Risk and Need:

Implementing Multiple Tracks in Your Treatment Court Program

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Adult Drug Court
Best Practice Standards

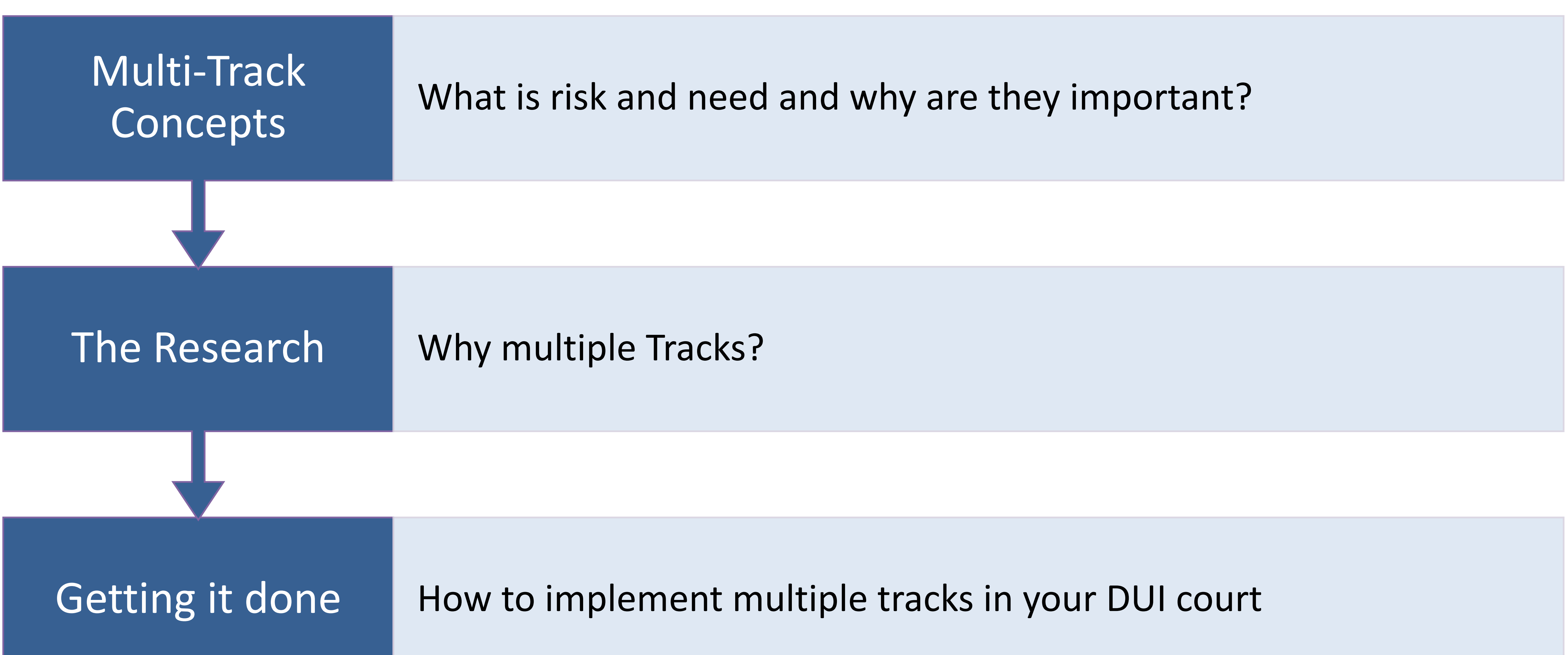
Volume I

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



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

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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)

8

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

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Responsivity Principle	

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

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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)*

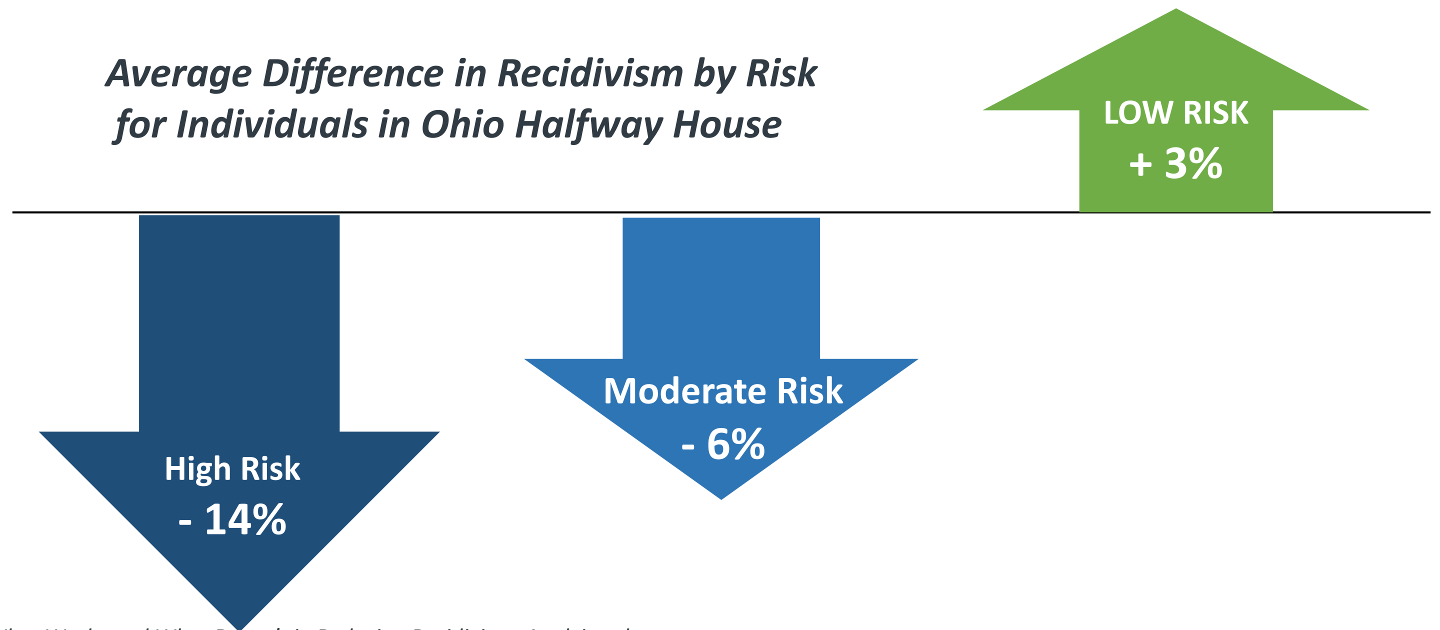
THE *RNR* PRINCIPLE ARGUES THAT:

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 (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

Larger Reduction in Recidivism

60%
50%
40%
30%
20%
10%
0%
-10%
-20%

6 5 4 3 2 1 0 -1 -2 -3

Smaller reductions in Recidivism

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

More criminogenic than non-criminogenic needs ↔ More non-criminogenic than criminogenic needs

(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

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

23%
44%
16%

Comparison
Drug Court
Pre-4-track

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)

$1,434,539
$4,303,617
$8,607,234
$14,345,390
$21,518,085
Year 1
Year 2
Year 3
Year 4
Year 5

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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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

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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

Identify All Key Stakeholders

Consider the broad implications of multi-track implementation and include all entities that may be affected by the change in the planning process to get buy in

- See How-To Manual for the full list

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?

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 <u>TRIAGE</u> (RANT)**

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

ORAS and LS/CMI Assessment Score & Domains

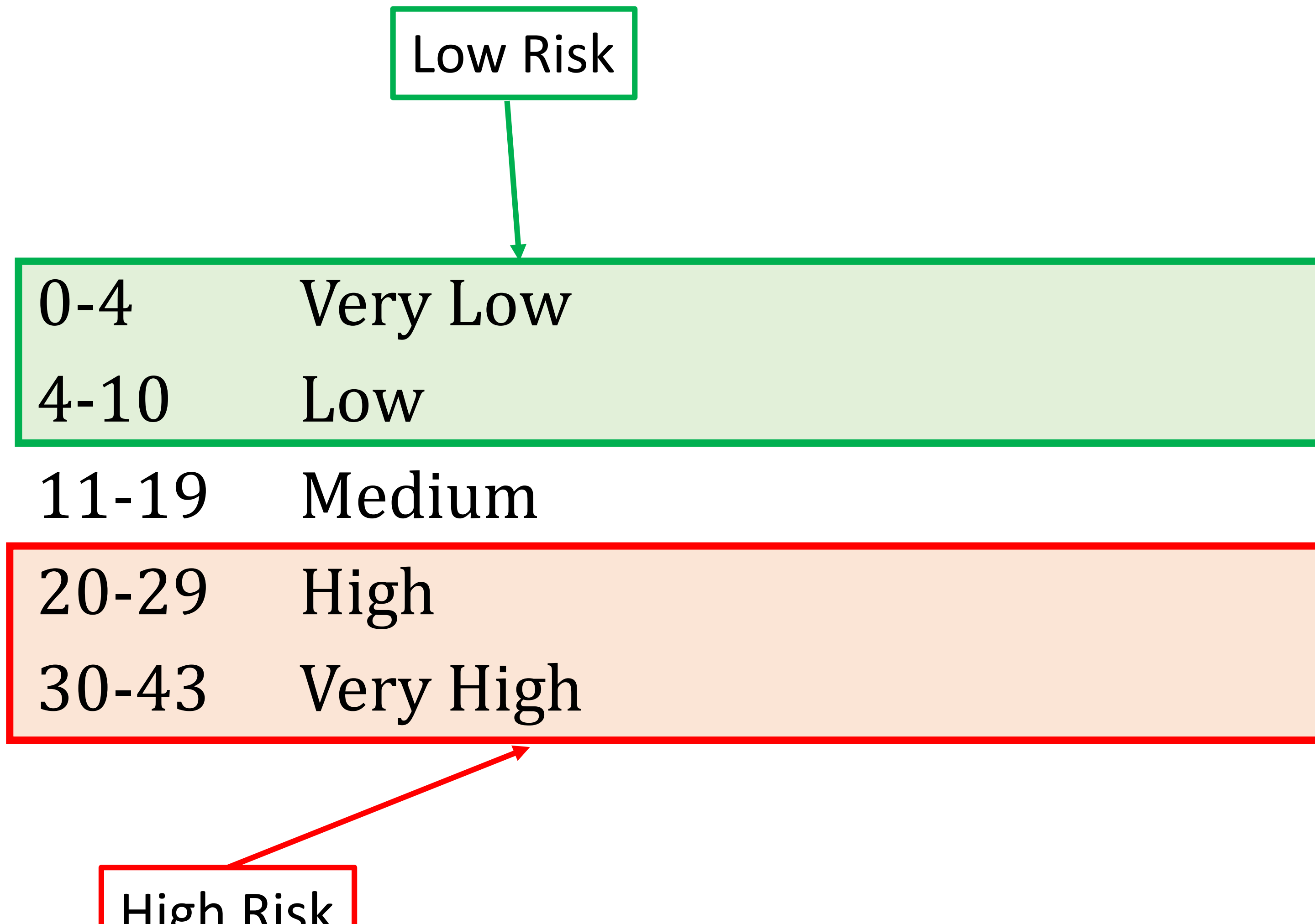
LS/CMI and ORAS Domains

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

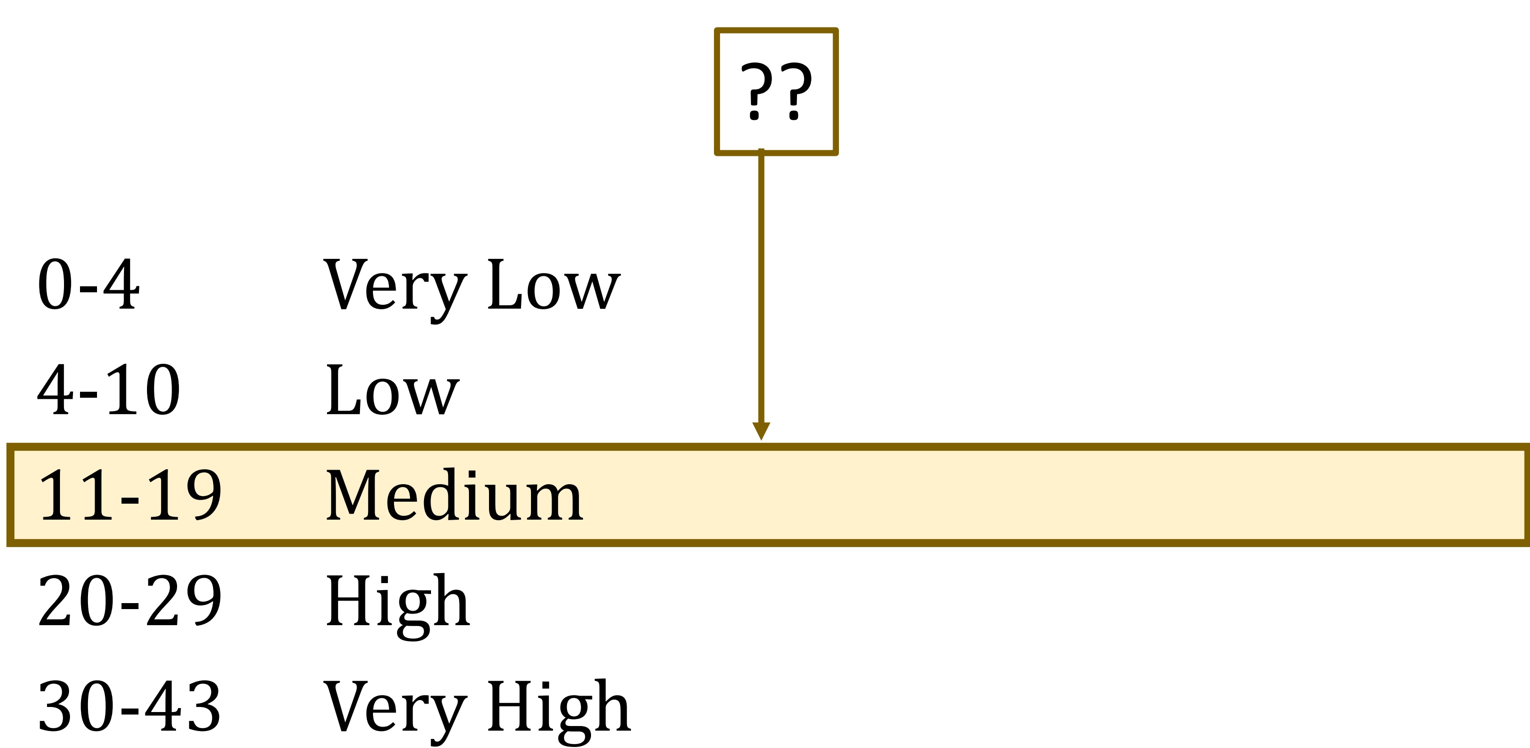
Top 8

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



Example: LS/CMI



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

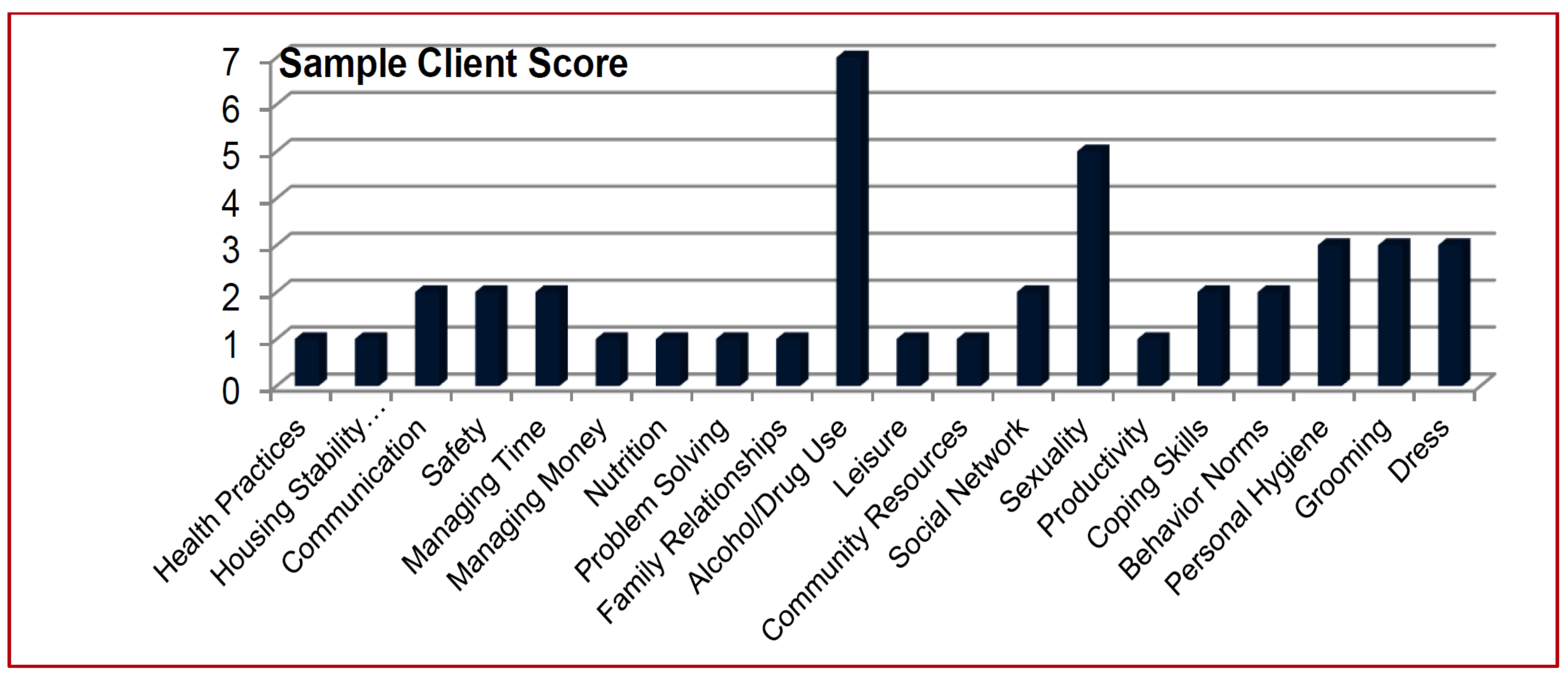
4	DIMENSION 4	**Readiness to Change** Exploring an individual's readiness and interest in changing
5	DIMENSION 5	**Relapse, Continued Use or Continued Problem Potential** Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	**Recovery/Living Environment** 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)



Adjustments

Screening tools are a snapshot of the individual's needs

Transfer to another track may be appropriate based on clinical assessment or behaviors that indicate a reassessment of risk factors.

Lessons Learned:

- Do not mix different risk and need populations:
  - Court sessions
    - Court docket should at different times
    - Combined dockets:
      - Responses will vary. It is important to explain clearly to the participant and the audience why a particular response for similar behaviors may be different

Lessons Learned

Treatment services

- Do not mix groups, even if the topic is the same
- In small programs, may consider using individual treatment

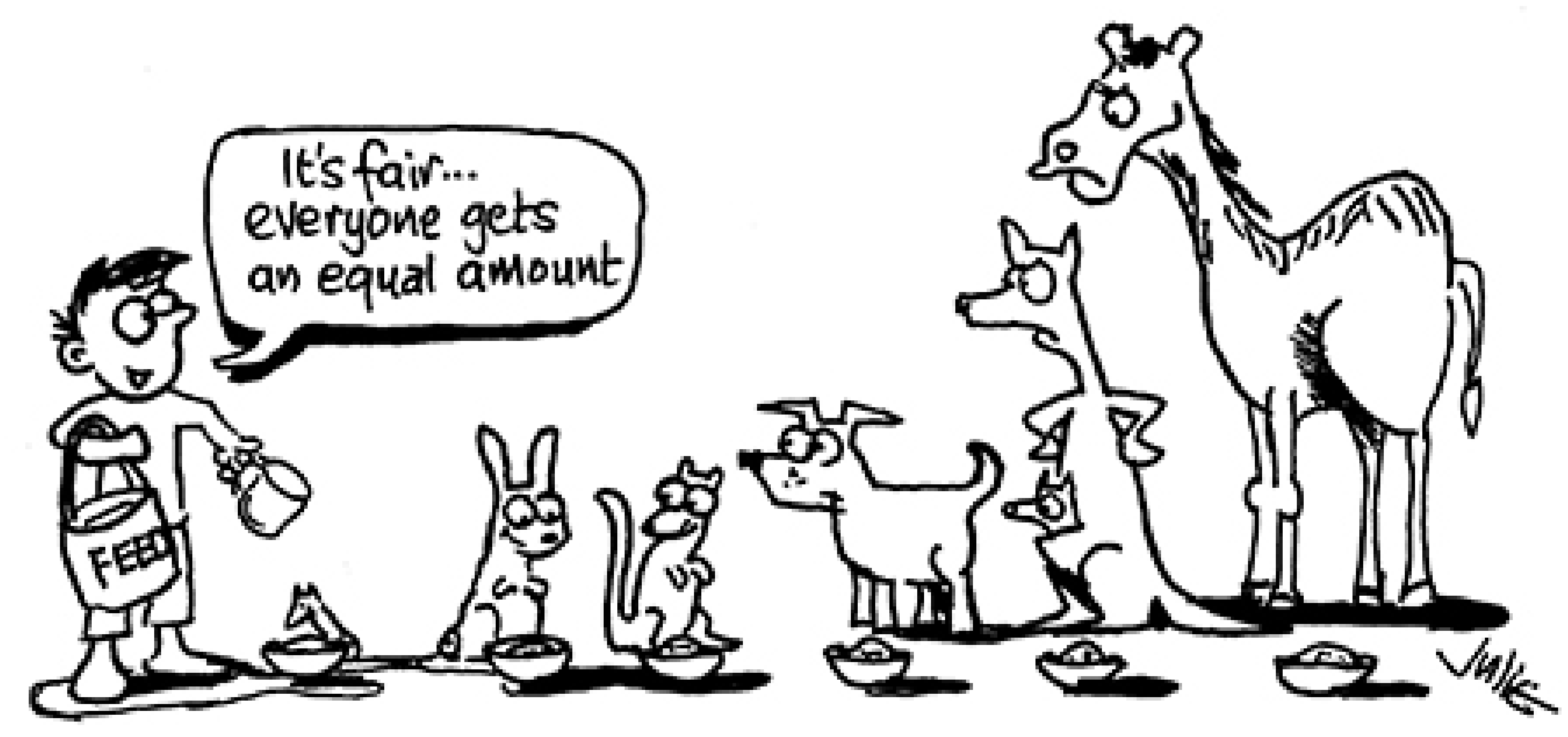
Supervision

- It is preferable have case load specifically designated for each risk/need level
- Officers should be informed about the appropriate use of risk/need levels

Lessons Learned

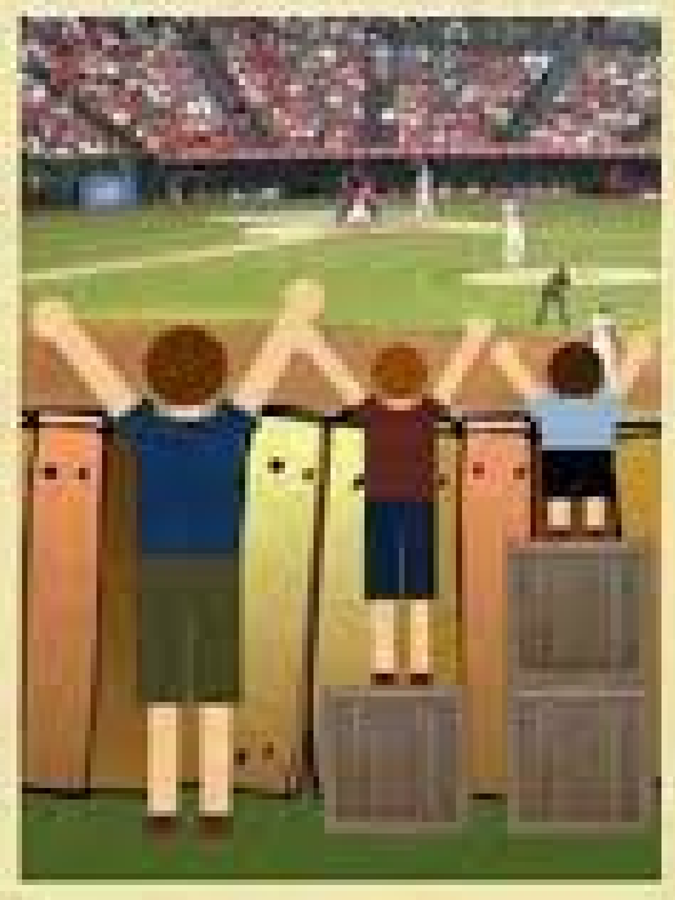
- Take time to plan
- Educate team members
- Develop supervision expectations specific to each track
- Develop treatment expectations specific to each track
  - Identify treatment modalities specific to each track
- Revisit expectations with team members

Better Justice Response
Better Outcomes



Fair doesn't mean Equal

Equality doesn't mean Justice



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AFTER

Stronger team

Energized to continue striving toward providing services that match participant needs