

# The Other Quadrants

Creating meaningful intervention for different risk levels



# Contents

Defining Risk & Need

Understanding the Quadrant

Walk Through the Four Quadrants

Examples and Resources

Reinforcing Responsivity

# Risk-Need-Responsivity Theory: The Three Core Principles

## Risk Principle: Who to target.

- Intervention is most effective with higher-risk individuals (**risk of re-offending**).

## Need Principle: What to target.

- Assess and target “**criminogenic**” needs (**needs that contribute to criminal behavior**).

## Responsivity Principle: How to intervene.

- Tailor intervention to the characteristics and learning styles of the individual.

# Disregarding the Risk Principle...

## Here's the risk:

### Best Case Scenario:

- Depletion of scarce resources.

### Worst Case Scenario:

- Inappropriate treatments and/or increased risk of recidivism for previously low-risk offenders.



# The Risk Principle



Vary the intensity of intervention (treatment & supervision) by risk level.

## Higher-Risk

- Provide more intensive intervention.

## Lower-Risk

- Intervention can be harmful: **Why?**
  - Interferes with work or school.
  - Increases contact with higher-risk peers.
  - Can stigmatize and produce psychologically damaging effects.
  - Can lead to short-term incarceration

Supported  
by close to  
400  
studies!

# Examples

## *Negative Effects of Short-term Incarceration*

### NYC:

- Net of other background factors, sentencing to jail ***increases*** two-year re-arrest rate by ***7 percentage-points***.

Effects are strongest in the low-risk population

### Kentucky:

- When detained for 2-3 days, defendants were **40% more likely to commit a new offense pretrial.**

### Kansas:

- Defendants who spent 15-30 days in jail pretrial had an **83% higher likelihood of a post-disposition offense.**

# Negative Effects of Intensive Interventions

## Drug Treatment Program:

- Review of 400 drug court participants in NYC
- *Placement of low-risk drug court participants in long-term residential treatment doubled their likelihood of re-arrest over a two-year follow up period.*

## Pretrial Alternatives to Detention:

- Review of federal criminal offenses from 2001-2007
- *Lower risk defendants were MORE likely to result in pretrial failure than high-risk defendants. Defendants were over supervised.*

# Use of Risk Need Tools with Indigenous Populations

Bringing it all back home



# Supreme Court rules on controversial risk assessment tests accused of bias against Indigenous offenders



Tests used to determine inmates' security and parole accused of 'cultural bias' against Indigenous offenders

CBC Radio · June 13



# Race and RNR



## Racial & Ethnic Disparities

Risk assessment has the potential to reduce or exacerbate disparities (research supports both outcomes).



## Criminal history/higher risk scores correlate with race

Bias in the system is reproduced in the algorithm



## Questions can be race neutral and still produce "over-classification."

Over-classification can result in higher bail, high sentences, more rigorous program mandates.

# What do we know about Tribal RNR Tools?

1. Tools work best when adapted to their locality
2. Not many tools have used data about AI/AN Populations
3. Even LESS tools have been built specifically for AI/AN Populations
4. Some studies have been done with specifically American Indian or Alaskan Native populations
5. Still need RNR tools to appropriately program people



# Risk-Need Based Interventions

## High Risk/High Need

- Intensive intervention

## Low Risk/Low Need

- *Off-ramp* ASAP (e.g. pretrial release, fine/short community service, conditional discharge)

## Low Risk/High Need

- BRIEF intervention with voluntary referral to services

## High Risk/Low Need

- Address criminogenic thinking and behavior



# Four Quadrant Courts



GENERATE SEPARATE TRACKS



CREATE SEPARATE  
PROGRAMING TAILORED TO  
RISK AND NEED



MEET CLIENT NEEDS WITHOUT  
INCREASING RISK

## Social Health Needs

		High Needs	Low Needs
Risk of Re-Offense	High	<p><b>High Risk &amp; High Needs</b></p> <ul style="list-style-type: none"> <li>Menu of mid-length interventions: <ul style="list-style-type: none"> <li>➤ Cognitive-behavioral therapy (CBT) models, e.g., T4C, MRT;</li> <li>➤ Social services (e.g., employment, GED, etc.);</li> <li>➤ Trauma-focused models (e.g., Seeking Safety); and/or</li> <li>➤ Intensive supervision (e.g., HOPE)</li> </ul> </li> <li>Treatment court programs, e.g., healing to wellness court, mental health court, hybrid models</li> </ul>	<p><b>High Risk &amp; Low Needs</b></p> <ul style="list-style-type: none"> <li>Brief interventions (e.g., Restorative Justice, a 3- or 5-session intervention, CBT, and trauma-informed practices)</li> <li>Menu of rolling interventions, 6 Sessions+ <ul style="list-style-type: none"> <li>➤ Exact # of mandated sessions responsive to “going rates”/legal proportionality;</li> <li>➤ Approximates the mid-length intervention models available for high risk &amp; high leverage (e.g., MRT)</li> </ul> </li> <li>Voluntary social &amp; clinical services</li> </ul>
	Low	<p><b>Low Risk &amp; High Needs</b></p> <ul style="list-style-type: none"> <li>Evidence-informed community-supervision model (e.g., the NYC supervised release model): <ul style="list-style-type: none"> <li>➤ Individual sessions (to avoid peer contagion effects);</li> <li>➤ Incorporates a range of practices (e.g., procedural justice principles, Motivational Interviewing)</li> </ul> </li> <li>Voluntary social &amp; clinical services</li> </ul>	<p><b>Low Risk &amp; Low Needs</b></p> <ul style="list-style-type: none"> <li>Meaningful community service, with sites selected in collaboration with community-based organizations</li> <li>Brief educational groups (1- or 2-session models)</li> <li>Voluntary social &amp; clinical services</li> </ul>

# High Risk/High Need



## Responsivity/Treatment Planning

- Clinical stability
- Social stability
- Trauma care
- Recovery supports
- Intensive supervision

## Whole-Person Recovery

- Personal
- Social
- Culture & Community
- Well-Being



# Acute Care vs. Recovery Management



## Acute Care Model of Care

- Assesses the individual
- Intervention is SUD-focused
- Profile is risk/deficit-focused
- Intervention is time-limited
- Type of care based on SUD severity
- LoC decided by professional
- Provider is expert decision-maker
- Intervention is in clinical spaces
- Return of symptoms attributed to patient failure/noncompliance
- Increasingly commercialized
- Aftercare typically brief

## Recovery Management Model

- Assesses the individual, family, community
- Intervention is global, biopsychosocial
- Profile is strength/asset-focused (incoming capital)
- Intervention is ongoing
- Type of care based on severity, as well as RC assets/gaps/barriers
- LoC decided by prof. w/ meaningful input from client and family
- Provider and client collaborate in decision-making
- Interventions also in community-based spaces
- Return of symptoms attributed limitations of intervention
- Increasingly focused on community investment
- Recovery is managed, has a life course

**Which model better describes the practices and philosophy of your HTWC court?**



# Acute Care vs. Recovery Management



## Acute Care Model of Care

- Assesses the individual
- Intervention is SUD-focused
- Profile is risk/deficit-focused
- Intervention is time-limited
- Type of care based on SUD severity
- LoC decided by professional
- Provider is expert decision-maker
- Intervention is in clinical spaces
- Return of symptoms attributed to patient failure/noncompliance
- Increasingly commercialized
- Aftercare typically brief

## Recovery Management Model

- Assesses the individual, family, community
- Intervention is global, biopsychosocial
- Profile is strength/asset-focused (incoming capital)
- Intervention is ongoing
- Type of care based on severity, as well as RC assets/gaps/barriers
- LoC decided by prof. w/ meaningful input from client and family
- Provider and client collaborate in decision-making
- Interventions also in community-based spaces
- Return of symptoms attributed limitations of intervention
- Increasingly focused on community investment
- Recovery is managed, has a life course

Which model better describes the practices and approach of your HTWC court?

Legal Need			
		High Needs	Low Needs
Risk of Re-Offense	High	<b>High Risk &amp; High Needs</b> <ul style="list-style-type: none"><li>• Menu of mid-length interventions:<ul style="list-style-type: none"><li>➤ Cognitive-behavioral therapy (CBT) models, e.g., T4C, MRT;</li><li>➤ Social services (e.g., employment, GED, etc.);</li><li>➤ Trauma-focused models (e.g., Seeking Safety); and/or</li><li>➤ Intensive supervision (e.g., HOPE)</li></ul></li><li>• Treatment court programs, e.g., healing to wellness court, mental health court, hybrid models</li></ul>	<b>High Risk &amp; Low Needs</b> <ul style="list-style-type: none"><li>• Brief interventions (e.g., Restorative Justice, a 3- or 5-session intervention, CBT, and trauma-informed practices)</li><li>• Menu of rolling interventions, 6 Sessions+<ul style="list-style-type: none"><li>➤ Exact # of mandated sessions responsive to “going rates”/legal proportionality;</li><li>➤ Approximates the mid-length intervention models available for high risk &amp; high leverage (e.g., MRT)</li></ul></li></ul>
	Low	<b>Low Risk &amp; High Needs</b> <ul style="list-style-type: none"><li>• Evidence-informed community-supervision model (e.g., the NYC supervised release model):<ul style="list-style-type: none"><li>➤ Individual sessions (to avoid peer contagion effects);</li><li>➤ Incorporates a range of practices (e.g., procedural justice principles, Motivational Interviewing)</li></ul></li><li>• Voluntary social &amp; clinical services</li></ul>	<b>Low Risk &amp; Low Needs</b> <ul style="list-style-type: none"><li>• Meaningful community service, with sites selected in collaboration with community-based organizations</li><li>• Brief educational groups (1- or 2-session models)</li><li>• Voluntary social &amp; clinical services</li></ul>

# Low Risk/Low Need

- **OFF RAMP**
  - Release
- **SMALL Intervention**
  - Community Service
  - Connect to Services
  - Restorative Response

**\*\* Less is MORE\*\***



# Low Risk/Low Need

- Project Reset diverts people out of the justice system with a proportionate, restorative, and effective response to low-level offenses.
- Participants complete educational group workshops, arts-oriented programming, and/or individual counseling sessions.

The logo for Project Reset is displayed within a white rectangular box. The word "PROJECT" is in a bold, black, sans-serif font. Below it, the word "RESET" is in a bold, blue, sans-serif font. The letter "R" in "RESET" is stylized with a white circular arrow around its top half, indicating a reset or restart action.

**PROJECT**  
**RESET**

# Low Risk/Low Need

## Community Court Examples

- Individual Counseling/Case Management
- Menu of educational groups
- Enroll in vocational classes, etc.



# Low Risk/Low Need



## Units of Engagement

(examples from the 'Overdose Avoidance and Recovery Court' model)

- Peer recovery coach session
- Individual SUD counselling session
- Harm reduction referral
- Overdose prevention education
- Naloxone training and kit
- Benefits specialist referral
- Vocational/educational referral
- Housing referral



Legal Need			
		High Needs	Low Needs
Risk of Re-Offense	High	<p><b>High Risk &amp; High Needs</b></p> <ul style="list-style-type: none"> <li>Menu of mid-length interventions: <ul style="list-style-type: none"> <li>➤ Cognitive-behavioral therapy (CBT) models, e.g., T4C, MRT;</li> <li>➤ Social services (e.g., employment, GED, etc.);</li> <li>➤ Trauma-focused models (e.g., Seeking Safety); and/or</li> <li>➤ Intensive supervision (e.g., HOPE)</li> </ul> </li> <li>Treatment court programs, e.g., healing to wellness court, mental health court, hybrid models</li> </ul>	<p><b>High Risk &amp; Low Needs</b></p> <ul style="list-style-type: none"> <li>Brief interventions (e.g., Restorative Justice, a 3- or 5-session intervention, CBT, and trauma-informed practices)</li> <li>Menu of rolling interventions, 6 Sessions+ <ul style="list-style-type: none"> <li>➤ Exact # of mandated sessions responsive to “going rates”/legal proportionality;</li> <li>➤ Approximates the mid-length intervention models available for high risk &amp; high leverage (e.g., MRT)</li> </ul> </li> </ul>
	Low	<p><b>Low Risk &amp; High Needs</b></p> <ul style="list-style-type: none"> <li>Evidence-informed community-supervision model (e.g., the NYC supervised release model): <ul style="list-style-type: none"> <li>➤ Individual sessions (to avoid peer contagion effects);</li> <li>➤ Incorporates a range of practices (e.g., procedural justice principles, Motivational Interviewing)</li> </ul> </li> <li>Voluntary social &amp; clinical services</li> </ul>	<p><b>Low Risk &amp; Low Needs</b></p> <ul style="list-style-type: none"> <li>Meaningful community service, with sites selected in collaboration with community-based organizations</li> <li>Brief educational groups (1- or 2-session models)</li> <li>Voluntary social &amp; clinical services</li> </ul>

# High Risk/Low Needs

- Intensive Intervention
  - Cognitive Behavioral Therapy for High-Risk Participants
    - Motivation for Change
    - Moral Reconciliation Therapy (MRT)
    - Thinking for a Change (T4C)
    - Anger Management
  - Interactive Journaling
  - Community Reinforcement Approach (CRA)



# High Risk/Low Need

- Lessons Learned from DUI Court

- Participants score moderate risk on RNR tools based on static factors
- Low need participants view themselves as "not like others" involved in the criminal justice system
- Leverage is the limited or loss driving privileges
- Treatment must focus on behavioral change
- Supervision and monitoring is high, technology monitoring devices, e.g., ignition interlock device, ankle bracelet, ETG testing, frequent court appearances
- Use evidence-based clinical assessments to identify substance use disorder, mental health, and trauma needs
- Reassess needs for change in employment, housing, family status, etc.

# High Risk/Low Need



## Illegal income-generating activity

## Low-to-moderate substance use

- Underreporting personal challenges Protective factors (e.g., work, family support) can mislead
- Complicated relationship to substances (e.g., binge or chaotic use)
- Look for untreated trauma or grief/loss (family of origin)
- Illegal activity normalized in social networks
- Transition to work, school, new social networks can be challenging
- RE-ASSESS & ADJUST



Legal Need			
		High Needs	Low Needs
Risk of Re-Offense	High	<p><b>High Risk &amp; High Needs</b></p> <ul style="list-style-type: none"> <li>Menu of mid-length interventions: <ul style="list-style-type: none"> <li>➤ Cognitive-behavioral therapy (CBT) models, e.g., T4C, MRT;</li> <li>➤ Social services (e.g., employment, GED, etc.);</li> <li>➤ Trauma-focused models (e.g., Seeking Safety); and/or</li> <li>➤ Intensive supervision (e.g., HOPE)</li> </ul> </li> <li>Treatment court programs, e.g., healing to wellness court, mental health court, hybrid models</li> </ul>	<p><b>High Risk &amp; Low Needs</b></p> <ul style="list-style-type: none"> <li>Brief interventions (e.g., Restorative Justice, a 3- or 5-session intervention, CBT, and trauma-informed practices)</li> <li>Menu of rolling interventions, 6 Sessions+ <ul style="list-style-type: none"> <li>➤ Exact # of mandated sessions responsive to “going rates”/legal proportionality;</li> <li>➤ Approximates the mid-length intervention models available for high risk &amp; high leverage (e.g., MRT)</li> </ul> </li> </ul>
	Low	<p><b>Low Risk &amp; High Needs</b></p> <ul style="list-style-type: none"> <li>Evidence-informed community-supervision model (e.g., the NYC supervised release model): <ul style="list-style-type: none"> <li>➤ Individual sessions (to avoid peer contagion effects);</li> <li>➤ Incorporates a range of practices (e.g., procedural justice principles, Motivational Interviewing)</li> </ul> </li> <li>Voluntary social &amp; clinical services</li> </ul>	<p><b>Low Risk &amp; Low Needs</b></p> <ul style="list-style-type: none"> <li>Meaningful community service, with sites selected in collaboration with community-based organizations</li> <li>Brief educational groups (1- or 2-session models)</li> <li>Voluntary social &amp; clinical services</li> </ul>

# Low Risk/High Need

## Community Court Interventions





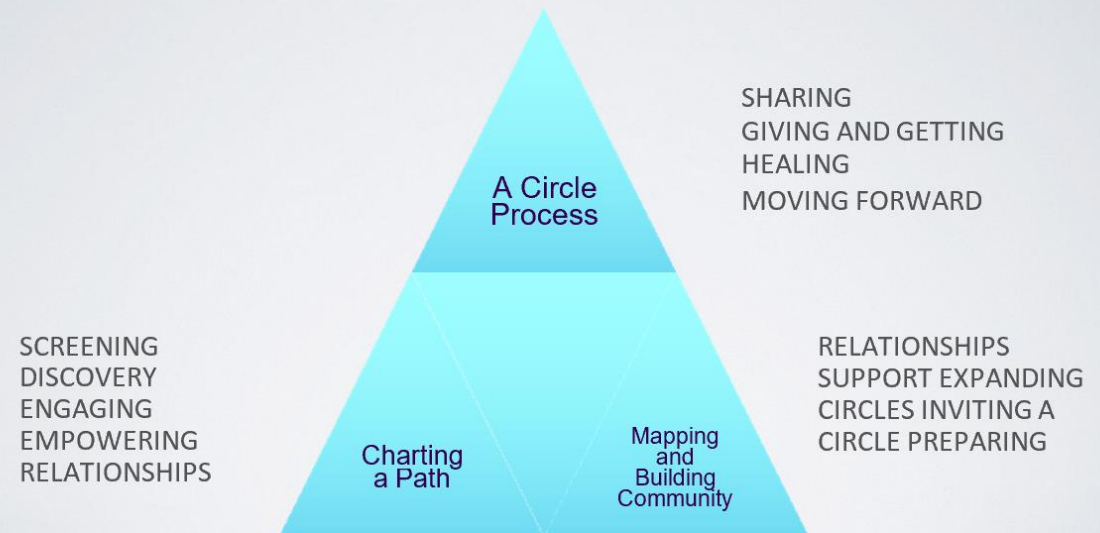
# Low Risk/High Need

## SBIRT

- Screening
- Brief Intervention
- Referral to Treatment

## PATH FORWARD:

### A 3-SESSION TRIBAL YOUTH SBIRT MODEL



# Low Risk/High Need



## Engaging people with reduced legal leverage

- Harm reduction paradigm
- High-quality, low-barrier services
- Location, location, location ('Housing First')
- Handoffs, advocacy >>> brochures, phone numbers
- Expanded role of peers and recovery supports
- Client-centered treatment planning
- Limited use of sanctions
- Income stability



# Why Create Separate Tracks?

- Better outcomes in our interventions
- More tailored/appropriate programming
- Adapt to reforms (e.g., sentencing, bail, drug decriminalization)
- Hyperlinks to programs/strategies addressing ‘the other quadrants’:
  - [HOPE Probation in Hawaii, \(High Risk/Low Need\)](#)
  - [OAR Court in NYC \(Low Risk/High Need\)](#)
  - [CLEAR in NYC \(Low Risk/High Need\)](#)
  - [Safe Streets Treatment Option Program, Wisconsin \(Low Risk/High Need\)](#)
  - [Police-led diversion, LEAD, PAD, etc. \(Low Risk/High Need\)](#)

# Further reading:

(Titles below are clickable hyperlinks)

[NDCI: Alternative Tracks in Adult Drug Courts](#)

[NDCI: Targeting the Right Participants](#)

[CCI: Drug Courts in the Age of Sentencing Reform](#)

[CCI: Court Responses to the Opioid Epidemic](#)

[CCI: The Myth of Legal Leverage](#)



# Responsivity



How are you using the RNR results?



Are you using the RNR results to guide treatment planning?



Are you using the RNR to reassess needs?



Are you including participants in the treatment planning process?

# Risk-Need Based Interventions

## High Risk/High Need

- Intensive intervention

## Low Risk/Low Need

- *Off-ramp* ASAP (e.g. pretrial release, fine/short community service, conditional discharge)

## Low Risk/High Need

- BRIEF intervention with voluntary referral to services

## High Risk/Low Need

- Address criminogenic thinking and behavior



# The ARK

<https://ark.nadcp.org/>



# TRIBAL ACCESS TO JUSTICE INNOVATION

**LEARN MORE ABOUT TRIBAL JUSTICE**



QUESTIONS?



# Contact Info:

**Medina Henry, MPA**

Director, Community Justice Initiatives

**Adelle Fontanet, Esq.**

Director, Tribal Justice Exchange

**David Lucas, MSW**

Senior Program Manager, Treatment Courts

**Karen Otis, MA, LMHC**

Associate Director, Treatment Courts

[info@courtinnovation.org](mailto:info@courtinnovation.org)

