Integrating Risk Needs Responsivity (RNR) in San Diego County Drug Courts

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Objectives

- Highlight the Risk Need Responsivity (RNR)

- Identify the benefits of using RNR in drug courts

- Various RNR tools considered

- Current status of our team's efforts

- Challenges we've faced along our journey

- Perspectives from treatment ,probation, and defense counsel

Questions to Consider

- What does the Drug Courts do well?

- What are areas for improvement?

- How can each agency support/be a better partner with the Drug Court?

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The RNR Principles

- **Risk**: likelihood of future involvement in the justice system

- **Need**: match clients to programs and services that target dynamic needs and enhance social stability

- **Responsivity:** **General**: use cognitive-behavioral techniques and social learning; **Specific**: emphasize factors like gender, ethnicity, age, culture, motivation, and individual learning styles in matching clients to services and controls

Reducing Recidivism:

- ✓ Risk-Need Assessment should drive who is <u>placed</u> in what type of programs/services
- ✓ Broad array of <u>quality</u> programs
- ✓ Staff who are engaging and work with clients
- ✓ Integrated system of corrections/supervision & treatment

Why Does it Matter?

○ Failure to effectively match the needs of the client with an appropriate treatment is tantamount to providing *no treatment.*

○ *And* clients fare better when the program/services are relevant to their situation.

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis*. *Criminology, 28*(3), 369-404.

Risk Principle

- Risk is the likelihood that a client will engage in further criminal behavior.

- Risk does not refer to risk for violence or dangerousness.

- Risk incorporates both static and dynamic factors that influence a client's future criminal behavior.

- **Static risk** factors impact an individual's likelihood of re-offending. These factors can increase but cannot decrease.

Need Principle

- Criminogenic needs are dynamic risk factors related to criminal behavior that can be changed.

- Reducing these risk factors results in reducing criminal behavior.

- Should be measured using a STANDARDIZED NEED TOOL.

Responsivity Principle

- Refers to identifying and using factors to help drive programming delivery.

- Some factors include gender, ethnicity, age, culture, history of trauma, English language learner, literacy level, motivation, and individual learning styles Barriers need to be removed; acute MH, child care, transportation, gender issues.

- Barriers need to be addressed: acute MH, child care, transportation, gender issues.

- Cognitive intervention and social learning proves to work best with individuals with justice involvement.

Operationalizing RNR

The following are examples of RNR-informed practices agencies can implement at the **individual** level:

- Screen for individuals' risk-need level (RANT)
- Use a risk and need assessment that has been validated with your population
- Use individuals' risk-need level to determine program eligibility
- Discuss the risk and need assessment results with the individual to get their input

Operationalizing RNR, continued

The following are examples of RNR-informed practices agencies can implement at the **individual** level:

- Build the case/treatment plan based on the risk and need results.
- Prioritize programming based on criminogenic needs identified on a risk and need assessment.
- Adjust intensity of controls/structure and programming based on risk-need level.
- Assess and adjust programming for individual factors to meet the client's needs.

Operationalizing RNR, continued

The following are examples of RNR-informed practices agencies can implement at the **individual** level:

- ○ Provide and/or refer to various types of programs that can meet different individual needs.
- ○ Share the risk and need assessment results with colleagues and partners to unify the case/treatment plan.
- ○ Re-assess individuals with the risk and need assessment, as appropriate.

Operationalizing RNR, continued

- The following are examples of RNR-informed practices agencies can implement at the **program** level:
  - Assess the effectiveness of programs and services at meeting the individuals' needs.
  - Have Standard Operating Procedures (SOPs) that clearly identify processes.
  - Provide cognitive behavioral programs to address criminogenic needs.
  - Engage with training, technical assistance, coaching, and evaluation.

Ways we are already RNR-informed

- Use ASAM to determine programming placement.
- Build treatment plan with client input.
- Staff are engaging and work with clients.
- Staff engage in training and technical assistance.
- Drug Court holds regular case conferences.
- Use positive reinforcement.
- Programming delivered in phases.
- Aftercare provided.

What does this mean for San Diego County Drug Court?

Risk and Need Triage (RANT)

Risk

○ Current age

○ Age of onset of SUD and crime

○ Criminal history

○ Treatment history

○ Antisocial peers

○ Employment and living stability

Need

○ Substance use disorder

○ Serious mental Illness (SMI)

○ SUD-related medical conditions

Integrating the RANT

Who?	• Correctional counselors /treatment
When?	• As soon as initial referral received
How?	• Conduct screening and share results with treatment team

Assessment Steps with the RANT

Treatment conducts assessment on all potential clients who screen as high-risk/high-need, high-risk/low need, and low-risk/high-need.

Case managers/counselors will be assigned clients based on risk level.

Share information risk level with Probation to help determine supervision levels.

ASAM criteria will continue to determine treatment placement.

Sober living environments will be recommended for clients based on risk level.

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Additional Supports for High-Risk Clients

- May have more contact with Probation and Court.

- Will receive additional Cognitive Behavioral Treatment to address criminogenic needs.

- Will receive anger management programming when indicated.

- May spend more time in earlier phases.

Additional Integration with RANT

- All Drug Court partner agencies receive training on what the RANT is and how to read it.

- Share client results with all Drug Court partners.

- Consider revising incentive and sanction schedules based on risk level.
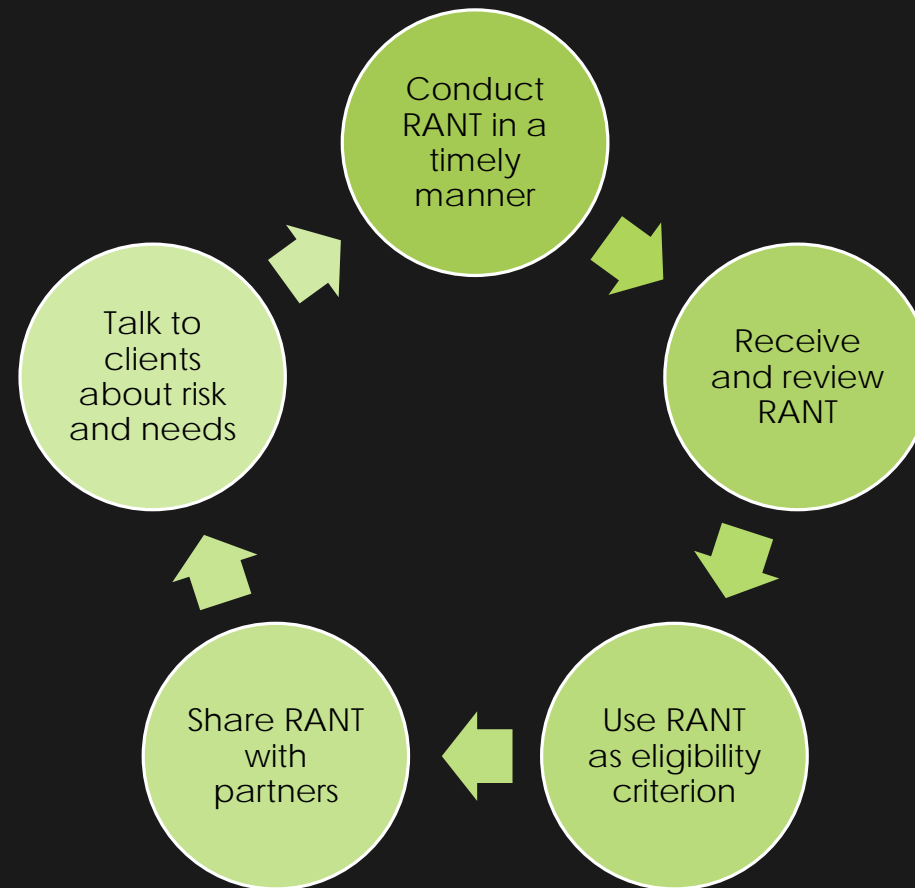
Conversations with Clients

- Are clients aware of their risk levels?

- There is a good chance no one has explained what risk and risk management mean to the client and why we do it.

- Ensure clients understand they are more than just their risk level.

Conversations with Treatment Providers

○ Consider talking to treatment providers and recovery homes.

○ Ask questions!

　　○ "Michael is high-risk. Is your program appropriate for people who are high-risk?"

　　○ "Donte is low-risk. Will your program be too intense?"

Summary of Process

Conduct RANT in a timely manner

Receive and review RANT

Use RANT as eligibility criterion

Share RANT with partners

Talk to clients about risk and needs

Being RNR-informed during…

Screening and Intake

- Conduct RANT and explain to clients how it will be used.
- Use the RANT results for eligibility.
- Share RANT with appropriate partners.
- Need matters too! ASAM will continue to drive placement.

Being RNR-informed during…

Initial Case Planning

- Talk to clients about their risk level and their needs.
- Use the assessments to drive case plan, including:
  - Risk level
  - Strengths
  - Areas of critical, criminogenic, and other needs
  - Responsivity factors, such as learning style and history of trauma
- But don't forget clients' goals!

Being RNR-informed during…

Court Sessions

- Be prepared to discuss what RNR is and make sure new team members receive training.

- Know individual clients' risk level, needs, strengths, and responsivity factors.

- Integrate knowledge of RNR when determining sanctions and incentives.

- All partners engage and acknowledge the expertise each brings to the table.

Being RNR-informed during…

Follow-up Visits

- Continue talking to clients about their risk level, needs, and responsivity factors.

- Revise treatment plans as needed based on changes in needs and responsivity.

- Understand that higher-risk clients often need greater supports and conditions, such as more frequent reporting.

- Understand the impact new crimes or violations may have on client treatment plans.

Being RNR-informed during…

Celebrations of Recovery/Moving Phases

- Consider having different criteria based on risk levels.
- Spell out criteria for moving phases and Drug Court completion in program manual.
- Continue to decide by consensus.
- Congratulate clients and be clear what it means to move phases or complete.

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Challenges We Face Implementing RNR

- Personnel to implement/complete RNR
- How to use the results
  - How much weight should it take on intake decisions
- Legal concerns on how the RNR is disclosed used
  - i.e. on a defendant that is rejected from DC
- Using RNR to assist in supervision of the participants
- Separation of participants based on risk level
- Overrides
- How is RNR used with the treatment plan
- Can RNR be used outside of DC

COMPAS – RANT Pilot

Open Discussion

Recommendations

Implement RANT.

Provide additional controls to higher-risk clients.

Talk to clients about risk.

Recommendations

Engage evaluator.

Update program manual.

Have fidelity monitoring in place.

Recommendations

Prioritize high-risk/high-need for services.

Explore ways to increase success rates for women.

Examine WHEN clients fail to determine when additional supports needed.

Questions ?