Screening and Assessment of Co-occurring Mental and Substance Use Disorders for Justice-involved Populations (Part 1): *Overview of Evidence-based Tools and Approaches Across the Sequential Intercept Model (SIM)*

Roger H. Peters, PhD
Travis Parker, MS, LIMHP, CPC

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Welcome and Housekeeping

Melissa Stein, DrPH
Senior Research Associate
Criminal Justice Division
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<table>
<thead>
<tr>
<th>Agenda</th>
</tr>
</thead>
</table>
| Welcome | Melissa Stein, DrPH  
*Senior Research Associate, Policy Research Associates, Inc.* |
| Opening Remarks | Roxanne Castaneda, MS OTR/L, FAOTA  
*Public Health Advisor, SAMHSA* |
| Presentation | Roger H. Peters, PhD  
*University of South Florida*  
Travis Parker, MS, LIMHP, CPC  
| Questions | Melissa Stein, DrPH  
*Senior Research Associate, Policy Research Associates, Inc.* |
Roxanne Castaneda, MS OTR/L, FAOTA
Public Health Advisor
SAMHSA
Introducing Today’s Presenters: Roger H. Peters, PhD

- Is Professor in the Department of Mental Health Law and Policy at the University of South Florida.
- Has research and clinical expertise in substance use disorders, co-occurring disorders and behavioral health treatment within the criminal justice system; evaluation of addiction and co-occurring disorders treatment efficacy in criminal justice settings; and implementation of evidence-based practices for substance use in community-based and criminal justice systems.
- Serves on the Florida Supreme Court’s Steering Committee on Problem-Solving Courts and is a faculty member of the National Judicial College.
- Served four years on the Board of Directors of the National Association of Drug Court Professionals, and eight years on the Treatment-Based Drug Court Steering Committee for the Supreme Court of Florida.
Introducing Today’s Presenters: Travis Parker, MS, LIMHP, CPC

• Is Program Area Director at Policy Research, Inc., providing leadership, training, and technical assistance services.

• Has extensive experience as a provider of substance use and mental health services in correctional facilities, and administrative expertise in behavioral health and managed care organizations.

• Is previous vice president of system transformation, tribal liaison, and director of clinical services at Magellan Behavioral Health of Nebraska.

• Served formerly as deputy director of the Community Mental Health Center of Lancaster County (CMHCLC), Nebraska.

• Is former CMHCLC program director for the Behavioral Health Jail Diversion Program and departments of Emergency Services, Homeless, and Special Needs.
Goals of this Presentation

Review:

• **Prevalence** of co-occurring mental and substance use disorders in the justice system.

• Differences in **screening and assessment approaches** for co-occurring disorders (CODs).

• **Evidence-based instruments** for use with justice-involved people.

• Importance of screening and assessment across **multiple intercepts** in the justice system.
Available on the SAMHSA store!
How common are mental and substance use disorders in the justice system?
Prevalence of Mental Disorders in Jails and Prisons

Serious Mental Disorders: Incarcerated People and the General Population

Percentage of Population

General Population  Jail  State Prison

- Total: Male and Female
- Male
- Female

(Sources: Ditton, 1999; Kessler et al., 1996; Steadman et al., 2009)
Prevalence of Mental Disorders in the Justice-involved Population

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Justice-involved Population</th>
<th>General Population</th>
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<tbody>
<tr>
<td>Depressive Disorders</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>Bipolar Disorders</td>
<td>12%</td>
<td>0.60%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorders</td>
<td>21%</td>
<td>9%</td>
</tr>
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(Sources: Bureau of Justice Statistics 2007; American Psychological Association, 2013)
74% of justice-involved people with mental disorders also have substance use disorders.

(Source: US Department of Justice, 2006)
Outcomes related to co-occurring disorders (CODs) in the justice system
Adverse Outcomes: People with Mental Illness

• Tend to **rapidly cycle** through the justice system.
• Stay in **jail longer** than other arrestees.
• Serve **longer sentences** in jail and prison.
• Have higher rates of **technical violations**.
• Have high rates of **victimization** in custody.
• Experience more frequent **use of force** by correctional staff.
• Are often placed in **administrative segregation** or **solitary confinement**, which worsens disorders.
Factors Related to Poor Outcomes in the Justice System

• Few engaged in behavioral health treatment
• Lack of health insurance
• Few financial resources
• Homelessness
• Few social supports, vocational skills
• Similar levels of antisocial peers, beliefs, and behaviors as with other justice-involved people
What is the relationship between CODs and crime?
For Persons with Mental Illness, only 8% of Arrests are Attributable to Mental Illness.

Direct effect of SMI 4%
Indirect effect of SMI 4%
Direct effect of SU 19%
Indirect effect of SU 7%
Definitely or probably not an effect of SMI or SU 66%

Key: SMI - serious mental illness; SU - substance use

(Sources: Junginger, Claypoole, Laygo, & Cristina, 2006; National Reentry Resource Center, n.d.)
1. Antisocial attitudes
2. Antisocial friends and peers
3. Antisocial personality pattern
4. Substance use
5. Family and/or marital problems
6. Lack of education
7. Poor employment history
8. Lack of prosocial leisure activities
9. Post-Traumatic Stress Disorder (?)

(Source: Treatment Alternatives for Safe Communities (TASC) Center for Health and Justice and National Judicial College (NIC) Justice Leaders Systems Change Initiative, 2016)
Implications: Assessing and Treating CODs

1. Many justice-involved people need mental health and CODs treatment.

2. However, treating mental disorders is insufficient to reduce recidivism.

3. Assessment of CODs should examine a range of risk factors for recidivism.

4. CODs and mental health services should include a focus on major risk factors for recidivism.
5. All mental health treatment for justice-involved people should be designed as COD treatment.

- Mental health courts
- Residential treatment
- Crisis stabilization and triage units
Functional aspects of CODs
Cognitive and Behavioral Impairment related to CODs

- **Short attention span** and difficulty concentrating for extended periods of time
- Difficulty comprehending, remembering, and **integrating information** (e.g., verbal)
- **Disorganization** in major life activities (e.g., lack of structure in daily activities)
• Poor problem-solving skills and planning abilities
• Poor response to confrontation and stressful situations
• Impaired social functioning
• Psychosocial functioning worsened by the presence of the other type of disorder
Screening and assessment of CODs in the justice system
Importance of Screening and Assessment for CODs

• There are **high prevalence** rates of behavioral health and related disorders in justice settings.

• Persons with undetected disorders are likely to **cycle back through** the justice system.

• Screening and assessment allows for **treatment planning** and linking to appropriate treatment services.

• Programs for justice-involved people using comprehensive assessment have **better outcomes**.
Differences Between Screening and Assessment of CODs

Screening

- Is **brief** (5-8 mins.), can be self-administered, and no extensive training is required.
- Is typically **inexpensive**.
- Yields **yes/no determination** (e.g., about the likely presence of a behavioral health disorder).
- Assists in **early identification** of problems and flags the need for a more comprehensive assessment.
- **Does not** yield adequate information to determine level of care.
Differences Between Screening and Assessment of CODs

Assessment

• Occurs after initial screening, usually via interview.
• Is lengthy (45-120 mins.) and clinical training is required.
• Costs to purchase evaluative software.
• Yields information to determine diagnosis, level of care, and to develop a case plan and/or treatment plan.
• Examines the interactive nature of mental and substance use disorders.
Goal: Universal Screening

1. Mental disorders
2. Substance use disorders
3. Trauma/PTSD
4. Criminal risk
5. Suicide risk
Key Targets

• **SUDs and medical needs**
  - Withdrawal severity
  - Eligibility for medication-assisted treatment (MAT)
  - Major medical problems (HIV, Hepatitis C)

• **Social needs**
  - Transportation
  - Housing
  - Attitude towards treatment
Screening for Withdrawal Severity

- Opiates
  - Clinical Opiate Withdrawal Scale (COWS)
- Alcohol
  - Clinical Institute Withdrawal Scale for Alcohol-Revised (CIWA-Ar)
Intake/Assessment Strategies for Opioid Use Disorders

• Use **welcoming and non-judgmental approach**; offer that staff are available, here to help.

• Acknowledge that **going through withdrawal can make clients feel ill**; normalize symptoms.

• Include **recovery support specialists**.

• Include **opioid intervention staff**.

• Provide **education about MAT** and other services.

• Begin **transition planning** at intake.

• May **delay assessment** if there is acute intoxication.
Differences between Risk Screening and Risk Assessment

Risk Screening

• Is brief to administer, does not require extensive training.
• Has single items related to “static” and “dynamic” factors.
• Yields estimate of risk level (low, medium, high).

Risk Assessment

• Is lengthy, training is required, done typically via interview.
• Multiple items are related to “static” and “dynamic” factors.
• Yields profile scores in different areas contributing to criminal risk and an overall risk score.
Considerations in Screening for Co-Occurring Disorders

• Don’t **exclude** from programs based on diagnosis of mental disorder or substance use.

• **Functional impairment** may be more important than diagnosis in determining program eligibility.

• Caution is needed re: **substance-induced disorders**.

• **Rescreening is needed** after detoxification, medical withdrawal, and stabilization of acute mental health symptoms.

• **Re-administer risk screening** over time.
Considerations in Selecting Screening and Assessment Instruments

- Use of *standardized instruments*
- **Reliability and validity** of instruments
- **Ease of use** and training requirements
- **Cost** and availability
- Use and psychometric properties in **justice settings**
Recommended screening and assessment instruments for use with justice-involved people
Mental Health Screening Instruments

- Brief Jail Mental Health Screen (BJMHS)
- Correctional Mental Health Screen (CMHS)
- Mental Health Screening Form-III (MHSF-III)
Substance Use Screening Instruments

- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Simple Screening Instrument (SSI)
- Alcohol Use Disorders Identification Test (AUDIT)
- Texas Christian University Drug Screen V (TCUDS V)
Screening Instruments for Co-occurring Disorders

- Correctional Mental Health Screen (CMHS) and Texas Christian University Drug Screen V (TCUDS V)
- MINI International Neuropsychiatric Interview-Screen (MINI Screen)
All justice-involved people should be screened for trauma history and PTSD, given high rates in the justice system.

Initial screening doesn’t have to be conducted by a licensed clinician.

Many non-proprietary screens are available.

Individuals with positive screens should be referred for more comprehensive assessment.
Trauma and PTSD Screening, Assessment, and Diagnostic Instruments

- Trauma History Screen (THS)
- Posttraumatic Symptom Scale (PSS-I)
- Life Stressor Checklist-Revised (LSC-R) or Life Events Checklist for DSM-5 (LEC-5)
- Posttraumatic Diagnostic Scale (PDS)
- PTSD Checklist for DSM-5 (PCL-5)
- Primary Care PTSD Screen (PC-PTSD)

Available for download [online](#).
SU and COD Assessment Domains

- Substance Use Disorders
- Mental Disorders
- Interactive Nature of Disorders
- Functional Impairment
- Risk Assessment
- Psychosocial Background and History
Instruments to Assess and Diagnose Co-Occurring Disorders

Personality Assessment Inventory (PAI)

Alcohol Use and Associated Disabilities Interview-IV (AUDADIS-IV)

Structured Clinical Interview for DSM-5 (SCID-5)

MINI International Neuropsychiatric Interview (MINI)
Where should screening and assessment occur in the justice system?
Detecting Co-Occurring Disorders in the Justice System

- **Early detection** is key.
- *Multiple intercepts*: Provide screening at each point (+ clinical assessment, as needed).
  - Community Services
  - Law enforcement
  - Initial detention and initial court hearings
  - Jails/courts
  - Prison/reentry
  - Community corrections
• First responders may routinely perform screening and assessment, and recommend specialized care before an arrest occurs.
  - EMS
  - Fire Department
  - Mobile Crisis Outreach Teams
  - Crisis Phone Lines

• Local hospitals and crisis centers can provide routine on-site screenings.
Intercept 1: Law Enforcement

• Fluid Screening Process
  ▪ Typically don’t use structured instruments
  ▪ Observation of acute symptoms
  ▪ Referral to acute care settings

• Specialized Training and Teams
  ▪ Mental Health First Aid training
  ▪ Crisis Intervention Teams

• Community Triage Centers
• **Goal:** Quickly determine eligibility for early exit from custody and acute needs.

• **Brief standardized screening**
  ▪ For CODs and criminal risk

• **Settings**
  ▪ Jail booking
  ▪ Pre-trial services
  ▪ Court clinics and diversion programs
Intercept 3: Jails/Courts

- **At jail booking:** Identify need for in-jail services and further assessment.

- **Inform disposition and sentencing decisions.**
  - Defense bar and advocacy services
  - Diversion program case managers
  - Pre-sentence reports (e.g., probation)

- **Focus on both CODs and risk level.**
Intercept 4: Reentry

• At prison reception: Identify need for in-prison services and further assessment.

• Reentry planning
  ▪ Ongoing service needs
  ▪ Reassess criminal risk
  ▪ Coordination with community supervision and treatment to develop service plans
Intercept 5: Community Corrections

- **Goal:** Determine type and intensity of supervision and services needed (e.g., specialized supervision caseloads).

- Use *standardized screens* for behavioral health disorders.

- Conduct standardized *needs/risk assessment* and develop case plan.
Summary of Key Points

• High rates of **co-occurring disorders** exist in the justice system.

• **Universal screening** for mental and substance use disorders, trauma/PTSD, and criminal risk is needed.

• Many **evidence-based** screening and assessment instruments are available.

• **Early detection** and triage is key.

• There are **multiple intercepts** for screening and assessment.
Additional Materials for Download

Available on the SAMHSA store!
Thank You

Substance Abuse and Mental Health Services Administration
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

GAINS Center for Behavioral Health and Justice Transformation
The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

https://www.samhsa.gov/gains-center
1-800-311-4246