



# 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

## 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

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**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:

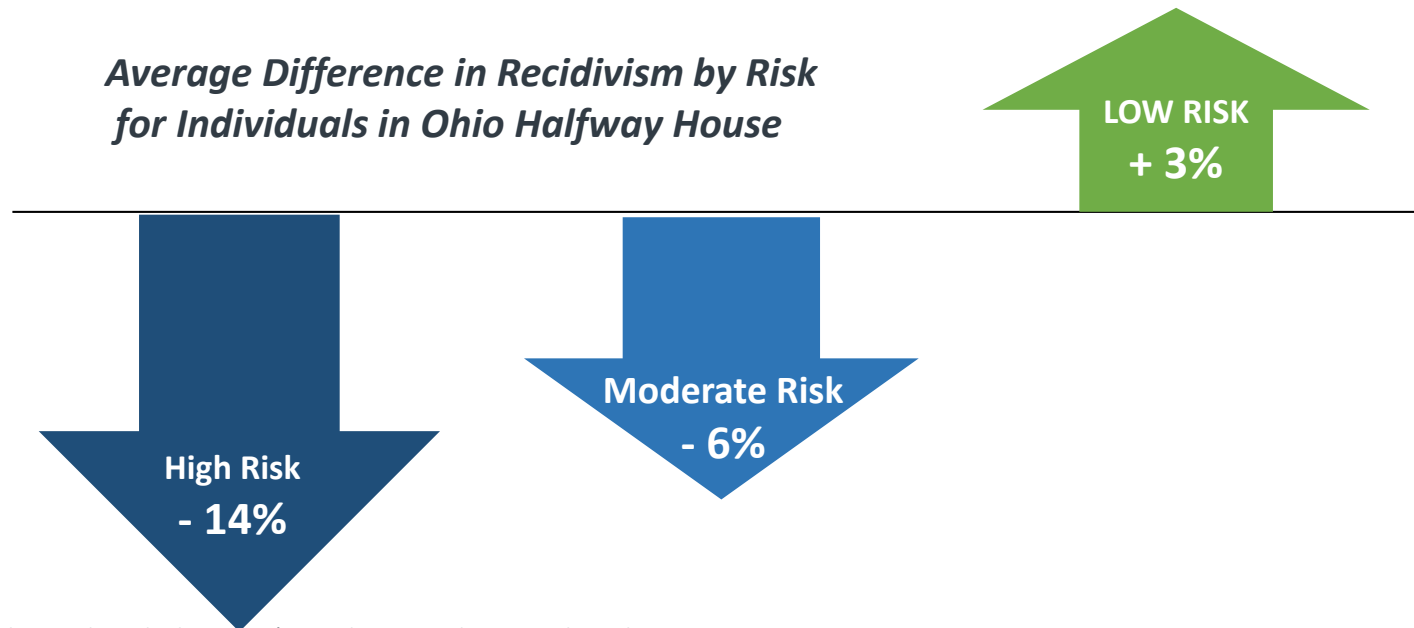
Higher risk/Higher need clients warrant *increased* level of supervision, Case Management and intervention.

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
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

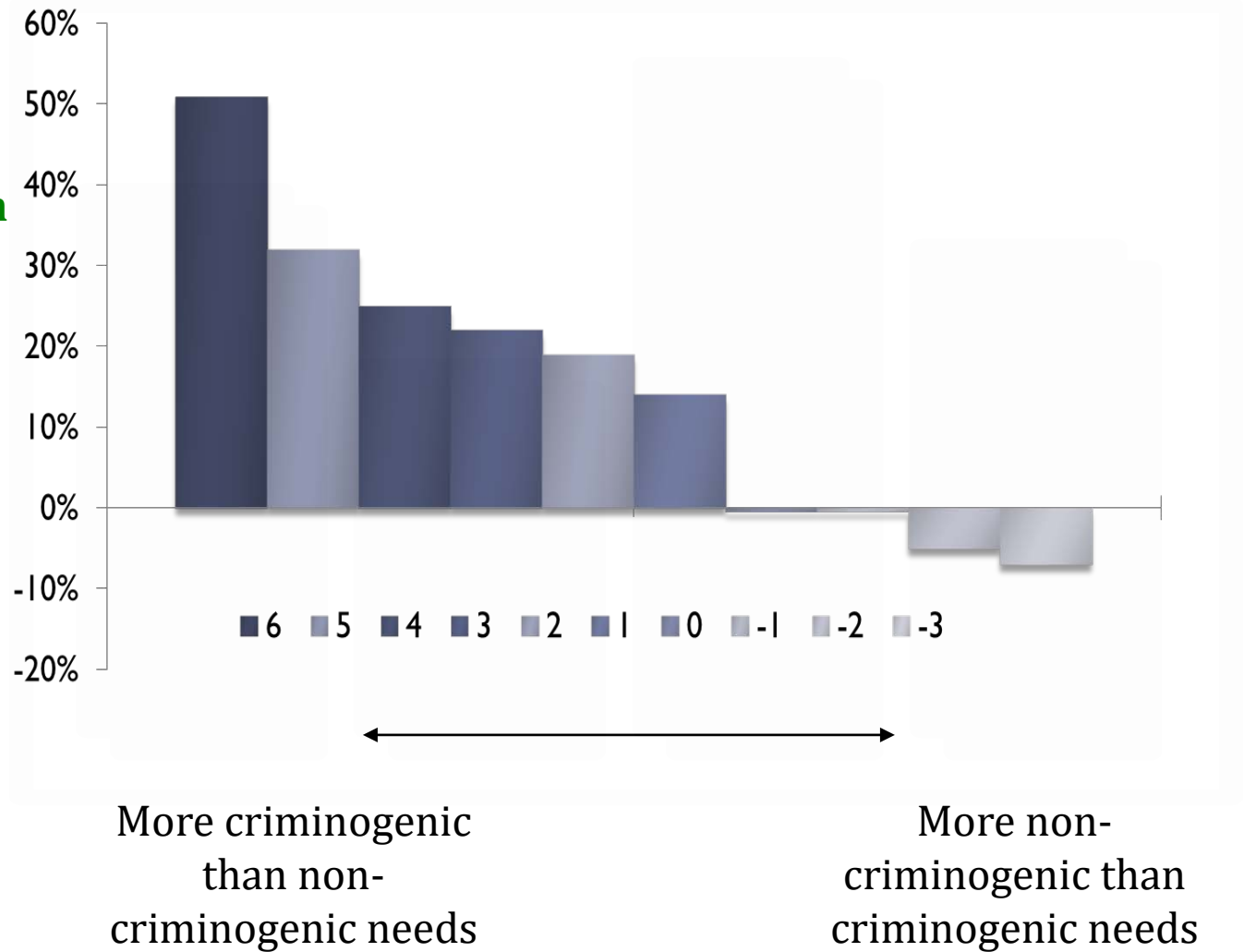


RECIDIVISM  
REDUCTIONS AS A  
FUNCTION OF  
TARGETING  
MULTIPLE  
CRIMINOGENIC  
VS. NON-  
CRIMINOGENIC  
NEEDS

*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



# FOCUS GROUPS Showed qualitative differences

*“We know we have less criminal behavior and need more treatment.” – Q2*

*“Until they slapped me in drug court....typical probation is easy to manipulate but once they stick you in drug court you really don’t have a choice but to straighten up and fly right.” – Q3*

*“We are manipulators. To manipulate on standard probation is SO easy.” – Q3*

*“I hated when I had to switch POs because I felt like I had just got comfortable with one PO and they knew me, they knew my life, the style with my family and then I had a new one.” – Q2*



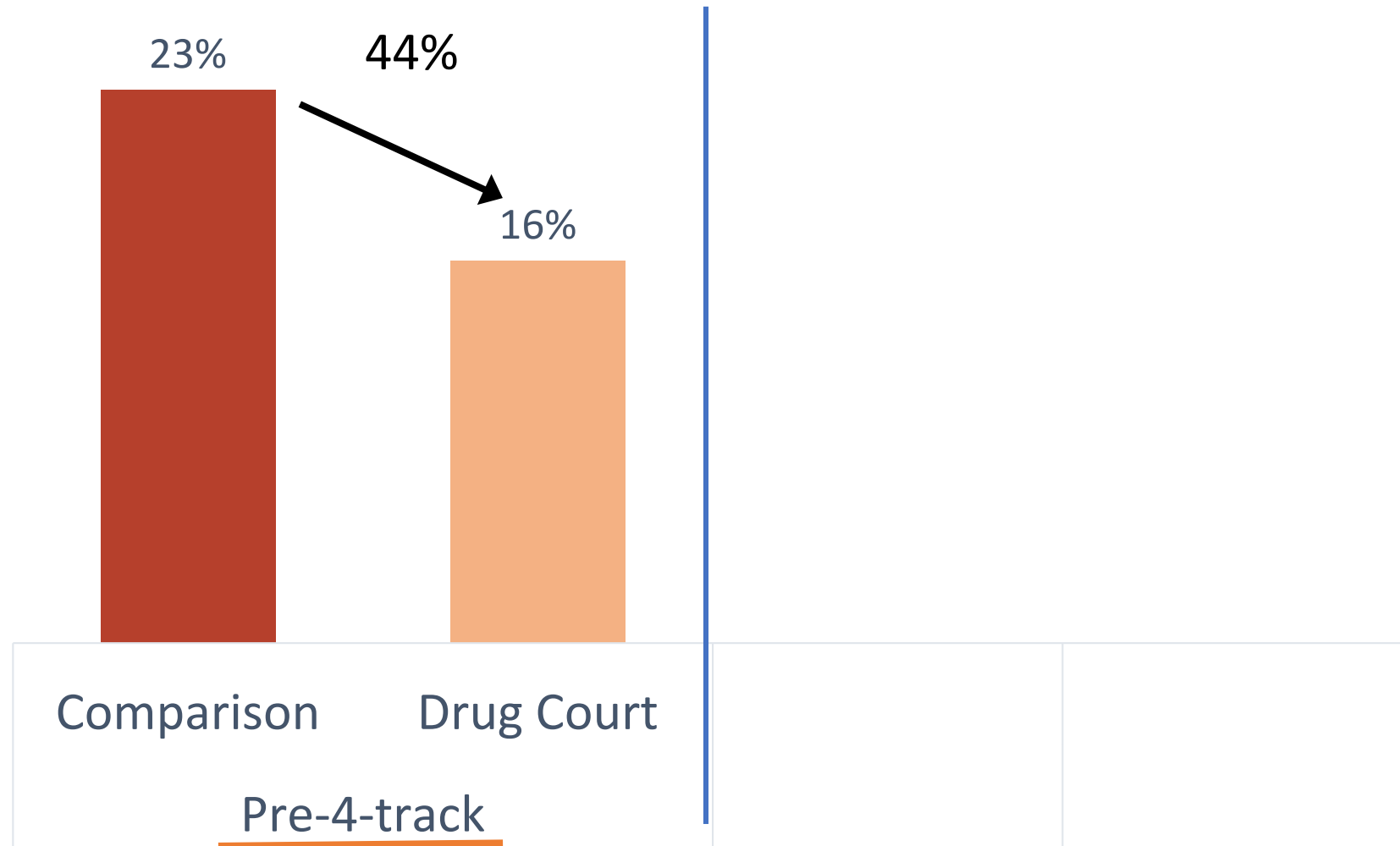
## Average Cost per Participant by Quadrant

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)
<b>TOTAL</b>	<b>\$13,565</b>	<b>\$17,503</b>	<b>\$14,437</b>	<b>\$12,107</b>	<b>\$7,701</b>



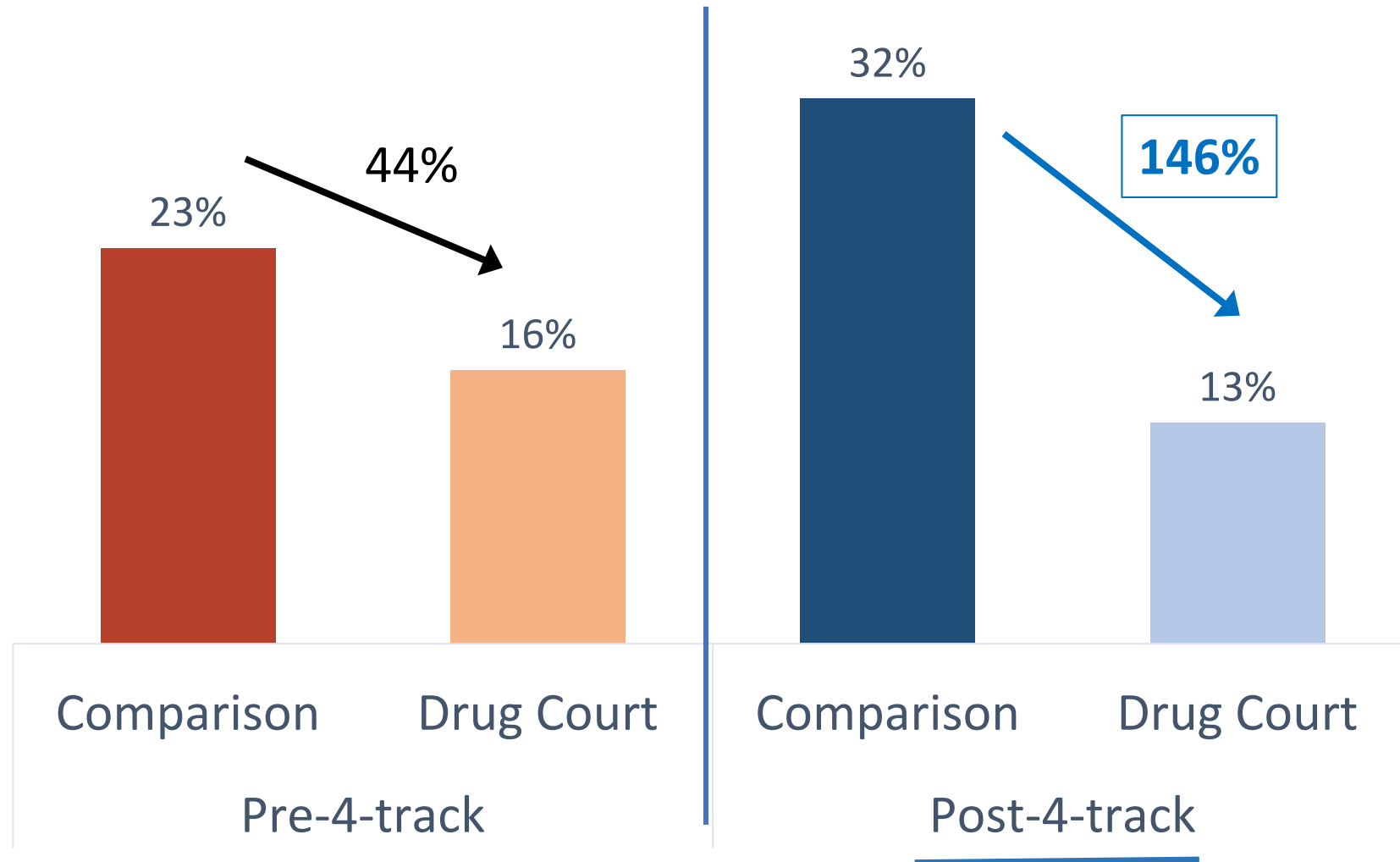
# Recidivism Outcomes 4-tracks ADC - MO

## 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)**

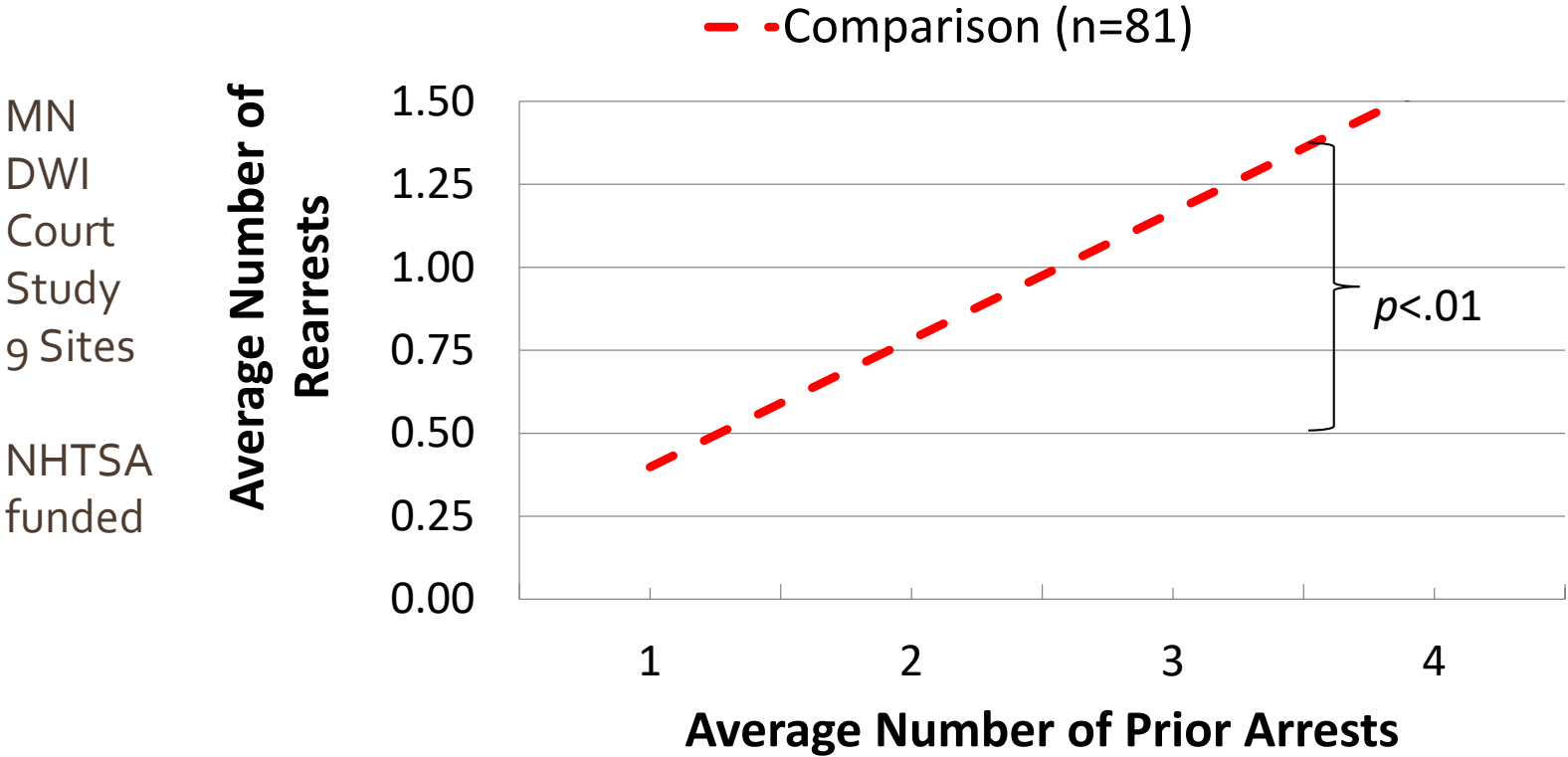




What about DWI Offendos?

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

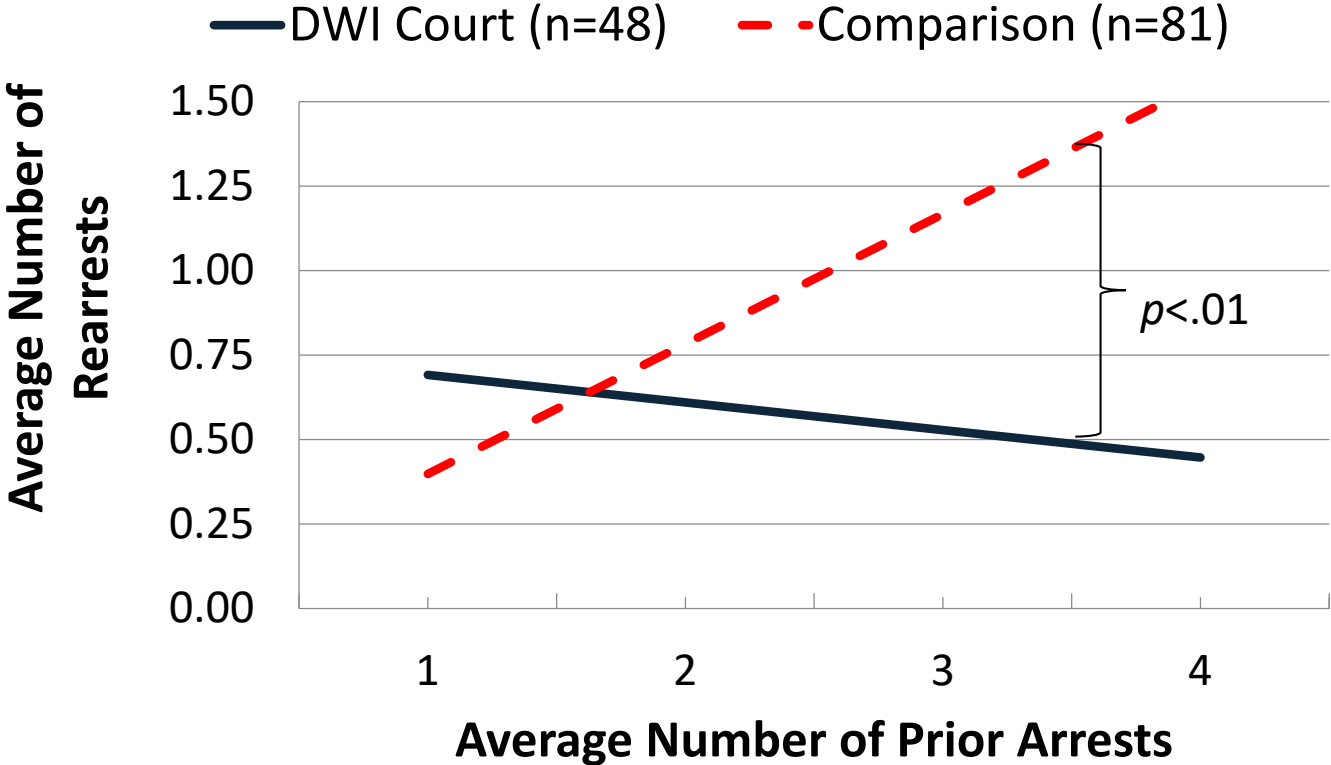
### Average Number of Rearrests by Number of Prior Arrests at 2 Years



# 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



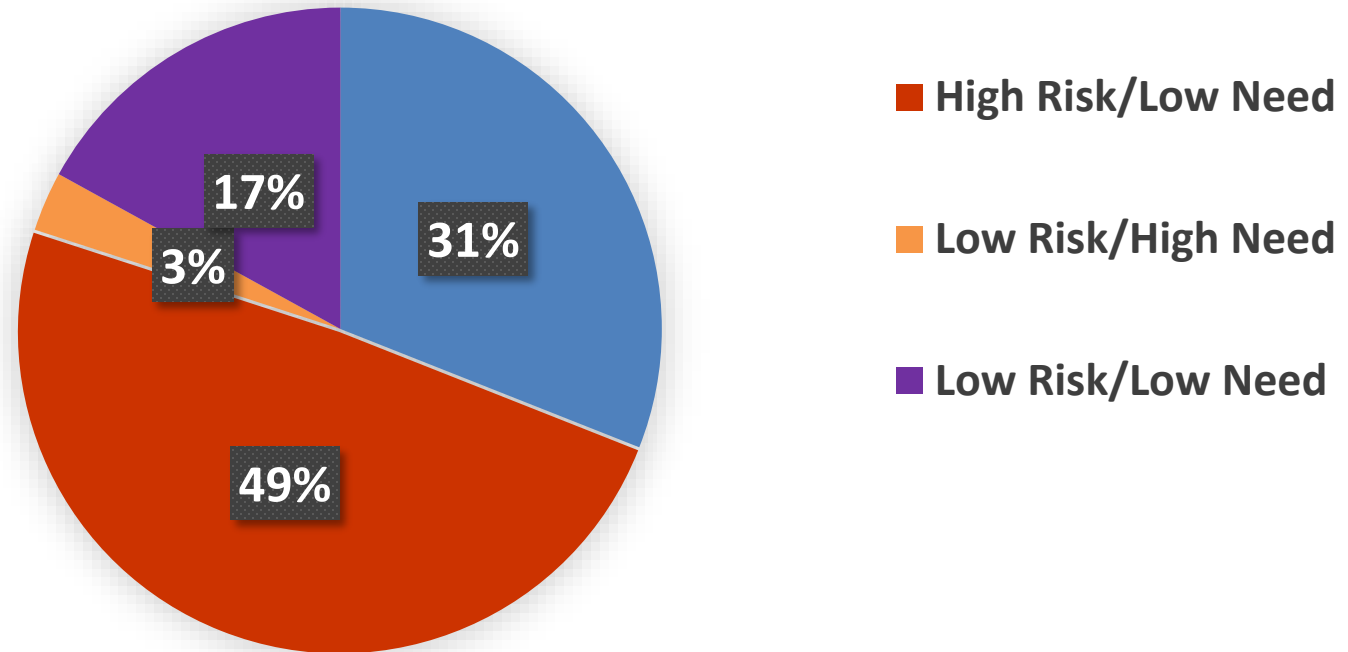


# Research: San Joaquin County DUI Court Example

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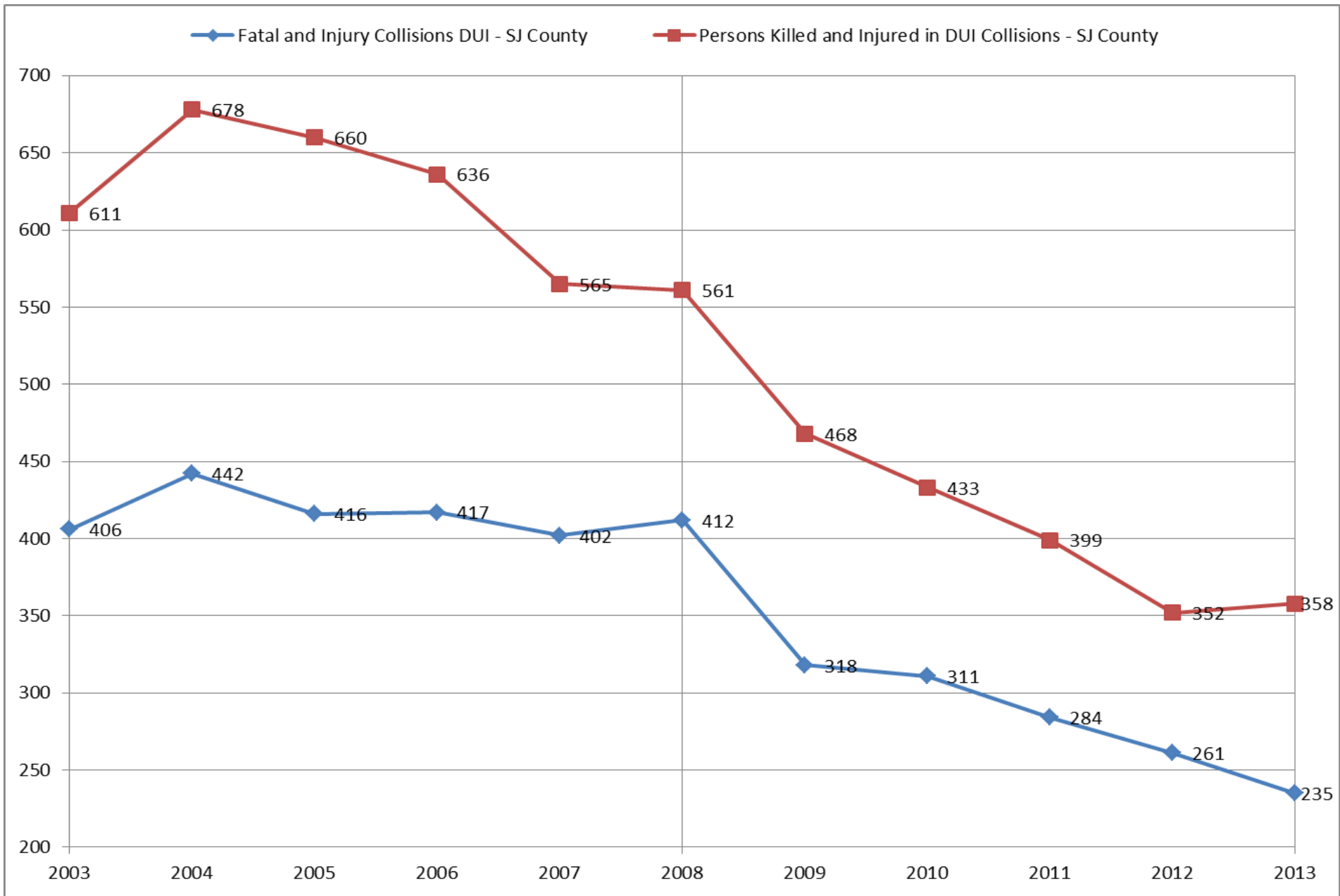
## RANT STATS FOR REPEAT DWI OFFENDERS (N=1,133)

### DUI RANT

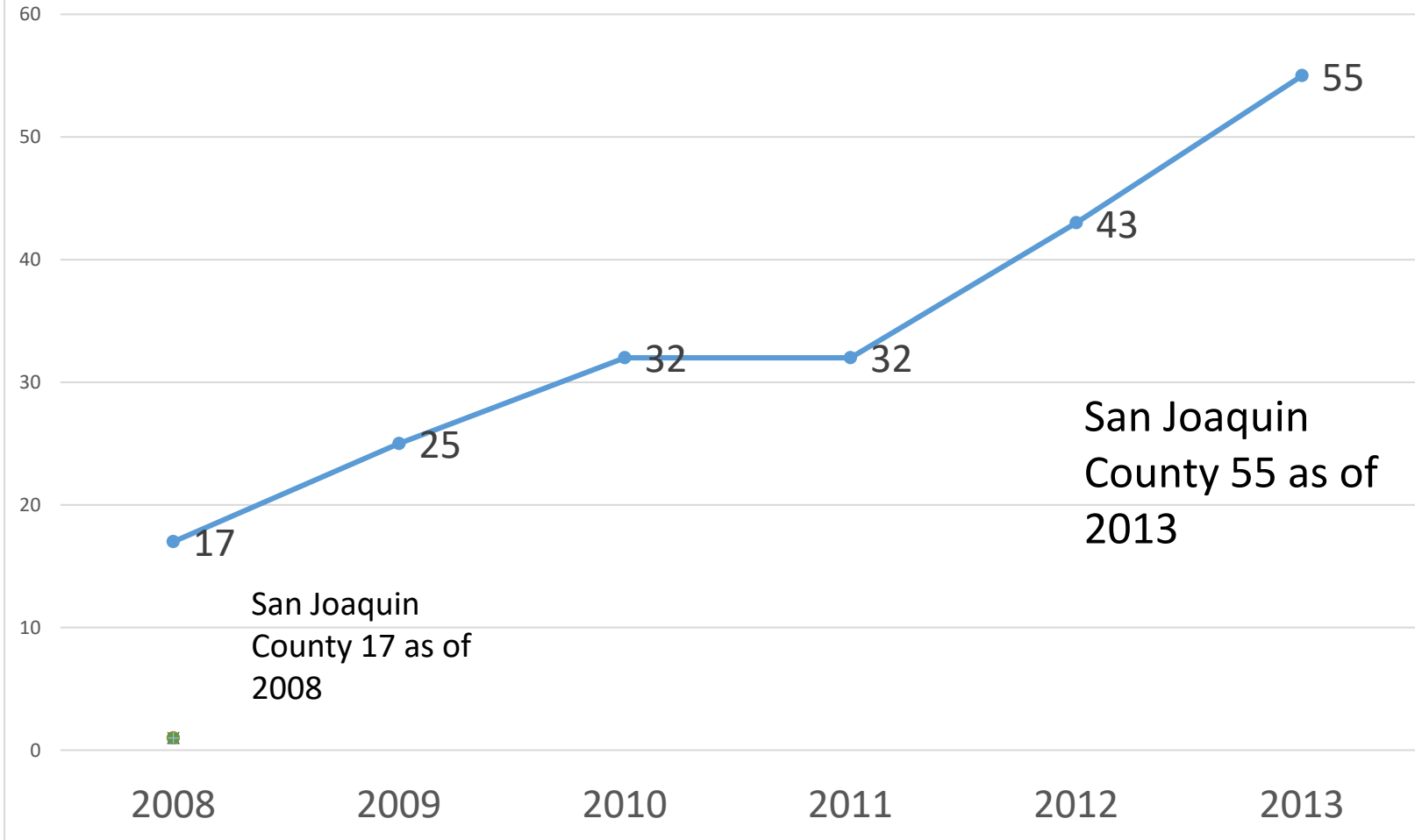


*~80% of repeat DWI offenders were high risk for a new DWI. Require intensive monitoring for public safety*





# 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



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).

# So, how do you do this?

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

JUNE 2019



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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

# HOW DO YOU KNOW WHAT TRACK TO PUT THEM IN?

## STEP #8: SELECT APPROPRIATE SCREENING AND ASSESSMENT TOOLS

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- 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

# WHO IS “HIGH RISK”?



- What assessment tools do we use?
- How do we know where the “cut-off” is?
- What about DWI Offenders?



# 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**
- **DWI-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

1. Criminal History
2. Antisocial Attitudes
3. Antisocial Personality
4. Peer Associations
5. School/Employment
6. Substance Abuse
7. Living Situation
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. Living Situation
8. Family/Marital
9. BAC Level
10. Traffic Violations

# 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

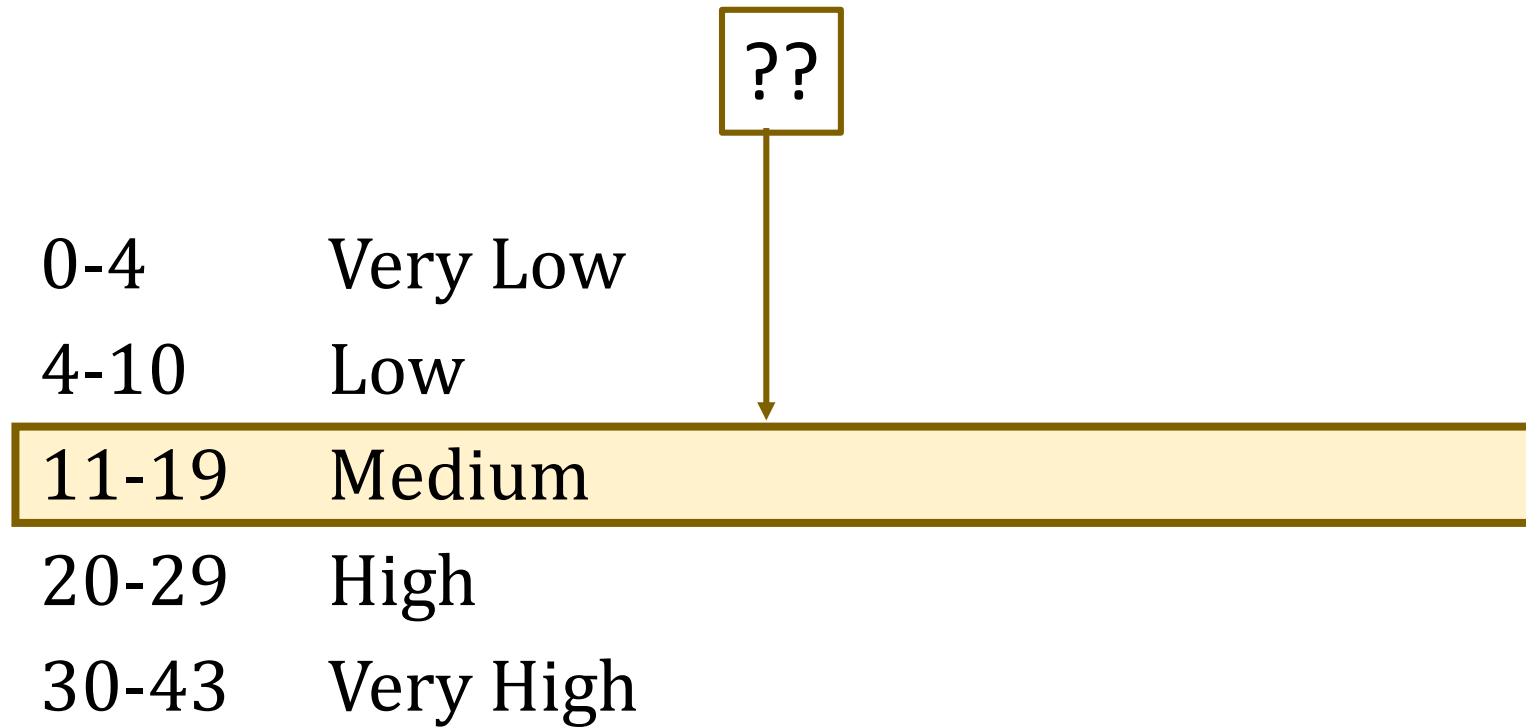
Low Risk

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



# 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



## STEP #11: UNDERSTAND THE FUNDAMENTALS OF EACH TRACK

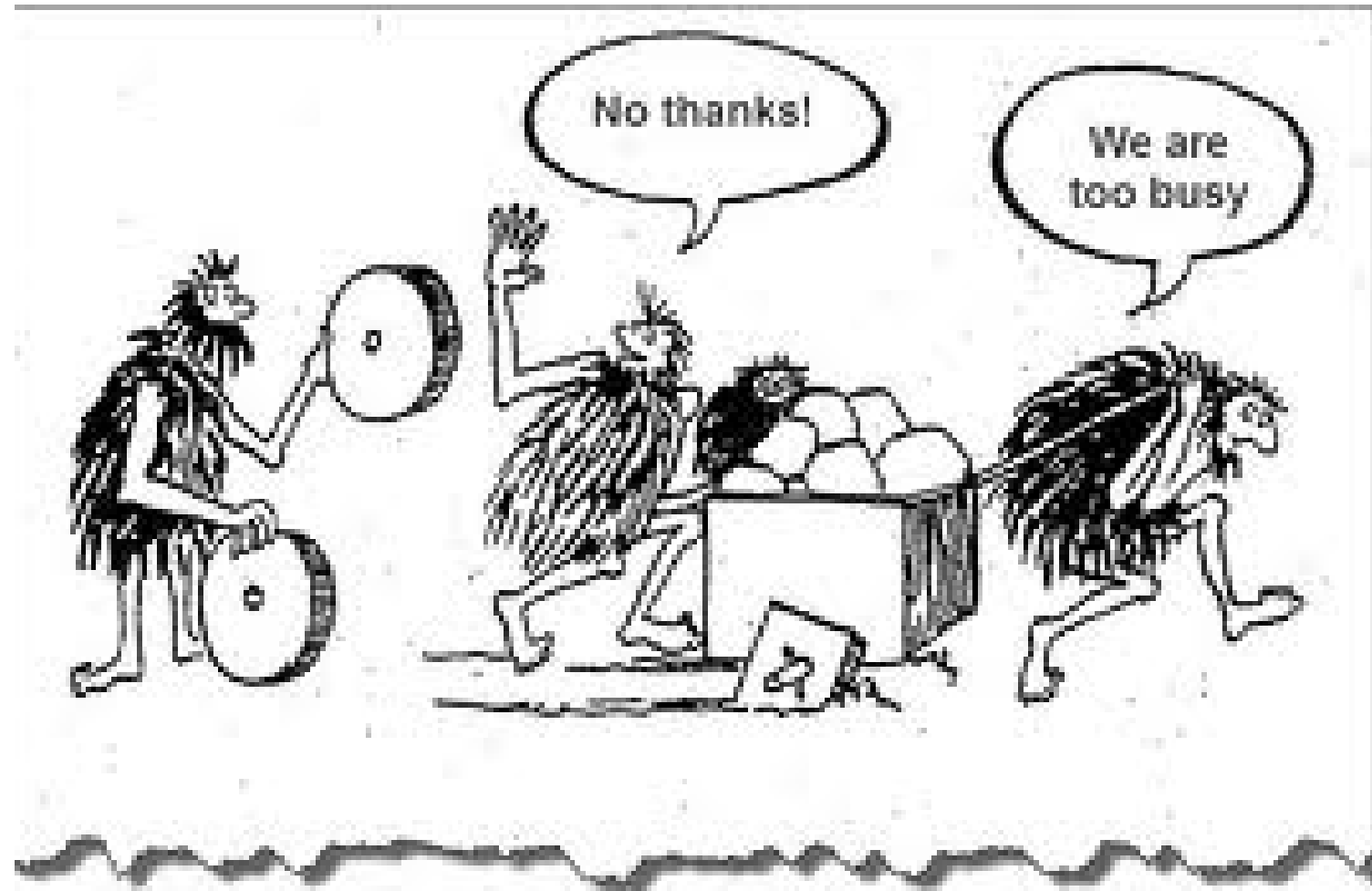
	<b>Track 1 Supervision and Treatment Emphasis</b>	<b>Track 2 Treatment Emphasis</b>	<b>Track 3 Supervision and case management emphasis</b>	<b>Track 4 Avoid any unnecessary contact – Education only</b>
<b>Risk level</b>	High	Low	High	Low
<b>Risk Level (DWI)</b>	High or Low	Low	High or Low	High
<b>Need level</b>	High	High	Low	Low
<b>Emphasis</b>	Supervision, case management and services for criminogenic needs & SUD/MH Treatment	SUD/MH Treatment	Supervision, case management, services for criminogenic needs	Diversion



# MULTIPLE TRACKS ADULT DRUG COURT

All Four Tracks

Example:  
Greene County MO



Motivate  
Change –  
HOW?  
Encourage  
Buy-In

# MULTIPLE TRACKS

RNR – MATCH SERVICES AND SUPERVISION TO RISK AND NEED

**High Risk**

**Low Risk**

**High  
Need**

1. Standard Track  
Accountability  
Treatment  
Habilitation

2. Treatment Track  
Treatment  
&  
Habilitation

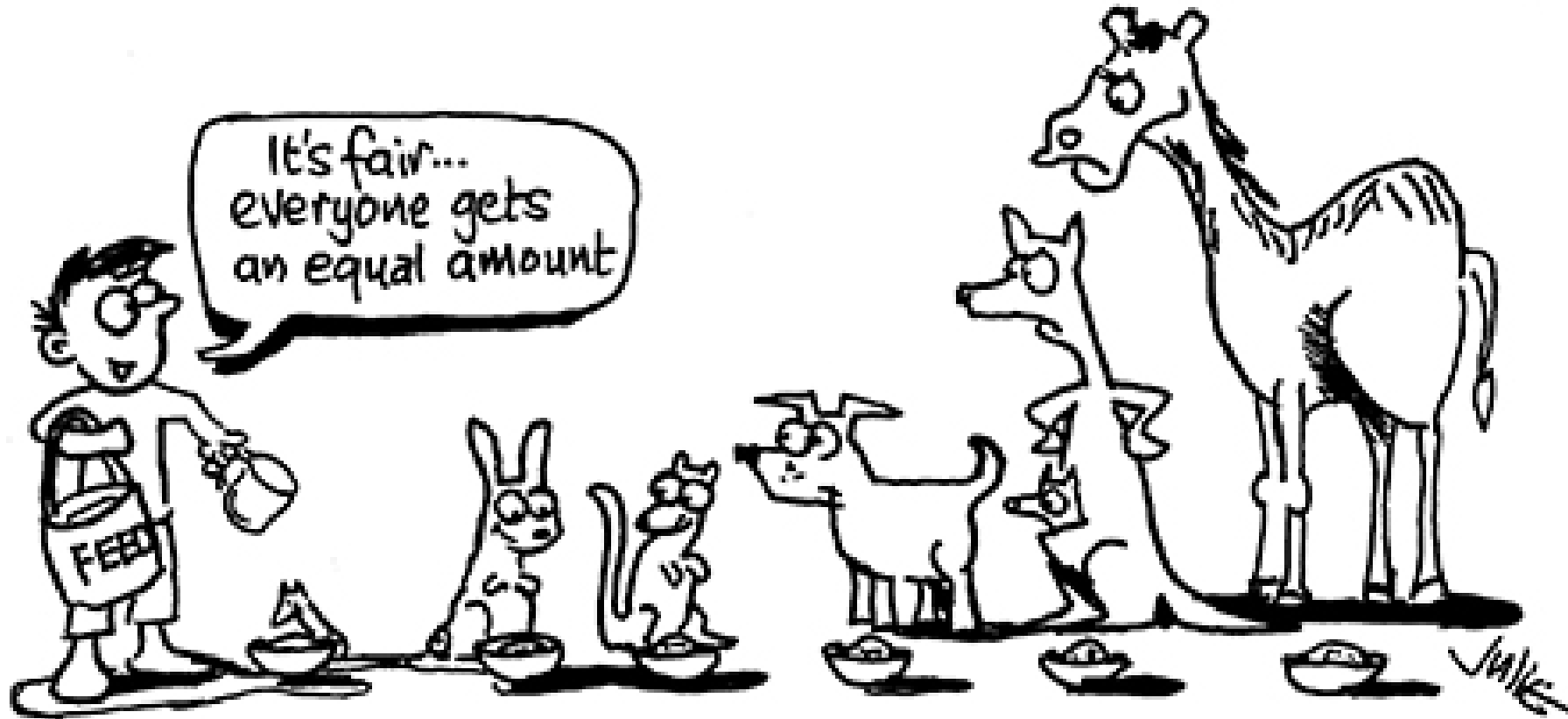
**Low  
Need**

3. Supervision Track  
Accountability  
&  
Habilitation

4. Diversion Track  
Secondary Prevention

Better Justice Response  
Better Outcomes

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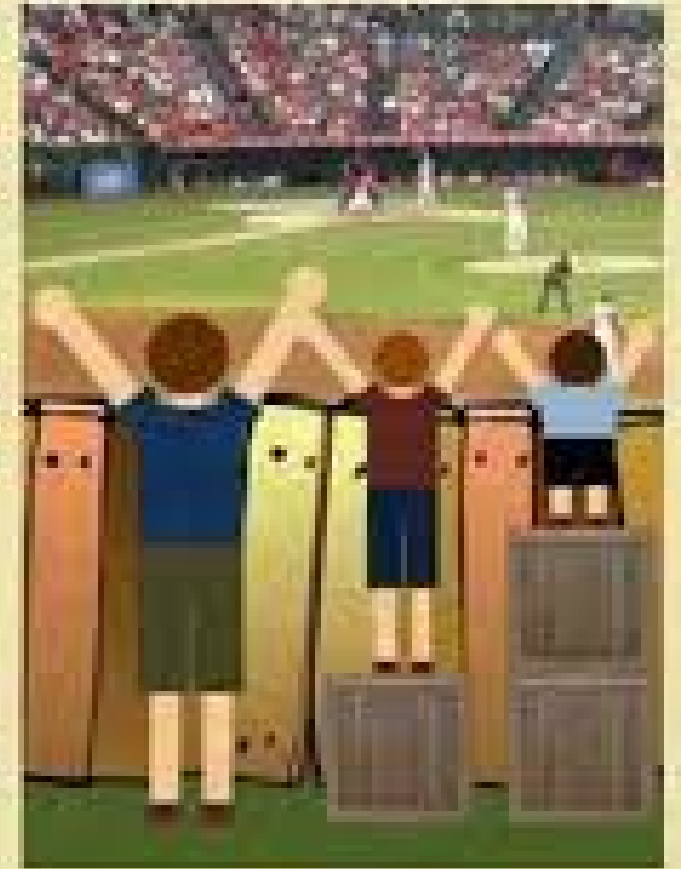
Fair doesn't  
mean Equal

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Equality doesn't mean Justice



Equality



Justice



# Track One



- HIGH RISK/HIGH NEED
  - RISK: Intense Supervision/Services for Criminogenic need
  - NEED: Substance use treatment – Clinical support for disorders or functional impairments

## Track One – 18 Months

- Status Hearings:
  - Phase I & II: 2x per month
  - Phase III & V: 1 x per month
- Plus Noncompliance Calendar
- Substance Abuse Treatment
- CBT
- Pro-social Habilitation
- Adaptive Habilitation
- Consequences focused on responding to proximal and distal goals
  - Positive and Negative
- Prescribed Medication
- Drug and alcohol tests (2x/week)

# Track Two



- Low Risk/High Need
- Risk: Minimal supervision/Any criminogenic needs
- Need: Substance use treatment – Clinical support for disorders or functional impairments

## Track Two – 12 Months

- Court status hearing: once every three months, or as needed
- Positive reinforcement
- Noncompliance appearance immediately after undesired behavior
- Consequences focused on responding to proximal and distal goals
- Treatment
- Prescribed Medication
- Habilitation
- Drug Testing 1 x per week 30 to 60 days
- Less intense supervision

# Track Three



- High Risk/Low Need
- Risk: Intense supervision/Criminogenic needs
- Need: MRT and other services for criminogenic needs – NOT substance use treatment

## Track Three 18 months

- Status Calendar
  - Phase I & II: 2 x per month
  - Phase III & V: 1 x per month
- Noncompliance calendar
- Consequences focused on responding to proximal and distal goals
- Positive reinforcement
- Prevention services
- Behavior modification
- Pro-Social habilitation
- Adaptive habilitation
- Increased supervision
- Drug/Alcohol testing 2x per week

# Track Four



- Low Risk/Low Need
- Risk: Minimal supervision
- Low: Substance abuse prevention

## Track Four 6 to 9 months

- Status hearing: once every three months, or as needed
- Positive reinforcement
- Noncompliance appearance immediately after undesired behavior
- Consequences based on proximal and distal behaviors
- Education classes
- At least one individual counseling session
- Drug Testing 1 x per week first thirty days
- Less intense supervision





# San Joaquin County DUI Court Example

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# 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 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
- ***70% of clients - 29% of costs***



# MONITORING TECHNOLOGIES

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

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



JUNE 2019



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## **AFTER**

Stronger team

Energized to continue  
striving toward  
providing services that  
match participant needs