



Risk and Need:

Implementing Multiple Tracks in Your Treatment Court Program

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Hon. Richard Vlavianos

**ADULT DRUG COURT
BEST PRACTICE STANDARDS**

VOLUME I



NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS
ALEXANDRIA, VIRGINIA



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

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

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

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*)

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

THE *RNR* PRINCIPLE ARGUES THAT:

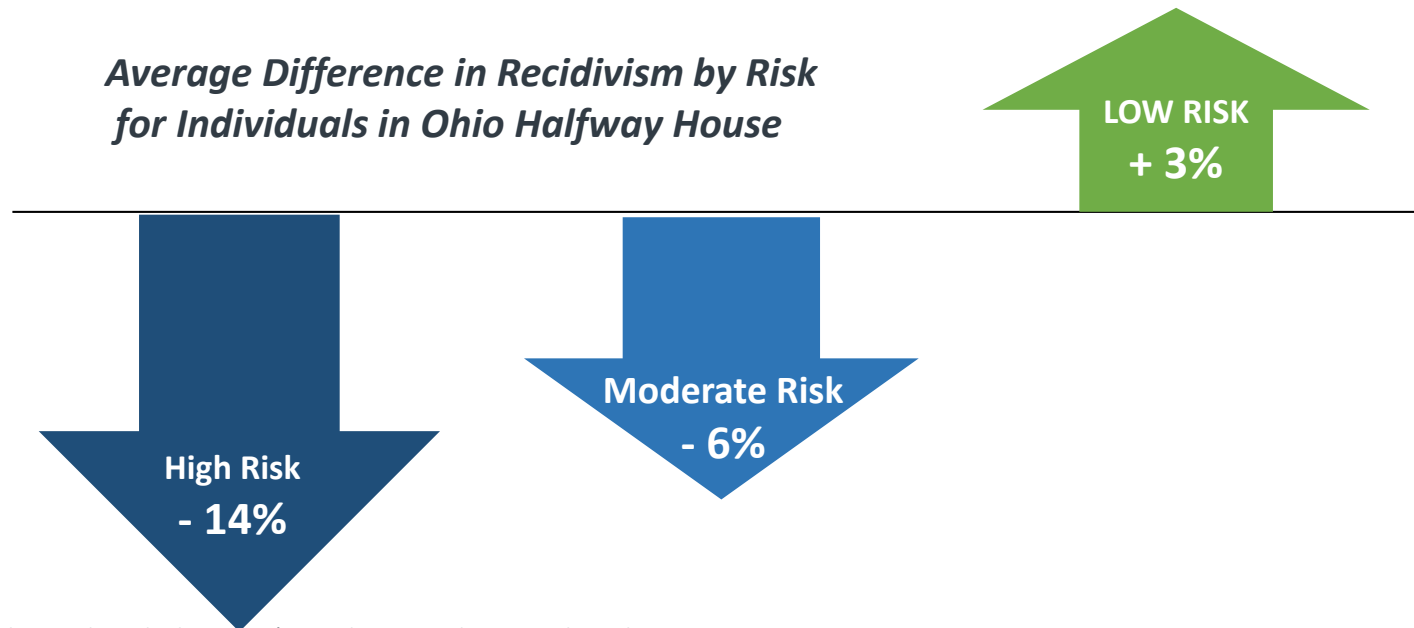
Higher risk/Higher need clients warrant *increased* level of supervision, Case Management and intervention.

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

THE IMPORTANCE OF RISK PRINCIPLE

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

*Average Difference in Recidivism by Risk
for Individuals in Ohio Halfway House*



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 (by intervening in the 7 below)
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

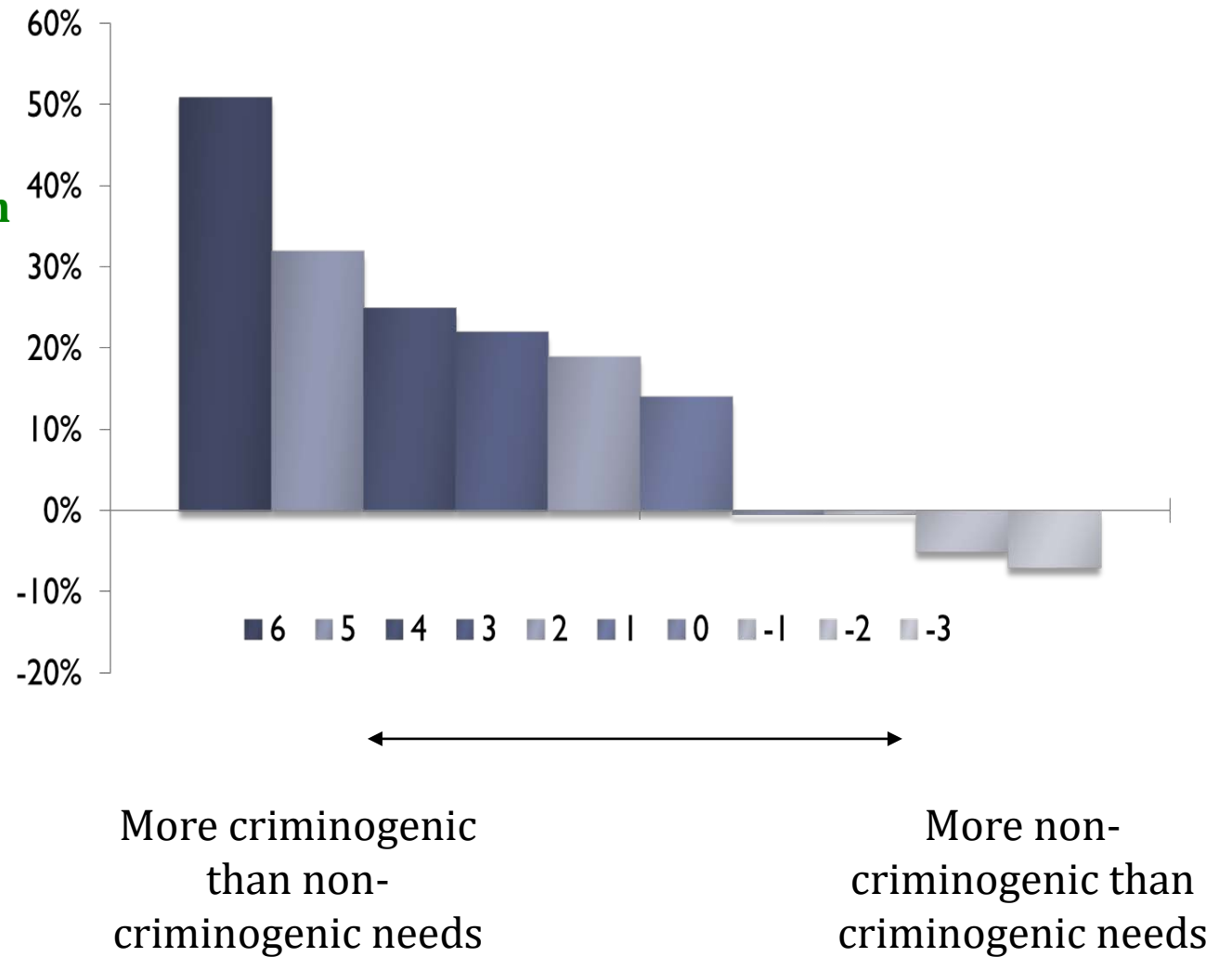
Address Risk Factors (Need) in treatment, supervision, case management, staffing and court

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

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

Larger Reduction in Recidivism

Smaller reductions in Recidivism



IN SUMMARY...

Focus resources on:

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

HIGH RISK

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



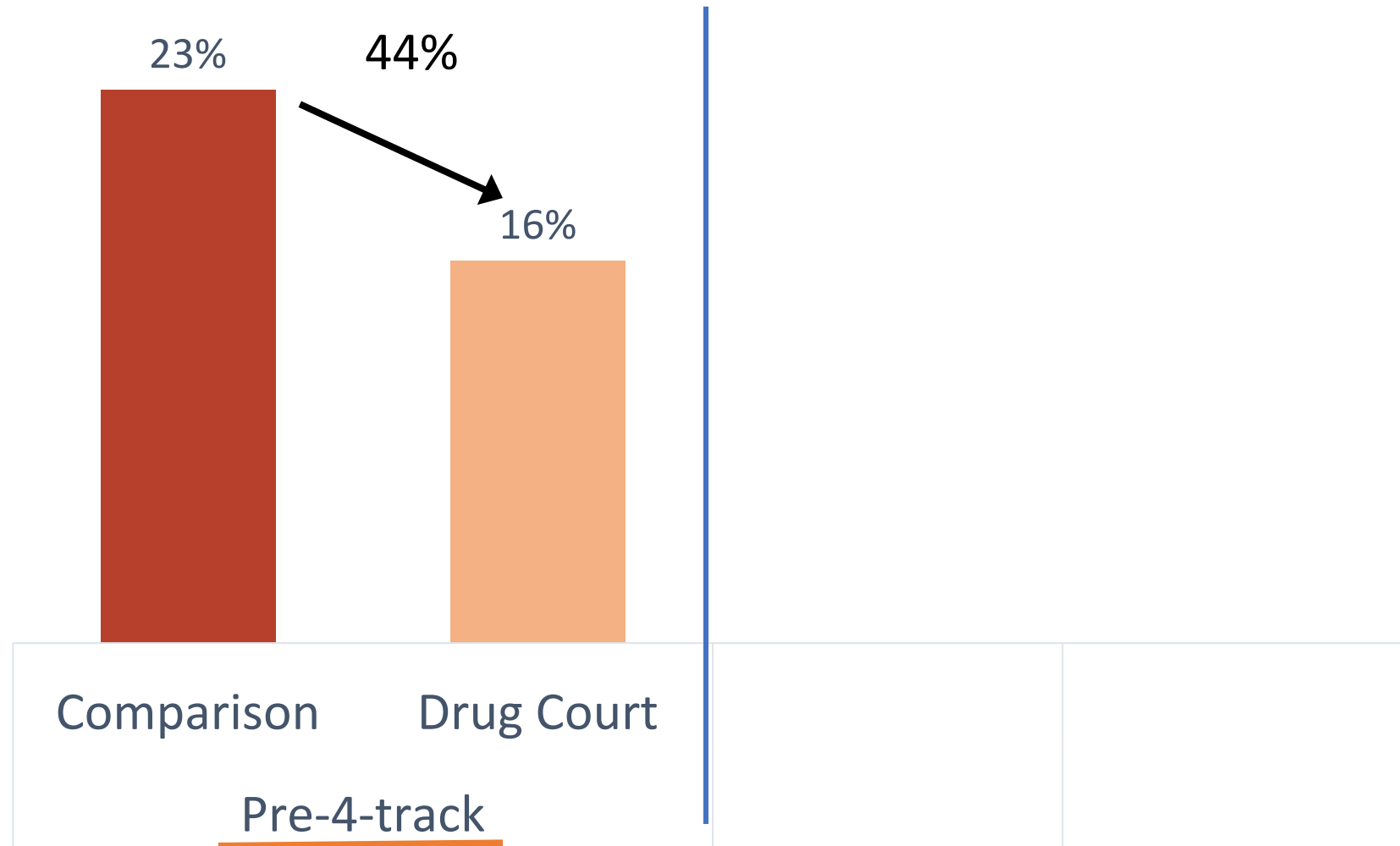
Average Cost per Participant by Quadrant

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



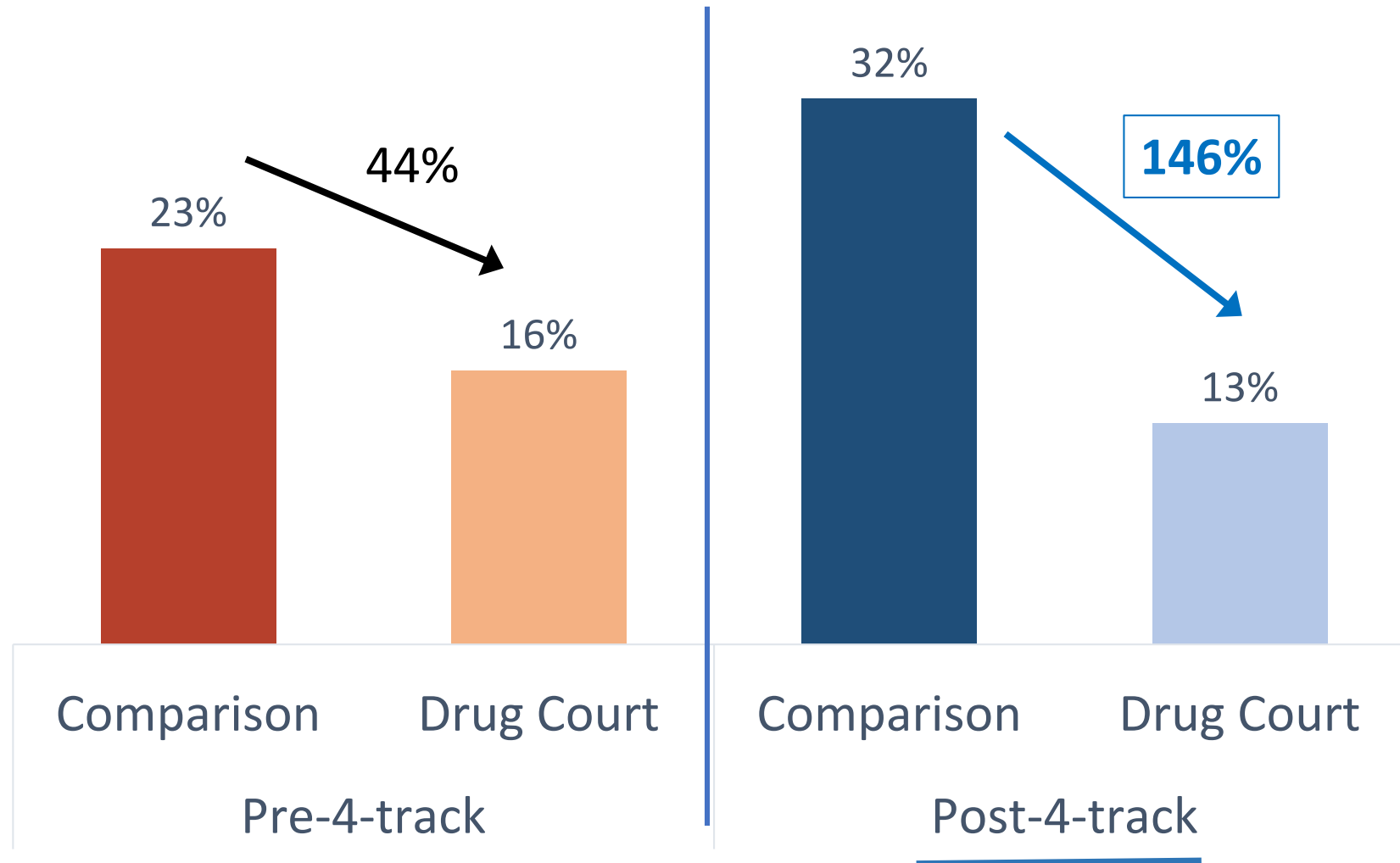
Recidivism Outcomes 4-tracks ADC - MO

Rearrests at 2 Years Post Entry



Recidivism Outcomes 4-tracks ADC - MO

Rearrests at 2 Years Post Entry



COST SAVINGS ALL 4 TRACKS

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





What about DWI Offendos?

How are DWI offenders different from other drug offenders?

- DWI offenders engage in behavior that is dangerous and frequently causes serious injury or fatalities.
- Every day, almost 30 people in the United States die in alcohol-related vehicle crashes—that's one person every 48 minutes.





Drunk-driving crashes claim more than 10,000 lives per year.

Deaths and damages contribute to a cost of \$44B per year.

How are DWI offenders different from drug offenders?

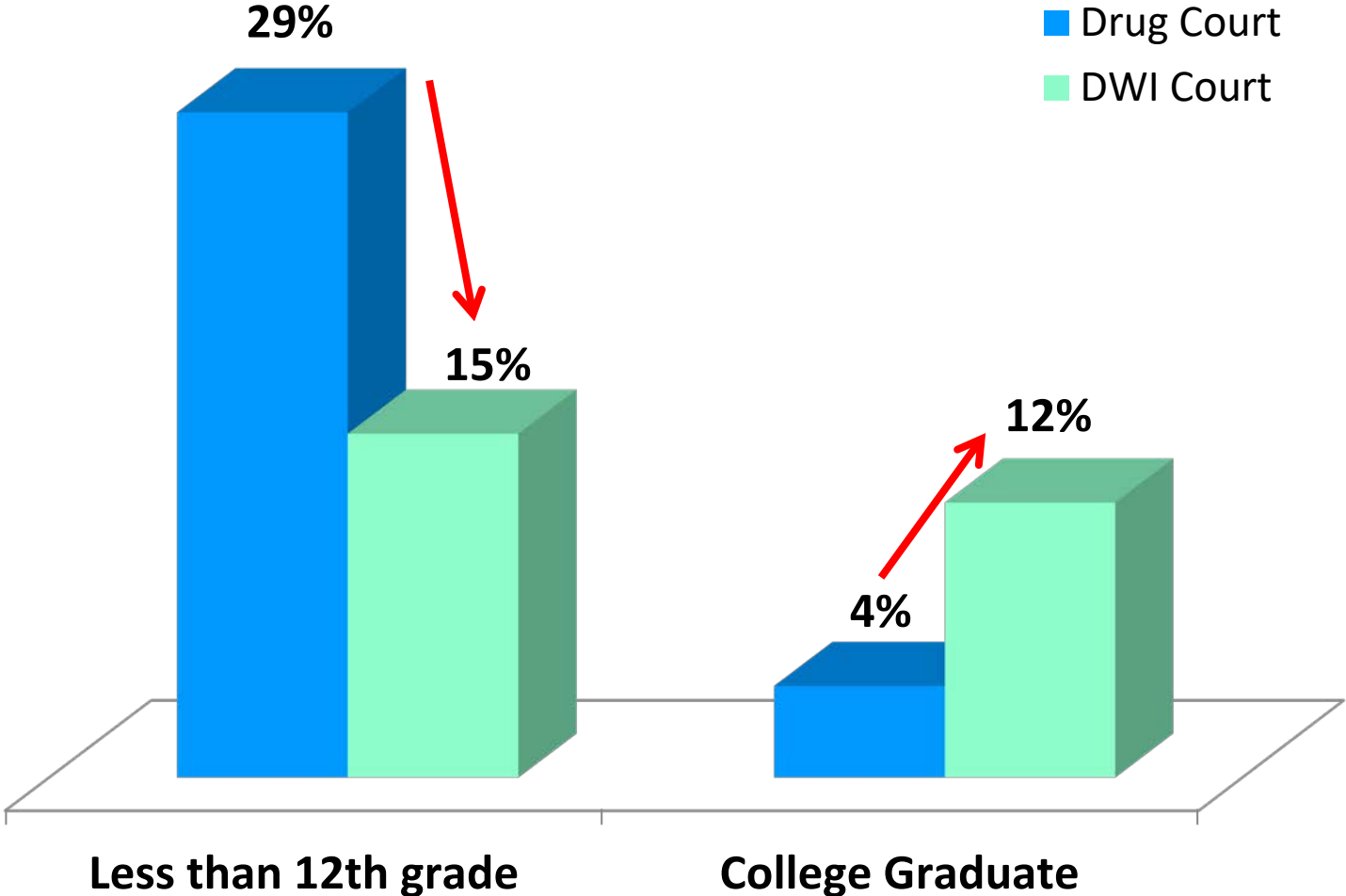
- Drinking alcohol is not illegal, is highly prevalent, and is even encouraged in many every day activities.
- DWI offenders are more likely to be high functioning in other areas of their lives. (Many alcoholics still get up every morning and go to work and take care of their children.)
- DWI offenders don't always show up as high risk on risk assessments standardized on the typical criminal justice population.

How DWI offenders different from drug offenders?

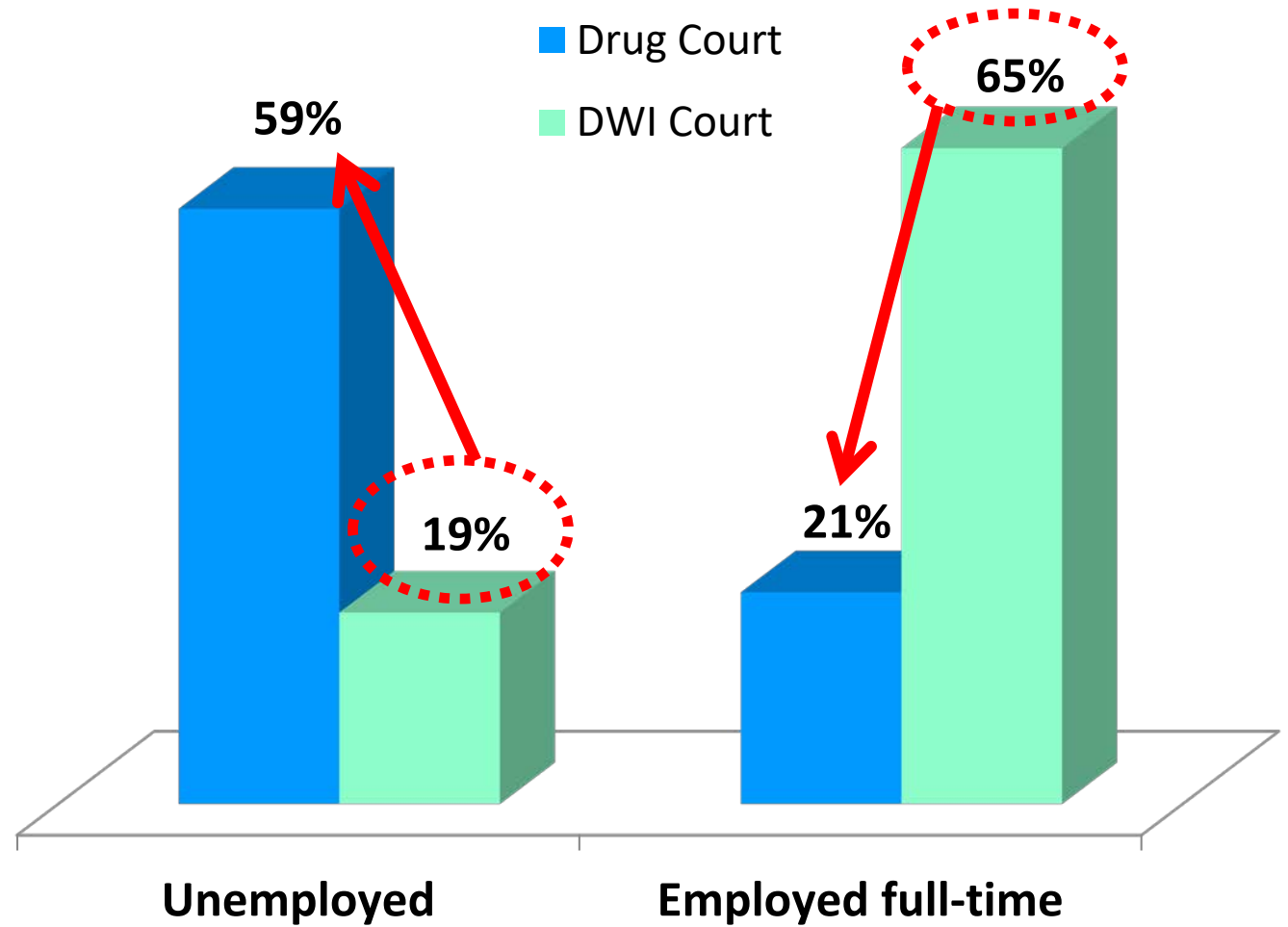
Evidence

- ❑ Statewide study in Colorado
- ❑ Compared ADC participants and DWI participants

DWI offenders are more likely to have higher education

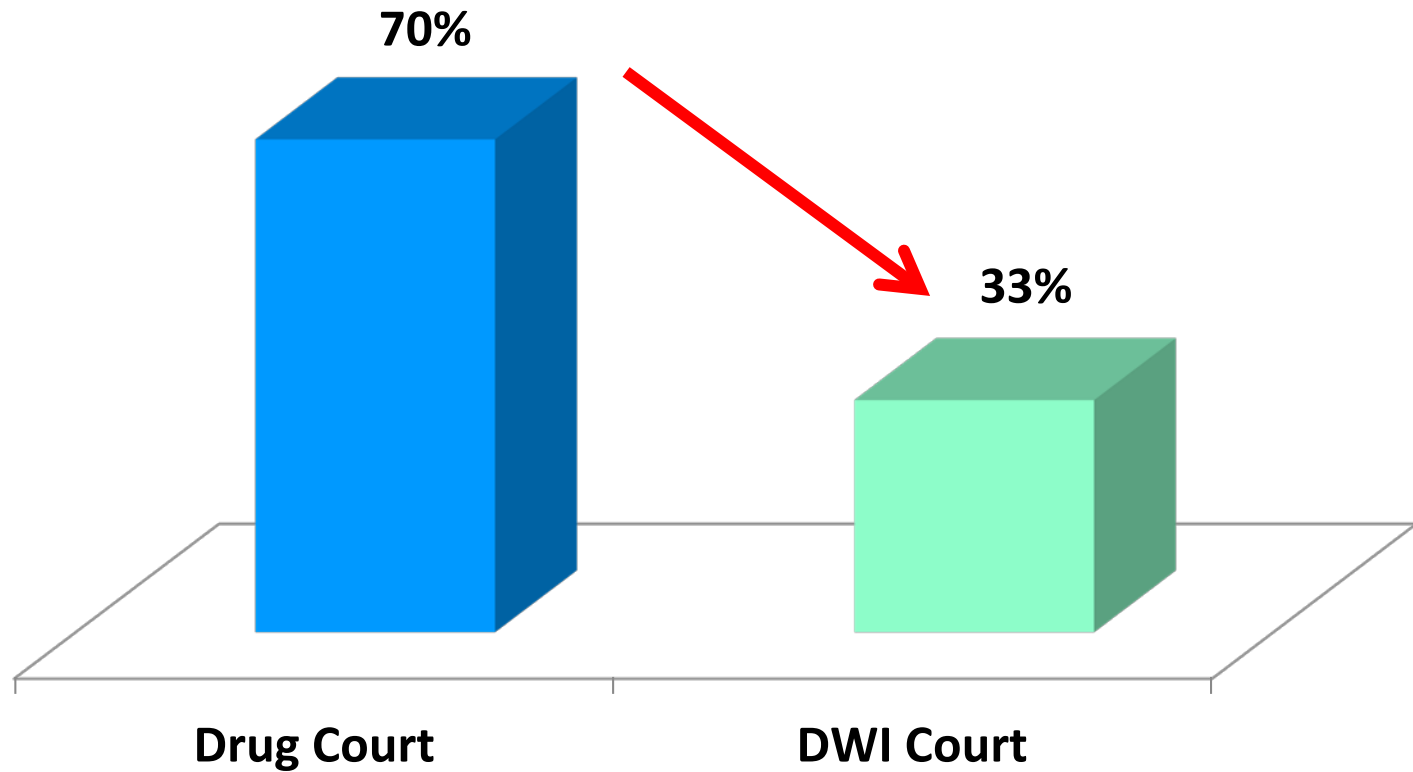


DWI offenders are more likely to be employed



DWI offenders are less likely to score as **high risk**

Scored at medium to high risk (LSI)



PREDICTORS OF RISK

Central 8

Risk Factors for new criminal arrest

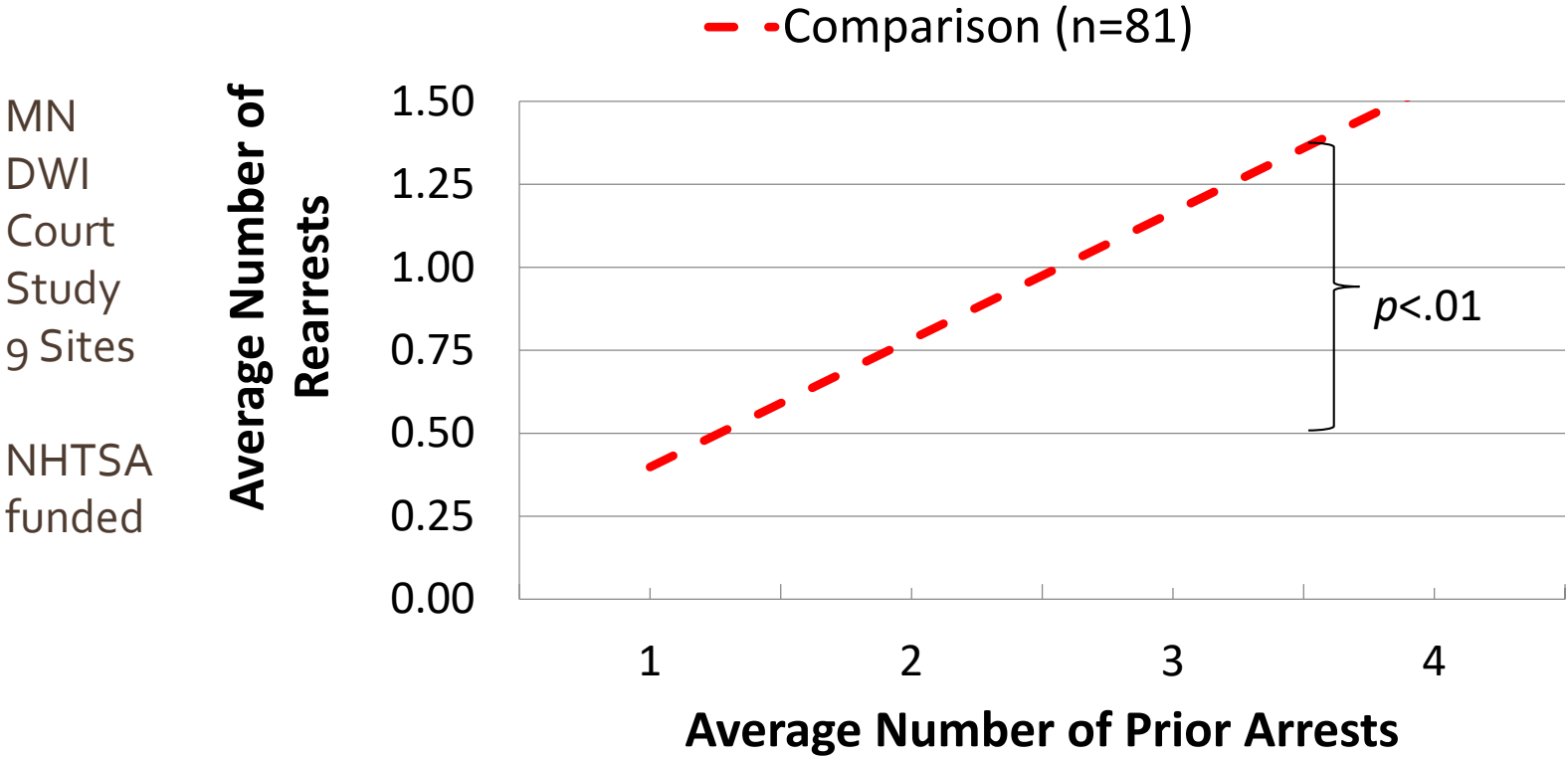
1. Criminal History
2. Antisocial Attitudes
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8. Family/Marital

Risk Factors for new DWI

1. DWI History
2. Antisocial Attitudes
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9. BAC Level
10. Traffic Violations

DOES RESEARCH SHOW THE SAME FINDINGS FOR DWI PARTICIPANTS AS DRUG COURT?

Average Number of Rearrests by Number of Prior Arrests at 2 Years

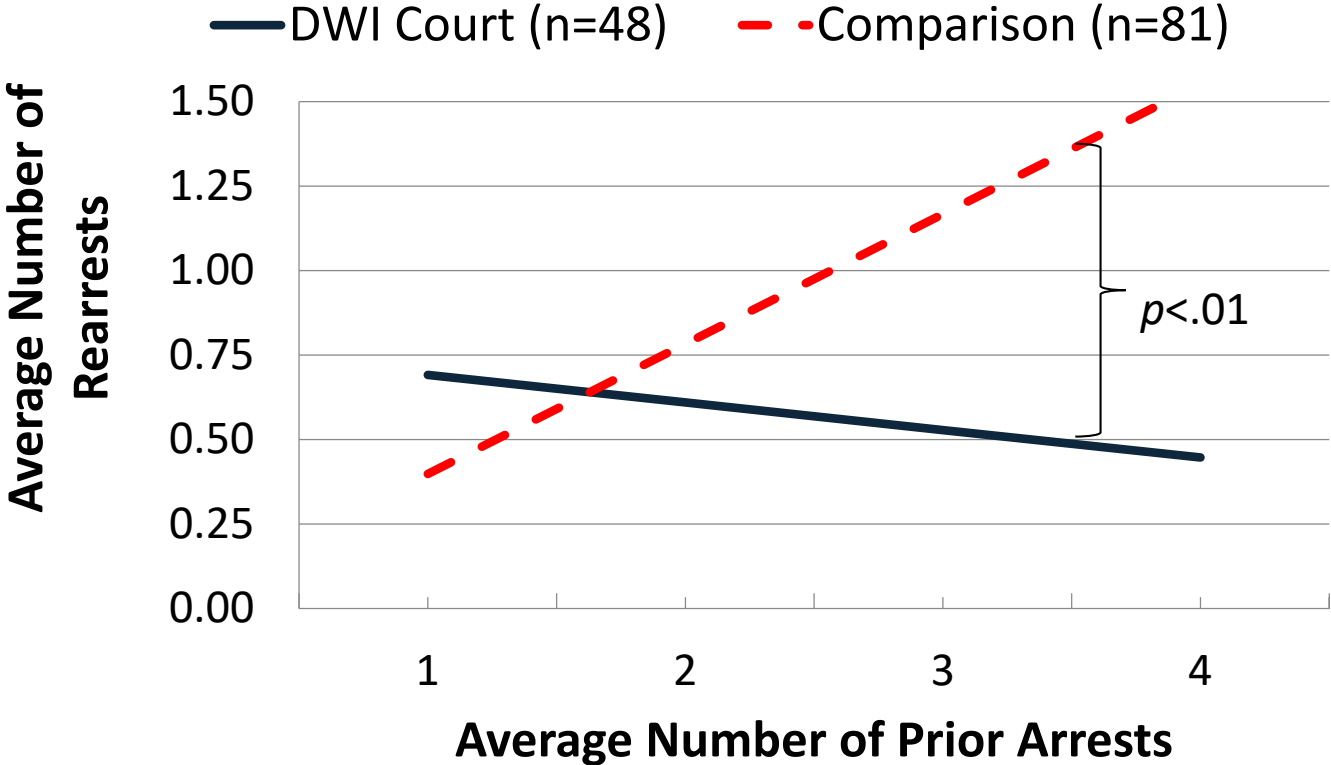


DOES RESEARCH SHOW THE SAME FINDINGS FOR DWI PARTICIPANTS AS DRUG COURT?

Average Number of Rearrests by Number of Prior Arrests at 2 Years

MN
DWI
Court
Study
9 Sites

NHTSA
funded

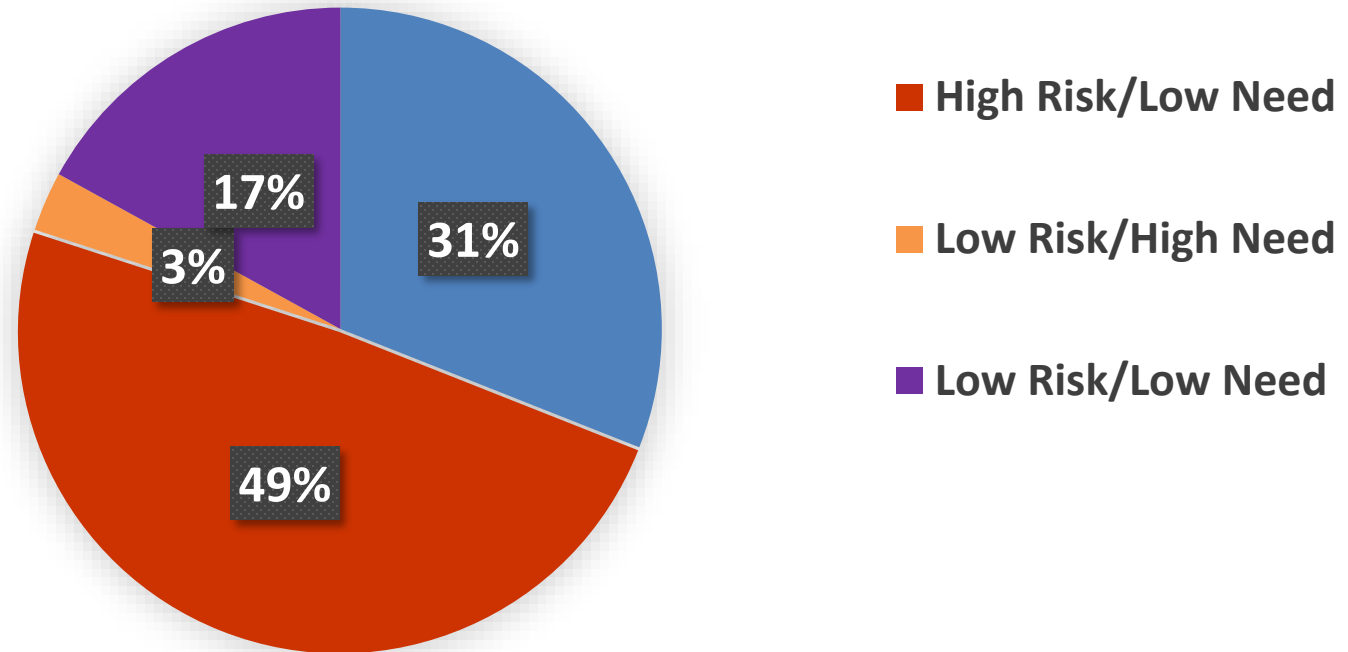




Implementing multiple tracks: San Joaquin County DUI Court Example

RANT STATS FOR REPEAT DWI OFFENDERS (N=1,133)

DUI RANT



~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

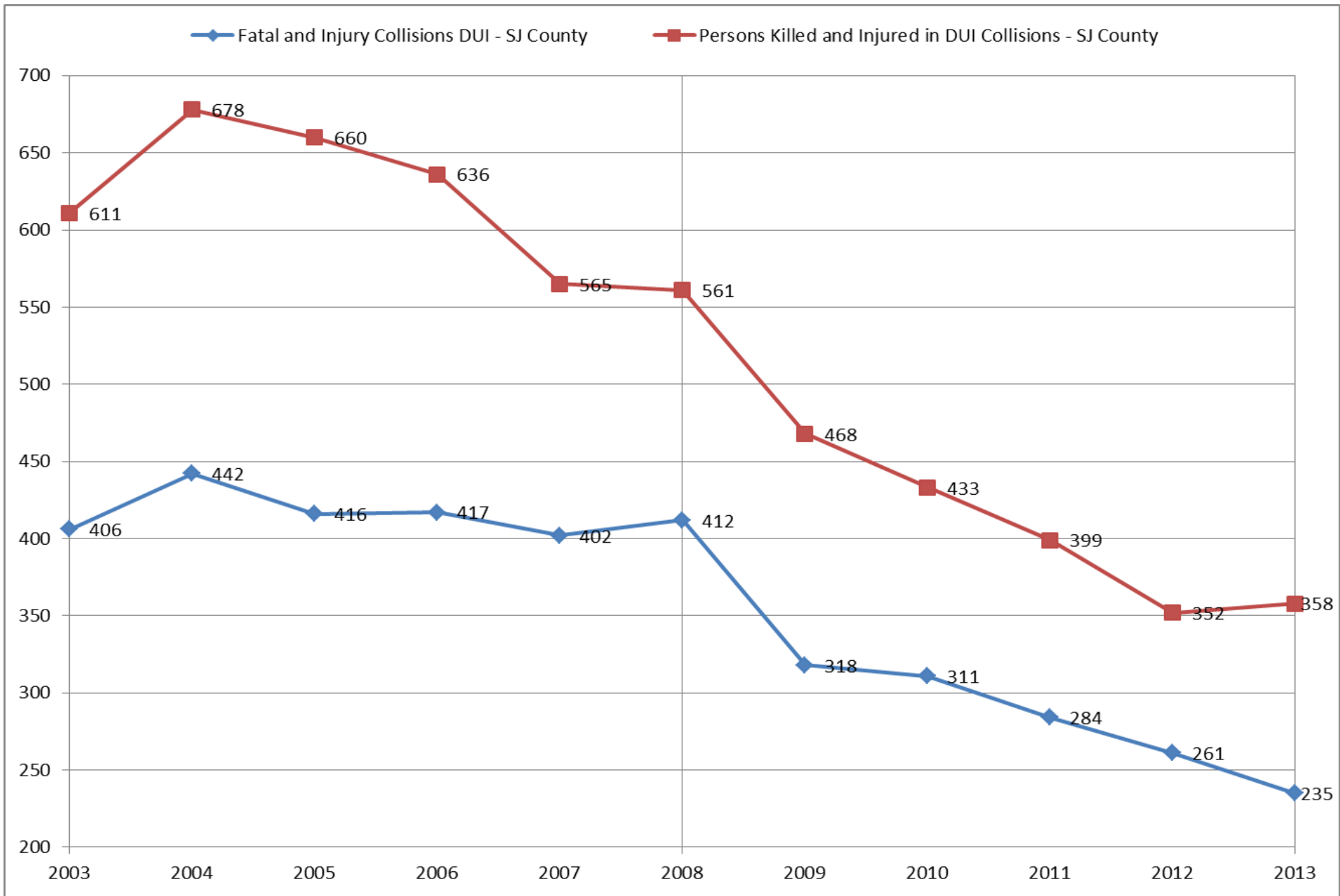
Track 2: COURT MONITORING TRACK

- 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

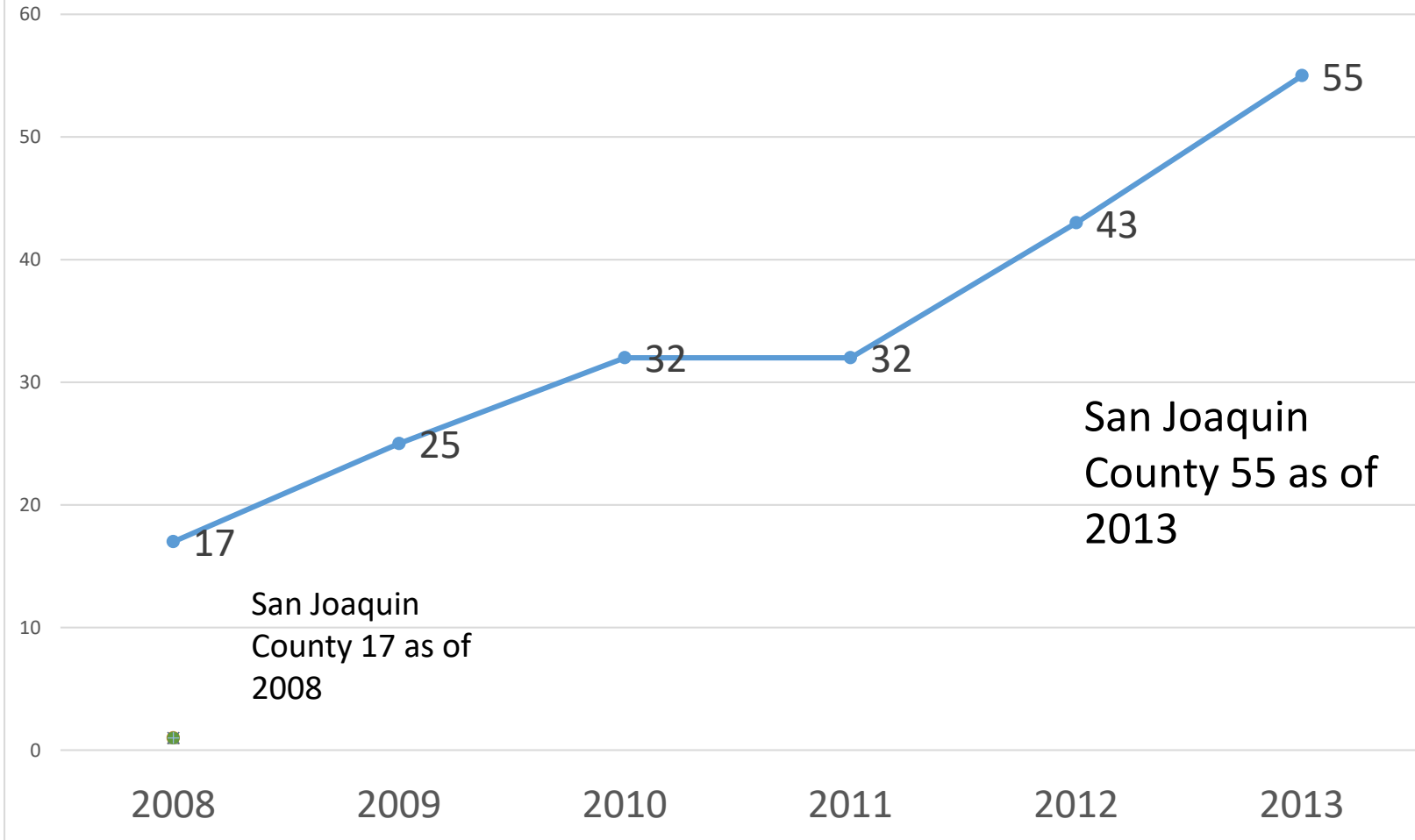


MONITORING TECHNOLOGIES

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



California OTS Safety Ranking Alcohol Involved Collisions By County 1=Worst; 58=Best



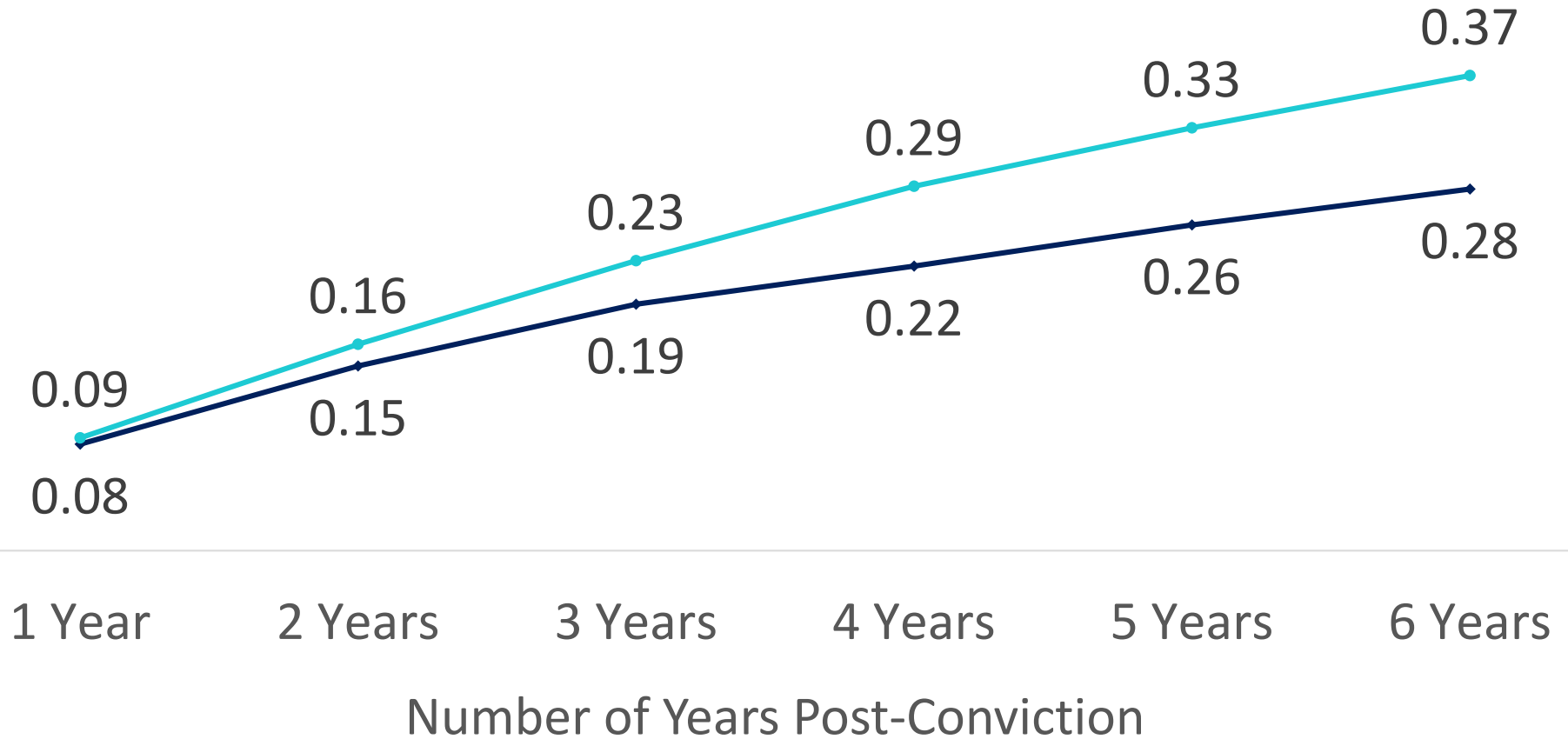
San Joaquin
County 17 as of
2008

San Joaquin
County 55 as of
2013

Average Number of New Major Drug or Alcohol DUI Convictions

— SJ DUI Court (n=1,170) — Comparison (n=1,262)

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).



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

So, how do you do this?





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

JUNE 2019



For questions contact:
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NPC Research
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HOW TO IMPLEMENT A MULTI-TRACK MODEL IN YOUR TREATMENT COURT

HOW-TO MANUAL



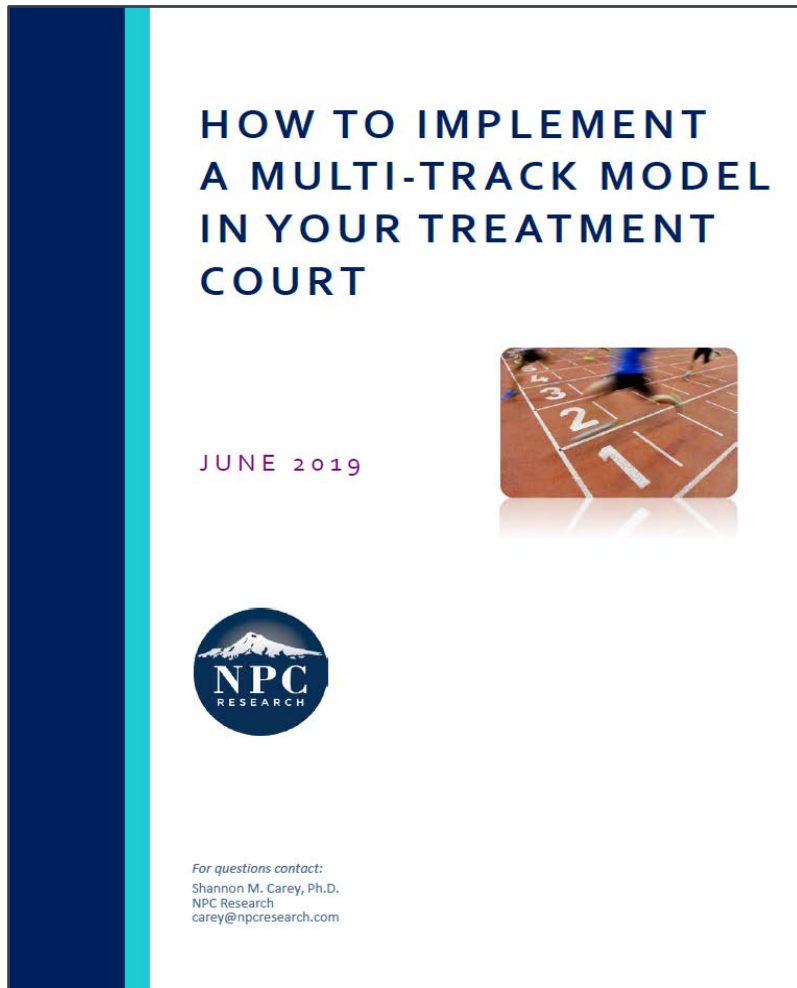
STEP #1: ENGAGE IN TRAINING AND TECHNICAL ASSISTANCE

- 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



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

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.

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

RISK TOOLS

Traditional CJ Risk Assessments

Risk Assessment
Tools
(Examples)

- **RISK AND NEEDS TRIAGE (RANT)**
- **OHIO RISK ASSESSMENT 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)**
- **(SBI RT 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

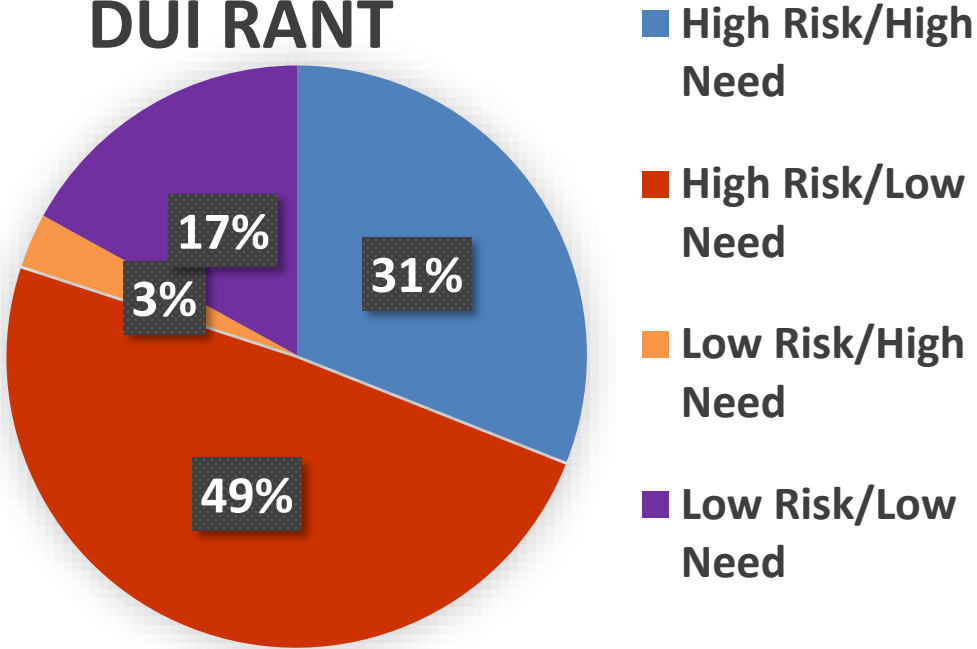
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Risk Factors for new DWI

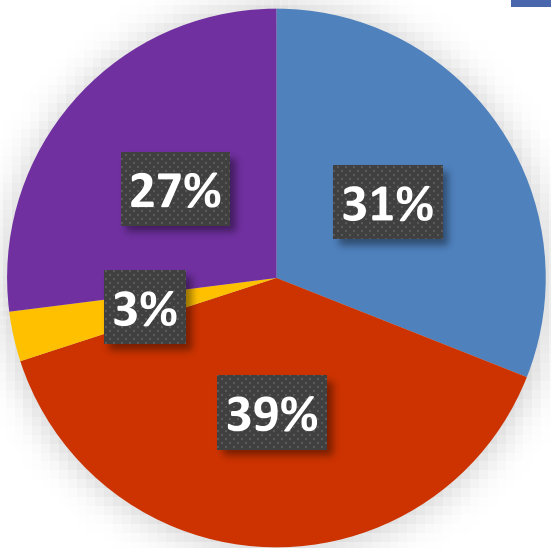
1. DWI History
2. Antisocial Attitudes
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7. Living Situation
8. Family/Marital
9. BAC Level
10. Traffic Violations

RANT STATS FOR REPEAT DWI OFFENDERS (N=1,133)

DUI RANT



RANT



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

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

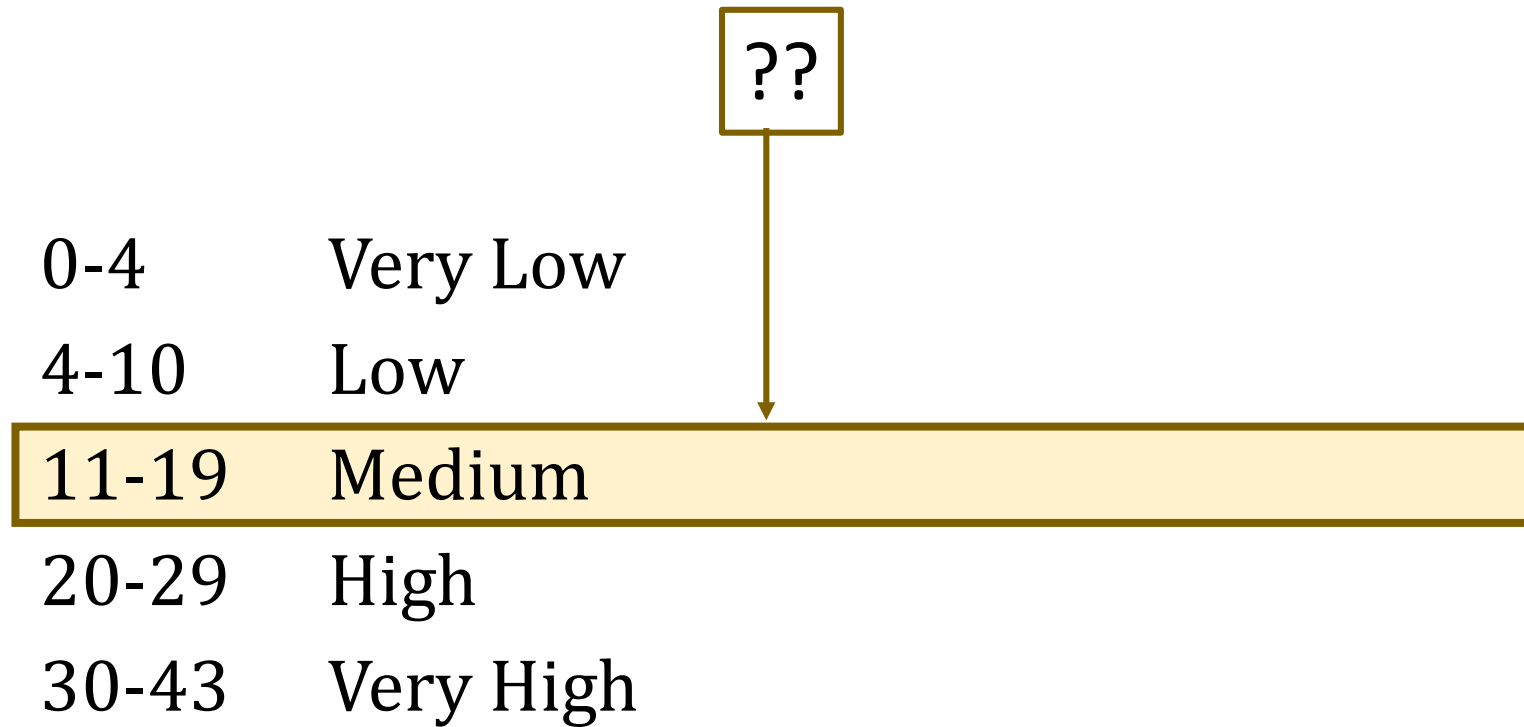
Low Risk

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

NEED TOOLS

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

RESPONSIVITY

ASSESSMENTS FOR CLINICAL NEED - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

1

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

2

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

3

DIMENSION 3

Emotional, Behavioral or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions and mental health issues

ASSESSMENTS FOR CLINICAL NEED - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

4

DIMENSION 4

Readiness to Change

Exploring an individual's readiness and interest in changing

5

DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use or problems

6

DIMENSION 6

Recovery/Living Environment

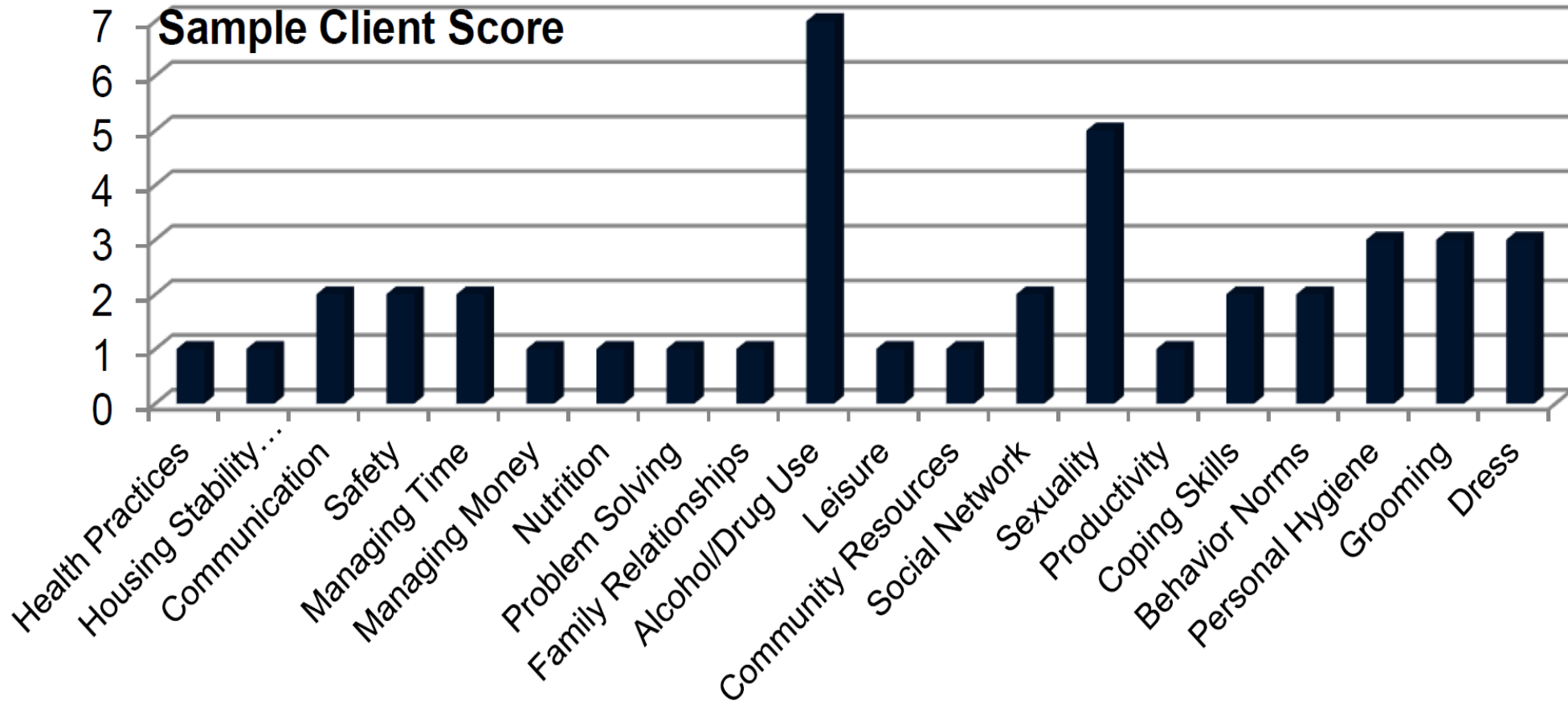
Exploring an individual's recovery or living situation and the surrounding people, places, and things

EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)

The DLA assesses their current behavior in 20 activities of daily living:

- Health practices
- Household stability
- Communication
- Safety
- Managing time
- Nutrition
- Relationships
- Alcohol and drug use
- Sexual health and behavior
- Personal care and hygiene

EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)



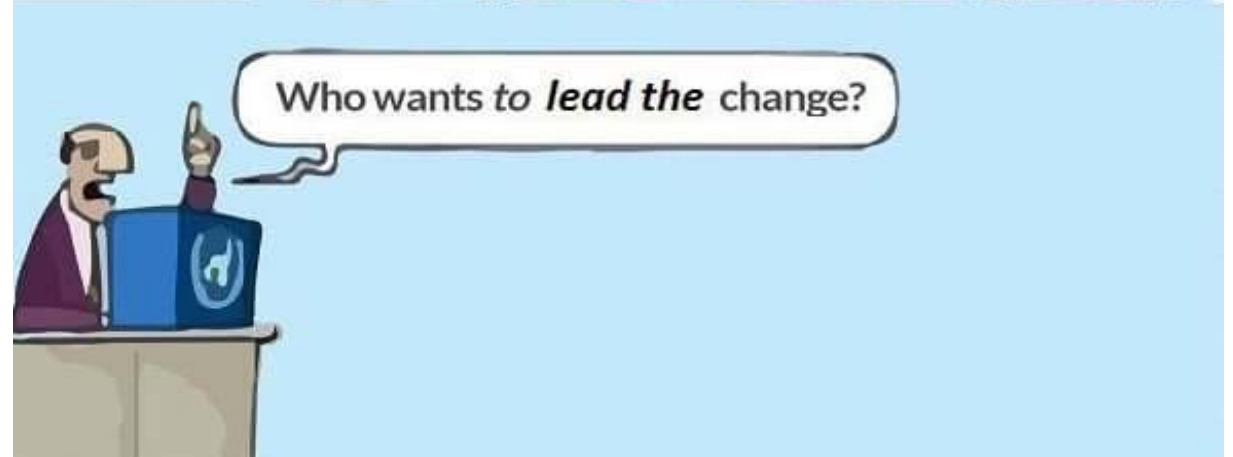
IDENTIFY AN INDIVIDUAL(S) TO LEAD PLANNING AND IMPLEMENTATION



- 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 must understand evidence-based practices and be able to articulate the importance of such practices,
- Share the work among all team members



Motivate Change – HOW?

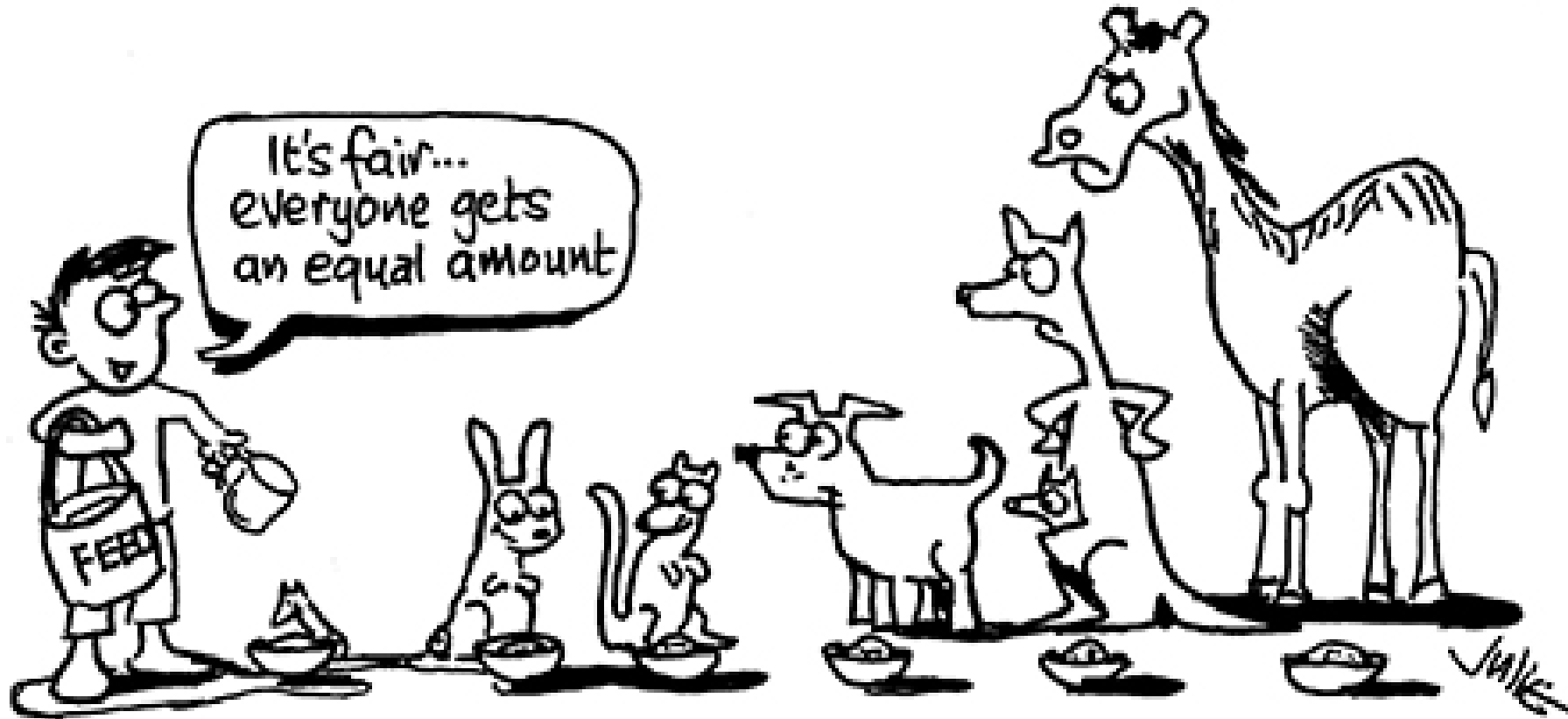


Motivate Change – HOW?



"I'm trying to decide if it's more likely I know nothing about leading, or everyone I work with knows nothing about following."

Better Justice Response Better Outcomes

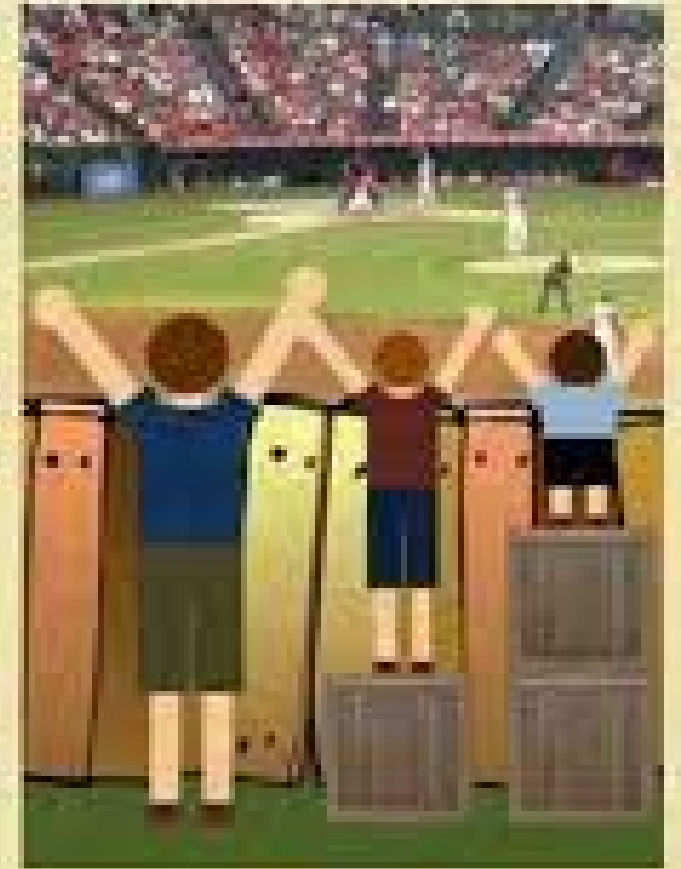


Fair doesn't
mean Equal

Equality doesn't mean Justice



Equality



Justice

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



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NDCI:

Carolyn Hardin

chardin@nadcp.org



AFTER

Stronger team

Energized to continue
striving toward
providing services that
match participant needs