### Implementing Multiple Tracks in Your Treatment Court Program

Introduction and Selecting and Using Risk Tools

Shannon Carey, Ph.D. Hon. Peggy Davis

### ADULT DRUG COURT BEST PRACTICE STANDARDS

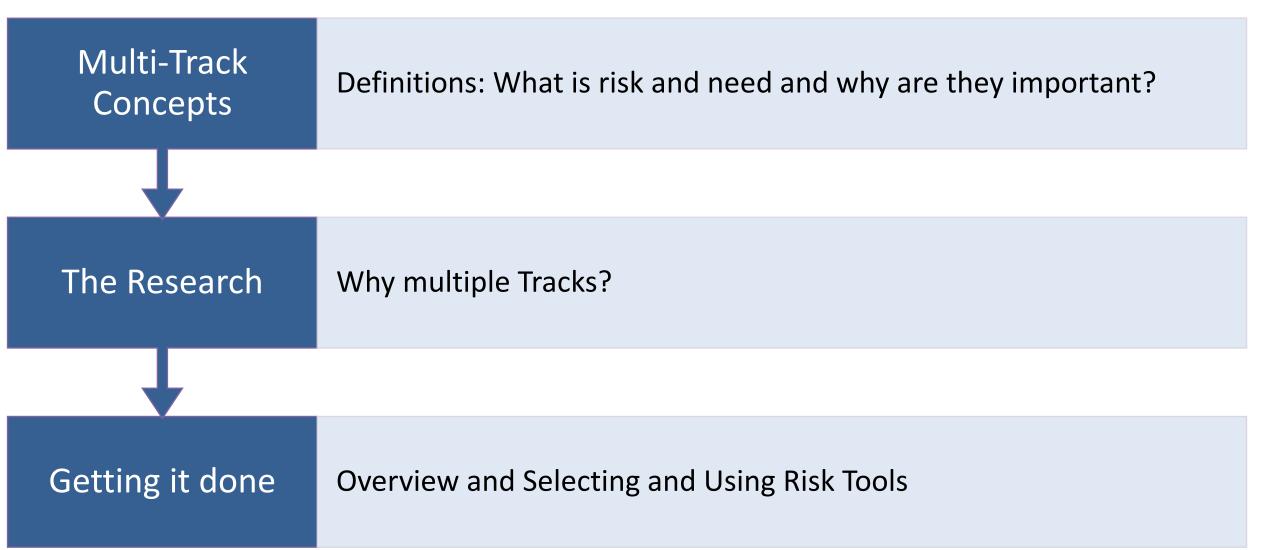
VOLUME I



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

### **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. Education/Employment
- 6. Substance Abuse
- 7. Leisure/Pro-social activities
- 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
- However, some must be addressed before interventions for criminogenic needs can be effective
  - Medical Health
  - Mental Health
  - Food

Mixing risk levels is contraindicated

Risk is contagious

### What is Need?

### Clinical Need:

- = Diagnosed Substance Use Disorder (Mod to Severe)
- = Diagnosed Mental Health Disorder
- = Both

### 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

**R**isk Principle

Needs Principle

**R**esponsivity Principle

### **Principle**

**R**isk Principle

Match the intensity of individual's intervention to their risk of reoffending (Supervision Level)

Needs Principle

**R**esponsivity 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

### **Principle**

**R**isk Principle

Match the intensity of individual's intervention to their risk of reoffending (Supervision Level)

**N**eeds Principle

Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers (WHAT to target)

**R**esponsivity Principle

Tailor the intervention to the learning style/disability, motivation, culture, demographics, and abilities of the individual (HOW to best target)

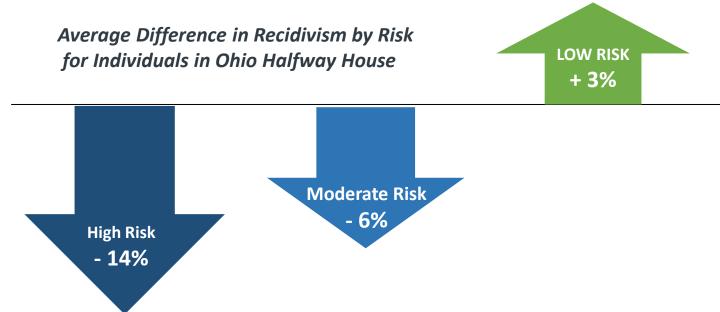
### THE RNR PRINCIPLE ARGUES THAT:

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 management 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"

### 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 – THE BASICS

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

 Evaluation of four programs implementing all 4 tracks in Missouri

 Process, Outcome and Cost Evaluation

# WHY MULTIPLE TRACKS? BECAUSE IT WORKS!

# FOCUS GROUPS Showed qualitative differences

### Q1 – HR/HN

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

Note: 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

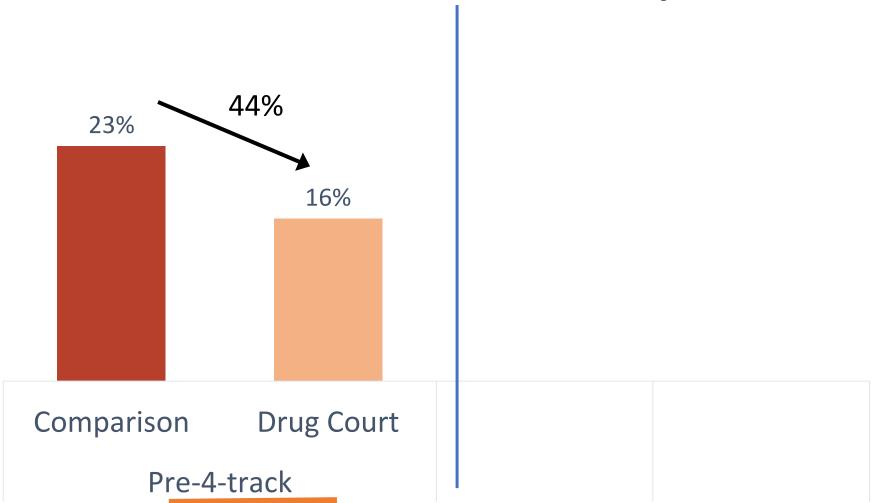
### **Average Cost per Participant by Quadrant**

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 <sup>b</sup>	\$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 <sup>c</sup>	(\$1,424)	(\$1,096)	(\$2,088)	(\$1,640)	(\$2,161)
TOTAL	\$13,565	\$17,503	\$14,437	\$12,107	\$7,701



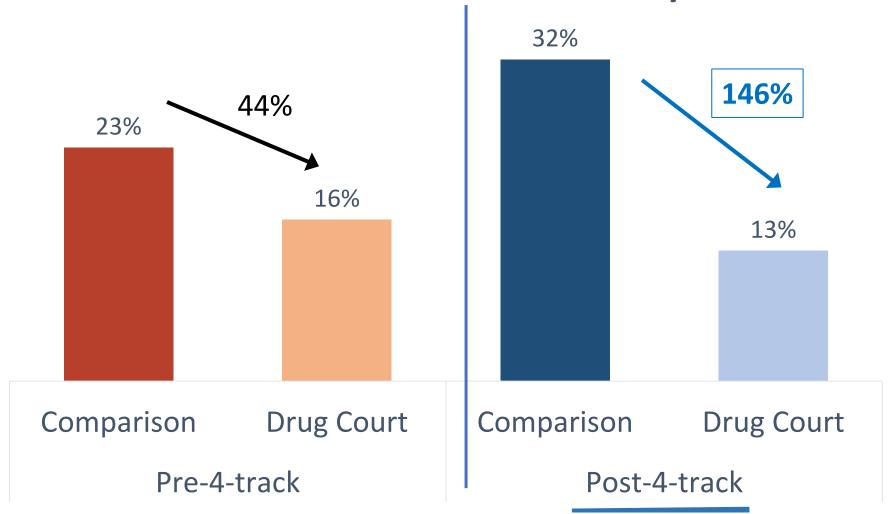
### Recidivism Outcomes 4-tracks ADC - MO





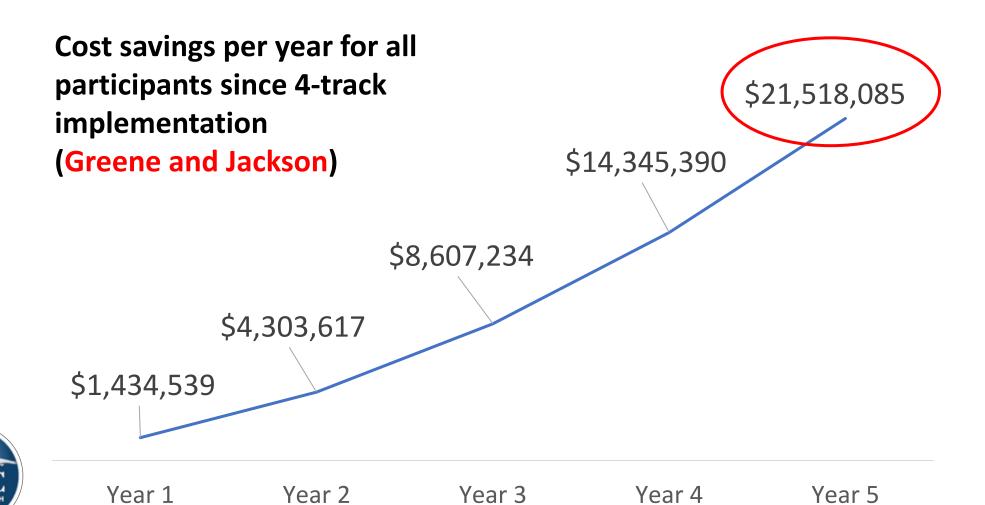
### Recidivism Outcomes 4-tracks ADC - MO

### **Rearrests at 2 Years Post Entry**





### COST SAVINGS ALL 4 TRACKS



What about other court types?

# Potential persons in various treatment courts

- <u>Traditional drug courts</u>: take persons by diagnosis of High Risk AND High Needs
- <u>DWI Courts:</u> take persons by diagnosis of High Risk for DWI AND High Needs, but risk for DWI is not the same as risk for other criminal arrests
- <u>Veterans Courts</u> take persons by Veteran status, regardless of risk level or diagnosis.
- Mental Health Courts: take persons who have mental health issues, and may, or may not, be high risk, or have high needs related to substance use.
- <u>Family Treatment Court</u>: take persons who are involved in child welfare system – high risk to abuse or neglect a child – not necessarily high criminal justice risk – high needs on substance use

Many treatment court types take a mixed risk and need levels

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

**MN DWI** 

Court

Study

9 Sites

NHTSA

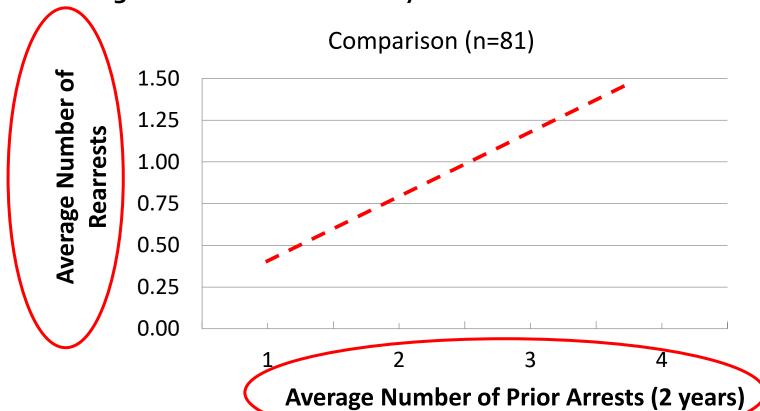
funded

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

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

MN DWI Court Study 9 Sites

NHTSA funded



\*Past behavior is the best predictor of future behavior

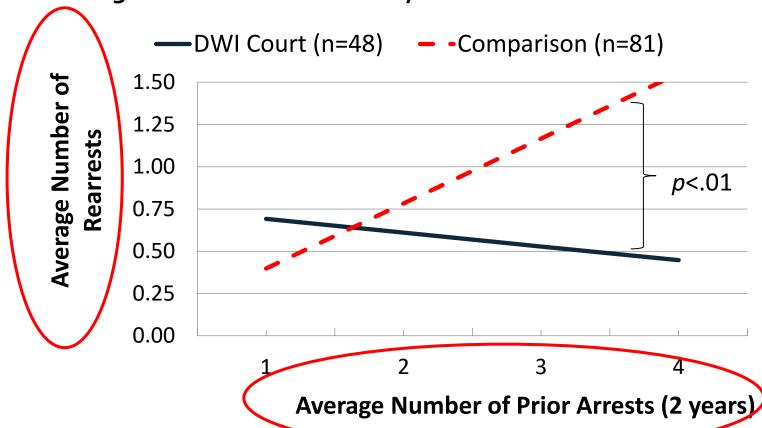


### Does Research show the Same Findings for DWI Court Participants as Adult Drug Court?

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

MN DWI Court Study 9 Sites

NHTSA funded





### 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. Leisure/Prosocial Activities
- 8. Family/Marital

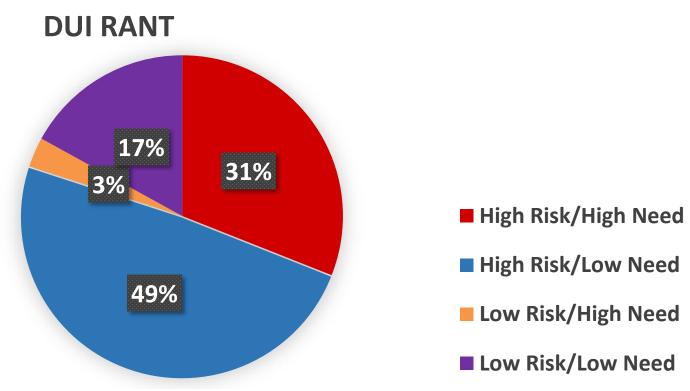
#### Risk Factors for new DWI

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

### Research: San Joaquin County DUI Court Example

All second time DUIs and higher

### 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

~20% of repeat DWI offenders who score as high risk for a DWI score as low risk on traditional probation risk tools

### Track 1: COURT MONITORING TRACK

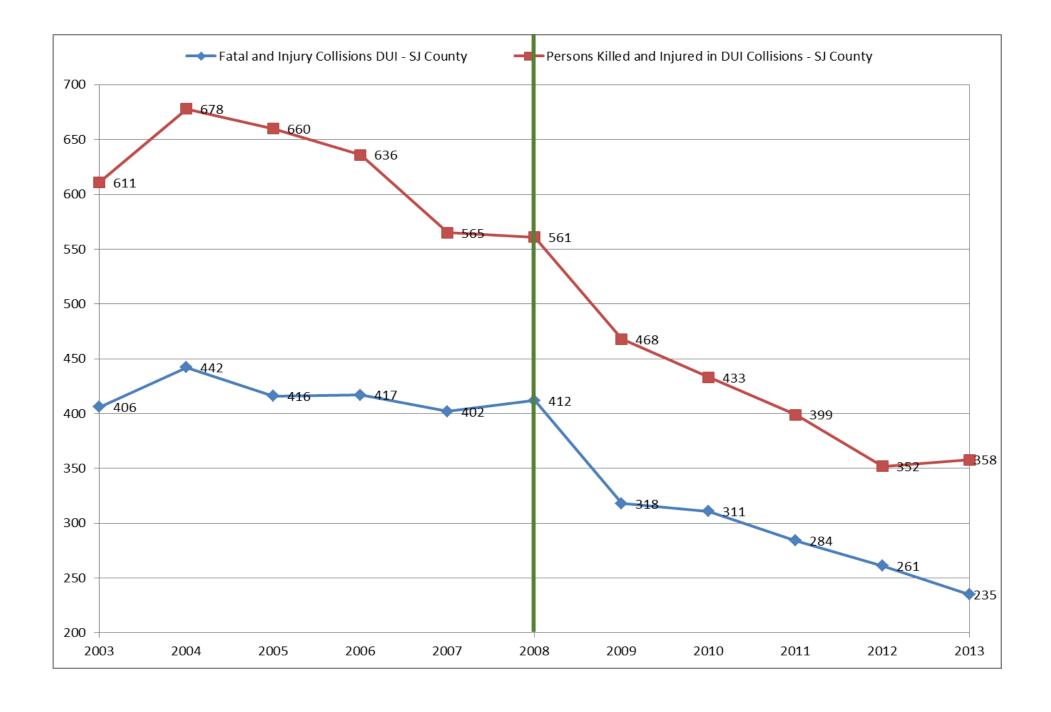
- Majority HR/LN about two-thirds of the population
- Report to Case Manager verifies compliance
- Added probation conditions
- Alcohol/drug monitoring; Abstain clause;
- Court reviews scheduled for 1 mo; 6 mo; 1 yr
- Court appearance added with non-compliance
- Immediate response to non-compliance
- Recognition for compliance
- Continued non-compliance results in participant re-assessment and move to Track 1
- 70% of clients 29% of costs

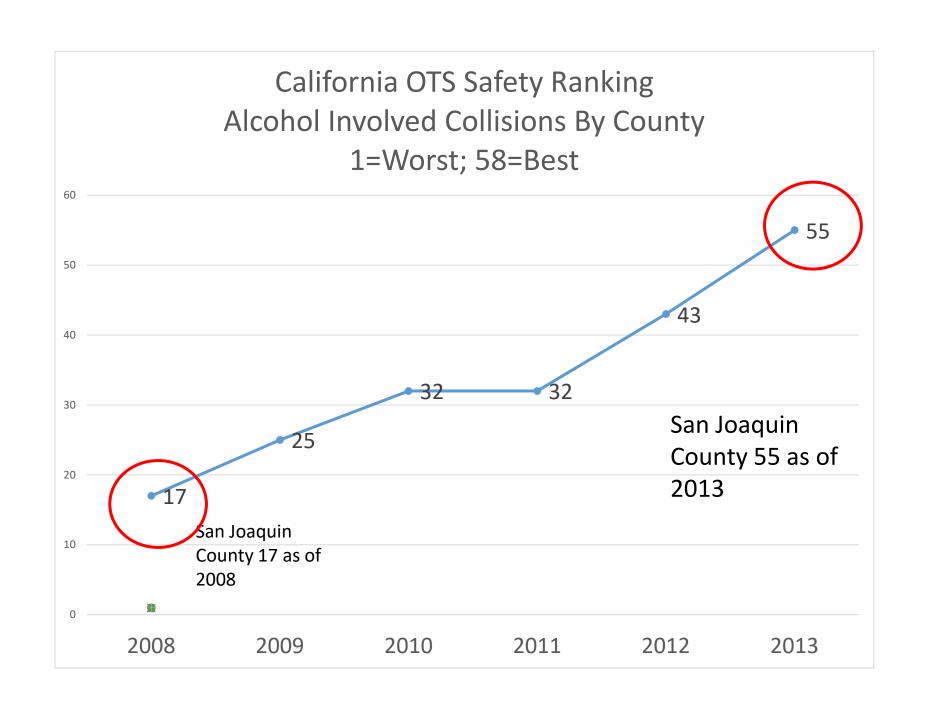
# Track 2: Full Traditional DUI Court Model

- High Risk/High Need approximately 1/3 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

### San Joaquin DUI Court Results

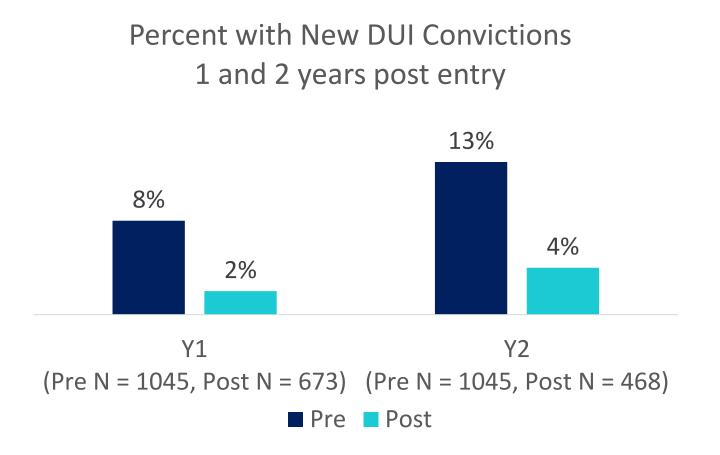
DID IT WORK?





# USING A VALIDATED RISK AND NEED SCREEN FOR TRACK PLACEMENT PARTICIPANTS WAS ASSOCIATED WITH REDUCED RECIDIVISM

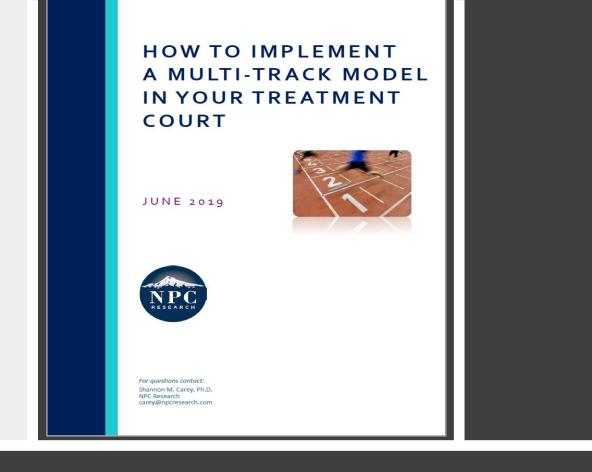
Post-RANT participants had a substantially lower DUI conviction rate than pre-RANT participants



Pre-RANT = "behavioral triage"
Participants were placed into Track 1
at entry and only moved to Track 2
based on behavior indicating that
they were unable to succeed with
just increased monitoring

Post-RANT = Assessment driven
Participants are placed into tracks
based on results of the screening tool

# So, how do you do this?



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

HOW-TO MANUAL

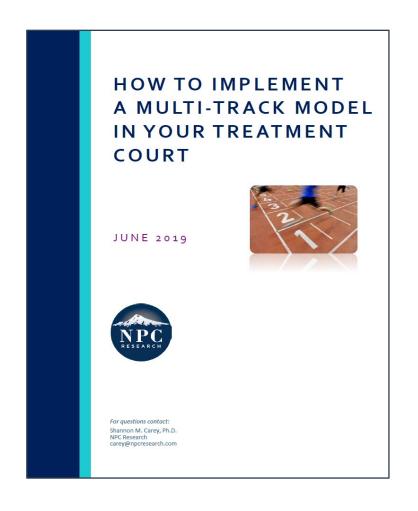
# STEP #1: ENGAGE IN TRAINING AND TECHNICAL ASSISTANCE

- 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-needresponsivity 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

# **IDENTIFY ALL KEY STAKEHOLDERS**

Consider the broad implications of multitrack 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

#### Step #2: Identify All Key Stakeholders New or existing treatment providers and their DWI/Treatment court judicial officer supervisors and directors Presiding treatment court judge State court offices (State Court Administrator, Back-up treatment court judge State Treatment Court Coordinator, etc) Magistrates and Commissioners Community agencies (Employers, local businesses, local schools, churches, etc) Clerk staff Local chapters of AA/NA, other self-Court administrator help/recovery groups Bailiffs/court security Ancillary/wraparound services and programs: Judicial assistant/clerk Job assistance agencies Information technology (IT) personnel Housing assistance agencies Defense attorney/Public Defender/Local Medical care and/or referral agencies defense bar (entire bar) Educational assistance agencies District Attorney/Prosecuting attorney's Daycare assistance agencies office Transportation assistance Probation/Parole officers (district, regional, state, county, and city) Clothing assistance agencies Law enforcement Child welfare agency staff/decision makers Current treatment provider's counselors, Homeless shelters treatment provider supervisors/directors Transitional housing organizations/partners

# 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



# How do you know what Track to Put Them In?

SELECT APPROPRIATE
SCREENING AND
ASSESSMENT TOOLS

# APPROPRIATE SCREENING AND ASSESSMENT TOOLS

Reliable = Predicts risk consistently from one assessor to another and from individual to individual

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 NEED AND RESPONSIVITY TOOLS

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

# **N**EED TOOLS

# COMMON TOOLS TO DETERMINE 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

## COMMON ASSESSMENTS FOR CLINICAL NEED

**EXAMPLE: Addiction Severity Index (ASI)** 

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

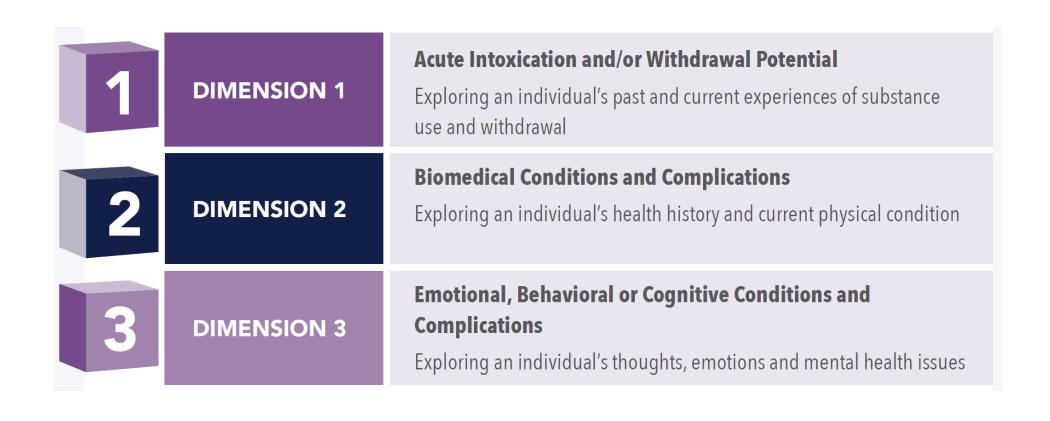
Low Need

High Need

# **RESPONSIVITY**

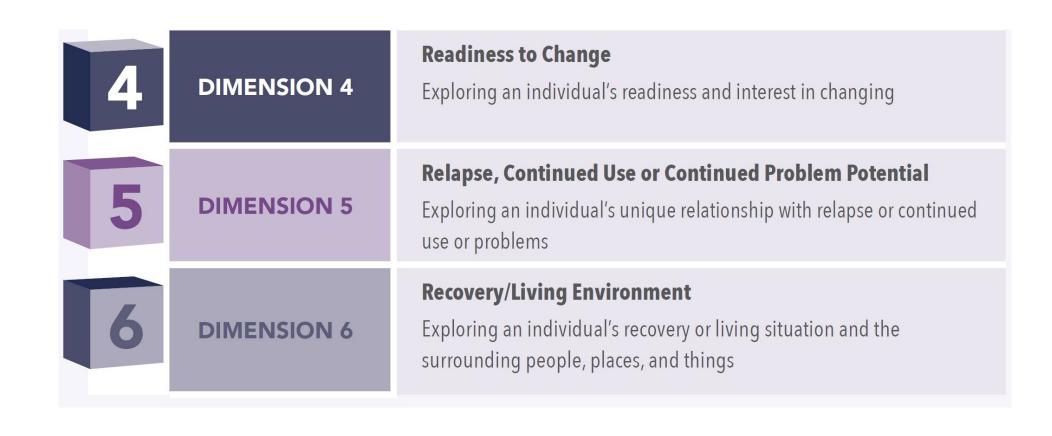
#### ASSESSMENTS FOR CLINICAL NEED AND RESPONSIVITY - ASAM

#### AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT



#### ASSESSMENTS FOR CLINICAL NEED AND RESPONSIVITY - ASAM

#### AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

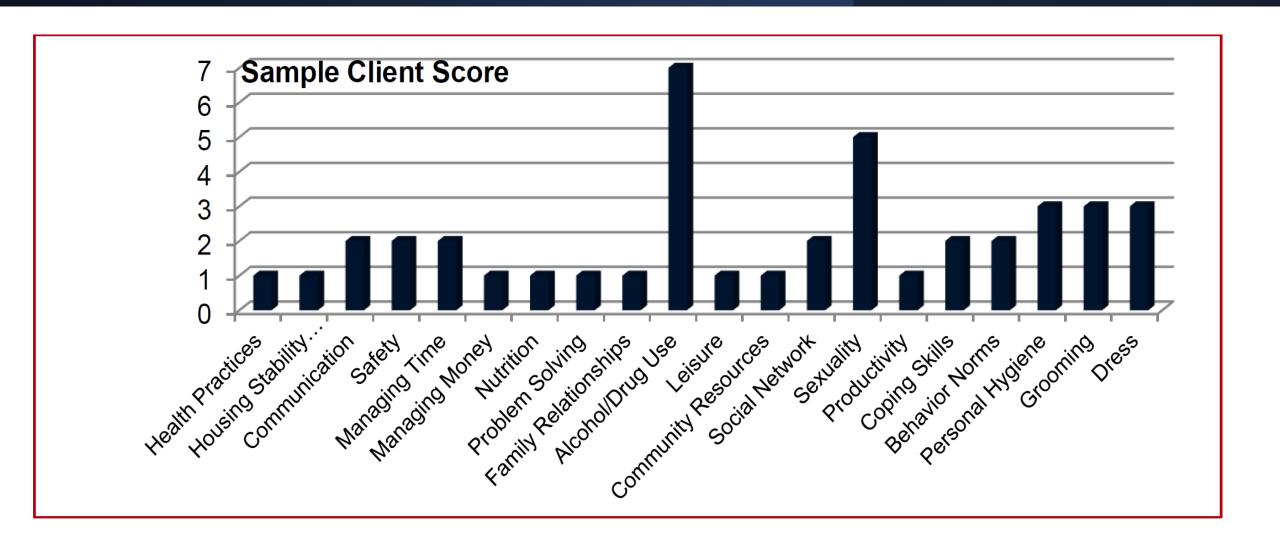


# EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)

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)



# **RISK TOOLS**

# RISK ASSESSMENT RESOURCES





#### Selecting and Using Risk and Need Assessments

Ralph C. Serm, PhD, C.Psych, Carleton University capter T. Lovenhamp, PhD, University of Missouri-Kansas City

#### Risk Assessment: An Overview for Drug Courts

The purpose of this document is to provide Drug Court staff with a concise and current overview of important assessment and to provide a list of recommended contemporary risk instruments. Numerous risk scales are currently used in the United States (see Desmarais & Singh, 2013) to assess static risk factors and criminogenic needs (dynamic risk factors that are related to the client's propensity for criminal behaviors, of which substance abuse is but one. Almost all of these are applied to predict risk post-adjudication

Consequently, we set out to identify those risk scales best suited for use by Drug Courts. To do so, we used validity criteria widely accepted in the research literature on risk assessment (see Overview of Risk Assessment Instruments). Those that met all the criteria are described under Recommended Risk Instruments, and those that met only some of the criteria are described under Promising Risk Instruments These sections are preceded by a general discussion of the issues pertaining to risk assessment, as well as best practices for selecting an instrument to suit a particular Drug Court's needs and capacity.

#### Advantages, Limits, and Usage of Risk Assessment Approaches in period of time (e.g., within three years) for an Contemporary Practice

particular outcome (e.g., recidivism) over a specified individual offender or client. Statistical scales have Through the antigrment of cases to sele categories or accurate than clinical judgment alone (see, e.g., the calculation of scores, risk assessment approaches. A gredner et al., 2000, Bonta, Law, & Hanson, 1660. are designed to identify expected likelihood of a Hilton, Harrie, & Rice, 2006; Mechl, 1954/1996).



https://bja.ojp.gov/program/psrac/ selection/tool-selector

# **DWI Risk Assessments**

- CARS <a href="https://www.responsibility.org/end-impaired-driving/initiatives/cars-dui-assessment-project/">https://www.responsibility.org/end-impaired-driving/initiatives/cars-dui-assessment-project/</a>
- RIASI <a href="http://www.alcoholevaluation.com/research-institute-on-addictions-self-inventory">http://www.alcoholevaluation.com/research-institute-on-addictions-self-inventory</a>
- IDA <u>file:///C:/Users/carey/Downloads/812022-</u> <u>Screening for Risk and Needs%20(2).pdf</u>
- DUI-RANT (screen)
   https://research.phmc.org/products/criminal-justice-tools
- (SBiRT screening for ALL DWI offenders)
   https://www.sbirt.care/tools.aspx

# Common Traditional CJ Risk Assessments

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

#### **Overview of Risk Tools**

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

## ORAS AND LS/CMI ASSESSMENT DOMAINS

#### YOUR RISK TOOLS SHOULD BE MEASURING THE TOP 8

#### **Central 8**

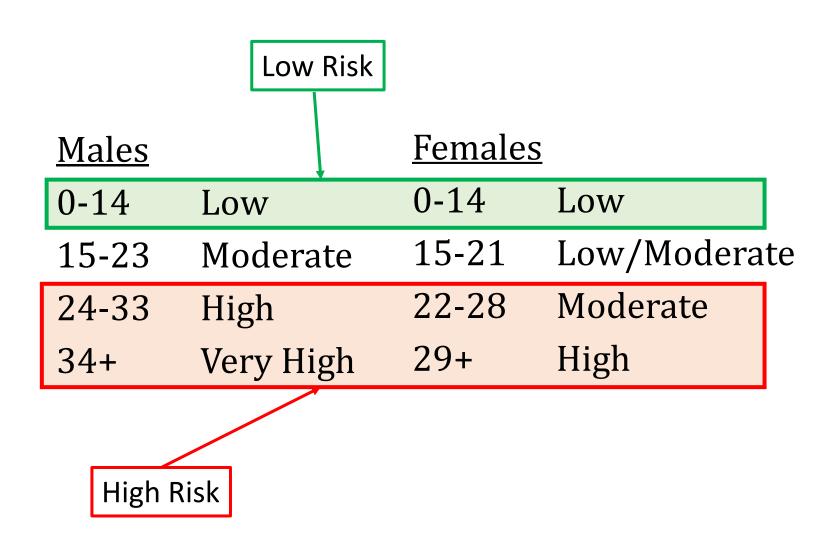
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- 3. Antisocial Personality
- 4. Peer Associations
- 5. Education/Employment
- 6. Family/Marital
- 7. Leisure/Pro-social activities
- 8. Substance Abuse

#### LS/CMI Domains

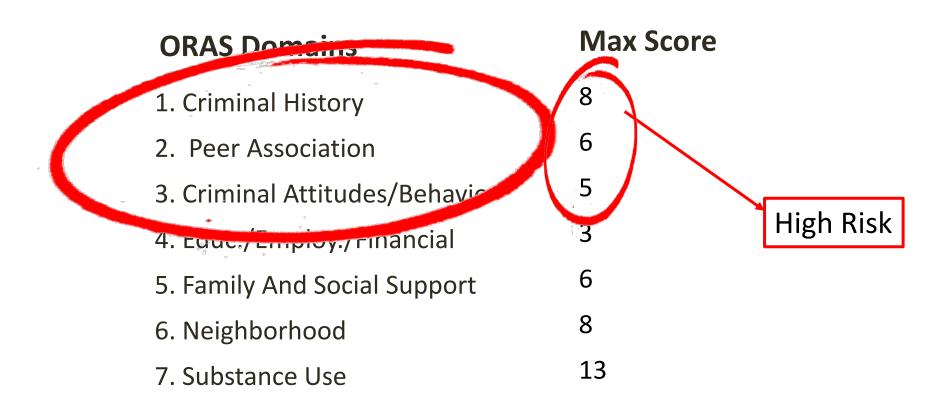
- 1. Criminal History
- 2. Pro-Criminal Attitudes
- 3. Anti-social Patterns
- 4. Anti-social Companions
- 5. Education/Employment
- 6. Family/Marital
- 7. Leisure/Recreation
- 8. Alcohol & Drug problems

#### **ORAS Domains**

- 1. Criminal History
- 2/3. Criminal Attitudes and Behavior (combines 2 and 3 of Top 8)
- 4. Peer Associations
- 5. Education/Employment/Financial
- 6. Family and Social Support
- 6b. Neighborhood Problems
- 7. Leisure/Prosocial
- 8. Substance Use



??					
<u>Males</u>		<u>Female</u> :	<u>S</u>		
0-14	Low	0-14	Low		
15-23	Moderate	15-21	Low/Moderate		
24-33	High	22-28	Moderate		
34+	Very High	29+	High		



15-23 Moderate (Men)/15-21 Low-Moderate (Women)



15-23 Moderate (Men)/15-21 Low-Moderate (Women)

ORAS Domains	Max Score
1. Criminal History	8
2. Peer Association	6
3. Criminal Attitudes/Behavior	5
4. Educ./Employ./Financial	3
5. Family And Social Support	6
6. Neighborhood	8
7. Substance Use	13

Pay attention to the score in each domain to build individualized case plans

## Assessment Should Lead to Action!

The scores for each domain tell you where you where action is necessary and where you should spend your resources

Address each domain according to need and don't address provide services where they are not needed

LS-CMI Domains	Example	Max Score
1. Criminal History	3	8
2. Peer Association	4	4
3. Criminal Attitudes And Behavio	or 4	4
4. Anti-social patterns/Personalit	y 1	4
5. Education/Employment/Finance	cial 1	4
6. Family And Social Support	1	4
7. Leisure Activities/Living Sit.	2	2
8. Substance Use	8	8

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

Dynamic Risk Factor (Central 8)	Need/Case management/Services	Service Examples
History of antisocial behavior (Criminal History)		
Antisocial personality pattern (Check trauma history)		
Antisocial cognition		
Antisocial associates		
Family and/or marital discord		
Poor school and/or work performance		
Lack of engagement in leisure activities (prosocial activities)		
Substance abuse		

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

Dynamic Risk Factor (Central 8)	Need/Case management/Services	Service Examples
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, address trauma	CBT to identify and change dysfunctional thinking patterns (Seeking Safety)
Antisocial cognition	Develop more pro-social thinking	MRT, Thinking for Change
Antisocial associates	Reduce association with criminal others (learn refusal skills)/increase time with positive peers	Peer Mentors, sober community activities
Family and/or marital discord	Reduce conflict, build positive relationships	Family therapy particularly in the home
Poor school and/or work performance	Work on good employee/study/performance skills	Job skills training, GED, community college
Lack of engagement in leisure activities (prosocial activities)	Connect participants with peer support and prosocial activities in the community	Sober support groups, find community groups that teach new skills
Substance abuse	Reduce use through integrated treatment	SUD treatment. education

# Lessons Learned:

- Take time to plan
- Educate team members
- Share assessment results with the team (both risk assessment and clinical needs assessment results)
- 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

# Individualized Justice Response Better Outcomes

## **AFTER**

Stronger team

Energized to continue striving toward providing services that match participant needs