



# NADCP

National Association of  
Drug Court Professionals

## Multi-Tracks in Treatment Courts: Responding to Needs

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# Disclosure

- This project was supported by Grant No. 2019-DC-BX-K012 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office.

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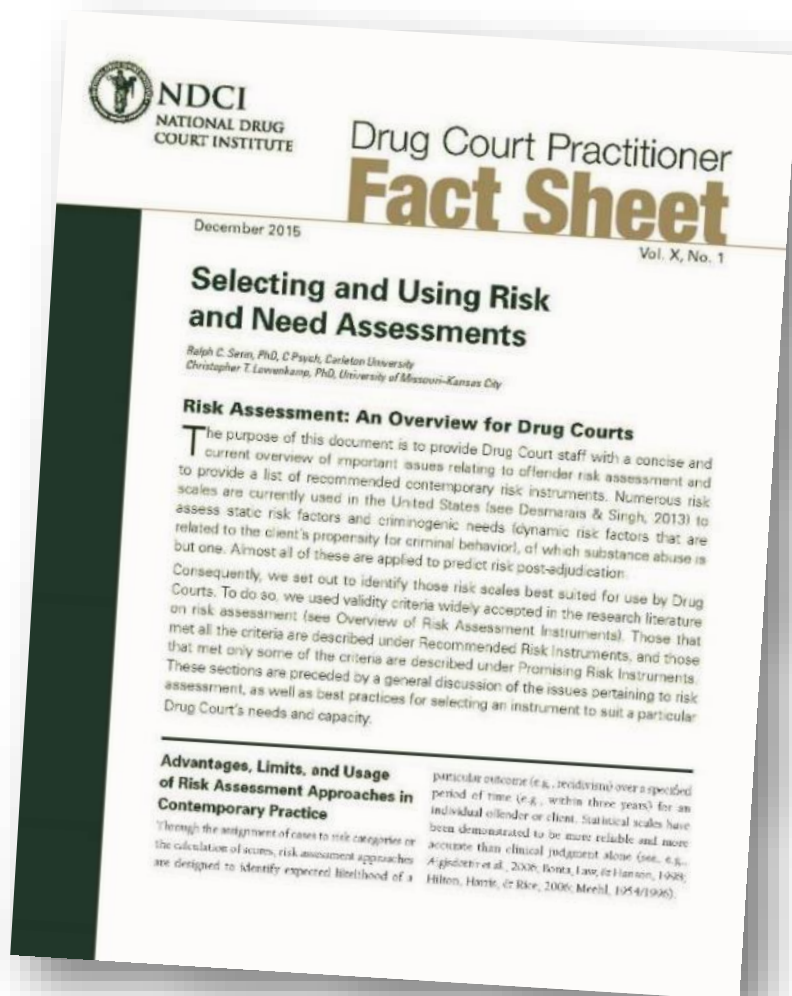


# Learning Objectives

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- **Define the various alternative tracks and standard drug court track.**
- **Identify ways to respond to the specific need levels.**
- **Learn what programming exists to address various needs.**

# SELECTING AND USING RISK AND NEED ASSESSMENTS



## Public Safety Risk Assessment Clearinghouse

A leading resource for comprehensive and accessible information on public safety risk assessment for safer communities.

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

# Benefits of a Multi-Track Program

Allows for more  
Individualized  
and tailored  
approach



# Benefits of a Multi-Track Program

Implemented through individualized case management, specialized programming, and referral to community resources.



# Complications

Multi-track programming can be challenging to implement due to the complexity of the system



# Complications

Must not mix tracks





# Equal Level of Care

Comprehensive  
approach and  
more inclusive



# Risk and Need



# NOT RISK TO PUBLIC SAFETY

Failing supervision

Risk of recidivism

# Supervision Need

*“High risk”* refers to the likelihood that an offender will not succeed adequately on standard supervision and will continue to engage in the same behavior that got him or her into trouble in the first place.

# WHAT DO WE MEASURE TO DETERMINE CRIMINOGENIC RISK?

**Conditions of an individual's behavior that are associated with risk of committing a crime**

## **Static Factors**

Unchanging conditions

## **Dynamic Factors**

Conditions that change over time and are amendable to treatment interventions

**NOT JUST SUBSTANCE USE TREATMENT**

**Housing**

**Co-Occurring Disorders**

# Medical Record

**Trauma**

Name \_\_\_\_\_

Date  
of Birth \_\_\_\_\_

# WHAT IS NEED?

## **Clinical Need:**

### **Diagnosed:**

= Substance Use Disorder (Mod to Severe)

= Mental Health Disorder

= Both

**Need** = What level and type of drug and alcohol/mental health treatment is required for recovery?

Is it life threatening? (e.g., Detox, Suicide watch)

Can they be treated safely in the community? (e.g., outpatient)

# Need Level

1. Low-level needs: Individuals with low-level treatment needs may require minimal treatment, such as drug education classes, brief counseling, or support group participation.
2. Moderate-level needs: Individuals with moderate-level treatment needs may require more intensive treatment, such as outpatient counseling, medication-assisted treatment, or individual therapy.
3. High-level needs: Individuals with high-level treatment needs may require more intensive and specialized treatment, such as residential treatment, intensive outpatient programs, or specialized mental health treatment.



# PRACTICAL IMPLICATIONS

Low Needs  
(abuse)

High Needs  
(dependent)

## High Risk

- ✓ Status calendar
- ✓ Treatment
- ✓ Prosocial & adaptive habilit.
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 18-24 treatment court
- ✓ 9 to 12 mos. treatment (~200 hrs.)

- ✓ Status calendar
- ✓ Prosocial habilitation
- ✓ Abstinence is proximal
- ✓ Negative reinforcement
- ✓ ~ 12-18 mos. program
- ✓ Criminal thinking (~100 hrs.)

## Low Risk

- ✓ Noncompliance calendar
- ✓ Treatment (separate milieu)
- ✓ Adaptive habilitation
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 12-18 mos. program
- ✓ 9 to 12 mos. treatment (~200 hrs.)

- ✓ Noncompliance calendar
- ✓ Psycho-education
- ✓ Abstinence is proximal
- ✓ Individual/stratified groups
- ✓ ~ 3-6 mos. program
- ✓ Education (~ 12-26 hrs. or less)



# Group Think

Danger in mixing  
groups of different  
risk/need level



# Case Management Needs and Recovery Capital

Case management is a critical component



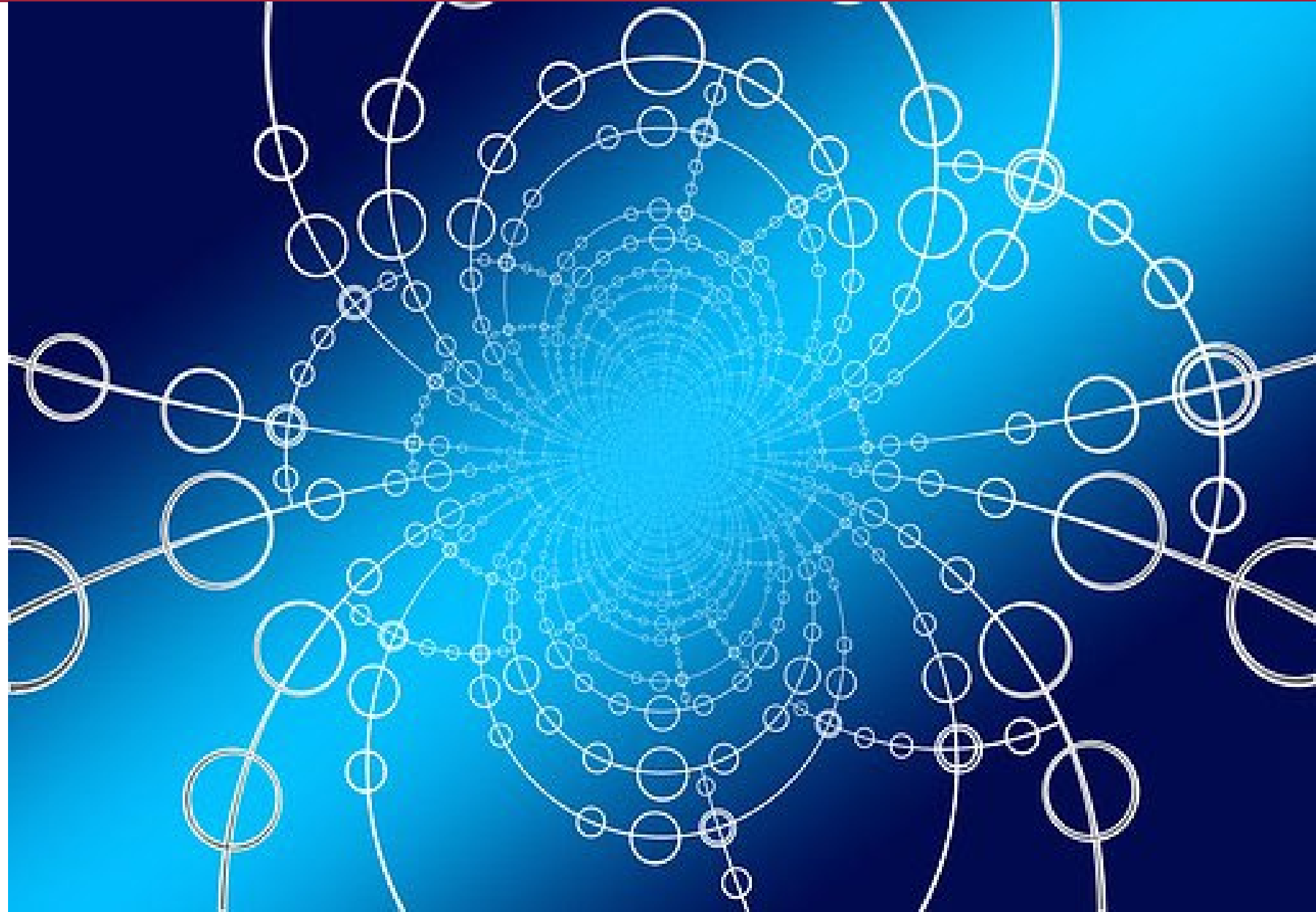
# Aspects of Treatment and Case Management

- ✓ **Manualized treatment**
- ✓ **Individualized treatment plans**
- ✓ **Continuation of care/aftercare**
- ✓ **Recovery coaches**
- ✓ **Recovery support groups**
- ✓ **Peer mentors**



# Recovery Capital

Resources  
and  
Support



# Building Recovery Capital



# Recovery Capital

Personal

Community

Social



# Maintaining Recovery Capital





# Importance of Connectiveness

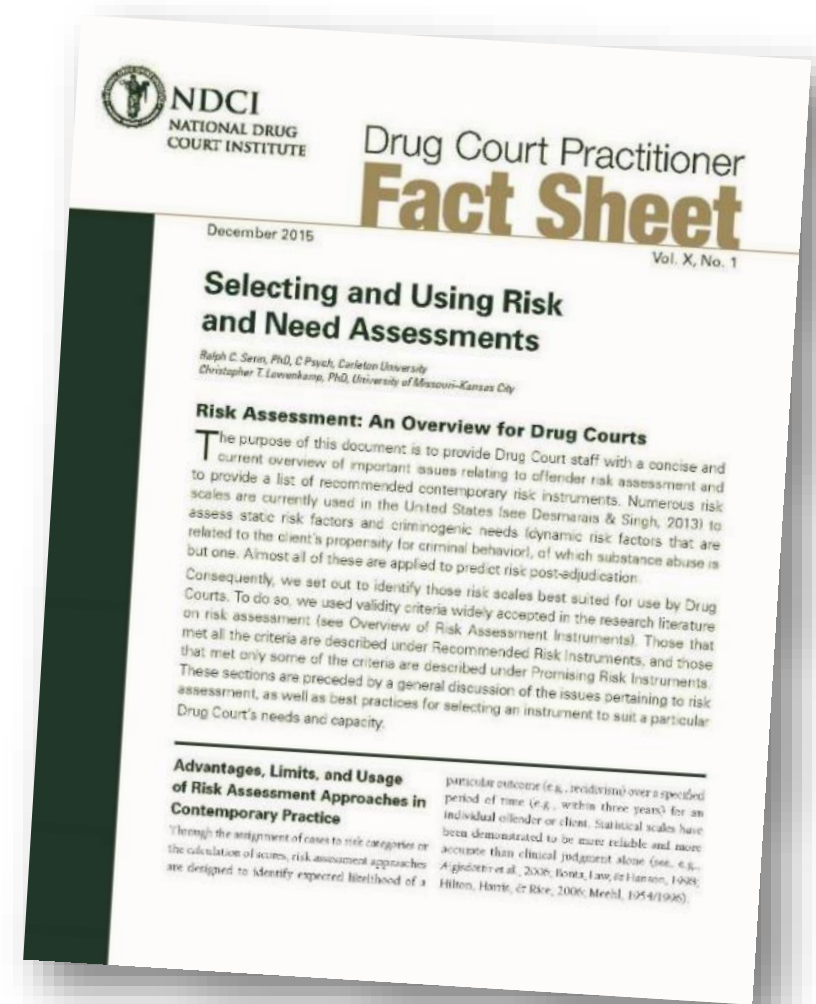


# Validated Assessments are CRITICAL



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**NDCI**  
NATIONAL DRUG COURT INSTITUTE

Drug Court Practitioner  
**Fact Sheet**

December 2015  
Vol. X, No. 1

### Selecting and Using Risk and Need Assessments

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#### 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 issues relating to offender risk 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 behavior), 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 Contemporary Practice

Through the assignment of cases to risk categories or the calculation of scores, risk assessment approaches are designed to identify expected likelihood of a particular outcome (e.g., recidivism) over a specified period of time (e.g., within three years) for an individual offender or client. Statistical scales have been demonstrated to be more reliable and more accurate than clinical judgment alone (see, e.g., Algodori et al., 2008; Bonta, Law, & Hanson, 1998; Hilton, Hank, & Rice, 2006; Meehl, 1954/1996).



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## QUESTIONS?

