Look for change across more than one domain
- 4 Confirm the facts and ask what explains the pattern
- 5 Discuss the trajectory in staffing and document the response
- 6 Set a review date and check whether the pattern stabilizes**

Overload begins to destabilize progress

CHANGES TO NOTICE

- 1 Phase goals and required tasks start falling behind
- 2 Treatment and work tardiness increase as transportation problems compound the overload
- 3 Job loss puts housing at risk
- 4 **Stress culminates in a recurrence of substance use**

The participant had been doing well while managing IOP, court, employment goals, housing changes, and phase requirements.

POSSIBLE SUPPORTS

- **Meet with the participant and prioritize immediate needs**
- Connect with PATH, Salvation Army, or local providers to protect existing housing
- Engage an employment specialist or WIOA program
- Review the substance use need with the counselor and update treatment interventions
- Assess recovery capital and add support where gaps are creating immediate risk

Relationship and housing changes disrupt stability

CHANGES TO NOTICE

- 1 Self-help recovery groups and activities begin to drop off
- 2 Participant moves in with a new partner who is not in recovery
- 3 Relationship conflict puts housing at risk
- 4 Coordinator appointments and participant contacts become less consistent
- 5 **A recurrence of substance use follows the worsening relationship dynamics**

The participant had stable programming, employment, housing, and had stepped down from IOP to OP.

POSSIBLE SUPPORTS

- **Discuss the disruption and the underlying relationship concerns directly with the participant**
- Reconnect the participant with a sponsor, peer support, and self-help activities
- Explore alternative housing and financial assistance with housing navigators
- Address relationship dynamics in therapy and develop an emergency plan
- Assess recovery capital and increase support around identified gaps

Mental health instability appears alongside strong court engagement

CHANGES TO NOTICE

- 1 Medication adherence fluctuates during frequent medication changes
- 2 Mental health symptoms remain significant by participant report
- 3 Medication management, mental health treatment, and SUD sessions become inconsistent
- 4 Disorganization and time management affect group-home behavior and attendance
- 5 **Coordinator meetings and status hearings remain consistent and highly valued**

The participant receives PACT services, lives in an adult group home, and manages co-occurring conditions and SDMI.

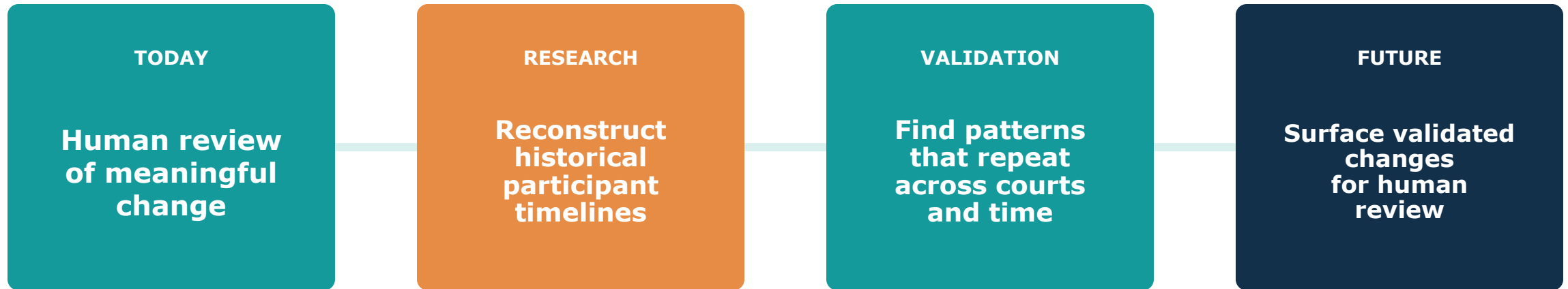
POSSIBLE SUPPORTS

- Discuss the participant's concerns and seek consent for coordinated treatment-team review
- Consult the PACT team and APRN about medication stabilization
- Coordinate with the group home on a supportive and accountable structure
- **Use the participant's reliable court and coordinator engagement as a foundation for the plan**
- Assess recovery capital and address practical gaps affecting treatment participation

The same review process leads to different supports

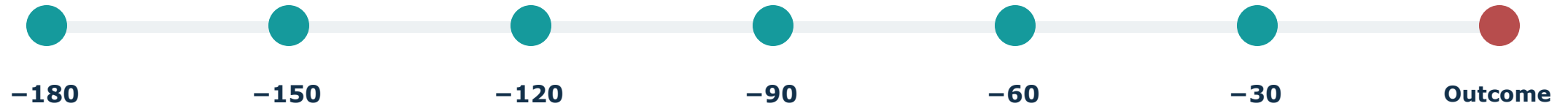
	1 Overload	2 Relationship disruption	3 Mental health instability
PRIMARY CHANGE	Competing obligations exceed capacity	Recovery activities and contacts decline	Treatment participation fluctuates
IMMEDIATE THREAT	Employment and housing instability	Relationship conflict and housing risk	Medication and symptom instability
PROTECTIVE FACTOR	Previously strong Phase 2 progress	Work, programming, and prior housing stability	Reliable coordinator and court engagement
FIRST TEAM QUESTION	Which obligations can be stabilized or sequenced?	What is changing in the relationship and living situation?	How can consistent engagement support treatment stabilization?
LIKELY COORDINATION	Housing, transportation, employment, treatment	Peer support, housing, therapy, safety planning	PACT, APRN, group home, treatment team

Historical data can test our assumptions



The research must discover which DIMS variables matter. It should not assume the answer in advance.

A participant timeline becomes a research record



At each date, use only information that DIMS already knew on that date.

Did the participant experience an unsuccessful discharge during the following 30, 60, or 90 days?

Questions the research must answer

1

Can an outcome be anticipated early enough to matter?

2

Which DIMS variables add reliable predictive information?

3

Does a change in trajectory matter more than an absolute level?

4

How early does the signal appear?

5

Do the findings hold across different courts and participant groups?

6

Can the signal point toward a helpful, individualized response?

Research across these domains – Where is the data?



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This is why we need data

The data points, patterns, and potential predictors in this presentation are illustrative research hypotheses. DIMS has not validated them as predictors of unsuccessful discharge. No factor or combination of factors determines that a participant will succeed or fail.

Any future predictive capability would require outcome definitions, independent validation, bias and fairness assessment, safeguards, and human review. Teams should use the current review process to identify changes that warrant discussion and an individualized, supportive response.

Could we have known earlier?

The answer must come from evidence & data.