



# Implementing Multiple Tracks in Your Treatment Court Program

Introduction  
and  
Selecting and Using Risk Tools

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# Disclaimer

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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

Definitions: What is risk and need and why are they important?



## The Research

Why multiple Tracks?



## Getting it done

Overview and Selecting and Using Risk Tools

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

**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**

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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.

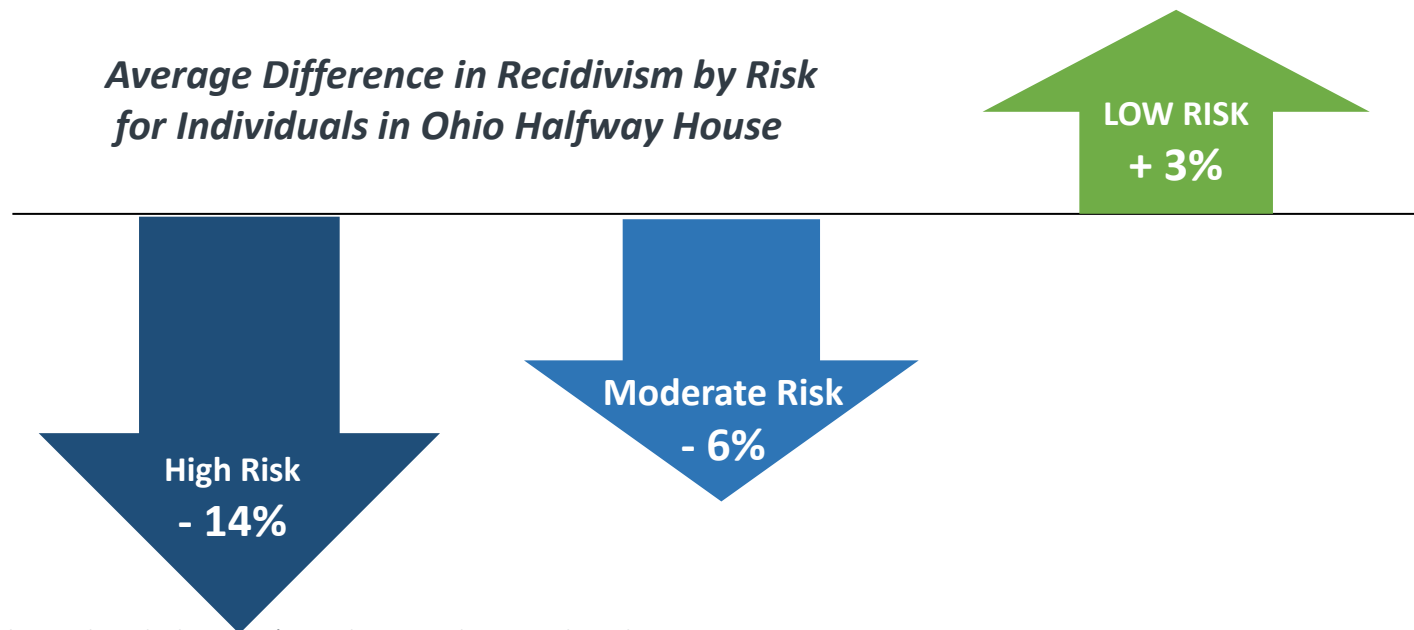
Lower risk/Lower need clients may have *poorer* outcomes with too *much* supervision, case management and intervention.



# 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	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	CBT (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 pos peers	Peer Mentors, sober community activities
Family and/or marital discord	Reduce conflict, build positive relationships	Family therapy
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 community support groups, faith community
Substance abuse	Reduce use through integrated treatment	SUD treatment, education

# 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 – THE BASICS

**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  
Mod 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  
Mild 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.

*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





# Different Requirements for Different Tracks

## Tracks varied based on risk and need

Court Sessions (HR = more frequent, LR = less frequent)

- Different days of the week
- Different portions of the day

Separate Therapy Groups

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

Probation Officers/Case Managers

- Assigned to separately tracks
- And/or understand differences in risk and need



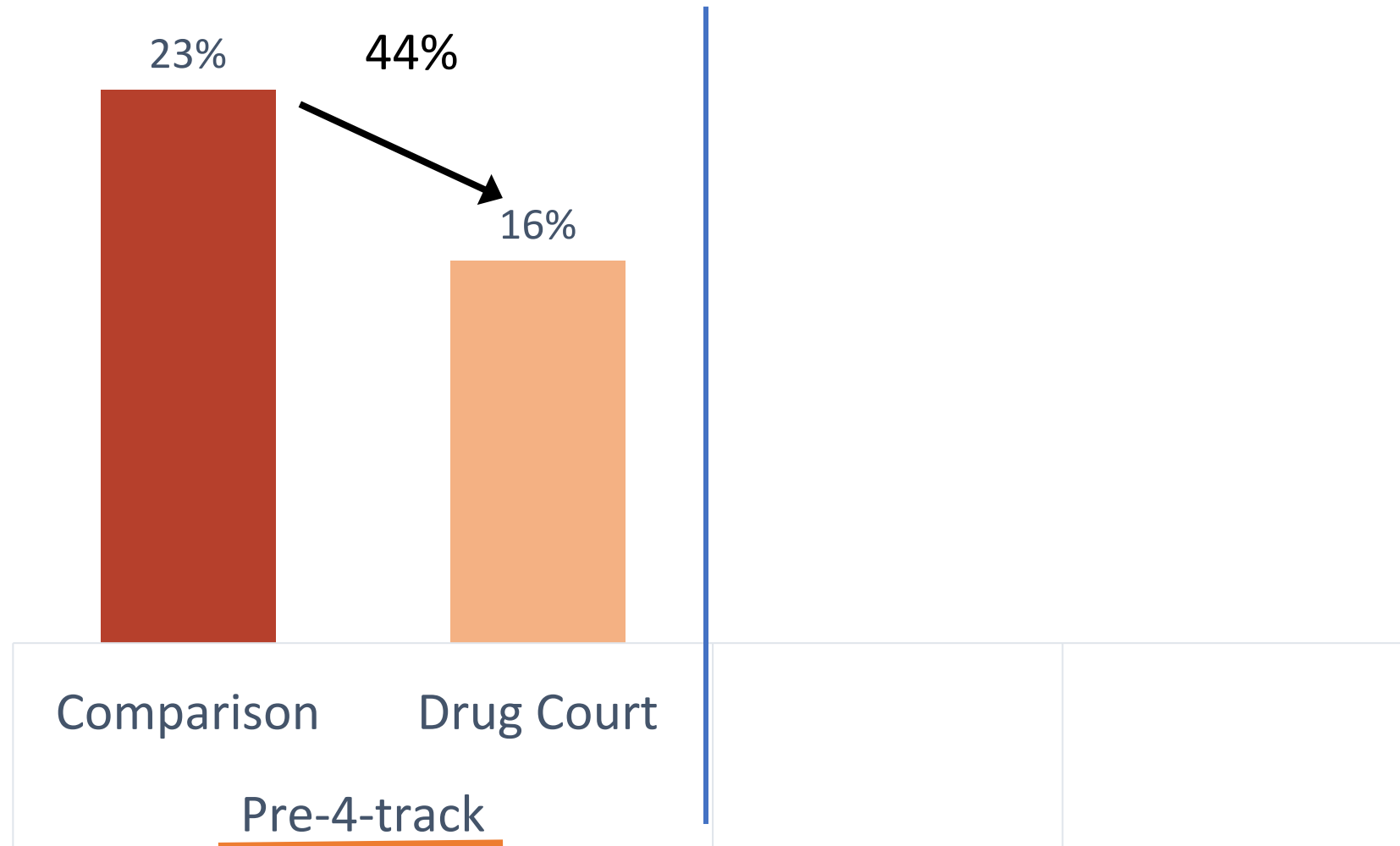
# Average Cost per Participant by Quadrant

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>



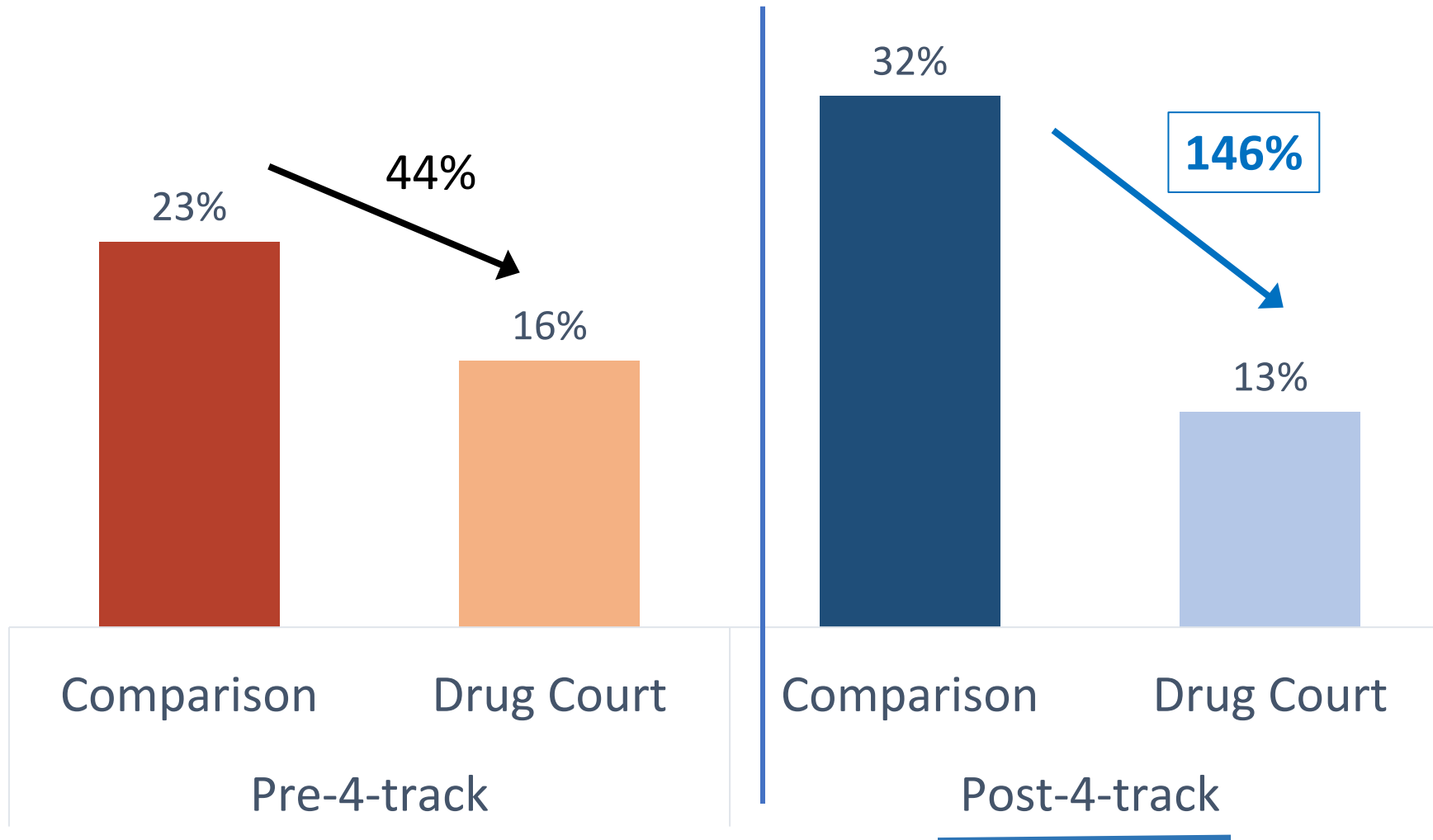
# Recidivism Outcomes 4-tracks ADC - MO

## 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 other court types?

# Potential persons in various treatment courts

- **Traditional drug courts**: take persons by diagnosis of High Risk AND High Needs
- **DWI Courts**: 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
- **Veterans Courts** 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.
- **Family Treatment Court**: 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

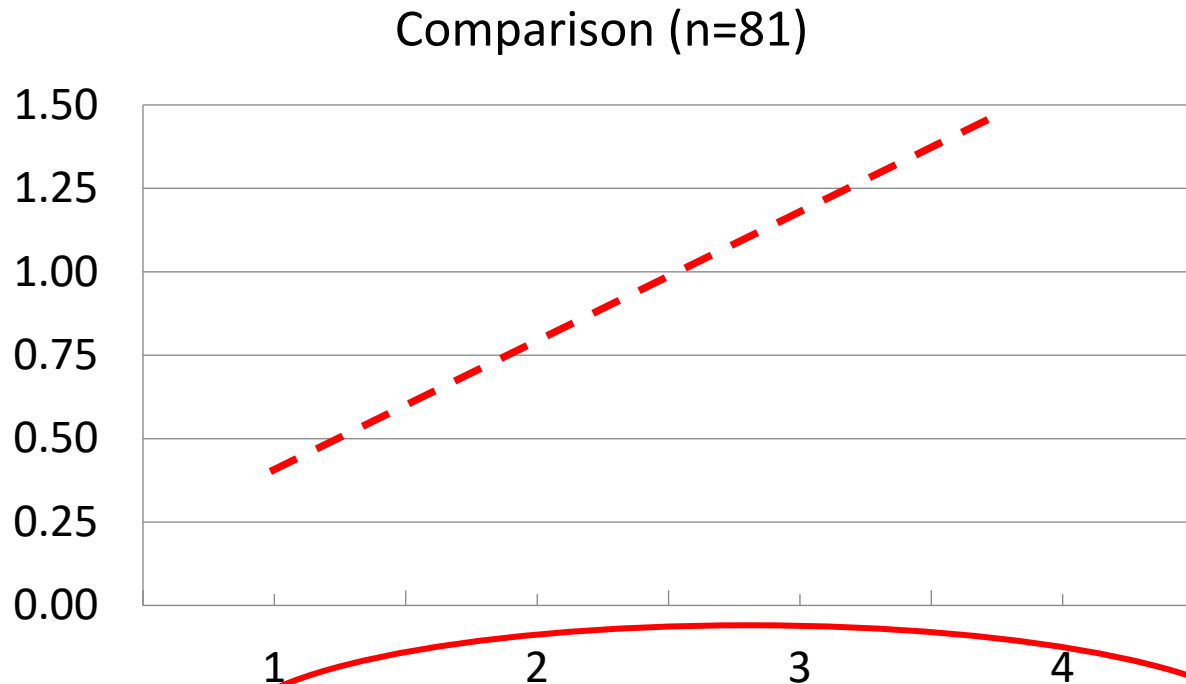


# DOES RESEARCH SHOW THE SAME FINDINGS FOR DWI COURT PARTICIPANTS AS ADULT DRUG COURT?

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

MN DWI  
Court  
Study  
9 Sites  
  
NHTSA  
funded

Average Number of  
Rearrests



Average Number of Prior Arrests (2 years)

\*Past  
behavior is  
the best  
predictor of  
future  
behavior

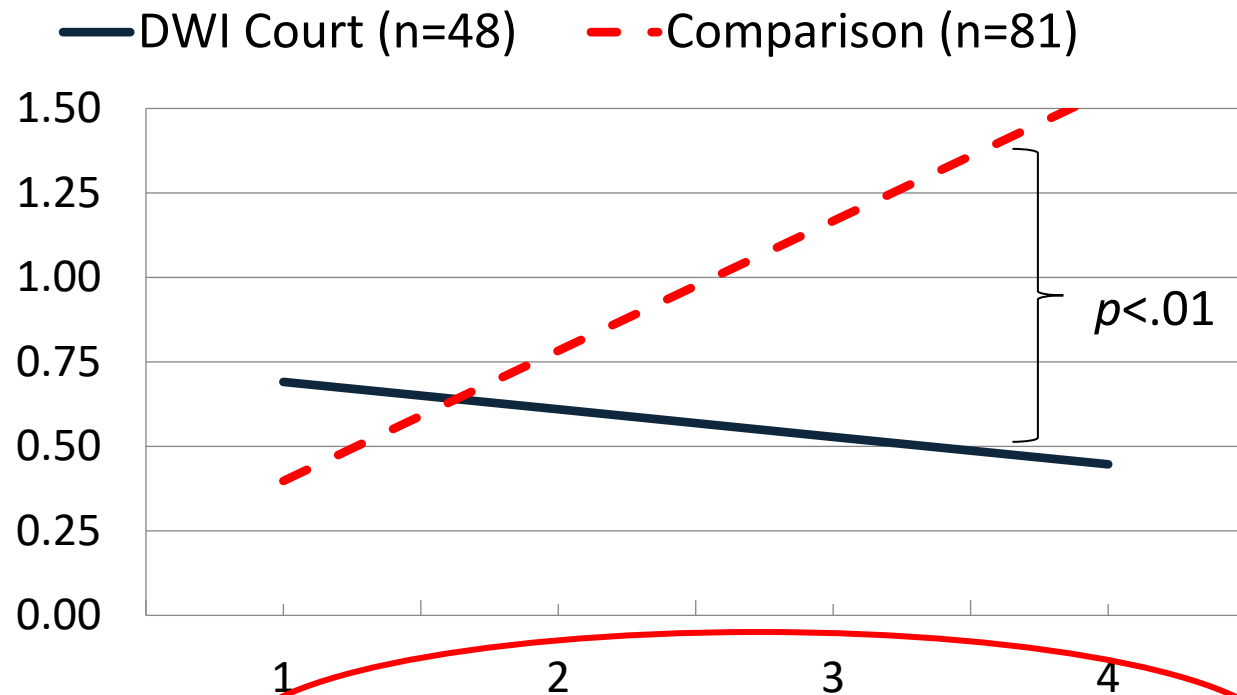


# DOES RESEARCH SHOW THE SAME FINDINGS FOR DWI COURT PARTICIPANTS AS ADULT DRUG COURT?

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

MN DWI  
Court  
Study  
9 Sites  
  
NHTSA  
funded

Average Number of  
Rearrests



Average Number of Prior Arrests (2 years)



# 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

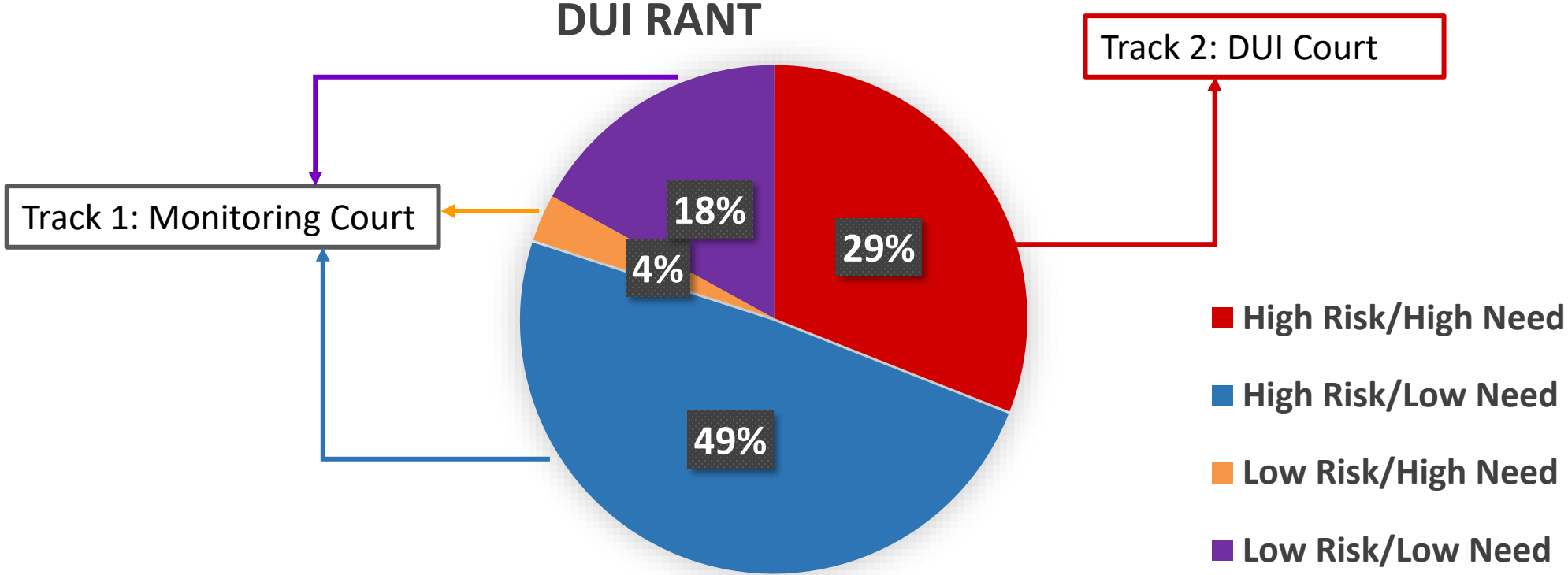


## Research: San Joaquin County DUI Court Example

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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

69% High Risk/**Low Need**  
6% low risk/high need  
25% low risk/low need

- Report to Case Manager - verifies compliance
- Added probation conditions (complete DMV class)
- Court reviews scheduled for 1 mo; 6 mo; 1 yr
- Court appearance added with non-compliance
- Immediate response to non-compliance
- Recognition for compliance
- Alcohol/drug monitoring for 1 year
- Continued non-compliance results in participant re-assessment and move to Track 1

## Track 2: Full Traditional DUI Court Model

**High Risk/High Need  
~ 1/3 of all 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
- Substance use monitoring for 1 year

# MONITORING TECHNOLOGIES

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

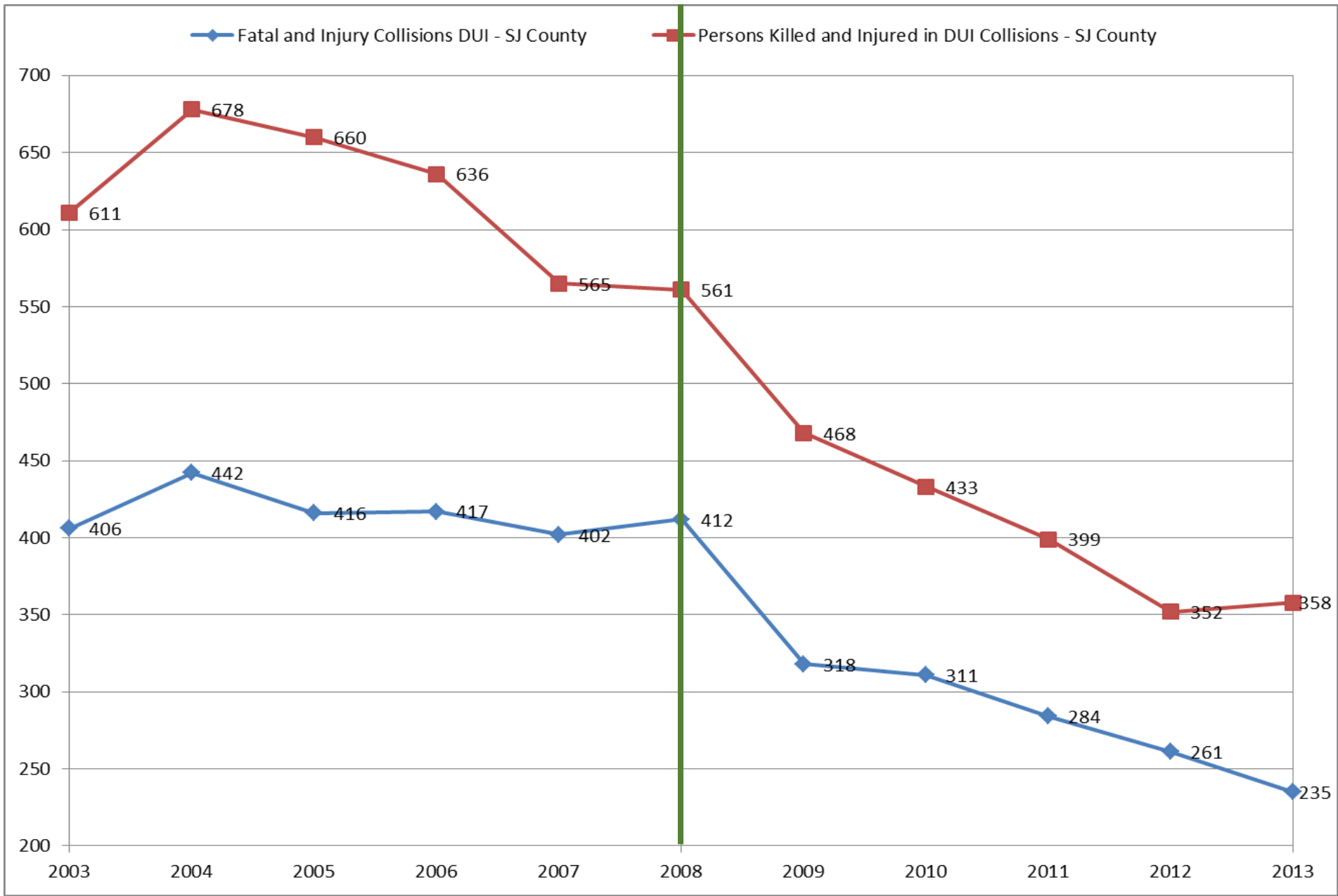




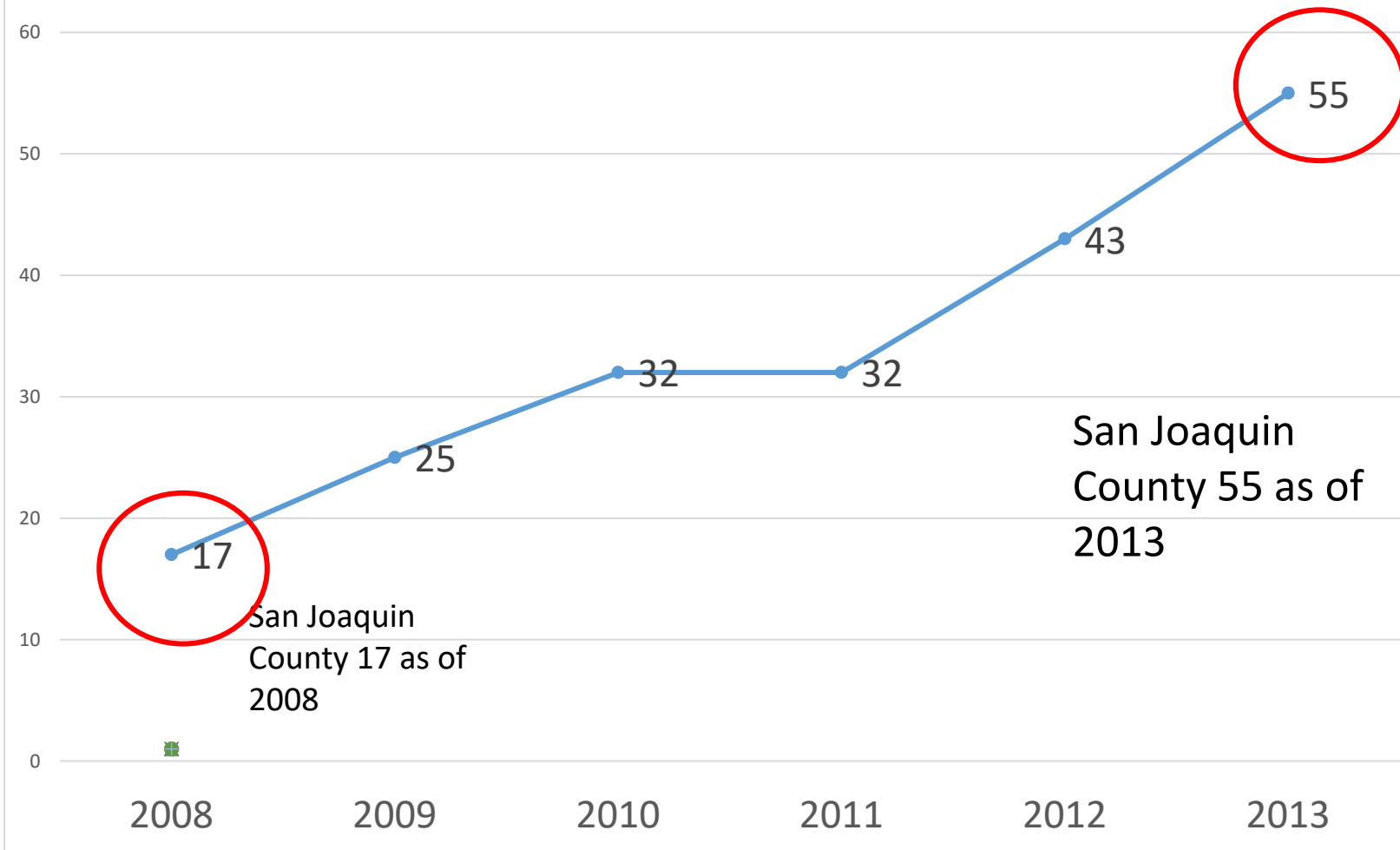
# San Joaquin DUI Court Results



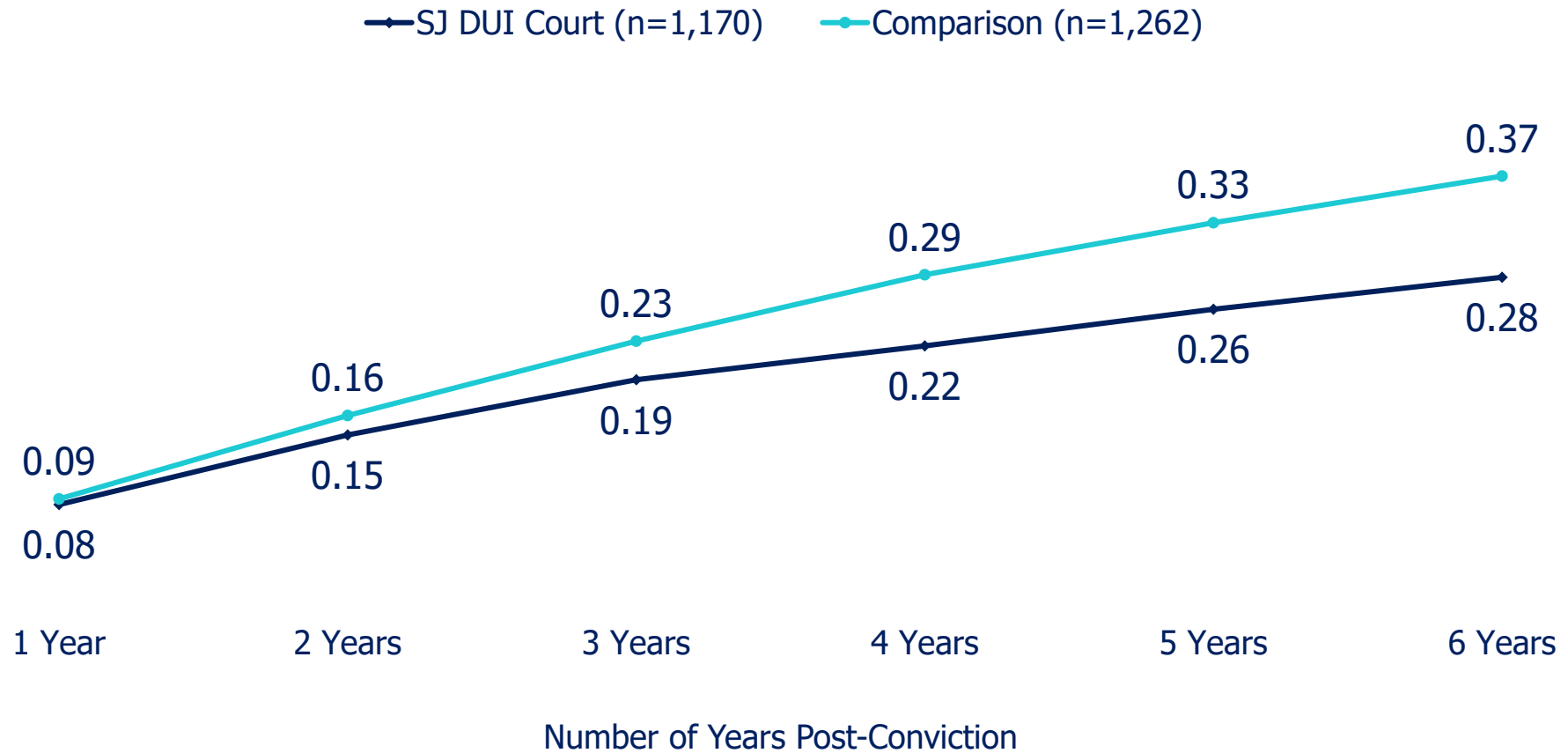
**DOES IT WORK?**



# California OTS Safety Ranking Alcohol Involved Collisions By County 1=Worst; 58=Best



# Participants in the SJ DUI Court had Fewer DUI Arrests 6 Years After Program Entry



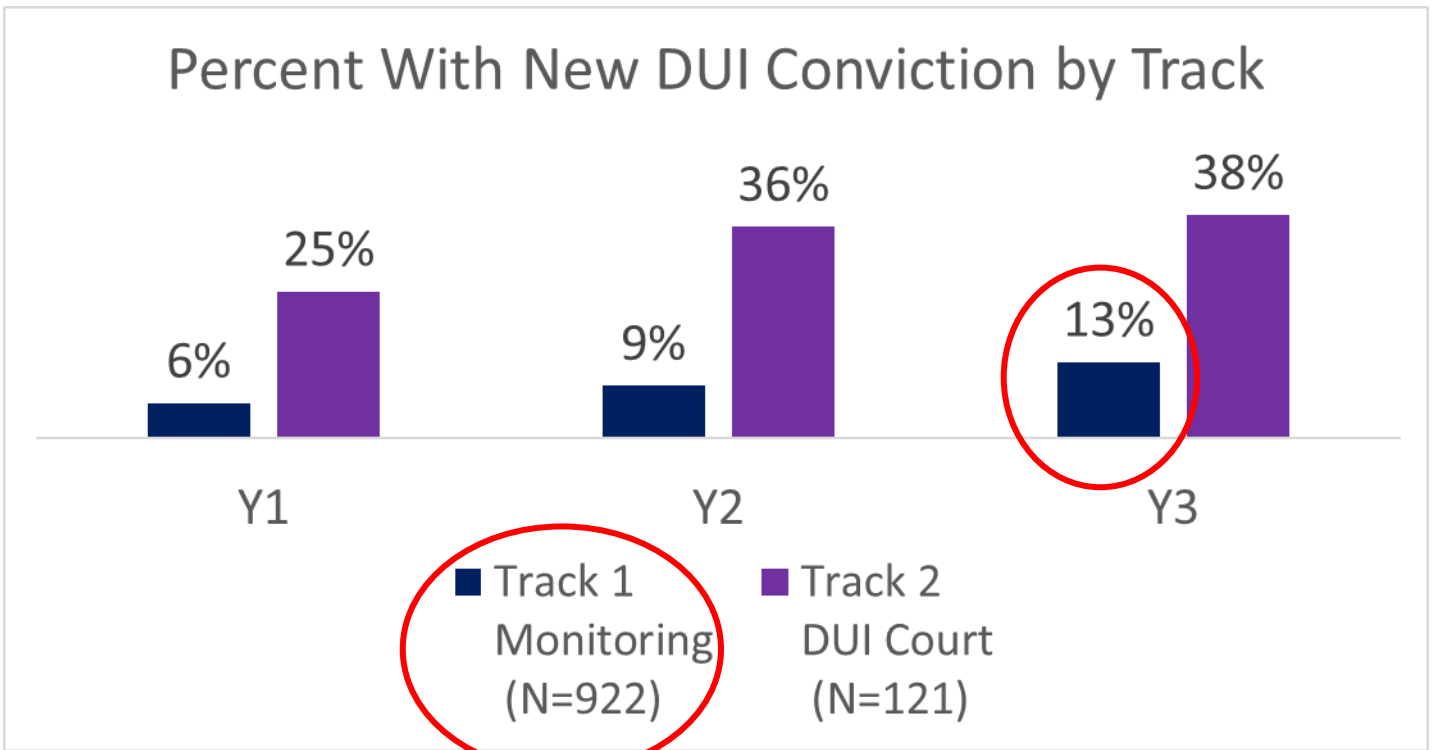


DUI convictions in San Joaquin went from 3,300 in 2009 to 1,100 in 2016

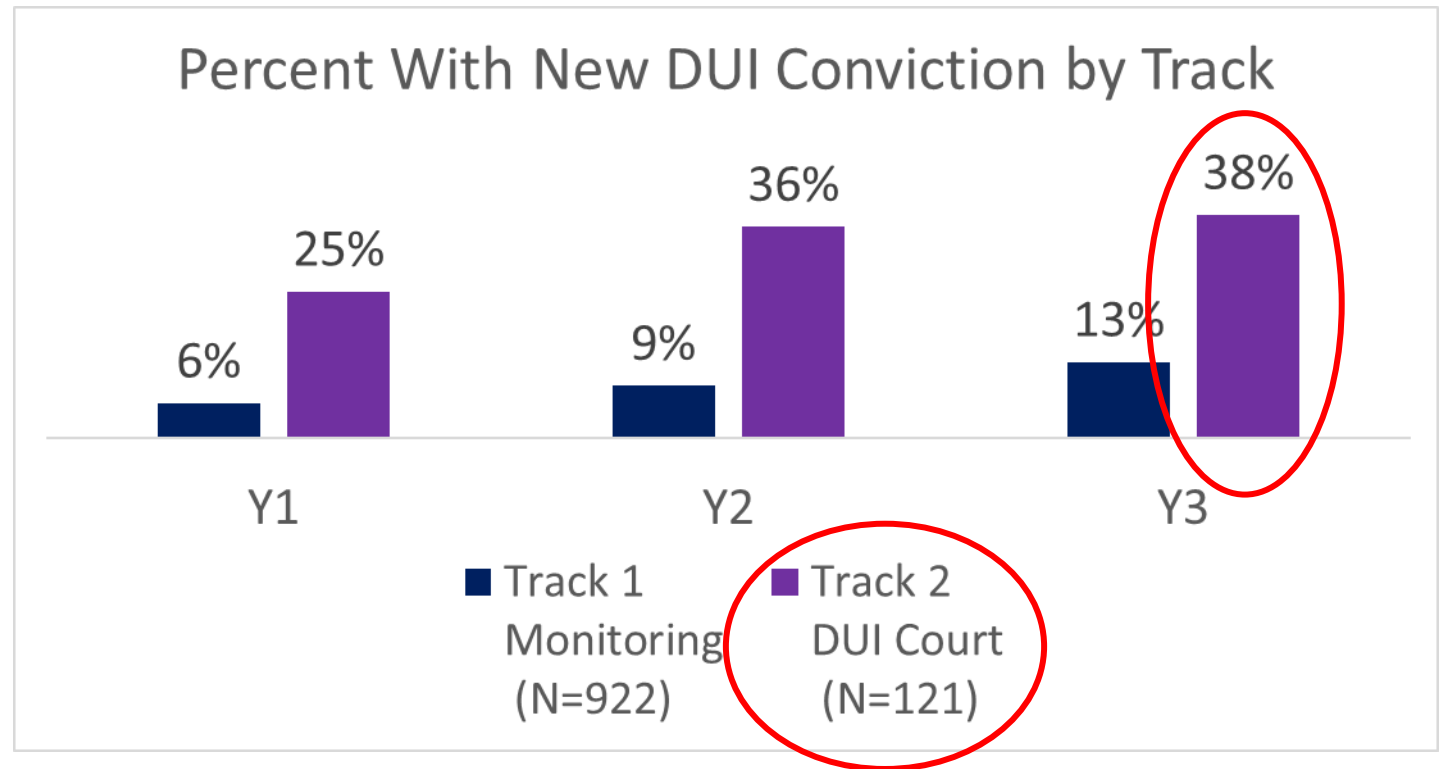


San Joaquin DUI program has decreased from a peak of around 1,000 to 480 active participants.

Track 1  
(HR/HN)  
VS  
Track 2  
(Majority HR/LN)



Track 1  
(HR/HN)  
VS  
Track 2  
(Majority HR/LN)



### ***Taxpayer Costs per Participant (Program)***

***Track 1***

***\$1,722***

***Track 2***

***\$11,847***

***Track 1: ~70% of Participants - 15% of the costs***

# So, how do you do this?

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

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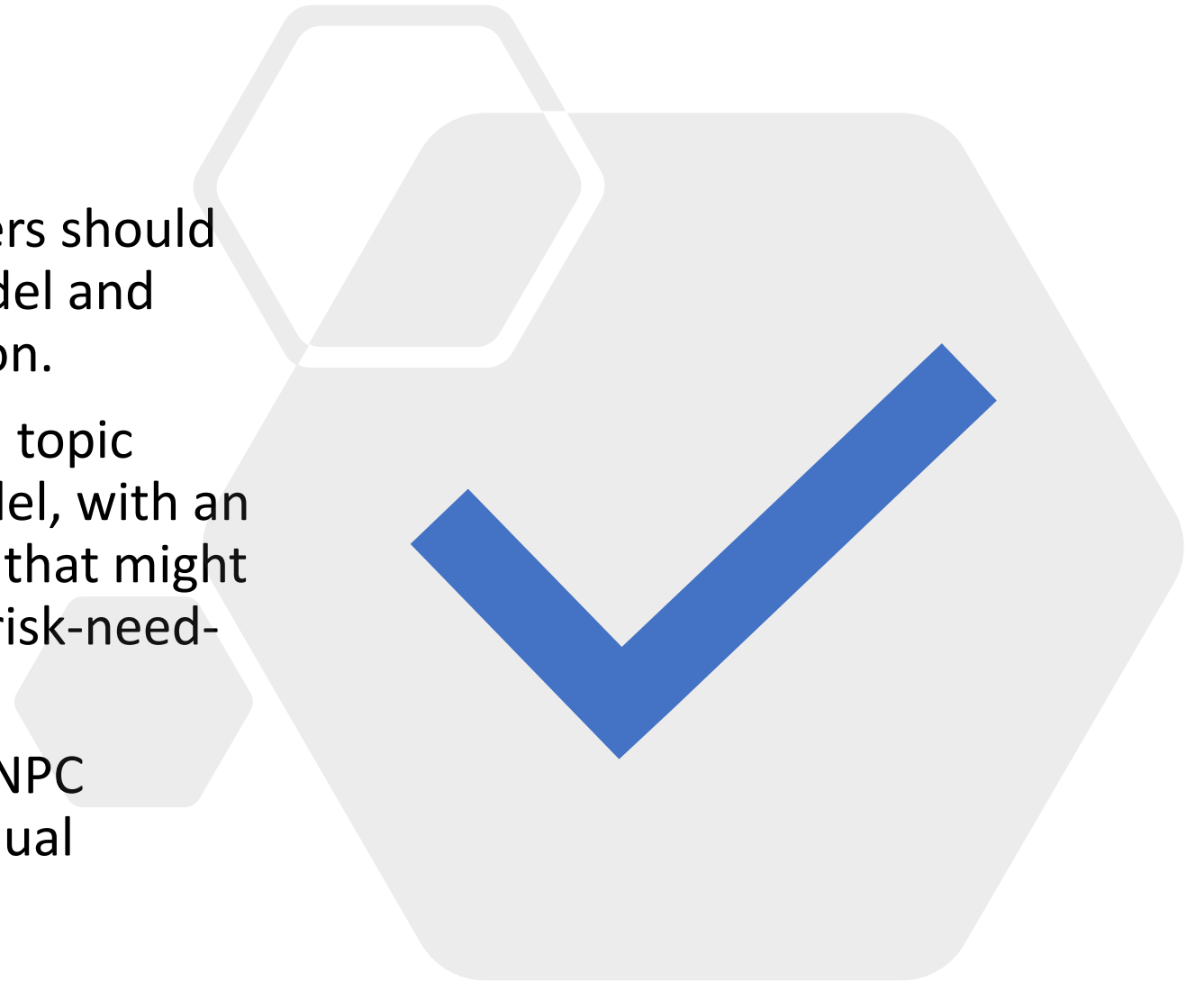


# HOW TO IMPLEMENT A MULTI-TRACK MODEL IN YOUR TREATMENT COURT

## 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



## 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

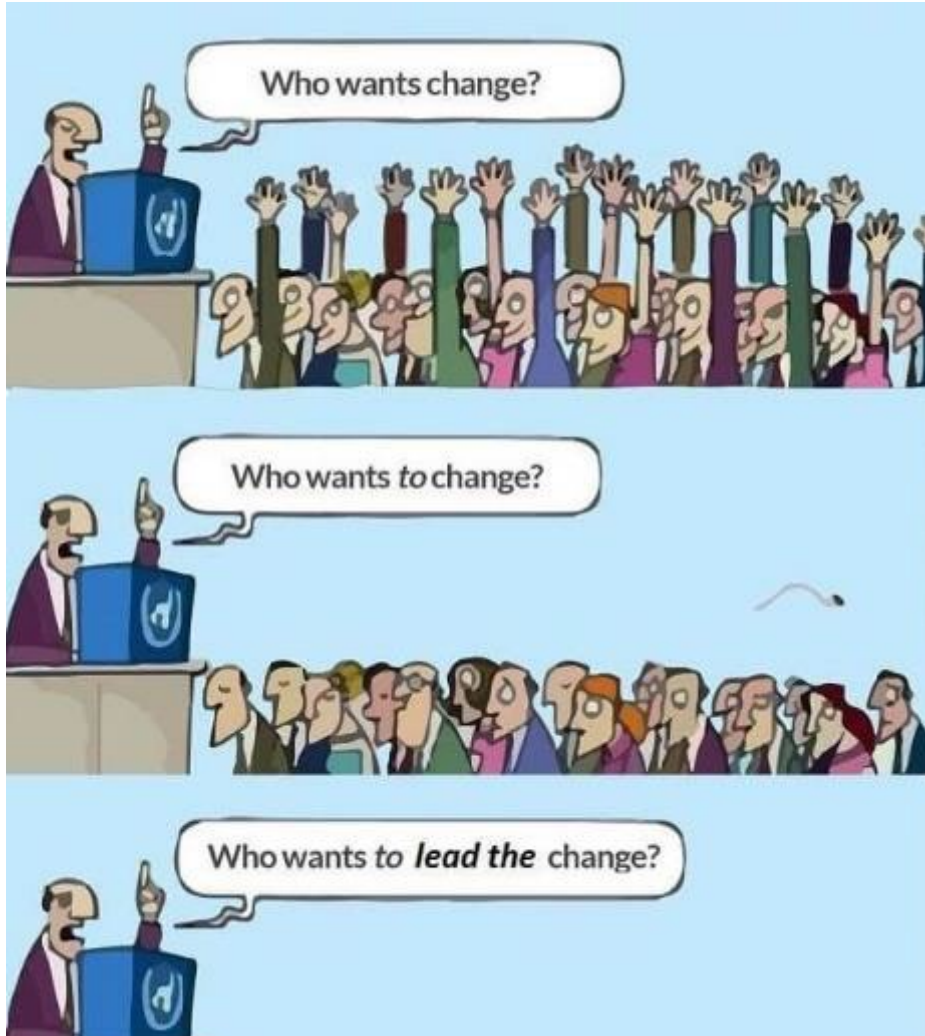


## Step #2: Identify All Key Stakeholders

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

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SELECT APPROPRIATE  
SCREENING AND  
ASSESSMENT TOOLS

# 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 NEED AND RESPONSIVITY TOOLS

RNR

Risk

Need

Responsivity



High Risk

Low Risk

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

# NEED TOOLS

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# 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

Low Need

- \* **4-5** Moderate problem, some treatment indicated
- \* **6-7** Considerable problem, treatment necessary
- \* **8-9** Extreme problem, treatment absolutely necessary

High Need

# RESPONSIVITY

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# ASSESSMENTS FOR CLINICAL NEED AND RESPONSIVITY - ASAM

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

1	<b>DIMENSION 1</b>	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	<b>DIMENSION 2</b>	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	<b>DIMENSION 3</b>	<b>Emotional, Behavioral or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions and mental health issues

# ASSESSMENTS FOR CLINICAL NEED AND RESPONSIVITY - ASAM

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

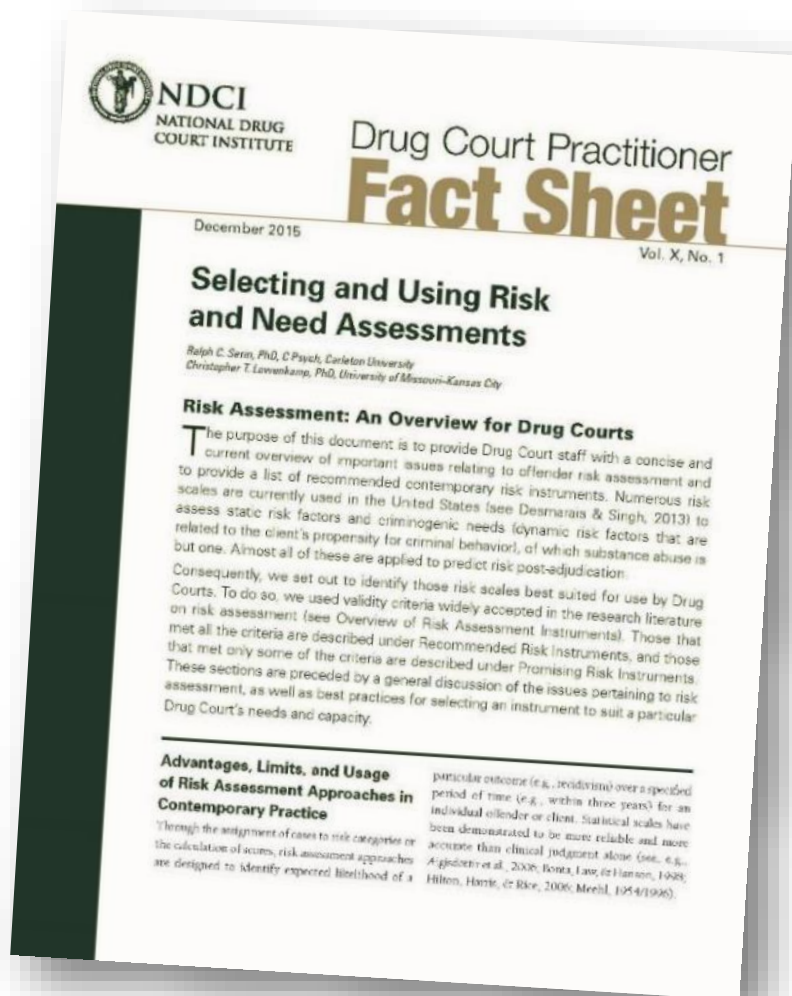
	<b>DIMENSION 4</b>	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
	<b>DIMENSION 5</b>	<b>Relapse, Continued Use or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
	<b>DIMENSION 6</b>	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation and the surrounding people, places, and things

# RISK TOOLS

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# RISK ASSESSMENT RESOURCES



## Public Safety Risk Assessment Clearinghouse

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

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

# DWI Risk Assessments

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



**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.**

# Common Traditional CJ Risk Assessments

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



## Overview of Risk Tools

<https://www.criminaljustice.ny.gov/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

## Top 8

1. History of antisocial behavior  
(Criminal History)

2. Antisocial Attitudes
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

# EXAMPLE: LS/CMI

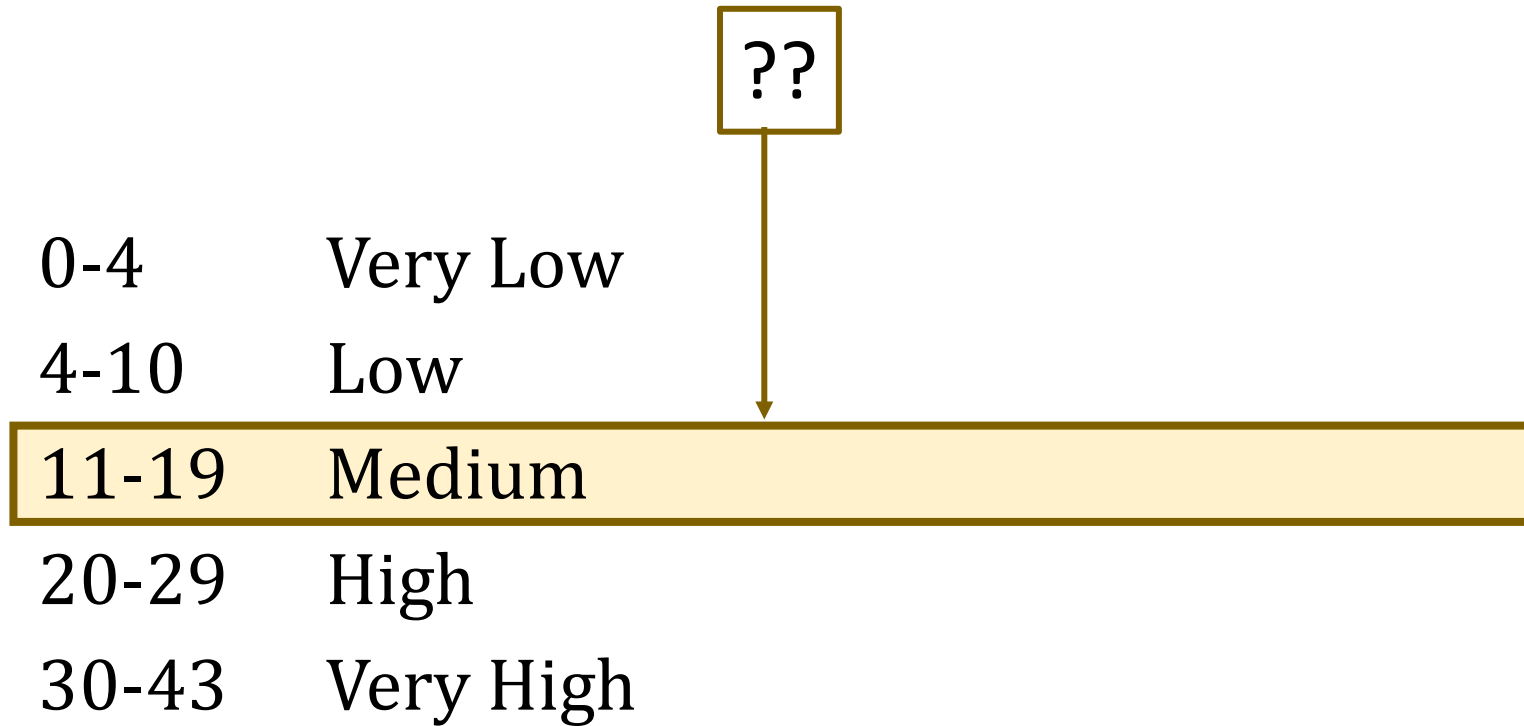
Low Risk

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	



# EXAMPLE: LS/CMI

## 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

# EXAMPLE: LS/CMI

## 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



# EXAMPLE ORAS SCORE & DOMAINS

<u>Males</u>		<u>Females</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

Low Risk

High Risk

# EXAMPLE ORAS SCORE & DOMAINS

??

<u>Males</u>			<u>Females</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

# EXAMPLE ORAS SCORE & DOMAINS

## ORAS Domains

## Max Score

- |                                 |    |
|---------------------------------|----|
| 1. Criminal History             | 8  |
| 2. Peer Association             | 6  |
| 3. Criminal Attitudes/Behaviors | 5  |
| 4. Educ./Employ./Financial      | 3  |
| 5. Family And Social Support    | 6  |
| 6. Neighborhood                 | 8  |
| 7. Substance Use                | 13 |

High Risk

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

# EXAMPLE ORAS SCORE & DOMAINS

## 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 |

~ Low Risk

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

# EXAMPLE ORAS SCORE & DOMAINS

## ORAS Domains

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

## Max Score

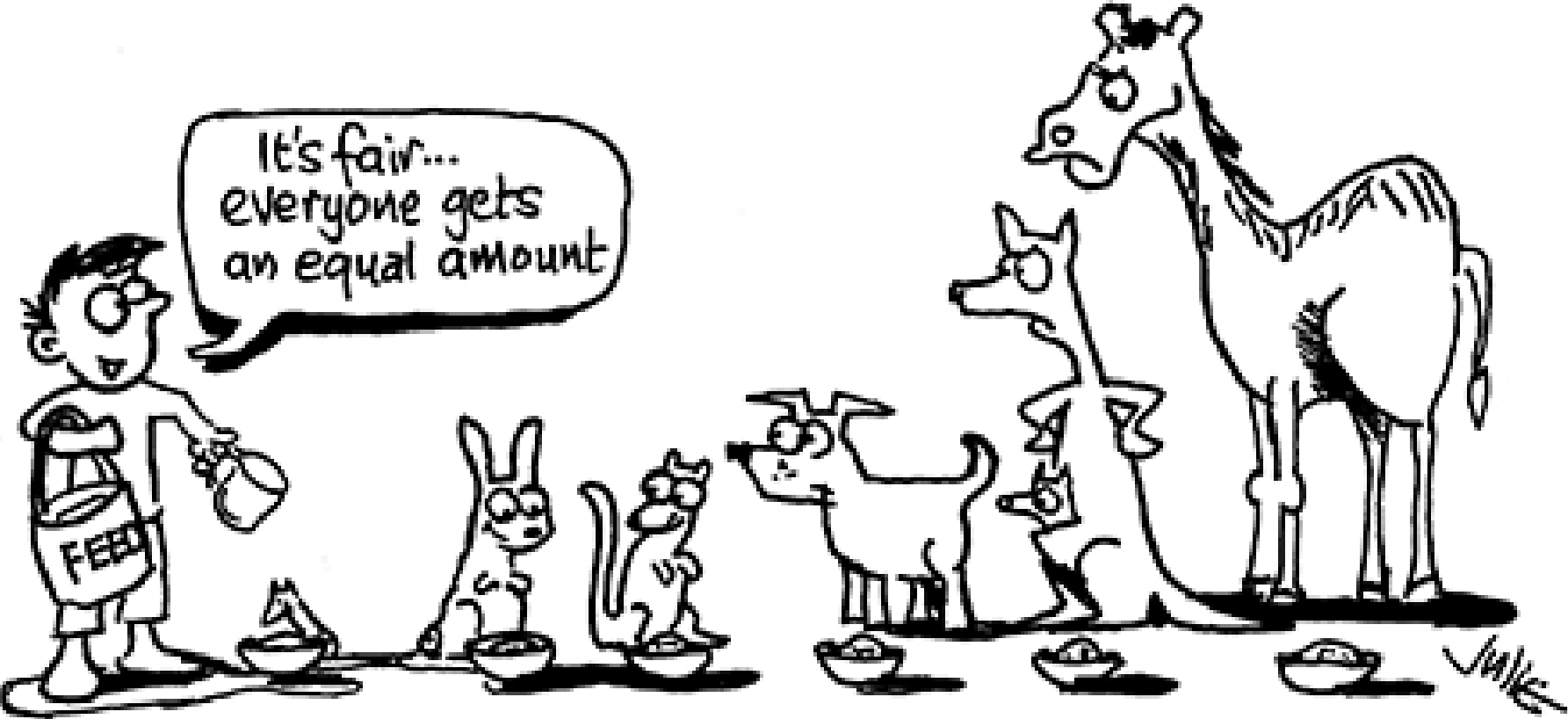
Pay attention  
to the **score**  
in each  
**domain**  
to build  
individualized  
case plans

# 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



Individualized Justice Response  
Better Outcomes





## **AFTER**

Stronger team

Energized to continue  
striving toward  
providing services that  
match participant needs





- **Hon. Peggy Davis**  
[pdavis@ndci.org](mailto:pdavis@ndci.org)
- **Hon. Richard Vlavianos**  
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