

The following risk factors were identified:

- **Age of onset of criminal activity ≤ 15 years.** An earlier onset of crime or delinquency generally predicts a more chronic course and poorer response to interventions unless there is close supervision and accountability.
- **Age of onset of substance abuse ≤ 13 years.** An earlier onset of substance abuse generally predicts a more chronic course and poorer response to standard treatment unless there is close supervision and accountability.
- **Deviant peer affiliations.** Associating with other offenders or substance abusers predicts a poorer response to treatment and supervision requirements.
- **Prior failure in drug rehabilitation.** Previous failures in rehabilitation or treatment predict a poorer response to subsequent episodes unless there is more intensive monitoring and services.
- **Prior felony or serious misdemeanor convictions.** Prior felony or serious misdemeanor convictions predict a greater likelihood of recidivism.
- **Unstable living arrangements.** A pattern of instability is generally associated with a poorer response to treatment and greater likelihood of failure to comply with supervision requirements.

The following needs factors were identified:

- **Physical addiction to drugs or alcohol.** This individual suffers from a loss of control over substance use that requires substantial clinical intervention.

This individual was classified as **high risk and high need**. Such individuals typically require a combination of services involving intensive treatment, close monitoring, and accountability for their actions.

Note: This triage screen was not designed to be a clinical assessment tool and should not be used for treatment planning or diagnostic purposes. It was designed to identify those risks and needs for offenders that have been proven by research to predict a poorer response to standard supervisory or treatment requirements. The goal is to use this information to match the offenders to those programs that are most likely to elicit the best outcomes.



RANT™ was created by the Treatment Research Institute