

SCF Pilot

Where are we now? What insights can existing research offer?

- Evaluation design process and preliminary interviews suggest future challenges for the pilot:
 - Defining risk/expanding treatment access to offenders with higher or more complex risk profiles
 - Intuition vs empiricism
 - Mission vs compromise
 - Addressing logistic and legacy impacts of COVID-19
 - Maintaining model fidelity in the face of these and other challenges

Good News: Issues not unique to the SCF model

Bad News: No easy answers in the literature

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Defining and Accepting Risk

- Actuarial Risk Assessment
 - **In theory:** *objective, evidence-based* (EB) algorithms that aid in decision-making processes (i.e., treatment needs)
 - **In practice:** proliferation of EB actuarial assessments and “off label” use¹ has complicated efforts to define populations suitable for AC participation²⁻³
- Implications for SCF Pilot
 - Numerous definitions of low-, medium-, and high-risk across courts and agencies
 - Need a ‘Rosetta Stone’ for risk

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Defining and Accepting Risk

- Accepting Risk
 - Early exclusions often guided by grant-related restrictions
- Traditionally Excluded: “Violent” offenders⁴
 - Low-hanging fruit problem⁵
- **Question: Does your court exclude violent or drug market-involved offenders with serious substance use or mental health problems?**
 - Why? How are exclusions defined? Criteria a product of prior failures or intuition?

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Why does violent offender inclusion matter?

- What do we know about violent offenders in problem solving courts?
 - Research mixed⁴⁻⁶
 - National Association of Drug Court Professionals' guidelines support inclusion of violent offenders⁷
- The Oft Forgotten “R” in RNR
 - Responsivity to needs of more serious offenders
 - Less than 17% of probationers in need of treatment receive it⁶
- Implications for SCF Pilot
 - Opportunity to expand access to treatment to vulnerable populations traditionally excluded, or
 - Business as usual

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COVID-19: Problems and Potential

- Problems
 - COVID associated with reductions in substance use treatment initiation and referrals to drug courts⁸
 - In CA, access to treatment among justice-involved individuals fell 10-15%
 - Medium- and long-term public health implications for continued decarceration of offenders
- Going Forward
 - Not likely to fully revert to pre-pandemic model of court operations⁹
 - Ruralization and Total System Realignment¹⁰

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COVID-19: Problems and Potential

- Potential of Pandemic-Era Court Practices
 - Continued use of tele-court proceedings presents opportunities to expand AC treatment tracks to accommodate higher risk/need offenders
 - Reserve tele-court for lower risk participants
 - Research demonstrates that effective intensity of supervision is related to disease severity¹¹⁻¹³

Question: Could a hybrid tele-court model allow your AC to reach higher risk participants?
How?

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Concluding Remarks: Fidelity

“If you’ve seen one AC, you’ve seen one AC.”

- Going Forward: How to Promote Fidelity to the SCF Model?
 - Create explicit, common definitions among stakeholders (e.g., what constitutes violence? High and low risk?)
 - Draw on emerging/expanding technologies to increase access to treatment for offenders in need
 - Focus on responsiveness – remember that less than 1 in 5 probationers accessed the treatment they needed **before** the pandemic