Developing a Multi-Track Recovery Court

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Learning Objectives

1. Understand the differences between drug-involved individuals in the criminal justice system and the unique nature of the impaired driver
2. Explain the importance of focusing on the risks and needs of each participant in developing a multi-track recovery court
3. Determine the critical steps in undertaking and implement a multi-track recovery court to include an impaired-driving dimension

What would you do?

Joe has plead guilty to a low-level drug possession offense and an impaired driving offense. Joe assesses as low risk/high needs (primarily resulting from his history of substance abuse). Because he is not high risk/high needs, he is ineligible for drug court and a prison term is a likely option for the sentencing judge. Should we find a place for Joe in a recovery court?

Potential Treatment Court Participation

- Traditional Recovery Court
- DUI Court
- Veterans Court
- Mental Health Court
- Family Treatment Court

Recovery Courts:

Target high-risk high need

But what about everyone else?

Our basics:

- Recovery courts reduce substance use, increase treatment adherence, and reduce recidivism
- We are believers!
- We problem-solve around barriers - we focus on the positive to promote a sense of self-belief
- We apply strength-based approaches to SUD and plant the seeds

Principles of Effective Treatment

- No single treatment is effective for everyone
- Must be readily available
- Multidimensional
- Program length
- Treatment/services plan continually assessed and adjusted

If the recovery court does not target only high-risk and high-need offenders, develop alternative tracks with services modified to meet the risk and needs levels of its participants

Adult Drug Court Best Practice Standards

Volume I

Text Revision

National Association of Drug Court Professionals

Alexandria, Virginia

Goals of Utilizing Evidence-Based Practices

- ✓Reduce Recidivism
- ✓Improve Public Safety

Using research findings that are demonstrably effective to influence practices and to improve the quality of decision making

Evidence-Based Practices

- ✓Assessment of:
  - Risk factors
  - Protective factors
  - Criminogenic needs
- ✓Estimate recidivism risk using validated risk assessment instruments
- ✓Identify the most effective interventions for the individual

Why?

- No one intervention is appropriate for all substance-involved offenders
- Providing substance abuse treatment to nonaddicted substance abusers increases rates of criminal recidivism and substance abuse
- Treating participants with different risk or need levels together in groups or programs can make outcomes worse for the low-risk and low-need participants by exposing them to antisocial peers or interfering with engagement in productive activities such as work and school – risk is contagious!

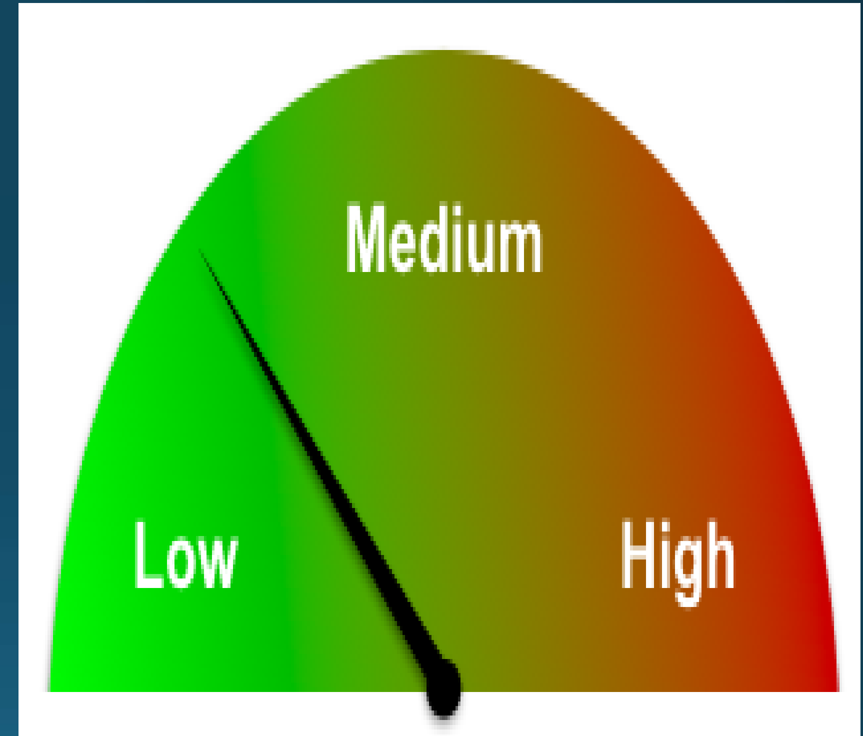
The Basics of Risk and Needs

- Recidivism among low-risk offenders increases when included in program with high-risk offenders
- High-risk individuals are bad teachers! - when mixed expose low-risk participants to antisocial peers
- Effective recidivism-reduction programs must target moderate to high-risk offenders
- Must target “criminogenic needs”
- Conditions of supervision not related to the offender’s risk level or needs impedes and distracts from compliance and engagement in productive activities such as work or school

- Focus must be on voluntary compliance
- Positive reinforcement more effective than sanctions
- Treatment programs must provide a continuity of care
- An offender who feels treated fairly more likely to obey the law

What is risk?

The likelihood that a person will be rearrested and/or be unsuccessful on supervision



The Problem: Self-Reporting

Risk
WHO we should treat.
Need
WHAT we
should
focus on.
Reducing
Recidivism
Responsivity
HOW we
should work.

Risk - Needs - Responsivity

- 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

Criminogenic Needs

- Target the dynamic factors
- The static factors cannot be changed or influenced

Criminal Risk and Needs

- Prior criminal history/age of onset/family criminal history
- Antisocial personality patterns
- Antisocial associations
- Antisocial cognition\attitudes
- School/employment instability
- Substance abuse
- Family/marital difficulties
- Low engagement in pro-social leisure pursuits

Non-Criminogenic Needs

Needs not related to criminal behavior

Changing non-criminogenic needs will not reduce recidivism but may need to be addressed before interventions for criminogenic needs can be effective

- Medical concerns
- Mental health*
- Housing/living conditions
- Anxiety
- Self-esteem
- Physical conditioning
- Parenting issues

PROGNOSTIC RISK

CRIMINOGENIC NEED	High	Low
High (Substance Dependence)	**Standard Drug Court Track** *(10 Key Components)* • Status calendar • Substance abuse treatment • Pro-social habilitation • Adaptive habilitation • Focus consequences on treatment and supervision • Prescribed medication	**Alternate Track** *(Treatment emphasis)* • Noncompliance calendar • Substance abuse treatment • Adaptive habilitation • Focus consequences on treatment • Prescribed medication
Low (Substance Abuse)	**Alternate Track** *(Accountability emphasis)* • Status calendar • Prevention services • Pro-social habilitation • Focus consequences on abstinence & supervision	**Alternate Track** *(Diversion emphasis)* • Noncompliance calendar • Prevention services • Focus consequences on abstinence

The Right Track

Helps the team ensure participants are receiving the treatment and services according to their needs, yielding greater efficiency by avoiding the use of high intensity services on those who do not need them and avoiding the negative effects individuals at different risk levels can have on one another

Practical Considerations in Creating Tracks

Court Appearances

- Different day of the week
- Different time of the day

Therapy Groups

- Separate by risk level
- Separate by need (services according to need)

Probation Officers/Case Managers

- Assigned by track
- Must be trained on risk/need/responsivity

Impaired Driving Court Effectiveness

Michigan

An analysis of three counties in a two-year period found DUI court participants were 19x less likely to be arrested for a new DUI

Minnesota

An evaluation of nine DUI courts found that high-risk individuals had better outcomes, including reducing recidivism by up to 69%

Georgia

Repeat offenders graduating from DUI court were 65% less likely to be rearrested for a new DUI

10 Guiding Principles of Impaired Driving Courts

1. Target the population
2. Provide a clinical assessment
3. Develop the treatment model
4. Supervise and detect behavior
5. Develop community partnerships
6. Take an active judicial role
7. Provide case management
8. Solve transportation barriers
9. Evaluate the program
10. Ensure sustainability

NCDC
National Center
for DWI Courts
Making Your Community A Safer Place

The Ten Guiding Principles Of DWI Courts

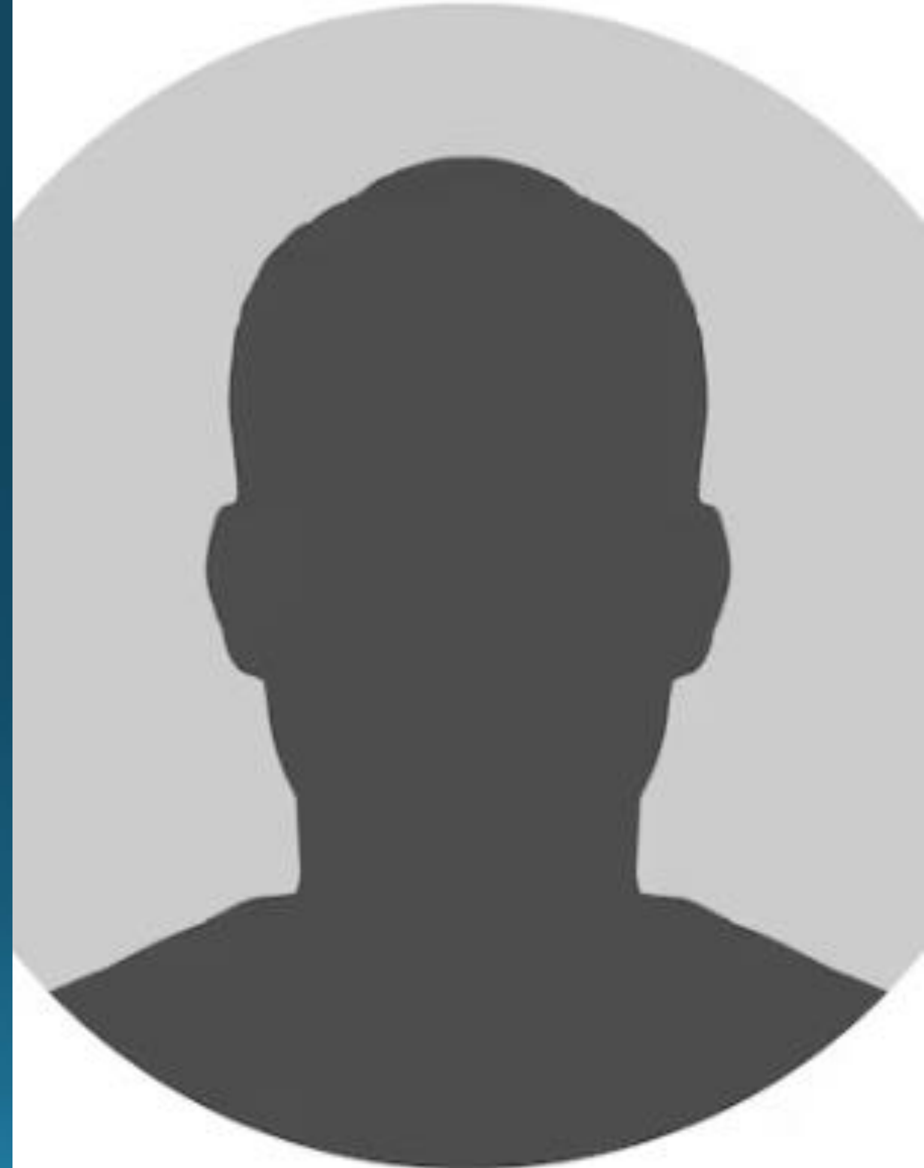
Impaired Drivers:
Not the usual suspects

Impaired Drivers are Different

- Tend to score lower on traditional risk assessments
- Often lack an extensive criminal history
- High degree of denial - alcohol consumption is legal, highly prevalent and socially encourages
- Tend to be employed and may have a stable social network
- Do not view themselves as criminals
- Repeatedly engage in behavior that is dangerous

Impaired Driver Profile

- Predominantly male (70-80%)
- Between the ages of 20-45; majority between ages 20-30
- Employed/educated at higher rate than other offenders
- High BAC levels (.15>)
- Often drink more per occasion and consume more alcohol than the general population; majority are binge drinkers
- Often experience AUD/SUD
- Possess personality and psychosocial factors that increase risk of offending – irritability, aggression, thrill-seeking, impulsiveness, external locus of control (blaming others), anti-authoritarian attitudes



Risk Factors for New DUI

- DUI history
- Antisocial attitudes
- Antisocial personality
- Substance abuse
- BAC level
- Traffic violations

Additional Impaired Driving Risk Factors

Prior impaired driving offense

Age at time of first DUI

BAC level

Prior traffic violations/prior justice system involvement

Prior/current non-compliance with supervision

Repeat Impaired Drivers

Overwhelmingly male (90%); ages 20-45

More often single, separated, or divorced

Tend to have lower levels of education/income and higher levels of unemployment compared to first offenders

More likely to have BAC exceeding .20 or refuse to provide chemical sample

Age of onset of drinking, family history, and alcohol misuse as additional risk factors

Repeat Impaired Drivers

Likely to have cognitive impairments (executive functioning) due to long-term alcohol dependence

More likely to have a higher disregard for authority and show greater indications of anti-social personality characteristics

May result in lack of motivation; implications for treatment engagement

45% of repeat drunk drivers have a major mental health disorder in addition to substance use disorder

- DUI offenders *are* different
  - Most inconsistently supervised population
  - More likely to be outwardly compliant
- Sanctions different from traditional treatment court participants
- Unique transportation needs
- Graduation rate - 79%

Where should we devote our resources?

TRIAGE
AREA

- Screening
  - Who needs further assessment?
  - Identifies immediate and current needs
  - Typically shorter in length and quick to administer/score
  - Usually does not result in a diagnosis
- Assessment
  - Comprehensive and considers multiple domains
  - Gathers key information and permits diagnosis; identifies strengths and barriers that may impact treatment

Choosing a Screening or Assessment Tool

- Reliable
- Valid
- Standardized
- Ease of use
- Cost

Assessment Can Inform:

- Pretrial decisions
- Sentencing decisions
- Admission to a specialized docket
- Case management plans
- Supervision levels
- Treatment referral/plans
- Post-sentence

Majority of instruments not designed or validated for the impaired driving population

Impaired drivers commonly score low risk due to a lack of criminogenic factors

What instrument should be used?

- Impaired Driving Assessment (IDA)
  - Developed by APPA; available at no cost
  - Self-report and evaluator report
- CARS
  - Standardizes mental health assessment; includes a section on impaired driving behavior
  - Provides immediate diagnostic information for up to twenty major psychiatric disorders
  - No cost, electronic, can be used by non-clinicians
- DUI-RANT
  - Screening and triage tool
  - Identifies the risk/needs quadrant of the offender
  - Cost to utilize

SBIRT

SCREENING

BRIEF INTERVENTION

REFERRAL FOR TREATMENT

Steps in Implementing

Step 1 - Engage in training and technical assistance

Step 2 - Identify all key stakeholders

Step 3 - Observe a treatment court with an established multi-track model

Step 4 - Identify an individual to lead planning and implementation

Step 5 - Develop a formal communication process

Step 6 - Initiate collaborative planning

Steps in Implementing

Step 7 - Identify whom the program will serve and what services are available

Step 8 - Select appropriate screening and assessment tools

Step 9 - Develop a detailed process for administering and using screening and assessment results

Step 10 - Use assessment results to determine number of tracks needed

Step 11 - Understand the fundamentals of each track

Steps in Implementing

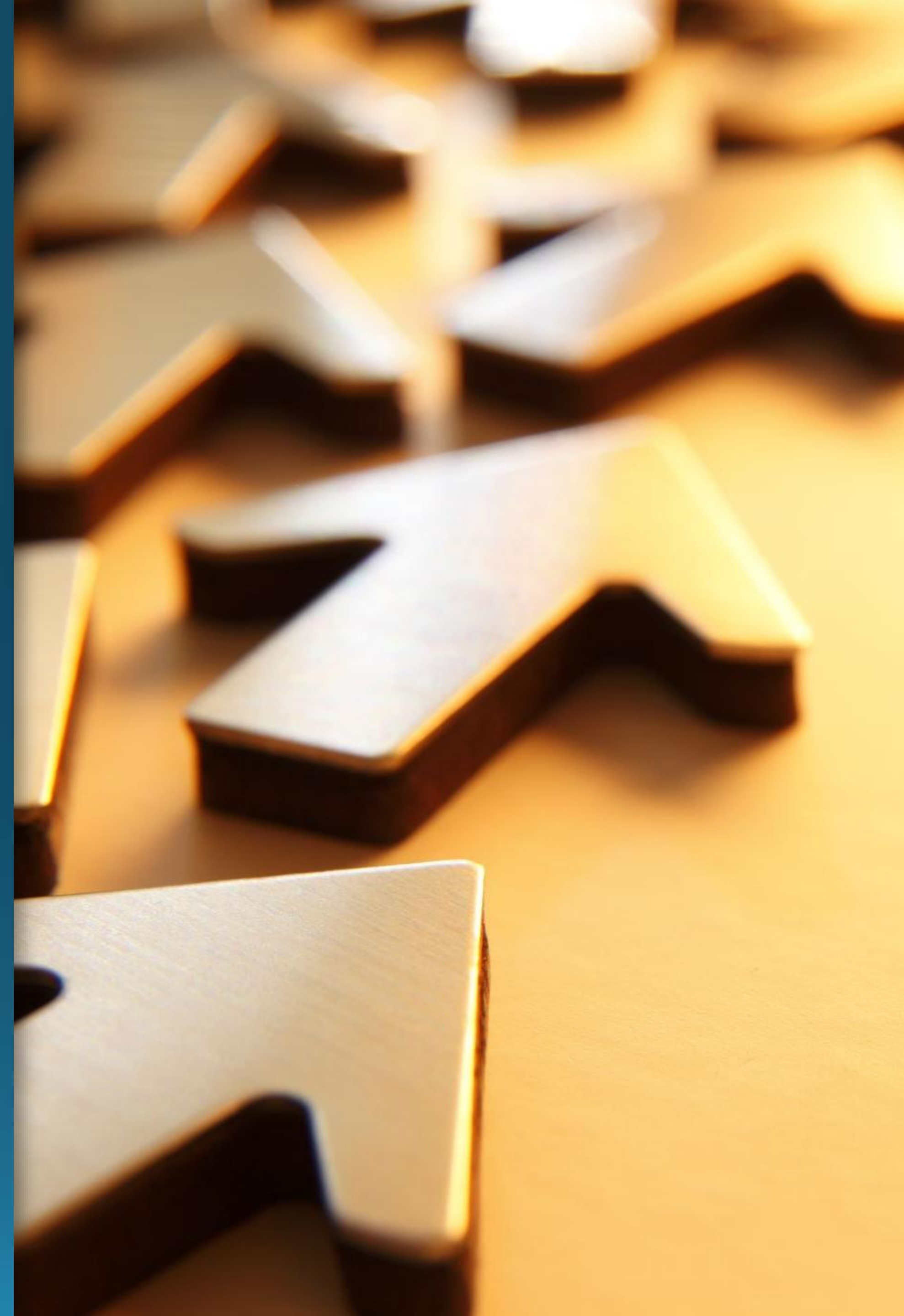
Step 12 - court session schedules for each track

Step 13 - Outline supervision/monitoring requirements and supervision staff assignments

Step 14 - Develop a plan for treatment for each track

Step 15 - Develop phases for each track

Step 16 - Create program documentation



What does not reduce recidivism with impaired drivers

- Post-sentence license suspension
- Fines
- Jail
- Community service
- Victim impact panels
- Vehicle impoundment

Countermeasures that Work

- Limits on diversion and plea agreements
- Immediate sanctions
- Screening/Assessment
- Treatment
- Administrative license suspension
- Ignition interlock/continuous alcohol monitoring
- DUI courts

Phases

High risk/high need

Acute stabilization (≈60 days)

Clinical stabilization (≈90 days)

Pro-social habilitation (≈90 days)

Adaptive habilitation (≈90 days)

Maintenance (≈90 days)

Phases

Low risk/high need

Acute stabilization (≈60 days)

Clinical stabilization (≈90 days)

Adaptive Habilitation (≈120 days)

Maintenance (≈120 days)

Phases

High risk/low need

Orientation, assessment and habilitation (≈90 days)

Pro-social habilitation, part 1 (≈90 days)

Pro-social habilitation, part 2 (≈90 days)

Maintenance (≈90 days)

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

SEPTEMBER 2019

Informing Policy and Improving Programs to Enrich People's Lives

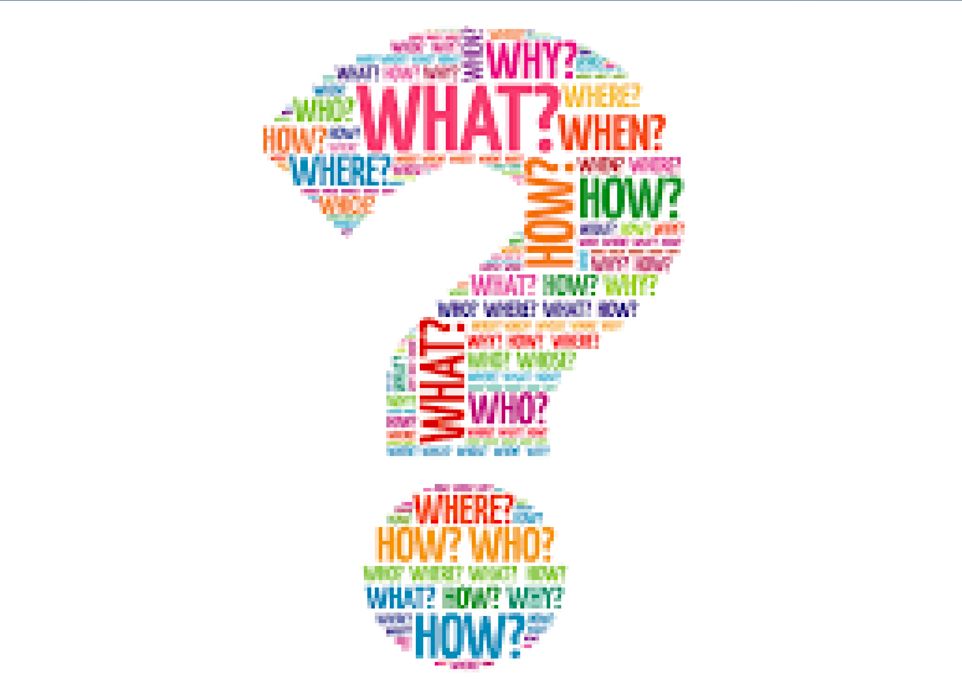
HOW TO IMPLEMENT A MULTI-TRACK MODEL IN YOUR DWI COURT

SEPTEMBER 2019

Informing Policy and Improving Programs to Enrich People's Lives

Training Opportunities

- NDCI
- All Rise
- Impaired Driving Solutions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