Risk and Need:
Implementing Multiple Tracks in Your Treatment Court Program

Shannon Carey, Ph.D.
Hon. Richard Vlavianos
Target high-risk high-need (Biggest impact on recidivism)

What about everyone else?

Separate participants into multiple tracks
Overview

Getting it done
How to implement multiple tracks in your DUI court

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?

Multi-Track Concepts
What is risk and need and why are they important?
Why multiple tracks?
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

Clients have a variety of Criminogenic needs:
- Subset of risk factors
- Dynamic, live and changeable

Important, but STATIC

DYNAMIC Criminogenic Needs
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)
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
<table>
<thead>
<tr>
<th>Principle</th>
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</thead>
<tbody>
<tr>
<td>Risk Principle</td>
</tr>
<tr>
<td>Needs Principle</td>
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<tr>
<td>Responsivity Principle</td>
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<td><strong>Responsivity Principle</strong></td>
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## Risk-Need-Responsivity (RNR) Model as a Guide to Best Practices

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<tbody>
<tr>
<td><strong>Risk Principle</strong></td>
<td>Match the intensity of individual’s intervention to their risk of reoffending (<em>Supervision Level</em>)</td>
</tr>
<tr>
<td><strong>Needs Principle</strong></td>
<td>Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers (<em>WHAT to target</em>)</td>
</tr>
<tr>
<td><strong>Responsivity Principle</strong></td>
<td>Tailor the intervention to the learning style/disability, motivation, culture, demographics, and abilities of the individual (<em>HOW to best target</em>)</td>
</tr>
</tbody>
</table>
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*

- **High Risk**: -14%
- **Moderate Risk**: -6%
- **Low Risk**: +3%

*Source: Presentation by Dr. Edward Latessa, “What Works and What Doesn’t in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry”*
## Dynamic Risk Factor (Central 8) vs Need/Case management/Services

<table>
<thead>
<tr>
<th>Dynamic Risk Factor (Central 8)</th>
<th>Need/Case management/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of antisocial behavior (Criminal History)</td>
<td>Build and practice positive/healthy behaviors (by intervening in the 7 below)</td>
</tr>
<tr>
<td>Antisocial personality pattern (Check trauma history)</td>
<td>Learn problem solving skills, practice anger management</td>
</tr>
<tr>
<td>Antisocial cognition</td>
<td>Develop more pro-social thinking</td>
</tr>
<tr>
<td>Antisocial associates</td>
<td>Reduce association with criminal others (learn refusal skills)/increase time with pos peers</td>
</tr>
<tr>
<td>Family and/or marital discord</td>
<td>Reduce conflict, build positive relationships</td>
</tr>
<tr>
<td>Poor school and/or work performance</td>
<td>Work on good employee/study/performance skills</td>
</tr>
<tr>
<td>Poor living situation</td>
<td>Find appropriate housing</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Reduce use through integrated treatment</td>
</tr>
</tbody>
</table>

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

More criminogenic than non-criminogenic needs

More non-criminogenic than criminogenic needs

(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)
IN SUMMARY...

Focus resources on:

- People *most likely* to reoffend and with the *highest* criminogenic behavioral health needs

- Put people in alternate tracks based on risk and need level
# MULTIPLE TRACKS

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk (Q1) Track 1</td>
<td>Low Risk (Q2) Track 2</td>
</tr>
<tr>
<td>Likely to be rearrested</td>
<td>Unlikely to be rearrested</td>
</tr>
<tr>
<td>High Need</td>
<td>High Need</td>
</tr>
<tr>
<td>Mod to severe MH/SUD</td>
<td>Mode to severe MH/SUD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Risk (Q3) Track 3</th>
<th>Low Risk (Q4) Track 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely to be rearrested</td>
<td>Unlikely to be rearrested</td>
</tr>
<tr>
<td>Low Need</td>
<td>Low Need</td>
</tr>
<tr>
<td>Mild to no MH/SUD</td>
<td>Mild to no MH/SUD</td>
</tr>
</tbody>
</table>
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
## Average Cost per Participant by Quadrant

<table>
<thead>
<tr>
<th>Transaction</th>
<th>All GCATC</th>
<th>Q1-HR/HN</th>
<th>Q2-LR/HN</th>
<th>Q3-HR/LN</th>
<th>Q4-LR/LN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management Days</td>
<td>$3,974</td>
<td>$4,377</td>
<td>$4,740</td>
<td>$3,361</td>
<td>$1,468</td>
</tr>
<tr>
<td>Court Appearances</td>
<td>$1,699</td>
<td>$1,565</td>
<td>$587</td>
<td>$3,570</td>
<td>$186</td>
</tr>
<tr>
<td>Treatmentb</td>
<td>$8,289</td>
<td>$10,120</td>
<td>$9,576</td>
<td>$4,541</td>
<td>$1000(est.)</td>
</tr>
<tr>
<td>Drug Tests</td>
<td>$956</td>
<td>$865</td>
<td>$1,009</td>
<td>$1,103</td>
<td>$1,009</td>
</tr>
<tr>
<td>Jail Sanctions</td>
<td>$71</td>
<td>$1,672</td>
<td>$613</td>
<td>$1,172</td>
<td>$243</td>
</tr>
<tr>
<td>Program Feesc</td>
<td>($1,424)</td>
<td>($1,096)</td>
<td>($2,088)</td>
<td>($1,640)</td>
<td>($2,161)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$13,565</td>
<td>$17,503</td>
<td>$14,437</td>
<td>$12,107</td>
<td>$7,701</td>
</tr>
</tbody>
</table>
Comparison Drug Court

Recidivism Outcomes 4-tracks ADC - MO

Rearrests at 2 Years Post Entry

Comparison: 23%
Drug Court: 16%
Pre-4-track: 44%
Recidivism Outcomes 4-tracks ADC - MO

Rearrests at 2 Years Post Entry

<table>
<thead>
<tr>
<th></th>
<th>Comparison Pre-4-track</th>
<th>Drug Court Pre-4-track</th>
<th>Comparison Post-4-track</th>
<th>Drug Court Post-4-track</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Years Post Entry</td>
<td>23%</td>
<td>16%</td>
<td>32%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Comparison Drug Court

Pre-4-track

Rearrests at 2 Years Post Entry

Comparison Drug Court

Post-4-track
COST SAVINGS ALL 4 TRACKS

Cost savings per year for all participants since 4-track implementation
(Greene and Jackson)
What about DWI Offenders?
How are DWI offenders different from other drug offenders?

- DWI offenders engage in behavior that is dangerous and frequently causes serious injury or fatalities.
- Every day, almost 30 people in the United States die in alcohol-related vehicle crashes—that's one person every 48 minutes.

https://www.nhtsa.gov/risky-driving/drunk-driving
Drunk-driving crashes claim more than 10,000 lives per year.

Deaths and damages contribute to a cost of $44B per year.

https://www.nhtsa.gov/risky-driving/drunk-driving
How are DWI offenders different from drug offenders?

- Drinking alcohol is not illegal, is highly prevalent, and is even encouraged in many every day activities.
- DWI offenders are more likely to be high functioning in other areas of their lives. (Many alcoholics still get up every morning and go to work and take care of their children.)
- DWI offenders don’t always show up as high risk on risk assessments standardized on the typical criminal justice population.
How DWI offenders different from drug offenders?

Evidence

- Statewide study in Colorado
- Compared ADC participants and DWI participants
DWI offenders are more likely to have higher education

- Less than 12th grade:
  - Drug Court: 29%
  - DWI Court: 15%

- College Graduate:
  - Drug Court: 4%
  - DWI Court: 12%

Colorado Study
DWI offenders are more likely to be employed.

Colorado Study
DWI offenders are less likely to score as high risk

Scored at medium to high risk (LSI)

- Drug Court: 70%
- DWI Court: 33%

Colorado Study
PREDICTORS OF RISK

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
**Does Research Show the Same Findings for DWI Participants as Drug Court?**

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

- Comparison (n=81)

MN DWI Court Study 9 Sites NHTSA funded

**Average Number of Rearrests**

- 0.00
- 0.25
- 0.50
- 0.75
- 1.00
- 1.25
- 1.50

**Average Number of Prior Arrests**

- 1
- 2
- 3
- 4

*p < .01*
Does research show the same findings for DWI participants as Drug Court?

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

- DWI Court (n=48)
- Comparison (n=81)

p < .01

Average Number of Rearrests
Average Number of Prior Arrests

MN DWI Court Study 9 Sites NHTSA funded
Implementing multiple tracks: San Joaquin County DUI Court Example
~80% of repeat DWI offenders were high risk for a new DWI. Require intensive monitoring for public safety
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
MONITORING TECHNOLOGIES

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

Average Number of New Major Drug or Alcohol DUI Convictions

<table>
<thead>
<tr>
<th>Number of Years Post-Conviction</th>
<th>SJ DUI Court (n=1,170)</th>
<th>Comparison (n=1,262)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
<td>0.09</td>
<td>0.08</td>
</tr>
<tr>
<td>2 Years</td>
<td>0.15</td>
<td>0.16</td>
</tr>
<tr>
<td>3 Years</td>
<td>0.19</td>
<td>0.23</td>
</tr>
<tr>
<td>4 Years</td>
<td>0.22</td>
<td>0.29</td>
</tr>
<tr>
<td>5 Years</td>
<td>0.26</td>
<td>0.33</td>
</tr>
<tr>
<td>6 Years</td>
<td>0.28</td>
<td>0.37</td>
</tr>
</tbody>
</table>
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).

Track 2 (monitoring track) has 70% of program participants with 29% of the costs.
So, how do you do this?
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
How do you know what Track to Put Them In?

Select Appropriate Screening and Assessment Tools

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.
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 TOOLS
Traditional CJ Risk Assessments

- 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**
- **DUI-RANT (screen)**
- **(SBiRT screening for ALL DWI offenders)**

# Predictors of Risk

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

~20% of HR/LN for DUI scored LR/LN on regular assessment.
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
   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

- 0-4: Very Low
- 4-10: Low
- 11-19: Medium
- 20-29: High
- 30-43: Very High

Risk Levels:
- Low Risk
- 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

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<thead>
<tr>
<th>LS-CMI Domains</th>
<th>Max Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Criminal History</td>
<td>8</td>
</tr>
<tr>
<td>2. Peer Association</td>
<td>4</td>
</tr>
<tr>
<td>3. Criminal Attitudes And Behavior</td>
<td>4</td>
</tr>
<tr>
<td>4. Anti-social patterns/Personality</td>
<td>4</td>
</tr>
<tr>
<td>5. Education/Employment/Financial</td>
<td>4</td>
</tr>
<tr>
<td>6. Family And Social Support</td>
<td>4</td>
</tr>
<tr>
<td>7. Leisure Activities/Living Sit.</td>
<td>2</td>
</tr>
<tr>
<td>8. Substance Use</td>
<td>8</td>
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**High Risk**

11-19 Moderate/Medium
## LS-CMI Score & Domains

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11-19 Moderate/Medium

~ Low Risk
NEED TOOLS
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
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

**EXAMPLE: Addiction Severity Index (ASI)**

ASSESSMENTS FOR CLINICAL NEED

Low Need

High Need
RESPONSIVITY
### Assessments for Clinical Need - ASAM

#### At a Glance: The Six Dimensions of Multidimensional Assessment

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute Intoxication and/or Withdrawal Potential</td>
</tr>
<tr>
<td></td>
<td>Exploring an individual’s past and current experiences of substance use and withdrawal</td>
</tr>
<tr>
<td>2</td>
<td>Biomedical Conditions and Complications</td>
</tr>
<tr>
<td></td>
<td>Exploring an individual’s health history and current physical condition</td>
</tr>
<tr>
<td>3</td>
<td>Emotional, Behavioral or Cognitive Conditions and Complications</td>
</tr>
<tr>
<td></td>
<td>Exploring an individual’s thoughts, emotions and mental health issues</td>
</tr>
</tbody>
</table>
# Assessments for Clinical Need - ASAM

## At a Glance: The Six Dimensions of Multidimensional Assessment

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
</table>
| **4**     | Readiness to Change  
Exploring an individual’s readiness and interest in changing |
| **5**     | Relapse, Continued Use or Continued Problem Potential  
Exploring an individual’s unique relationship with relapse or continued use or problems |
| **6**     | Recovery/Living Environment  
Exploring an individual’s recovery or living situation and the surrounding people, places, and things |
The DLA assesses their current behavior in 20 activities of daily living:
- Health practices
- Household stability
- Communication
- Safety
- Managing time
- Nutrition
- Relationships
- Alcohol and drug use
- Sexual health and behavior
- Personal care and hygiene
EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)
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
Motivate Change – HOW?
Motivate Change – HOW?

"I'm trying to decide if it's more likely I know nothing about leading, or everyone I work with knows nothing about following."
Better Justice Response
Better Outcomes
Fair doesn’t mean Equal
HOW TO IMPLEMENT A MULTI-TRACK MODEL IN YOUR TREATMENT COURT

JUNE 2019

For more information, resources and training contact:

Shannon Carey, Ph.D.
NPC Research
carey@npcresearch.com

Judge Peggy
Davispslotusemails@gmail.com

Judge Richard Vlavianos
rvlavianos@sjcourts.org

NDCI:
Carolyn Hardin
chardin@nadcp.org
AFTER

Stronger team

Energized to continue striving toward providing services that match participant needs