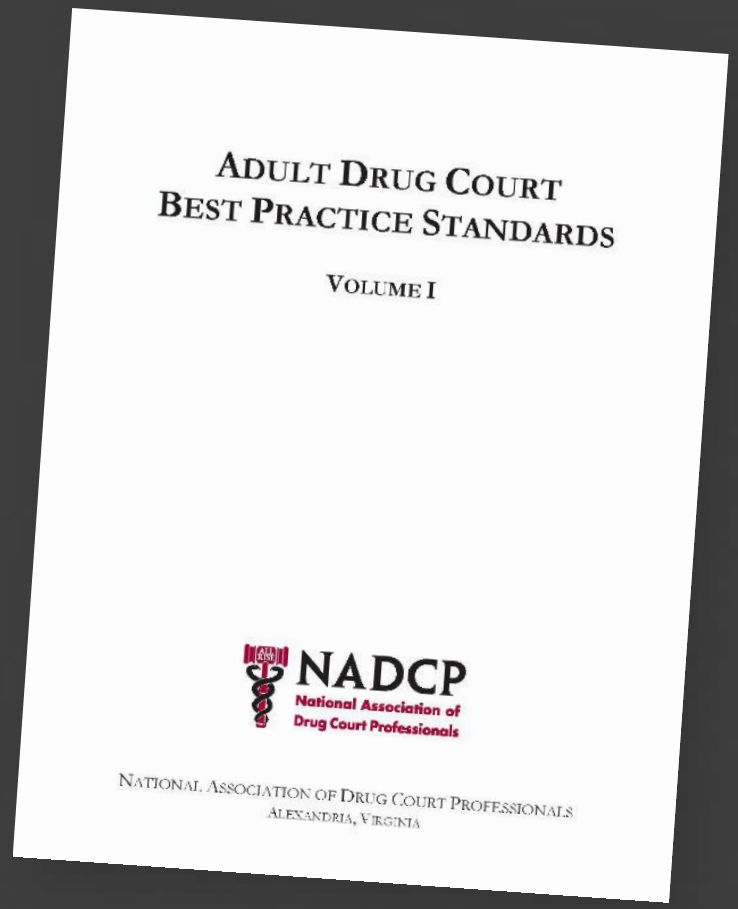
Risk and Need:

Implementing Multiple Tracks in Your Treatment Court Program

Shannon Carey, Ph.D.
Hon. Peggy Davis
Hon. Richard Vlavianos



Target high-risk high-need
(Biggest impact on recidivism)

What about everyone else?

Separate participants into
multiple tracks

Multi-Track Concepts	What is risk and need and why are they important? Why multiple tracks?
The Multi-Track Model for DUI Offenders	How are Adult and DUI offenders different? Do the tracks look the same for Adult and DUI offenders?
Getting it done	How to implement multiple tracks in your DUI court

Overview

What is Risk?

Risk

The likelihood that a person will get re-arrested and/or fail on probation

*Past behavior is the best predictor of future behavior

Risk:

≠ Dangerousness

≠ Crime type

≠ Failure to appear

≠ Sentence or disposition

≠ Custody or security classification level

Central 8

1. History of antisocial behavior (Criminal History)
2. Antisocial Attitudes
3. Peer Associations
4. Antisocial Personality
5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital

Important, but STATIC

DYNAMIC Criminogenic Needs

Clients have a variety of Criminogenic needs:

- Subset of risk factors
- Dynamic, live and changeable

Criminogenic Needs

- Needs related to criminal behavior.
- They important because:
  - They can change and therefore are viable intervention targets
  - When they change (due to intervention) recidivism will decrease

NON-Criminogenic Needs

- Needs NOT related to criminal behavior (e.g., self-esteem)
- They important because:
  - Changing them will NOT reduce recidivism
  - Some must be addressed before interventions for criminogenic needs can be effective
    - Medical Health
    - Mental Health
    - Food

What is Need?

Clinical Need:

= Diagnosed Substance Use Disorder (Mod to Severe)

= Diagnosed Mental Health Disorder

= Both

Need = What level and type of drug and alcohol/mental health treatment is required for recovery?

Considerations for treatment court entry:

- Is it life threatening? (e.g., Detox, Suicide watch)
- Can they be treated safely in the community? (e.g., outpatient)

CLINICAL Needs

Substance Use

- Is also one of the Central 8 Risk factors/Criminogenic needs
- The higher the need level, the more intensive the treatment or rehabilitation services should be; *and vice versa*
- Mixing need levels is contraindicated

Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle
Risk Principle
Needs Principle
Responsivity Principle

Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle	
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending (*Supervision Level)*
Needs Principle	
Responsivity Principle	

Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle	
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending (*Supervision Level)*
Needs Principle	Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers *(WHAT to target)*
Responsivity Principle	

Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

Principle	
Risk Principle	Match the intensity of individual's intervention to their risk of reoffending (*Supervision Level)*
Needs Principle	Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers *(WHAT to target)*
Responsivity Principle	Tailor the intervention to the learning style/disability, motivation, culture, demographics, and abilities of the individual *(HOW to best target)*

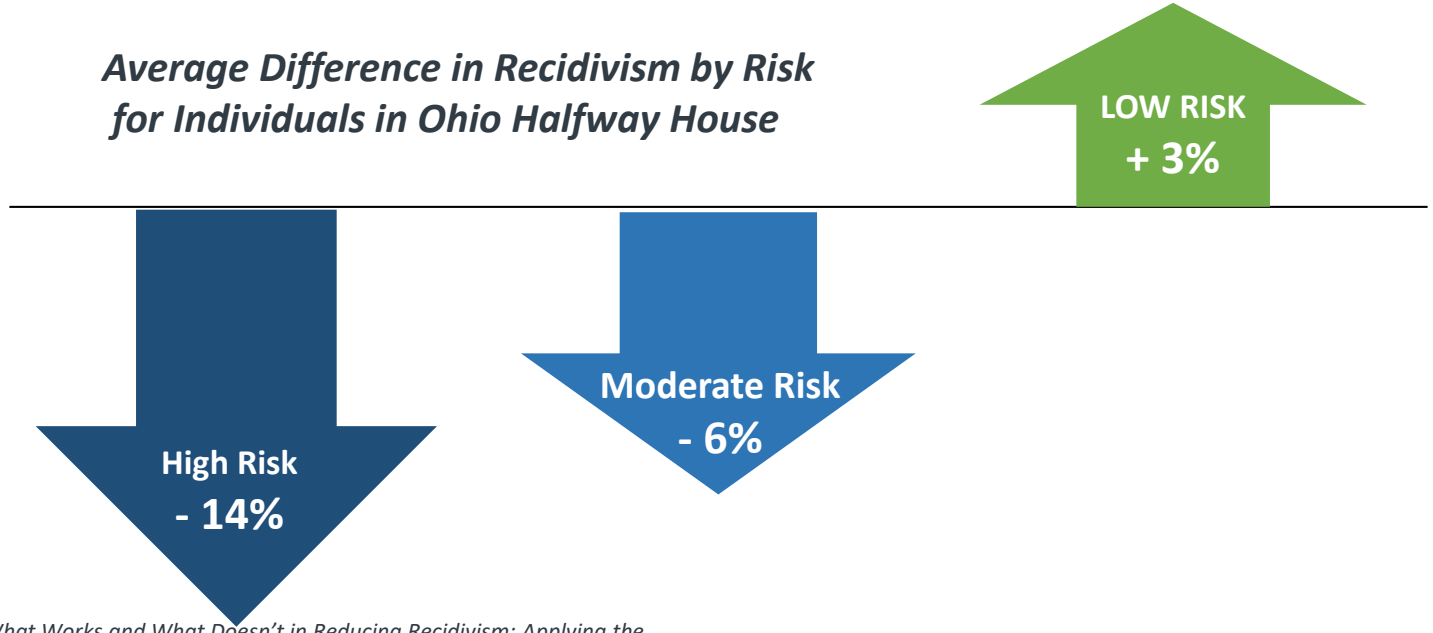
THE *RNR* PRINCIPLE ARGUES THAT:

Higher risk/Higher need clients warrant *increased* level of supervision, Case Management and intervention.

Lower risk/Lower need clients may have *poorer* outcomes with too *much* supervision, case mangement and intervention.

THE IMPORTANCE OF RISK PRINCIPLE

Failing to adhere to the risk principle can **increase** recidivism



Source: Presentation by Dr. Edward Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry"

Addressing Risk Factors (Need) as Part of Behavioral Health Services

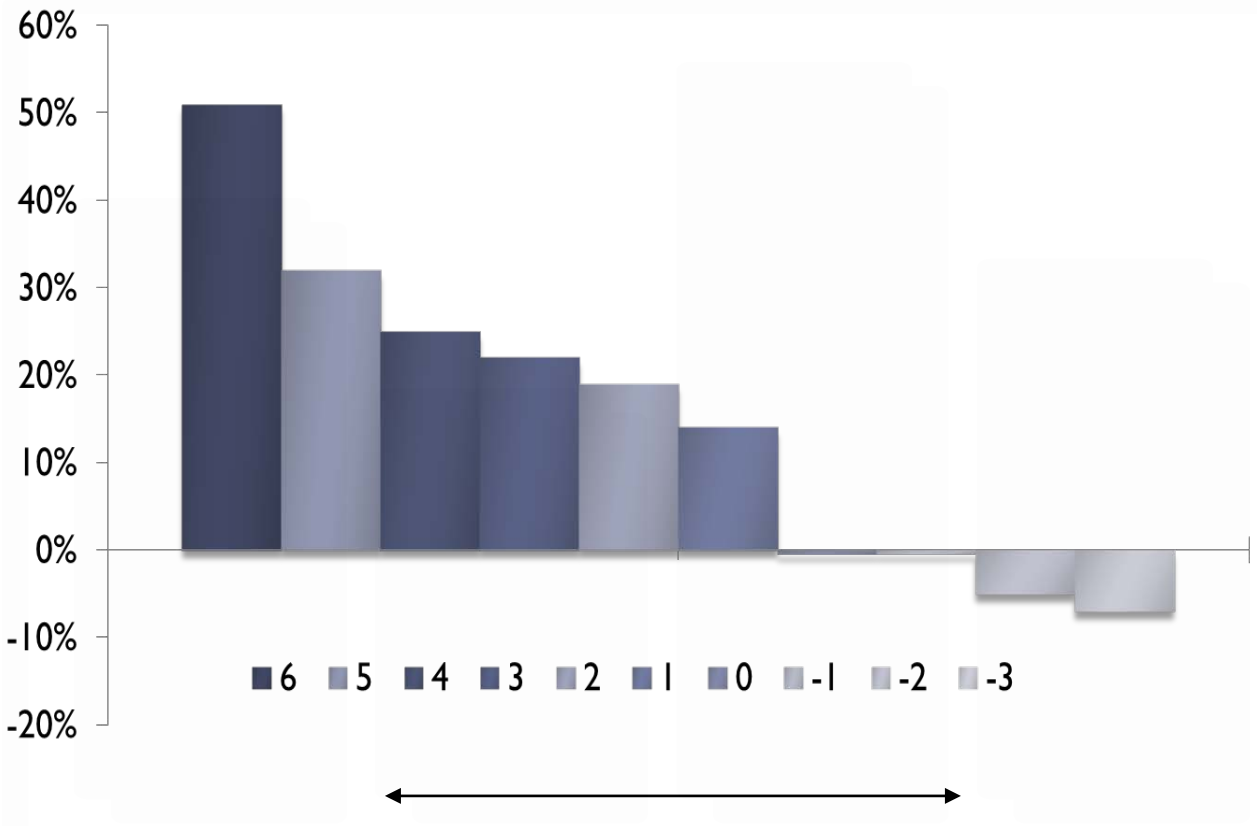
Dynamic Risk Factor (Central 8)	Need/Case management/Services
History of antisocial behavior (Criminal History)	Build and practice positive/healthy behaviors
Antisocial personality pattern (Check trauma history)	Learn problem solving skills, practice anger management
Antisocial cognition	Develop more pro-social thinking
Antisocial associates	Reduce association with criminal others (learn refusal skills)/increase time with pos peers
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Work on good employee/study/performance skills
Poor living situation	Find appropriate housing
Substance abuse	Reduce use through integrated treatment

Address Risk Factors (Need) in treatment, supervision, case management, staffing and court

RECIDIVISM REDUCTIONS AS A FUNCTION OF TARGETING MULTIPLE CRIMINOGENIC VS. NON-CRIMINOGENIC NEEDS

Larger Reduction in Recidivism

Smaller reductions in Recidivism



More criminogenic than non-criminogenic needs

More non-criminogenic than criminogenic needs

NOTE: Response to sanctions did NOT vary by risk level
<u>Incentives</u> were more effective <u>for higher risk</u>

(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)

IN SUMMARY…

Focus resources on:

- People *most likely* to reoffend and with the *highest* criminogenic behavioral health needs

OR

- Put people in alternate tracks based on risk and need level

MULTIPLE TRACKS

	High Risk	Low Risk
High Need	High Risk (Q1) Track 1 Likely to be rearrested High Need Mod to severe MH/SUD	Low Risk (Q2) Track 2 Unlikely to be rearrested High Need Mode to severe MH/SUD
Low Need	High Risk (Q3) Track 3 Likely to be rearrested Low Need Mild to no MH/SUD	Low Risk (Q4) Track 4 Unlikely to be rearrested Low Need Mile to no MH/SUD

Why Multiple Tracks? Because it works!

- Evaluation of four programs implementing all 4 tracks in Missouri
- Process, Outcome and Cost Evaluation

FOCUS GROUPS Showed qualitative differences

Q1 – HR/HN

- Complainers but more likely to say program saved them
- Called each other on their B.S.
- Probation burnout

Q2 – LR/HN

- Appreciative of the variety of services offered
- More supportive of each other

FOCUS GROUPS Showed qualitative differences

Q3 – HR/LN

- Working on criminal thinking
- Never fit in in treatment groups
- High collateral needs

Q4 – LR/LN

- Better dressed
- Frightened of court
- Scared of other people in the program

FOCUS GROUPS Showed qualitative differences

"We know we have less criminal behavior and need more treatment." – Q2

"Until they slapped me in drug court….typical probation is easy to manipulate but once they stick you in drug court you really don't have a choice but to straighten up and fly right." – Q3

"We are manipulators. To manipulate on standard probation is SO easy." – Q3

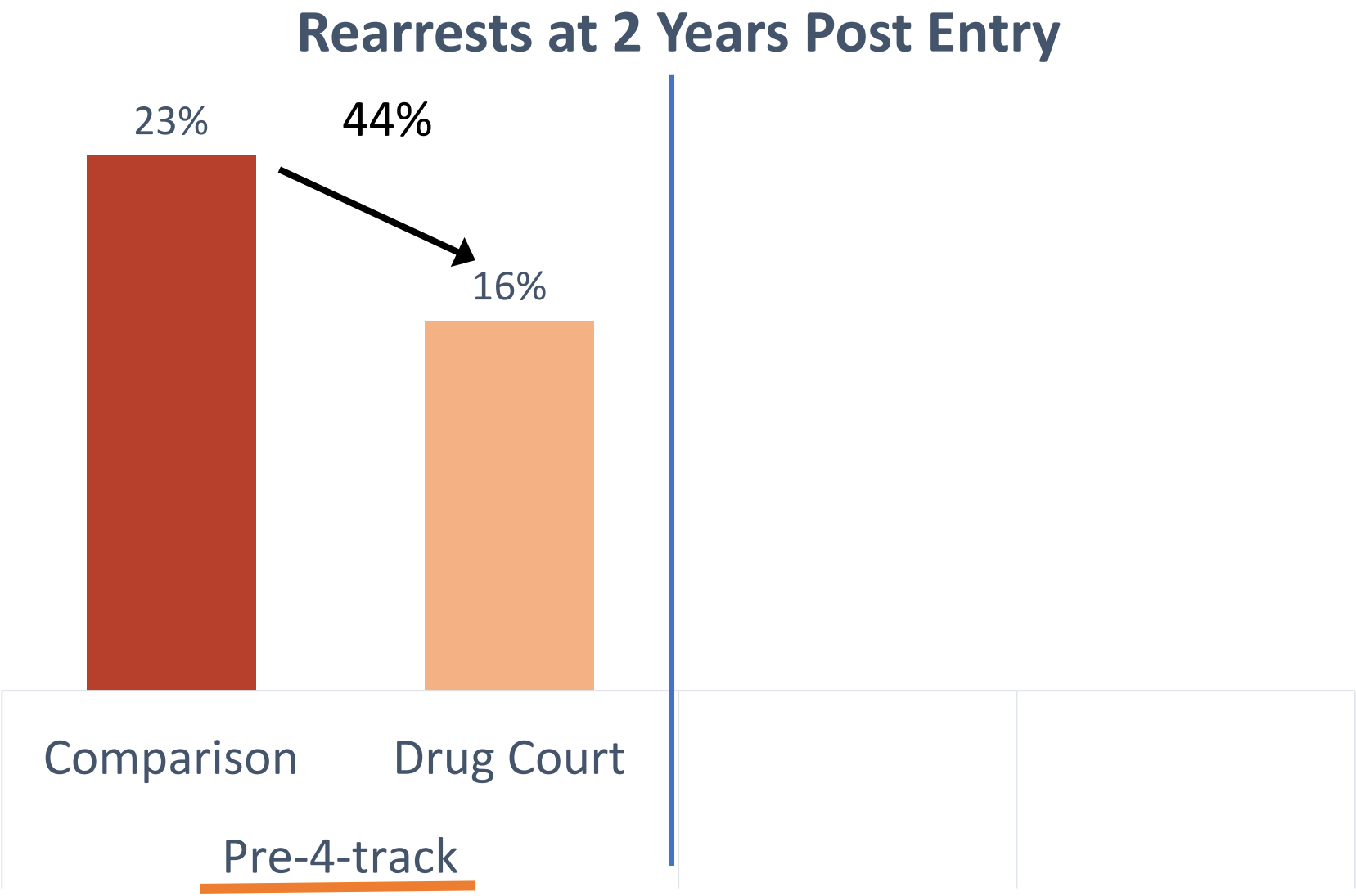
"I hated when I had to switch POs because I felt like I had just got comfortable with one PO and they knew me, they knew my life, the style with my family and then I had a new one." – Q2

Average Cost per Participant by Quadrant

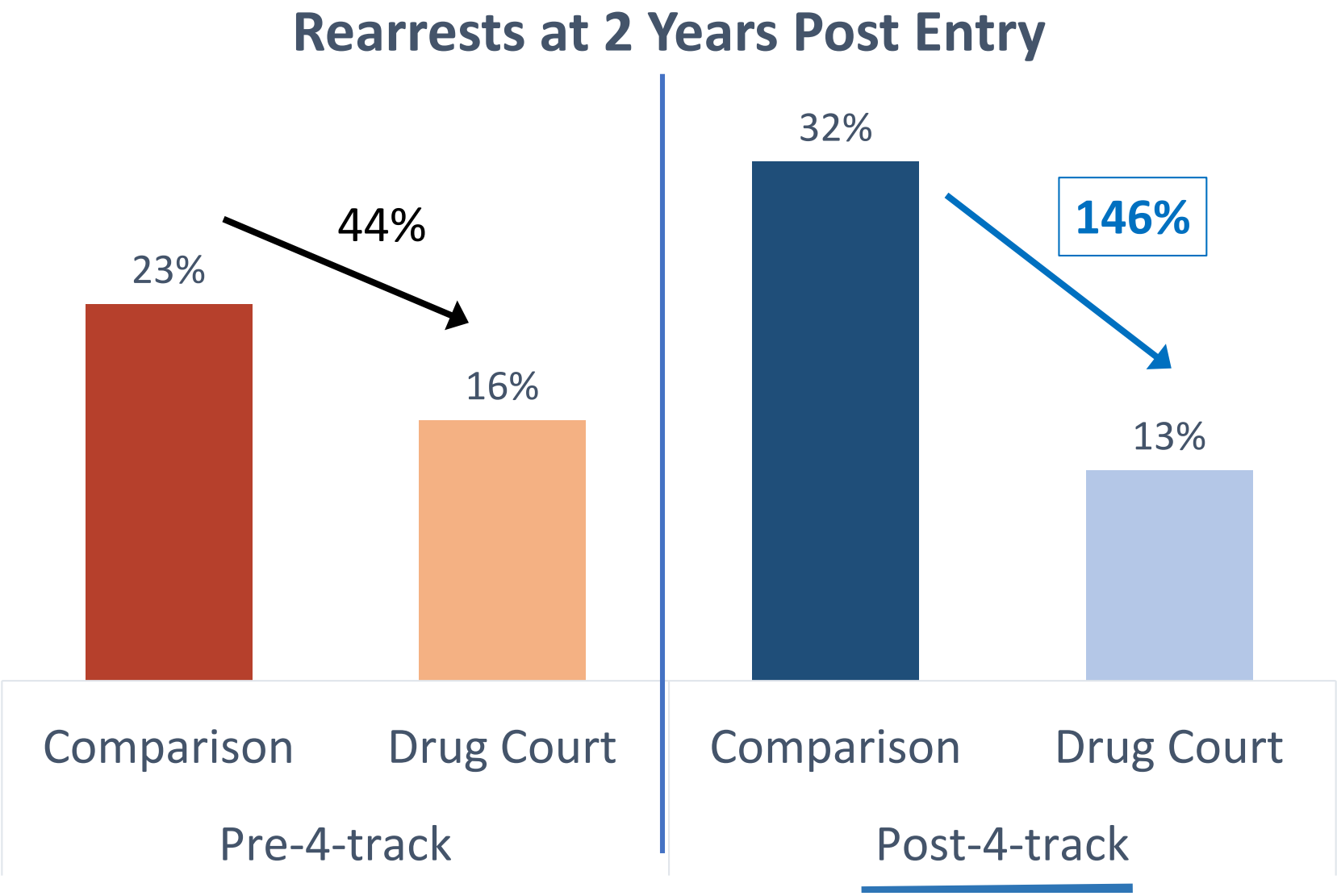
Transaction	All GCATC	Q1-HR/HN	Q2-LR/HN	Q3-HR/LN	Q4-LR/LN
Case Management Days	**$3,974**	$4,377	$4,740	$3,361	$1,468
Court Appearances	**$1,699**	$1,565	$587	$3,570	$186
Treatment[b]	**$8,289**	$10,120	$9,576	$4,541	$1000(est.)
Drug Tests	**$956**	$865	$1,009	$1,103	$1,009
Jail Sanctions	**$71**	$1,672	$613	$1,172	$243
Program Fees[c]	**($1,424)**	($1,096)	($2,088)	($1,640)	($2,161)
TOTAL	**$13,565**	**$17,503**	**$14,437**	**$12,107**	**$7,701**

Springfield, MO

Recidivism Outcomes 4-tracks ADC - MO



Recidivism Outcomes 4-tracks ADC - MO



COST SAVINGS ALL 4 TRACKS

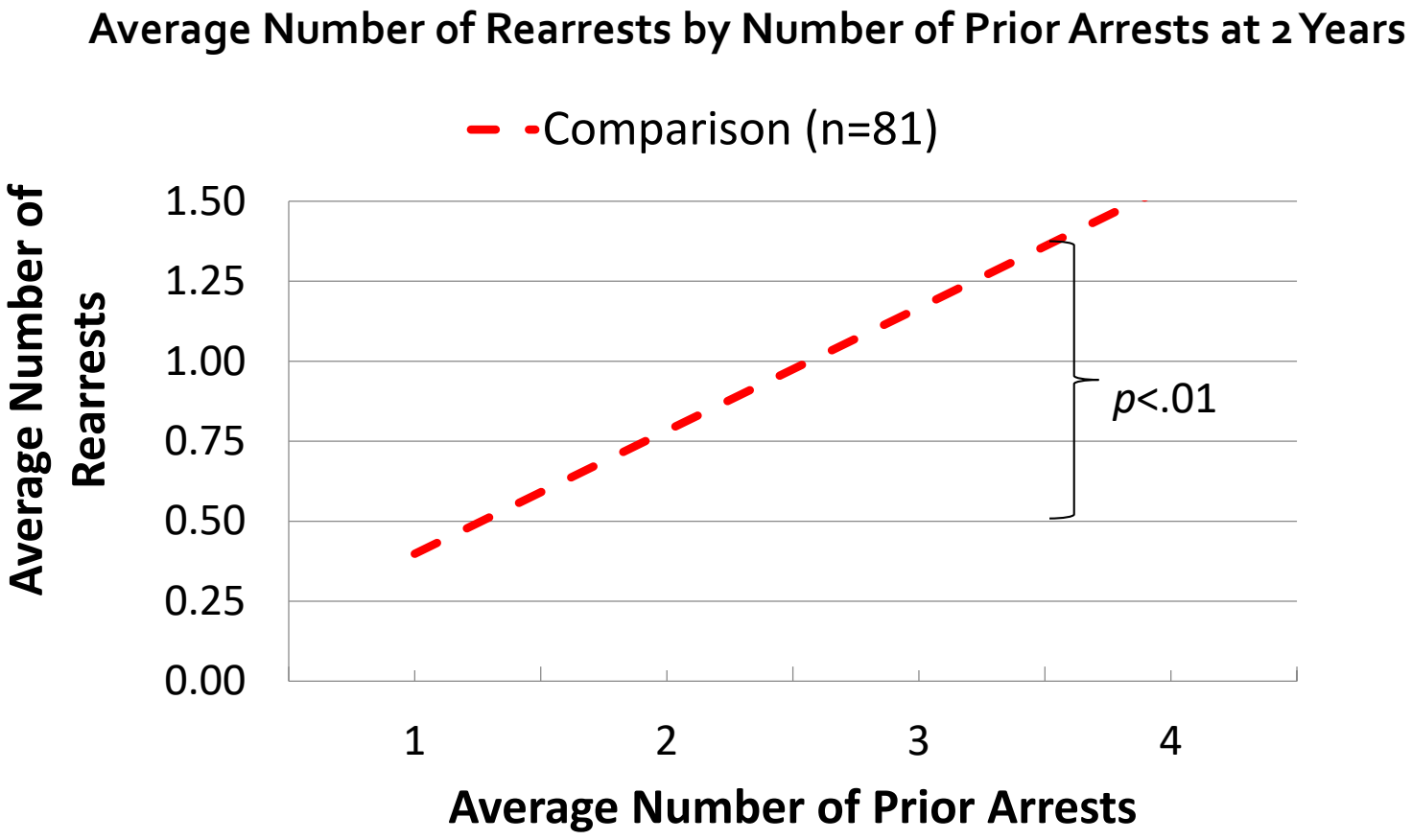
Cost savings per year for all participants since 4-track implementation (Greene and Jackson)

What about DWI Offendors?

Does Research show the Same Findings for DWI Participants as Drug Court?

MN DWI Court Study
9 Sites

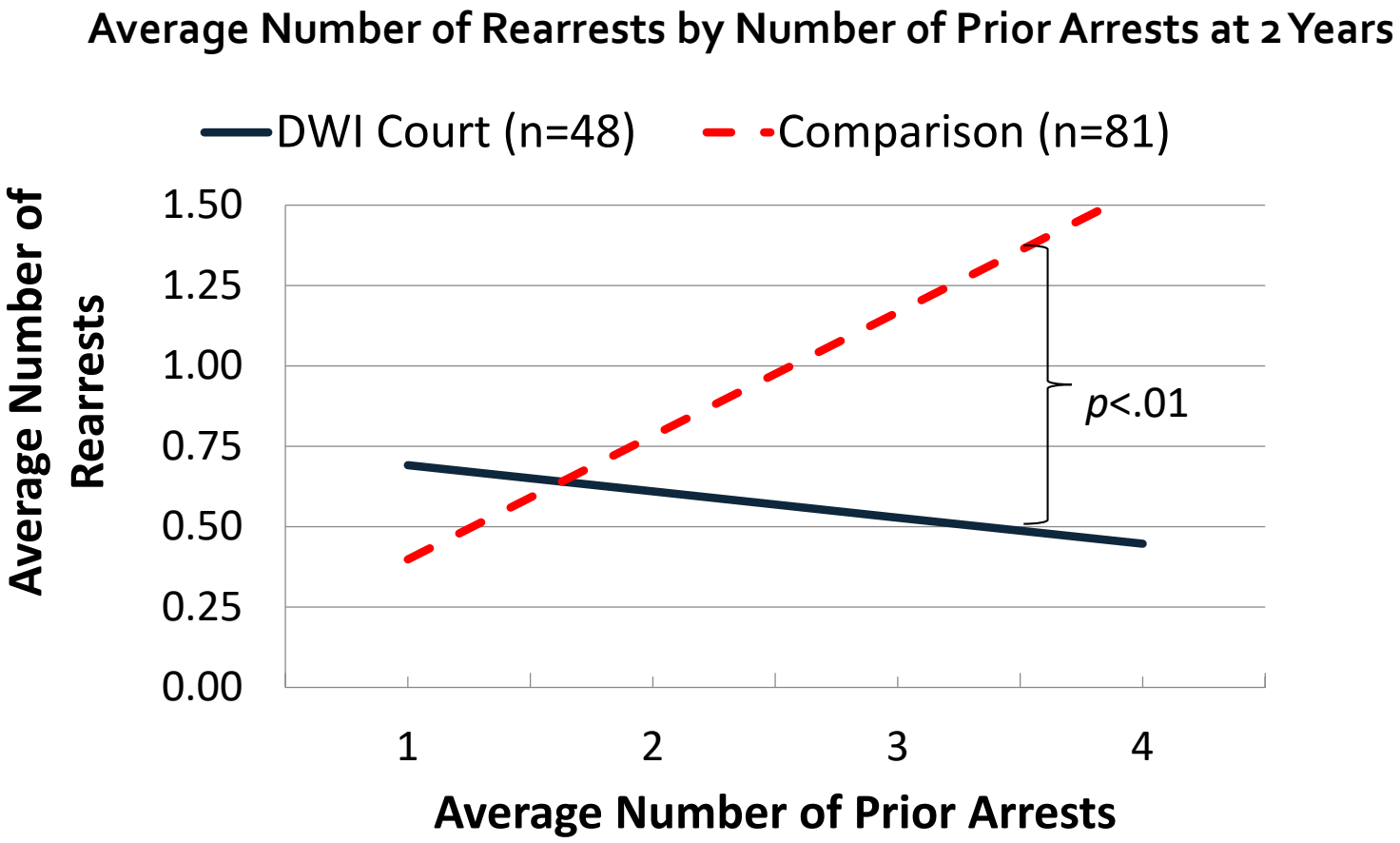
NHTSA funded

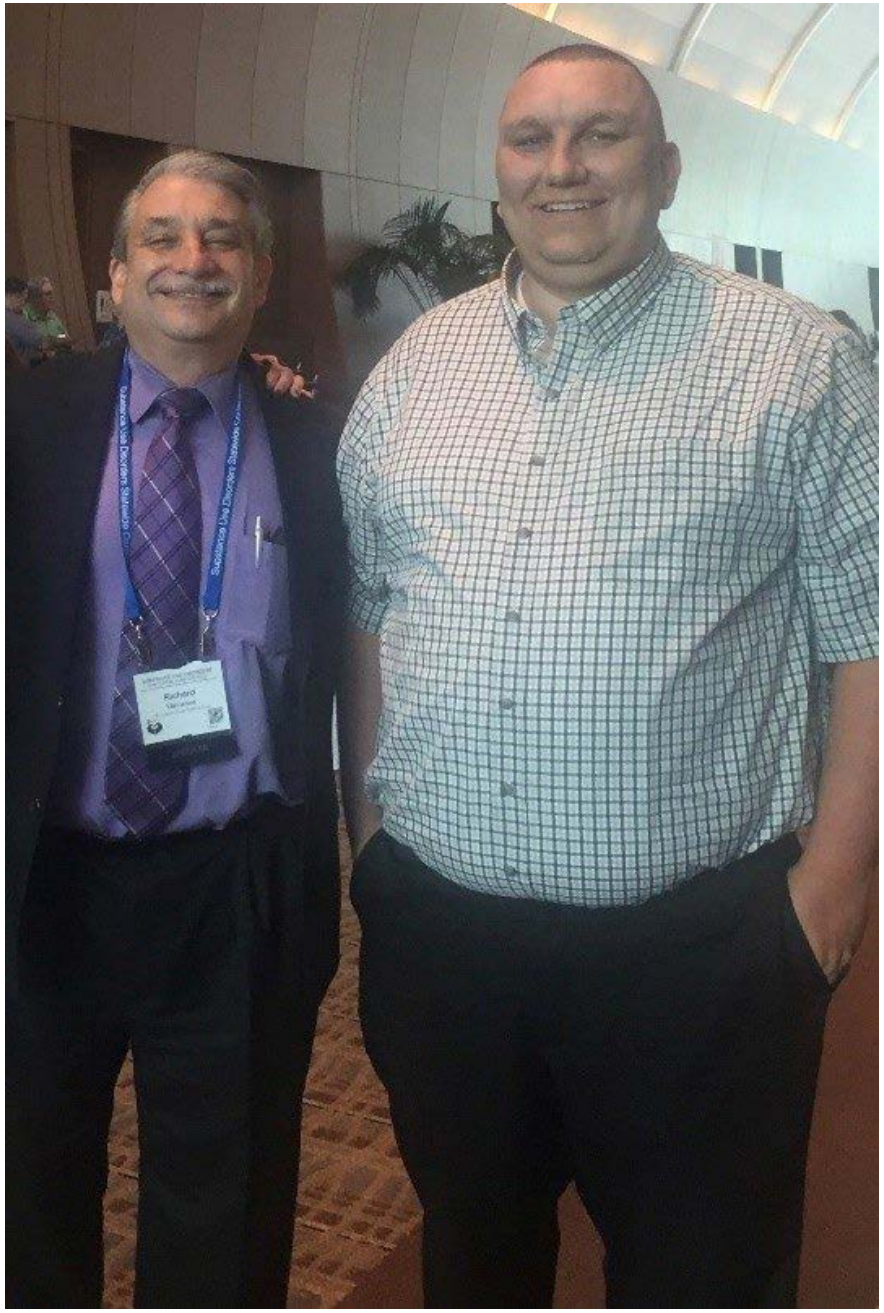


Does Research show the Same Findings for DWI Participants as Drug Court?

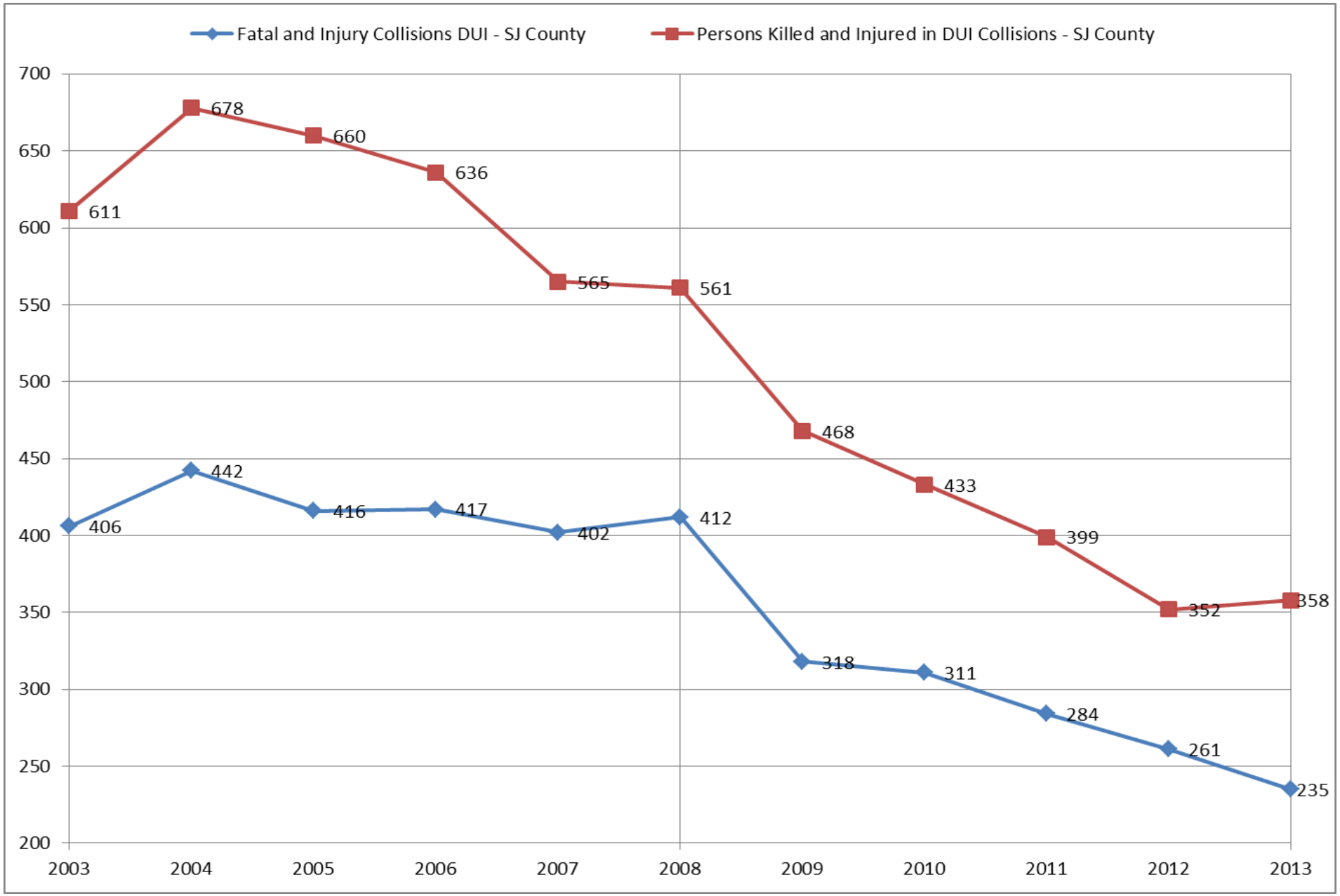
MN DWI Court Study
9 Sites

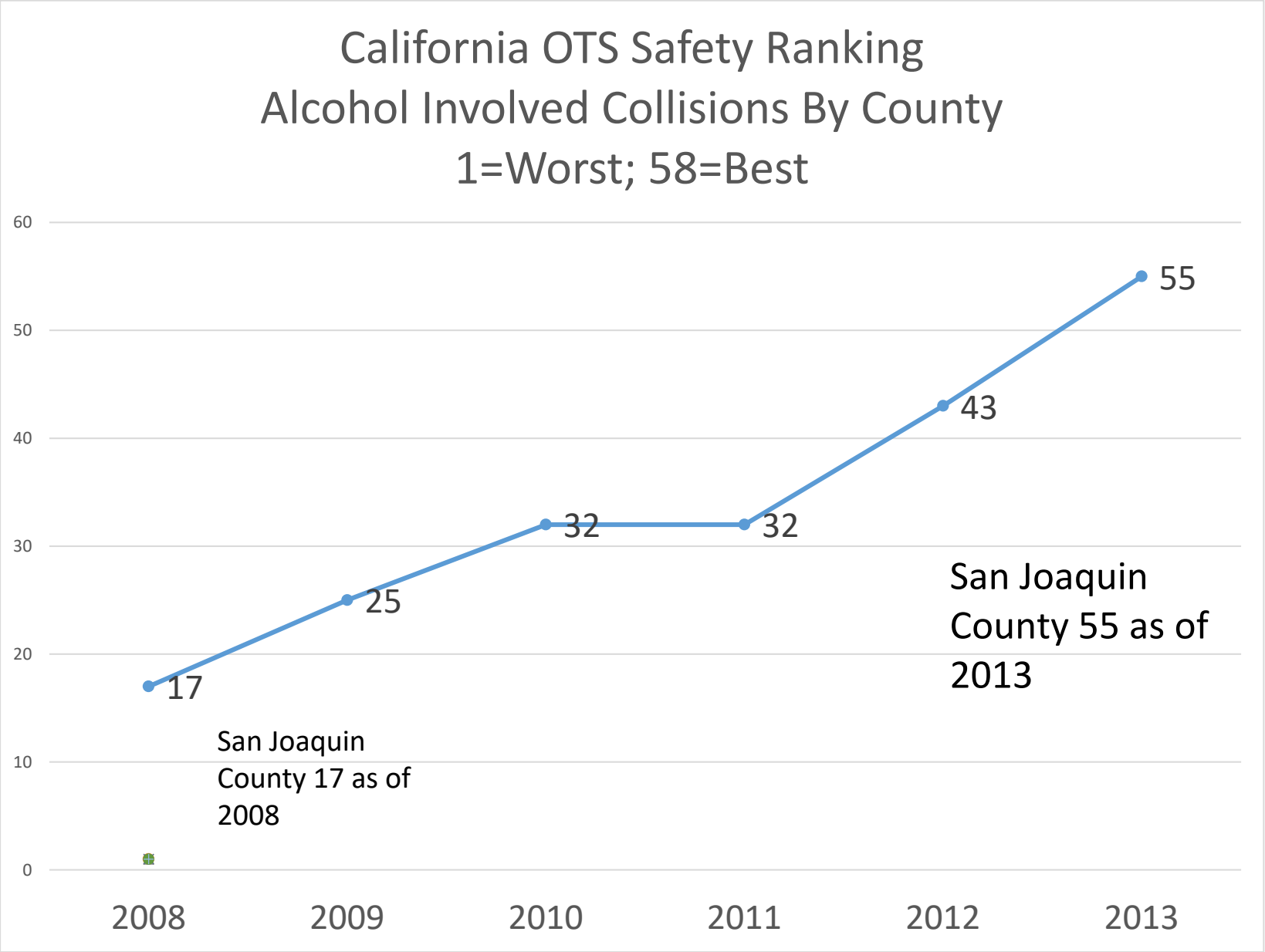
NHTSA funded





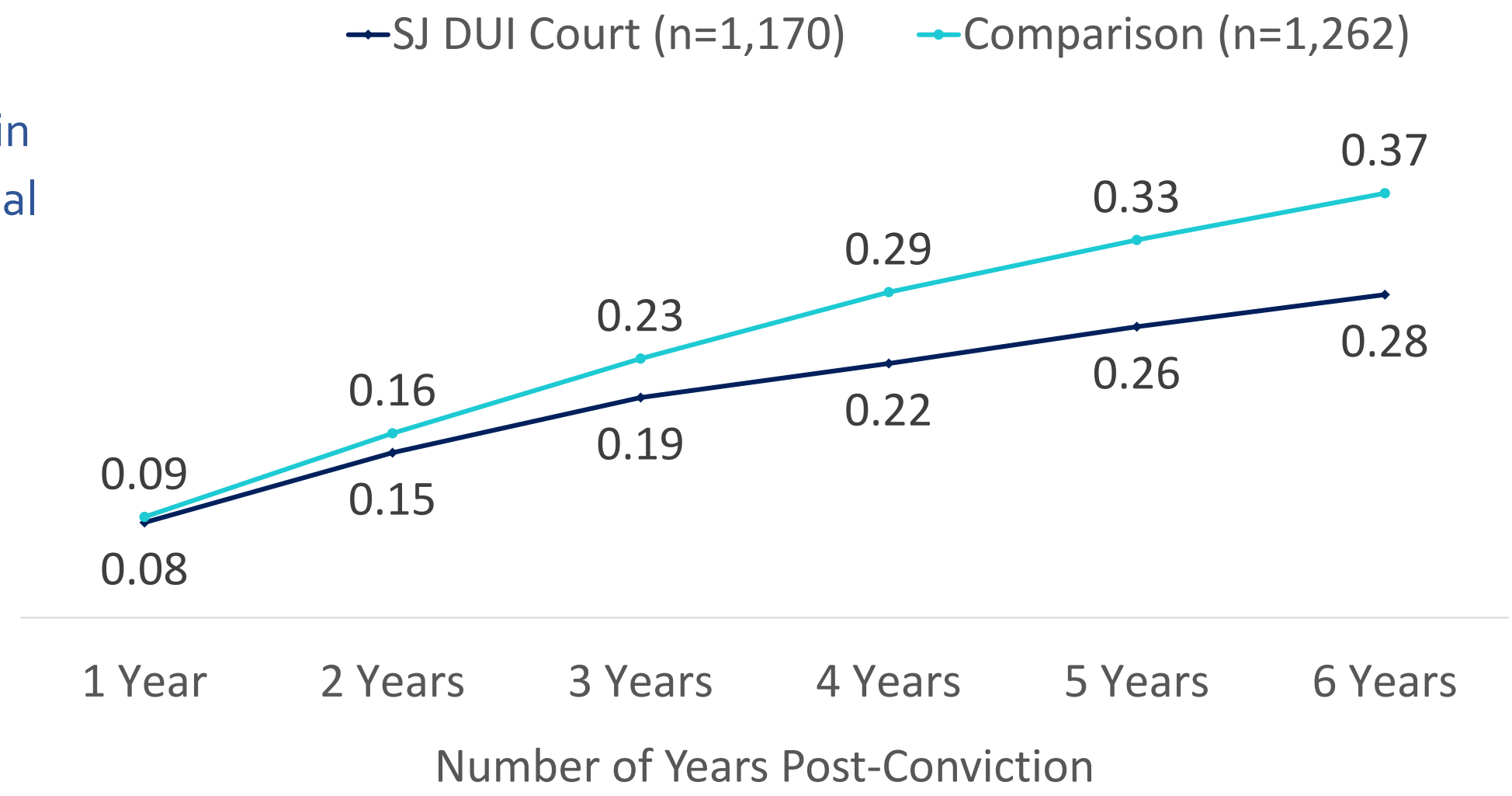
Research: San Joaquin County DUI Court Example


Fatal and Injury Collisions DUI - SJ County
Persons Killed and Injured in DUI Collisions - SJ County
700
650
600
550
500
450
400
350
300
250
200
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
611
678
660
636
565
561
468
433
399
352
358
406
442
416
417
402
412
318
311
284
261
235


California OTS Safety Ranking
Alcohol Involved Collisions By County
1=Worst; 58=Best
60
50
40
30
20
10
0
17
25
32
32
43
55
San Joaquin County 17 as of 2008
San Joaquin County 55 as of 2013
2008
2009
2010
2011
2012
2013

Average Number of New Major Drug or Alcohol DUI Convictions

San Joaquin Longitudinal Study



DUI filings in San Joaquin went from 3,300 in 2009 to 989 in 2019

San Joaquin DUI program has decreased from a peak of around 1,000 to 276 active participants (2019).

So, how do you do this?

HOW TO IMPLEMENT A MULTI-TRACK MODEL IN YOUR TREATMENT COURT

JUNE 2019

NPC RESEARCH

For questions contact:
Shannon M. Carey, Ph.D.
NPC Research
carey@npcresearch.com

HOW TO IMPLEMENT A MULTI-TRACK MODEL IN YOUR TREATMENT COURT

HOW-TO MANUAL

Step #1: Engage in Training and Technical Assistance

- All key team members and stakeholders should be trained in the treatment court model and multiple tracks prior to implementation.
- Training should include the traditional topic areas for the drug and DWI court model, with an additional emphasis on modifications that might occur in different tracks according to risk-need-responsivity principles.
- Training resources through NDCI and NPC Research are listed in the how-to manual

Step #4: Identify an Individual(s) to Lead Planning and Implementation

- The judicial officer is generally in a position of authority to take the lead. Depending on the jurisdiction, other stakeholders may assume this leadership role.
- The leader lends legitimacy, respect, authority, experience, and knowledge to the idea of implementing the multi-track model.
- The leader <u>must</u> understand evidence-based practices and be able to articulate the importance of such practices,
- Share the work among all team members

Motivate Change – HOW?

Motivate Change – HOW?

How do You know What Track to Put Them In?

Select Appropriate Screening and Assessment Tools

Me: It's not about how many times you fall, it's about how many times you get back up.

Cop: that's not how field sobriety tests work.

Step #8: Select Appropriate Screening and Assessment Tools

- Reliable = Predicts risk consistently from person to person
- Valid = Has been tested multiple times in defined population and it is accurate *(for CJ population)
- Standardized = Has proscribed instructions for use that, if followed, have the same result with different users
- Ease of use = Instructions easy to follow, not too long to be practical
- Cost = Within acceptable price range according to resources available, some good free tools

Traditional CJ Risk Assessments

Risk Assessment Tools (Examples)

- **RISK AND NEEDS <u>TRIAGE</u> (RANT)**

- **OHIO RISK <u>ASSESSMENT</u> SYSTEM (ORAS)**
- **Level of Service Case/ Management Inventory (LS/CMI)**

DWI Risk Assessments

- CARS https://www.responsibility.org/end-impaired-driving/initiatives/cars-dui-assessment-project/
- RIASI
- IDA
- DUI-RANT (screen)
- (SBiRT screening for ALL DWI offenders)

https://www.criminaljustice.ny.gov/opca/pdfs/2014-Risk-and-Need-Assessment-Update-8-20-14.pdf

Predictors of Risk

Central 8

Risk Factors for new criminal arrest

1. Criminal History
2. Antisocial Attitudes
3. Antisocial Personality
4. Peer Associations
5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital

Risk Factors for new DWI

1. DWI History
2. Antisocial Attitudes
3. Antisocial Personality
4. Peer Associations
5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital
9. BAC Level
10. Traffic Violations

ORAS and LS/CMI Assessment Score & Domains

LS/CMI and ORAS Domains

1. Criminal History
2. Peer Association
3. Criminal Attitudes and Behavior
4. Education/Employment/ Financial
5. Family And Social Support
6. Leisure? Neighborhood/ Living Sit.
7. Substance Use

Top 8

1. Criminal History
2. Peer Associations
3. Antisocial Attitudes
4. Antisocial Personality
5. School/Employment
6. Family/Marital
7. Living Situation
8. Substance Use

EXAMPLE: LS/CMI

Low Risk

0-4	Very Low
4-10	Low
11-19	Medium
20-29	High
30-43	Very High

High Risk

EXAMPLE: LS/CMI

??

0-4	Very Low
4-10	Low
11-19	Medium
20-29	High
30-43	Very High

LS-CMI Score & Domains

LS-CMI Domains	Max Score
1. Criminal History	8
2. Peer Association	4
3. Criminal Attitudes And Behavior	4
4. Anti-social patterns/Personality	4
5. Education/Employment/Financial	4
6. Family And Social Support	4
7. Leisure Activities/Living Sit.	2
8. Substance Use	8

High Risk

11-19 Moderate/Medium

LS-CMI Score & Domains

LS-CMI Domains	Max Score
1. Criminal History	8
2. Peer Association	4
3. Criminal Attitudes And Behavior	4
4. Anti-social patterns/Personality	4
5. Education/Employment/Financial	4
6. Family And Social Support	4
7. Leisure Activities/Living Sit.	2
8. Substance Use	8

~ Low Risk

11-19 Moderate/Medium

Assessments for Clinical Need

- **RISK AND NEEDS TRIAGE (RANT)**

- **Addiction Severity Index (ASI)**

  Developed by the Treatment Research Institute

- **American Society of Addiction Medicine (ASAM) Assessments**

  Guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions

Assessments for Clinical Need

EXAMPLE: Addiction Severity Index (ASI)

Low Need

Severity ratings based on a 10 point scale (0-9):

* **0-1** No real problem, treatment not indicated
* **2-3** Slight problem, treatment probably not necessary
* **4-5** Moderate problem, some treatment indicated
* **6-7** Considerable problem, treatment necessary
* **8-9** Extreme problem, treatment absolutely necessary

High Need

Step #11: Understand the Fundamentals of Each Track

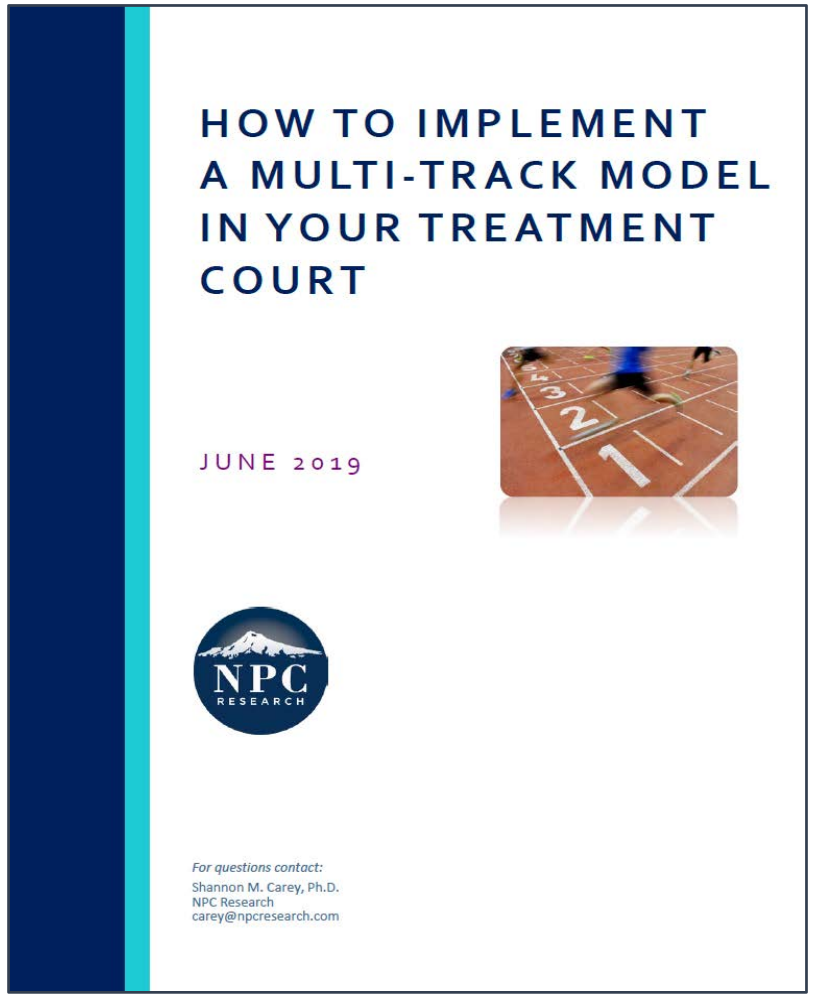
	Track 1 Supervision and Treatment Emphasis	Track 2 Treatment Emphasis	Track 3 Supervision and Case Management Emphasis	Track 4 Education Emphasis Avoid any Unnecessary Contact
Criminogenic Risk Level	High	Low	High	Low
Need Level	High	High	Low	Low
DWI Risk Level *Track placement driven by criminogenic risk and need levels	High or Low	High or Low	High or Low	High or Low
Emphasis	Supervision, case management, services for criminogenic needs, SUD/MH treatment	SUD/MH treatment	Supervision, case management, services for criminogenic needs	Diversion

Step #11: Understand the Fundamentals of Each Track

	Track 1 Supervision and Treatment Emphasis HR/HN	Track 2 Treatment Emphasis LR/HN	Track 3 Supervision and Case Management Emphasis HR/LN	Track 4 Education Emphasis Avoid any Unnecessar Contact LR/LN
Minimum Program Length	14 months	13 months	12 months	6-9 months
Court Hearings	Phase 1-2: 2x/month Phase 3-5: 1x/month Non-compliance calendar	Phase 1: 2x/month Phase 2: 1X/month Phase 3-5: Quarterly Non-compliance calendar	Phase 1-2: 2x/month Phase 3-5: 1x/month Non-compliance calendar	Non-compliance calendar; only as needed
SUD treatment and/or Mental Health Treatment	As determined by assessment Individual and/or group counseling Relapse prevention	As determined by assessment Individual and/or group counseling Relapse prevention	No substance use or mental health disorder treatment (education as needed)	No substance use or mental health disorder treatment (education as needed)

Practical Considerations in Creating tracks

How tracks are implemented varies based on program size and what services are available



Alternate Court Sessions

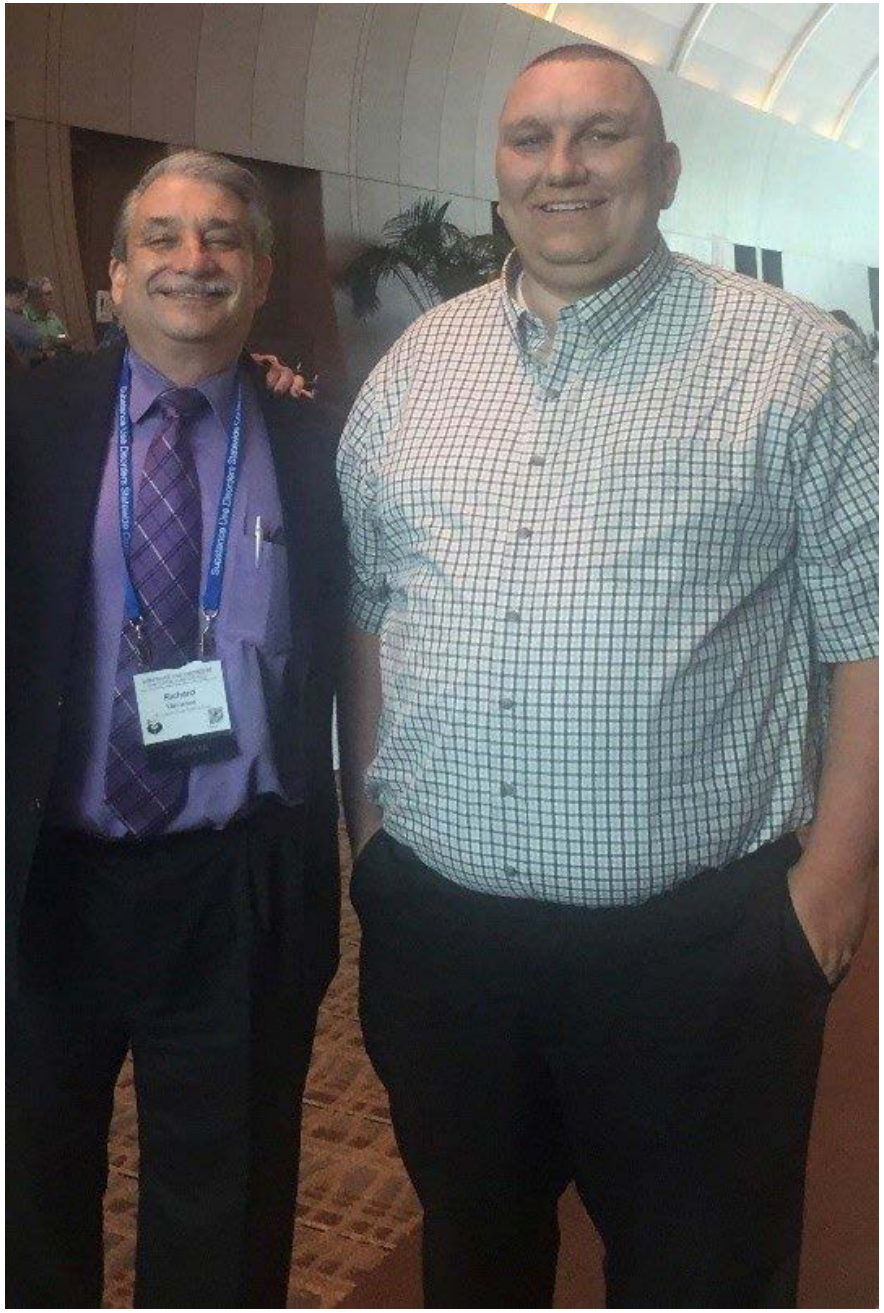
- Different days of the week
- Different portions of the day/hour

Separate Therapy Groups

- Separate by risk level
- Separate by type of services needed
- Separate by agency
- Small programs may need to focus on individual sessions

Probation Officers/Case Managers

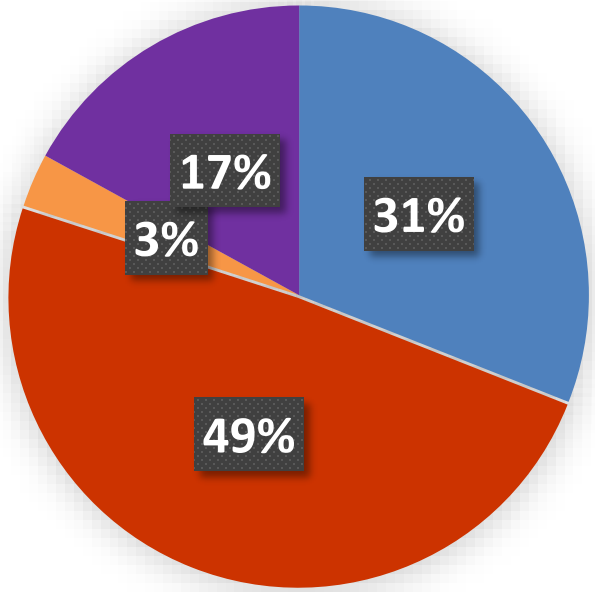
- Assigned to separately tracks
- And/or understand R/N differences



San Joaquin County DUI Court Example

RANT Stats for Repeat DWI Offenders (N=1,133)

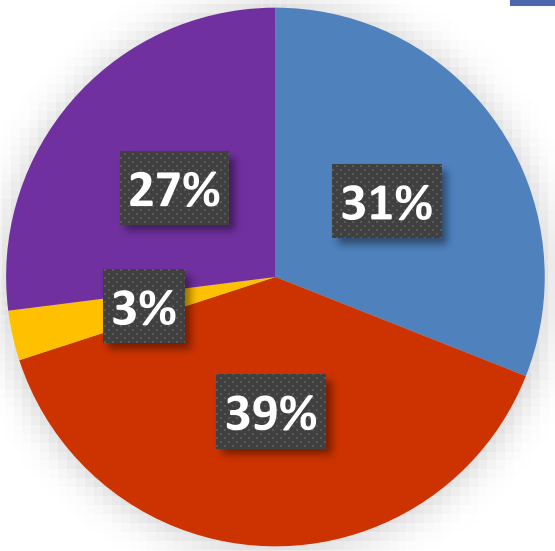
DUI RANT



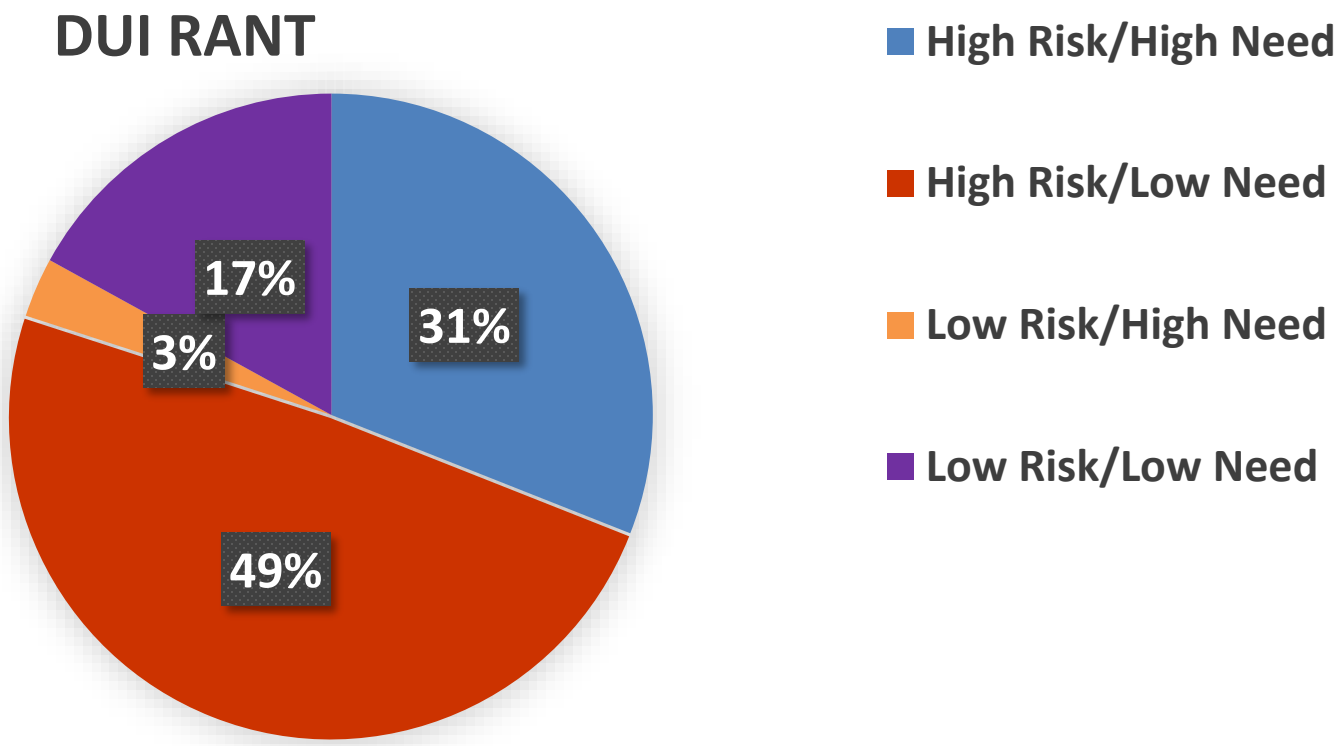
- High Risk/High Need
- High Risk/Low Need
- Low Risk/High Need
- Low Risk/Low Need

~20% of HR/LN for DUI scored LR/LN on regular assessment

RANT



RANT Stats for Repeat DWI Offenders (N=1,133)



~80% of repeat DWI offenders were high risk for a new DWI. Require intensive monitoring for public safety

Track 1: Full Traditional DUI Court Model

- High Risk/High Need – approximately 30% of repeat DUI population
- Full assessment for risks and need and appropriate placement in supervision and treatment according to assessment results
- Regular case management appointments
- Court appearances every other week
- Immediate response to non-compliance
- Recognition for compliance

Track 1: Full Traditional DUI Court Model

- High Risk/High Need – approximately 30% of repeat DUI population
- Full assessment for risks and need and appropriate placement in supervision and treatment according to assessment results
- Regular case management appointments
- Court appearances every other week
- Immediate response to non-compliance
- Recognition for compliance

Track 2: COURT MONITORING TRACK

- Report to Case Manager - verifies compliance
- Added probation conditions
- Alcohol/drug monitoring; Abstain clause;
- Court reviews scheduled for 1 mo; 6 mo; 1 yr
- Court appearance added with non-compliance
- Immediate response to non-compliance
- Recognition for compliance
- Continued non-compliance results in participant re-assessment and move to Track 1

MONITORING TECHNOLOGIES

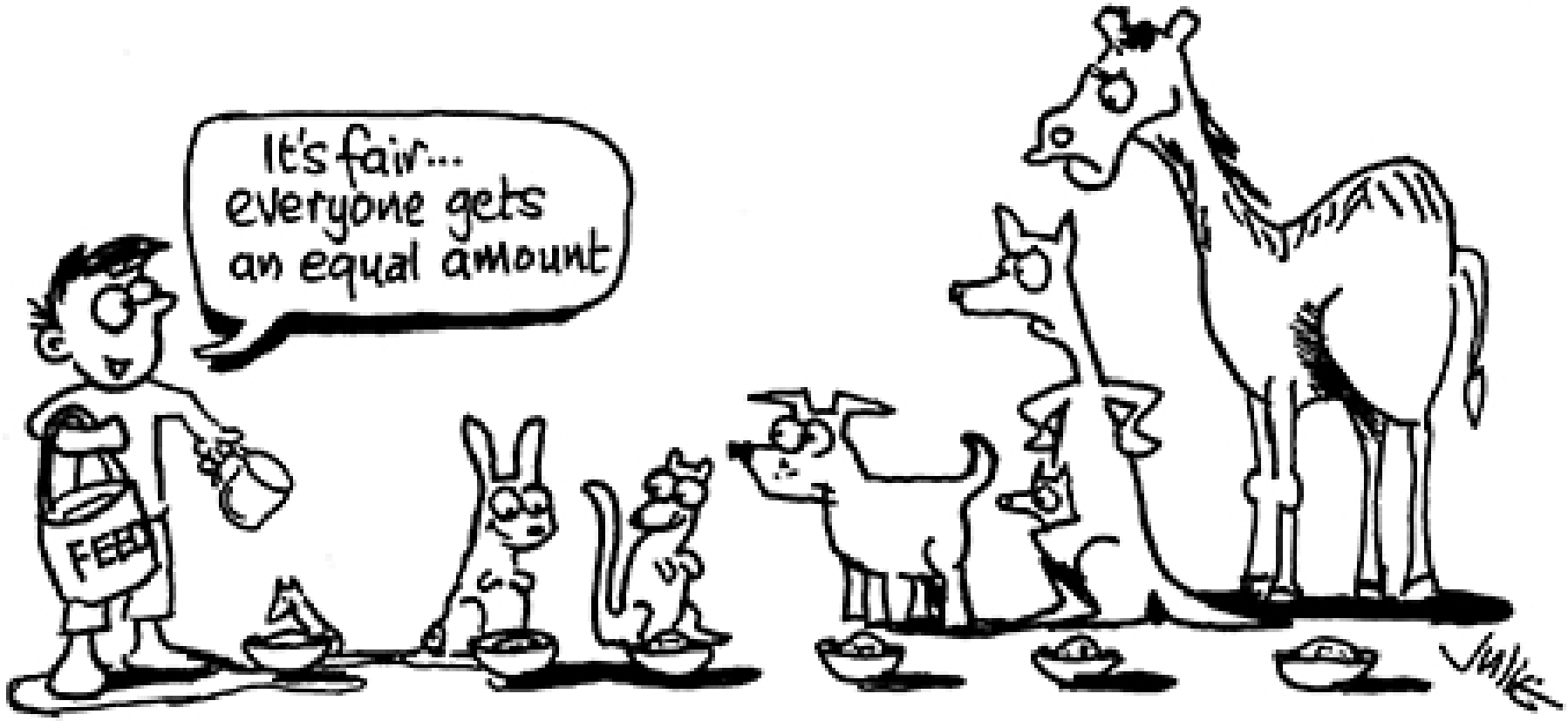
- Transdermal Monitoring (ankle bracelet)
- Ignition Interlock Device
- Remote Testing (cell phone)
- Daily Testing (24/7 program)
- Drug Testing

Success!

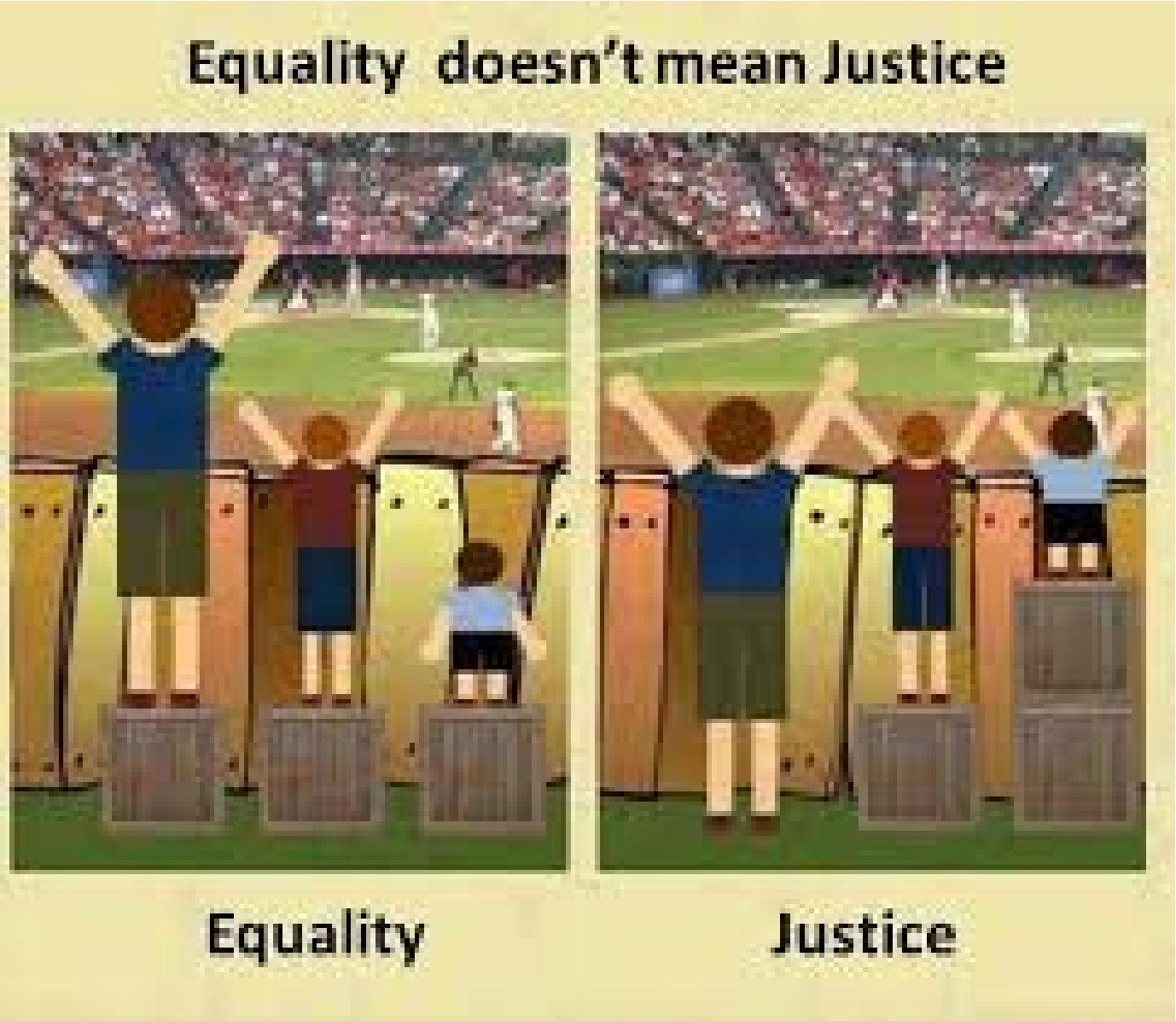
DUI filings in San Joaquin went from 3,300 in 2009 to 989 in 2019

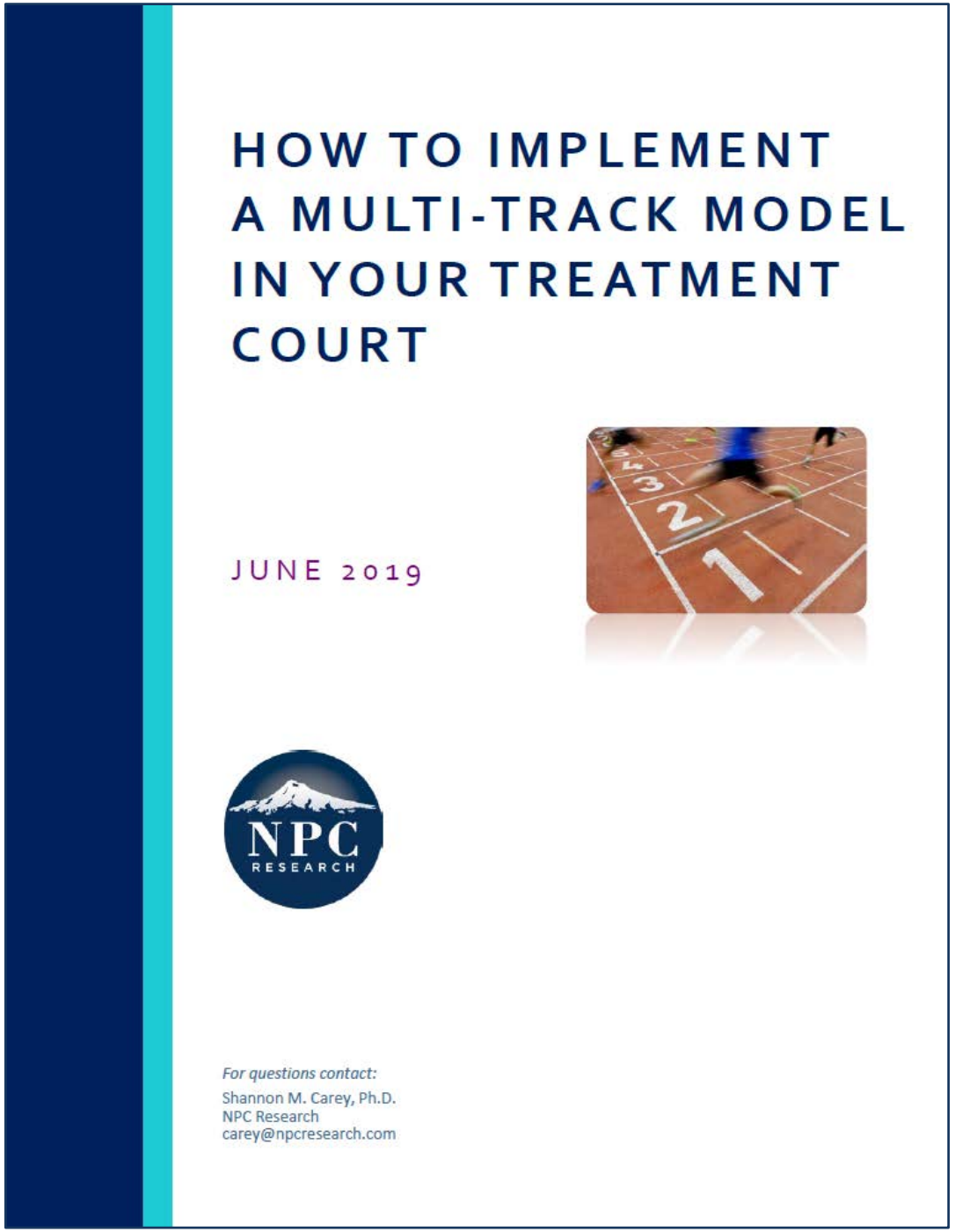
Track 2 (monitoring track) has 70% of program participants with 29% of the costs

Better Justice Response
Better Outcomes



Fair doesn’t mean Equal





For more information, resources and training contact:

Shannon Carey, Ph.D.
NPC Research
carey@npcresearch.com

Judge Peggy
Davispdslotusemails@gmail.com

Judge Richard Vlavianos
rvlavianos@sjcourts.org

NDCI:
Carolyn Hardin
chardin@nadcp.org

AFTER

Stronger team

Energized to continue striving toward providing services that match participant needs