

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

December 4, 2019
12:30-2:00pm ET

Hosted by SAMHSA's GAINS Center



SAMHSA
Substance Abuse and Mental Health
Services Administration

Welcome and Housekeeping



Melissa Stein, DrPH
*Senior Research Associate
Criminal Justice Division
Policy Research Associates, Inc.*

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Agenda

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

Policy Research Associates, Inc.

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



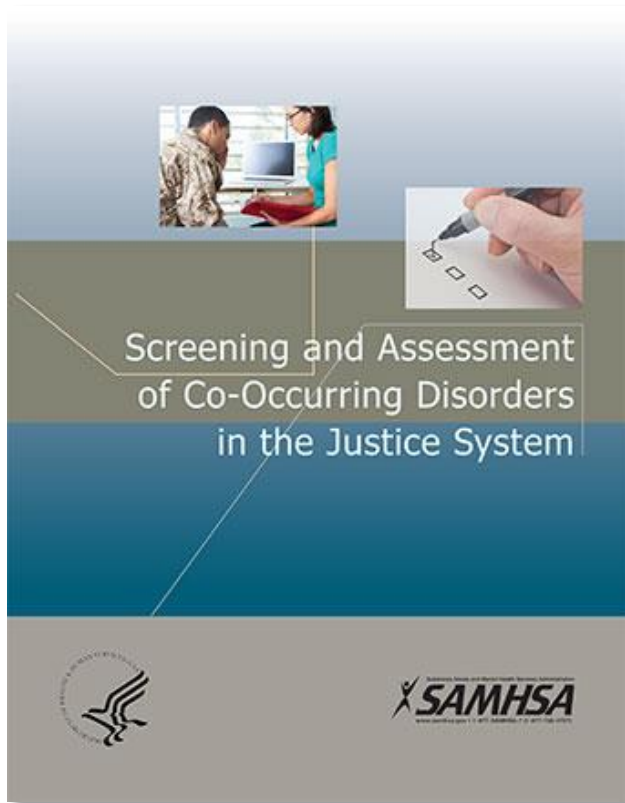
- Is Program Area Director at Policy Research, Inc., providing leadership, training, and technical assistance services.
- Has extensive experience as a provider of substance use and mental health services in correctional facilities, and administrative expertise in behavioral health and managed care organizations.
- 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.

The Publication

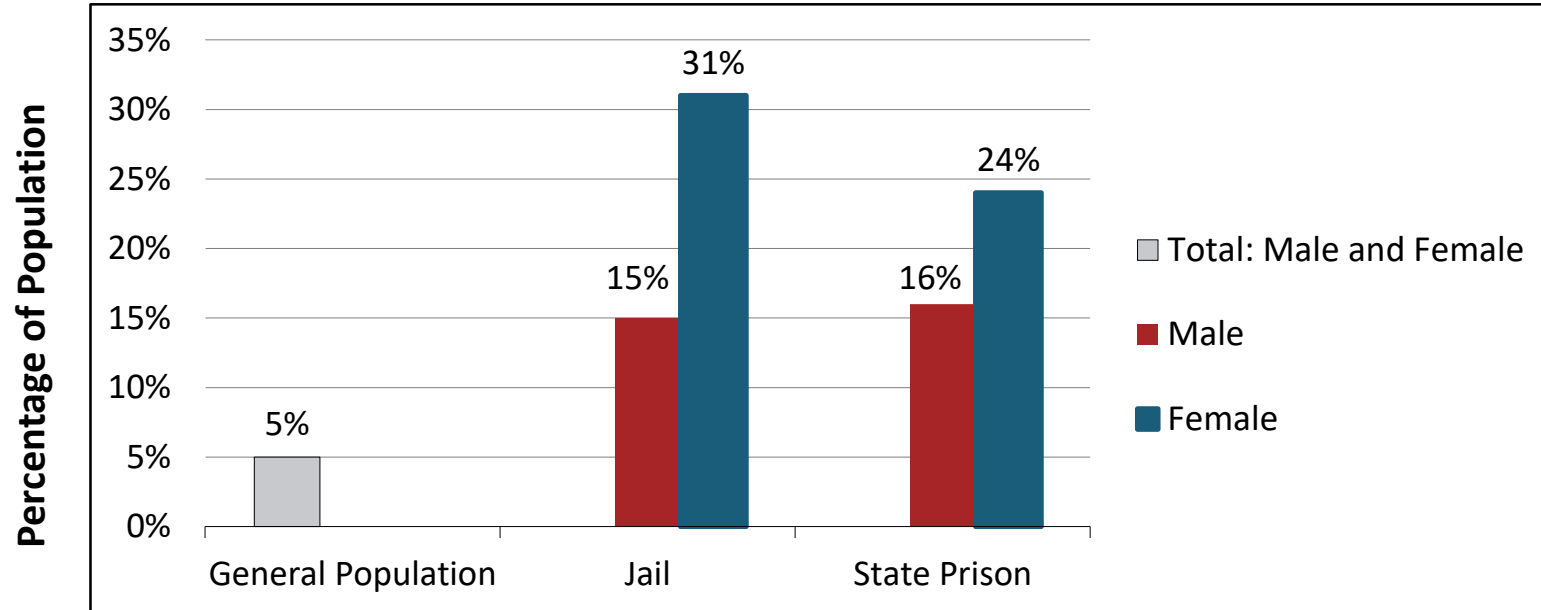


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How common are mental and substance use disorders in the justice system?

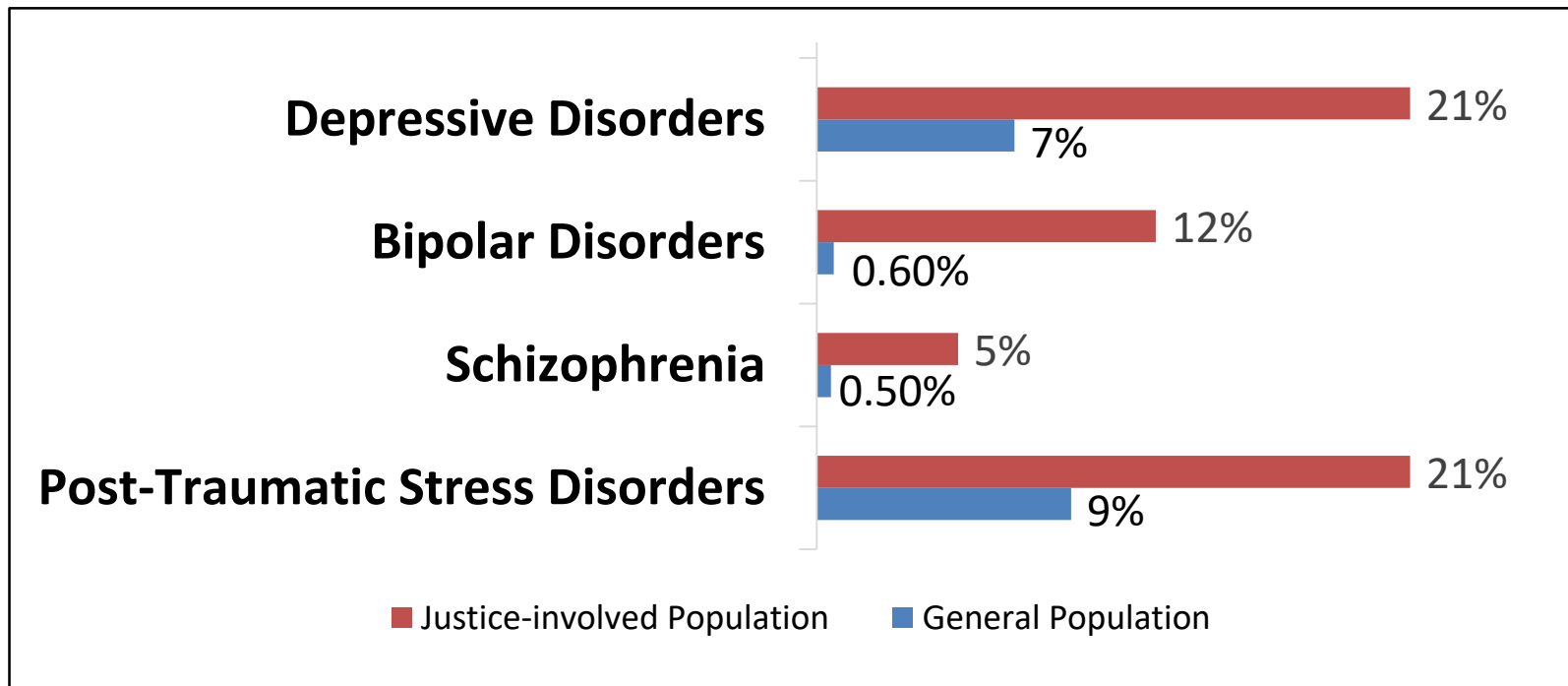
Prevalence of Mental Disorders in Jails and Prisons

Serious Mental Disorders: Incarcerated People and the General Population



(Sources: Ditton, 1999; Kessler et al., 1996; Steadman et al., 2009)

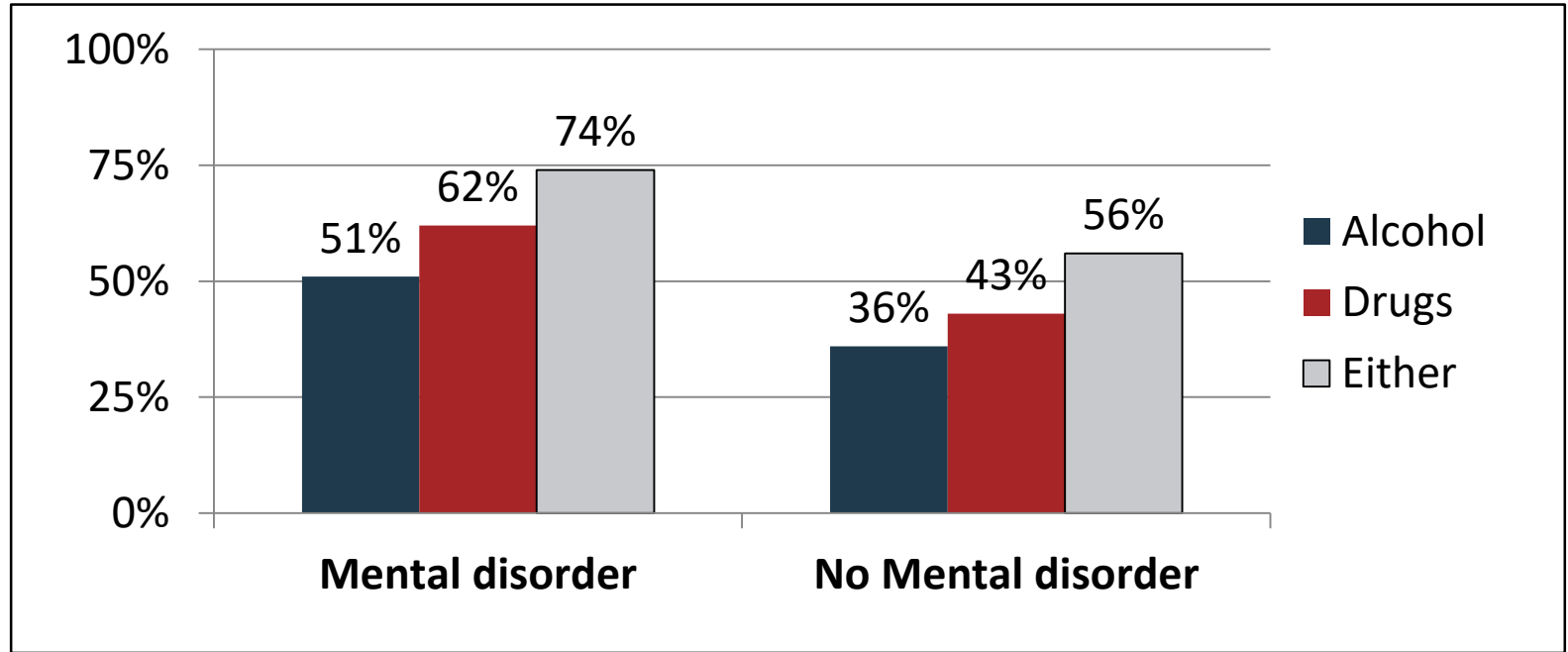
Prevalence of Mental Disorders in the Justice-involved Population



(Sources: Bureau of Justice Statistics 2007; American Psychological Association, 2013)

Co-occurring Substance Use

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

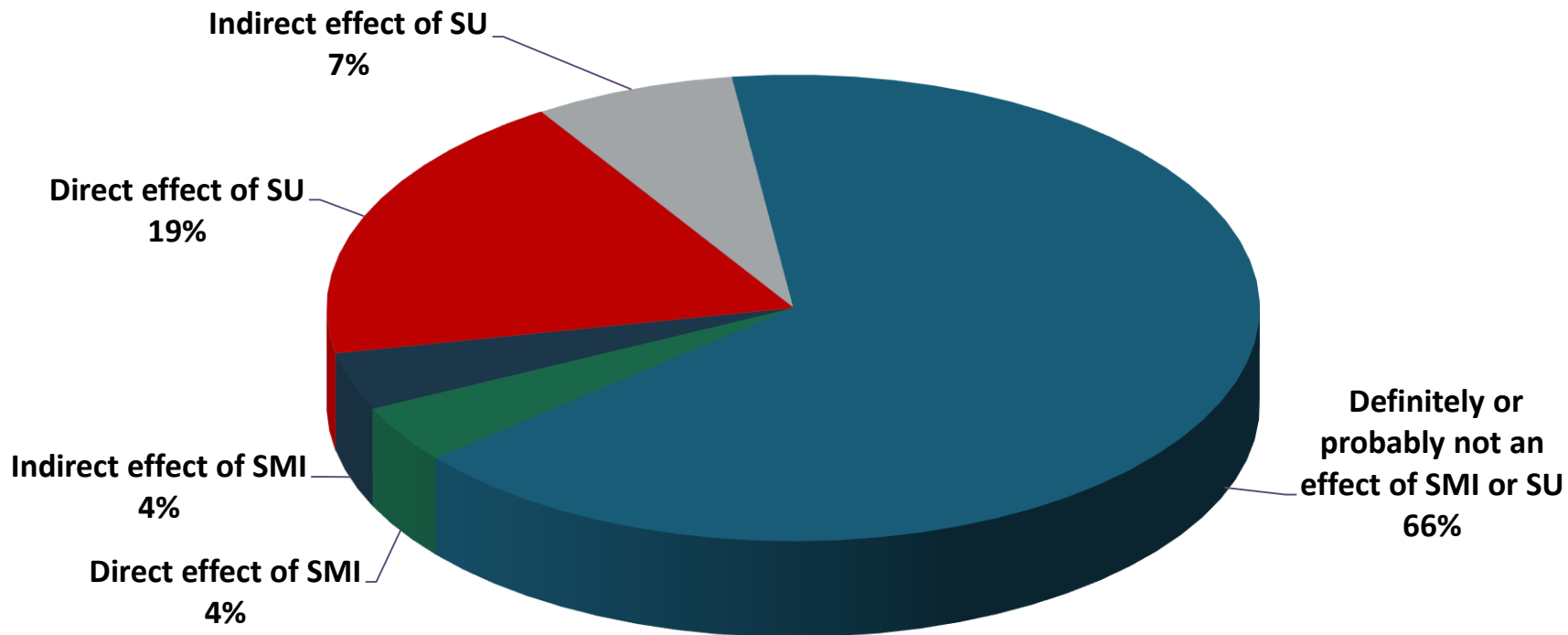
- Tend to **rapidly cycle** through the justice system.
- Stay in **jail longer** than other arrestees.
- Serve **longer sentences** in jail and prison.
- Have higher rates of **technical violations**.
- Have high rates of **victimization** in custody.
- Experience more frequent **use of force** by correctional 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.



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

(Sources: Junginger, Claypoole, Laygo, & Cristina, 2006; National Reentry Resource Center, n.d.)

Risk Factors for Criminal Recidivism

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 (NJC) *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.

Implications: Assessing and Treating CODs (cont'd)

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)

Cognitive and Behavioral Impairment related to CODs (cont'd)

- **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.

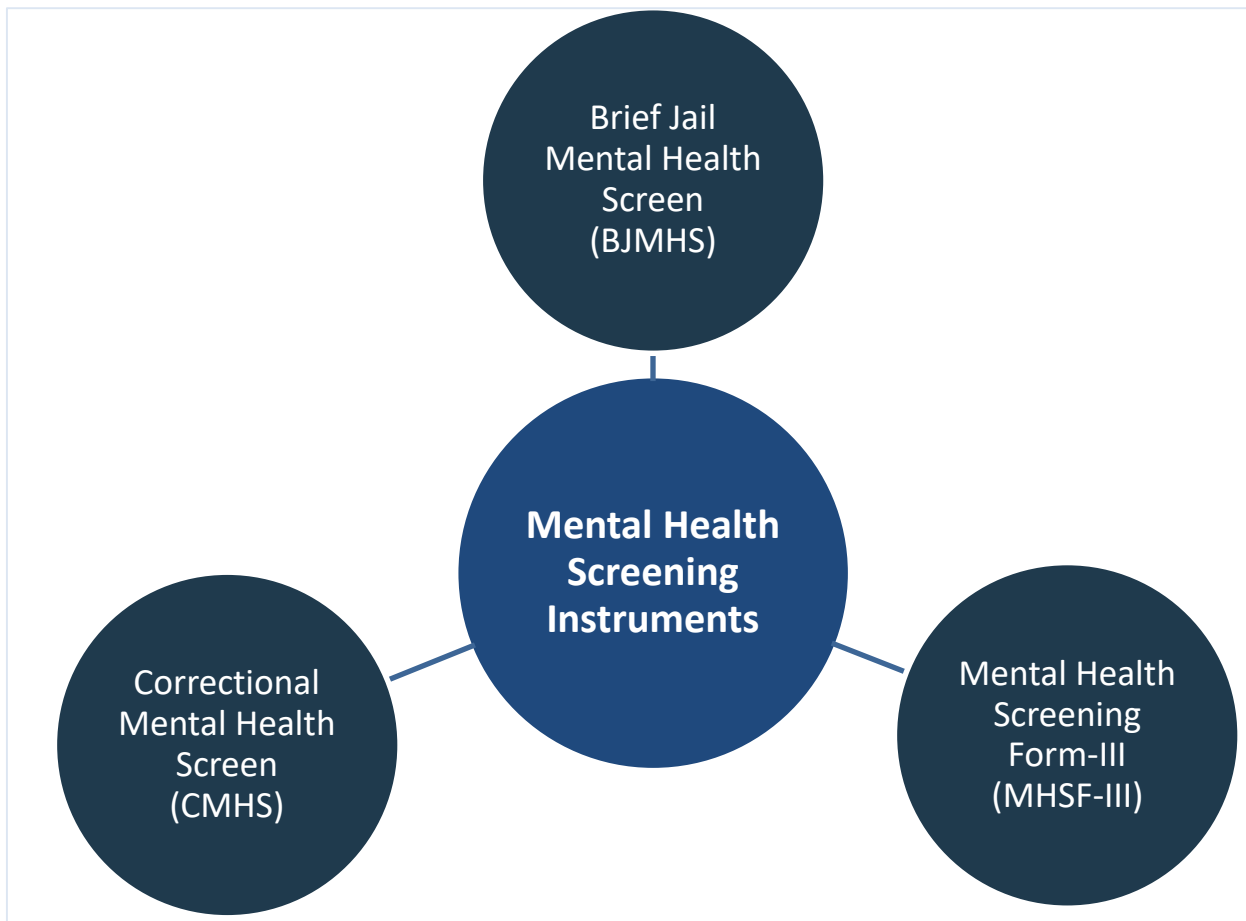
Considerations in Screening for Co-Occurring Disorders

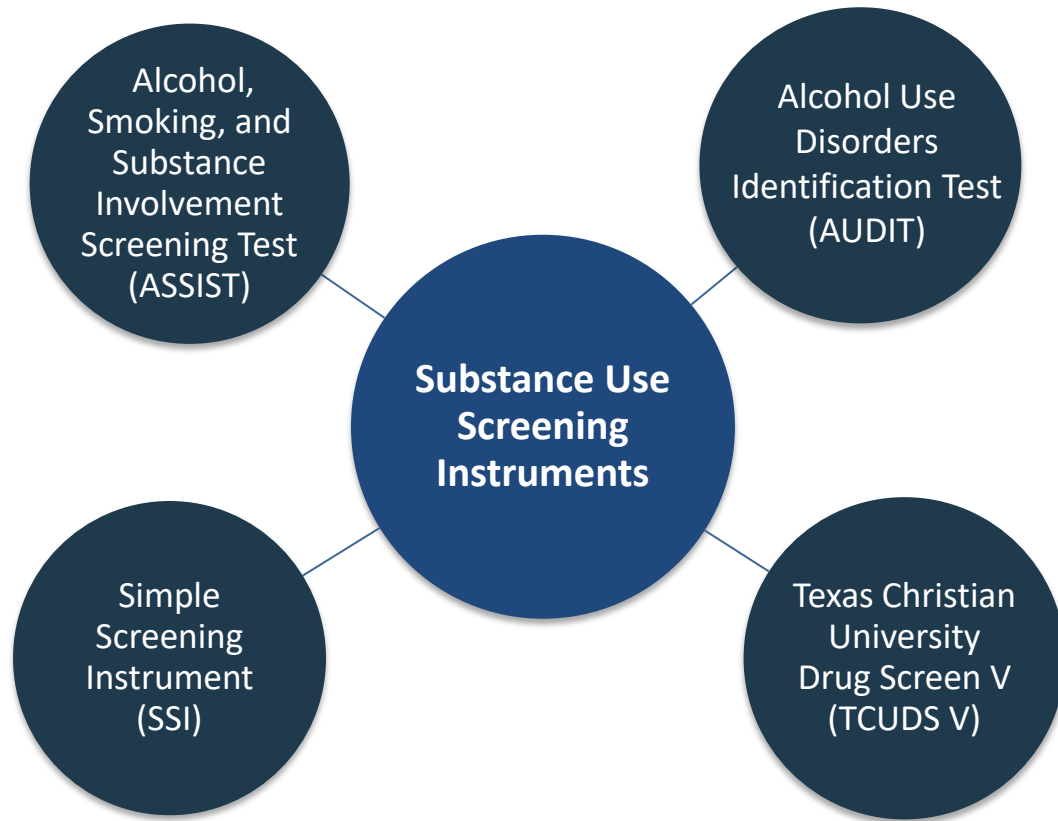
- Don't **exclude** from programs based on diagnosis of mental disorder or substance use.
- **Functional impairment** may be more important than diagnosis in determining program eligibility.
- Caution is needed re: **substance-induced disorders**.
- **Rescreening is needed** after detoxification, medical 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**





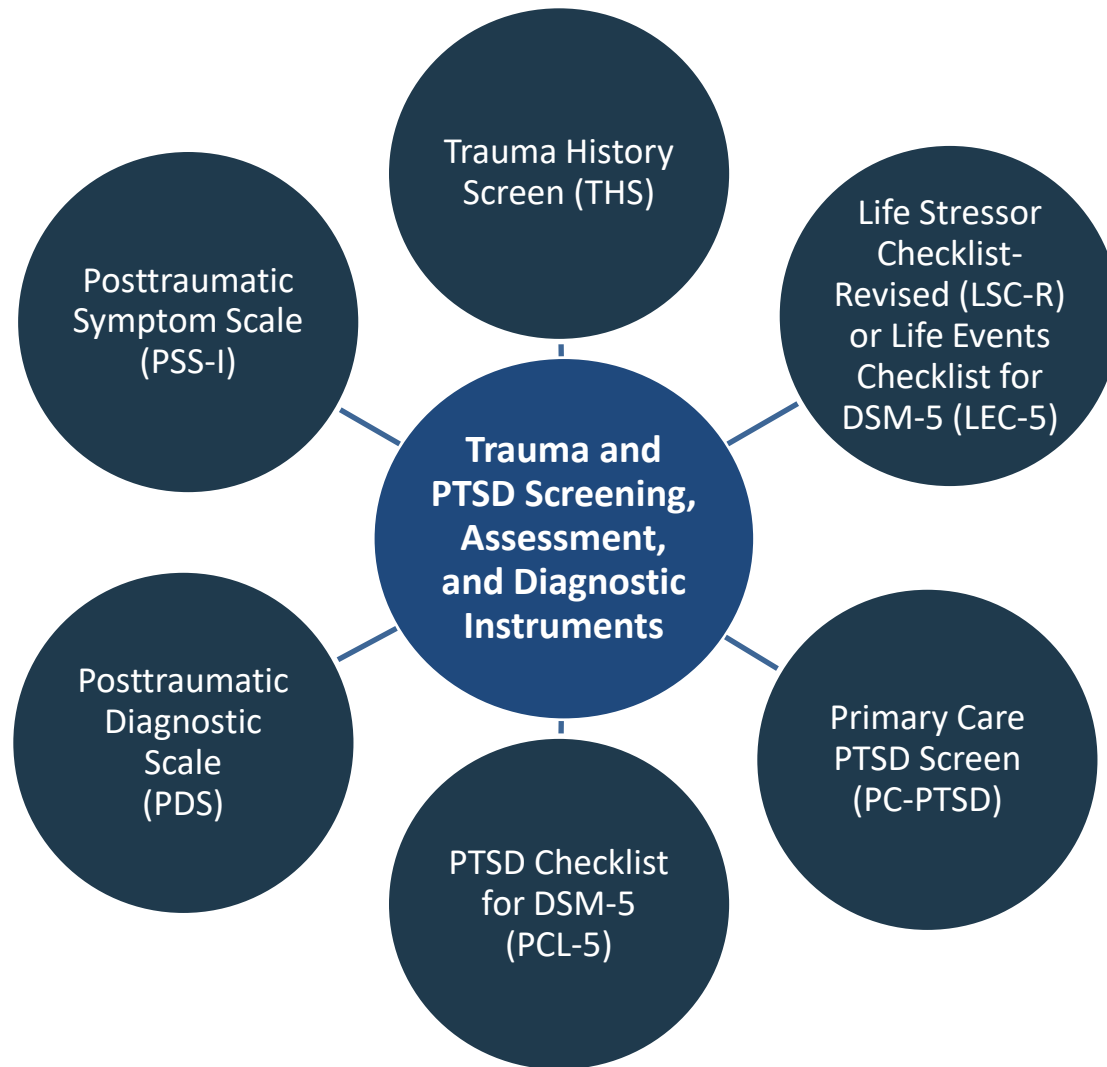
Correctional Mental
Health Screen
(CMHS) and
Texas Christian
University Drug Screen V
(TCUDS V)

**Screening
Instruments for
Co-occurring
Disorders**

MINI International
Neuropsychiatric
Interview-Screen
(MINI Screen)

Screening for Trauma and PTSD

- **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**.

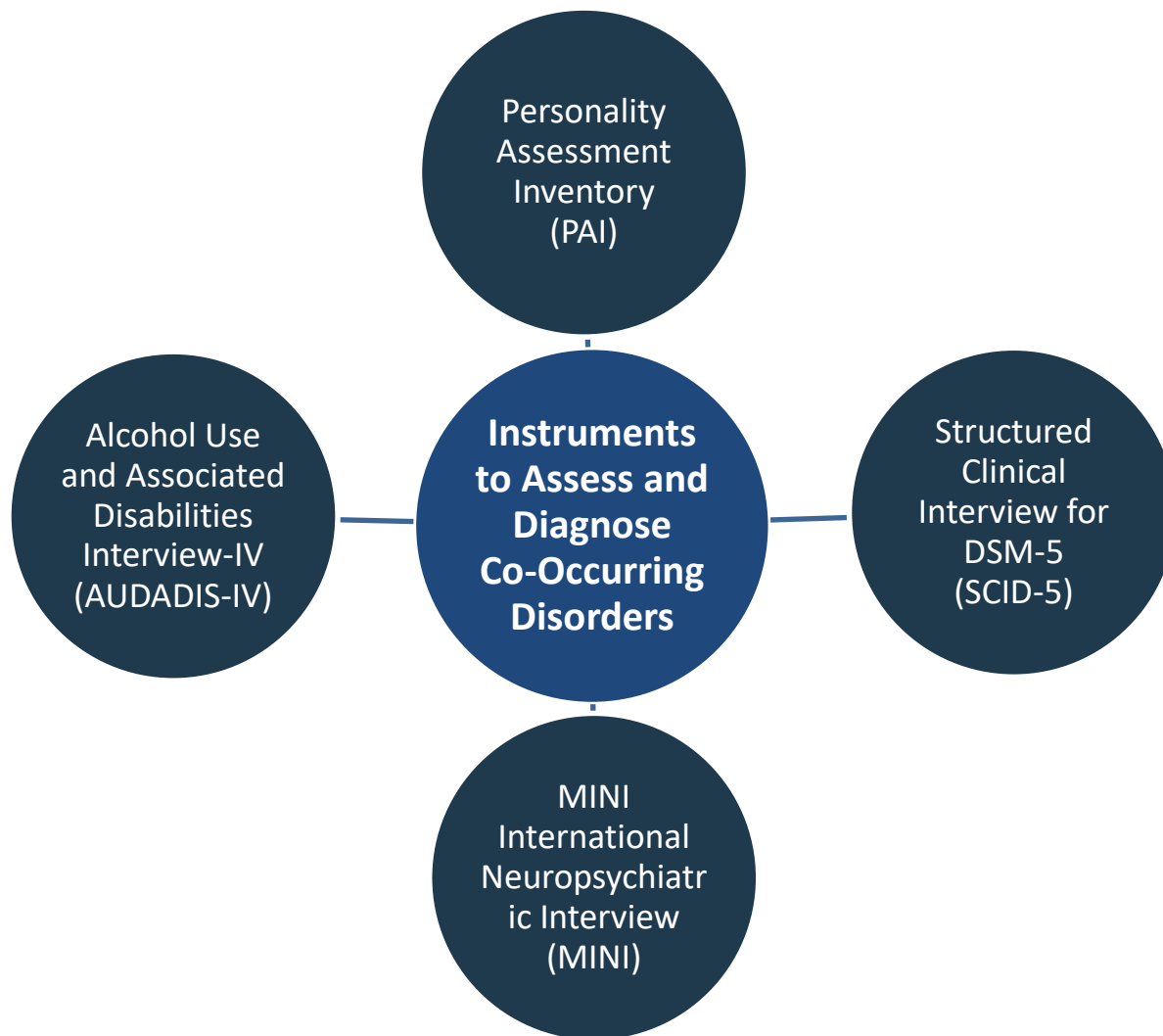


Monograph Describing Risk Assessment Instruments

Desmarais, S. L., & Singh, J. P. (2014). *Risk assessment instruments validated and implemented in correctional settings in the United States*. New York: Council of State Governments - Justice Center.

Available for download [online](#).



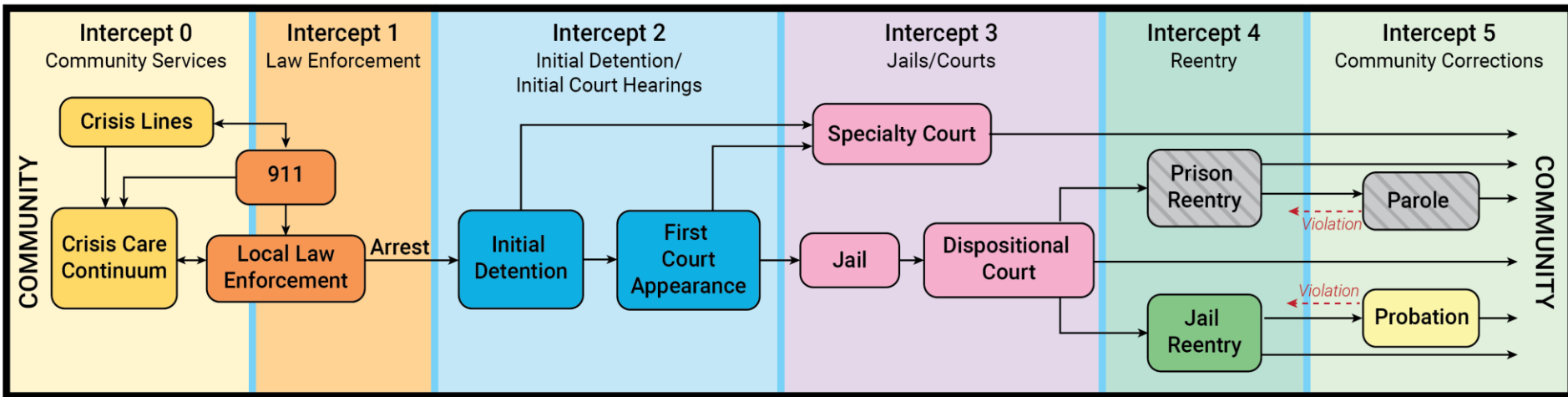


**Where should screening and
assessment occur
in the justice system?**

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

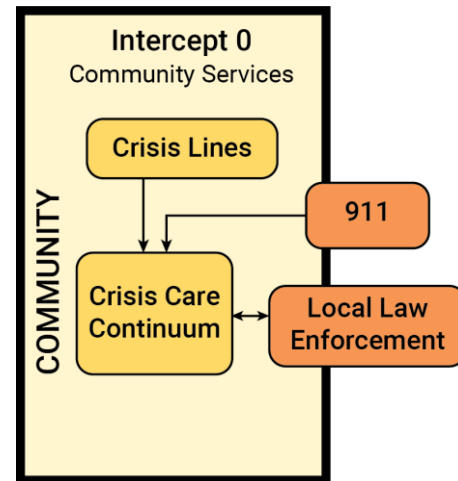
Sequential Intercept Model



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
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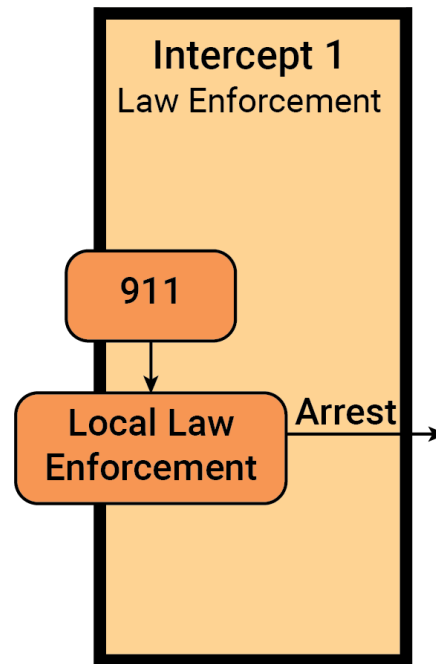
Intercept 0: Community Services

- **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.**



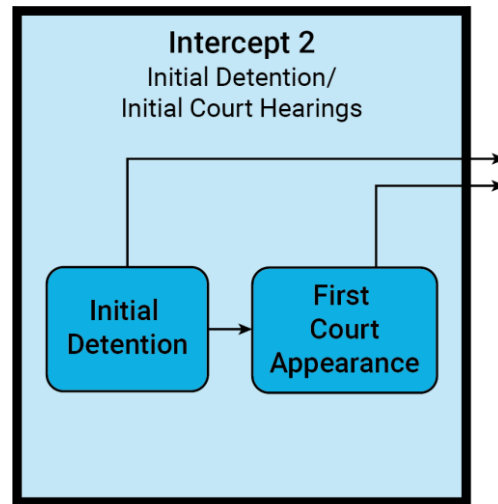
Intercept 1: Law Enforcement

- **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**



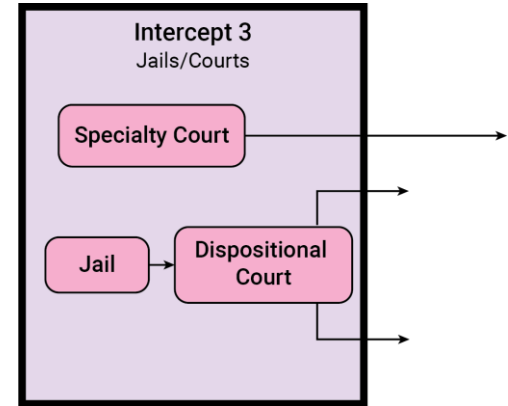
Intercept 2: Initial Detention and Initial Court Hearings

- **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



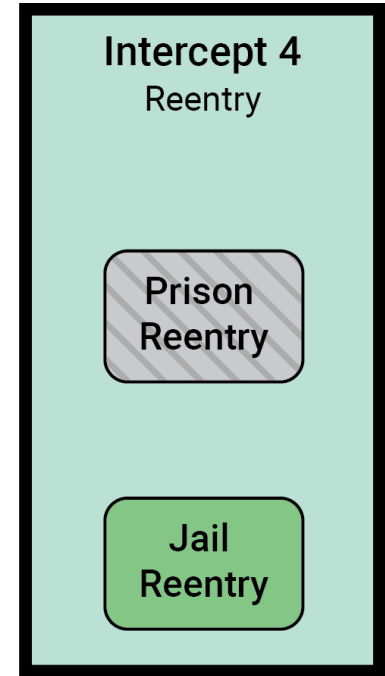
Intercept 3: Jails/Courts

- **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.**



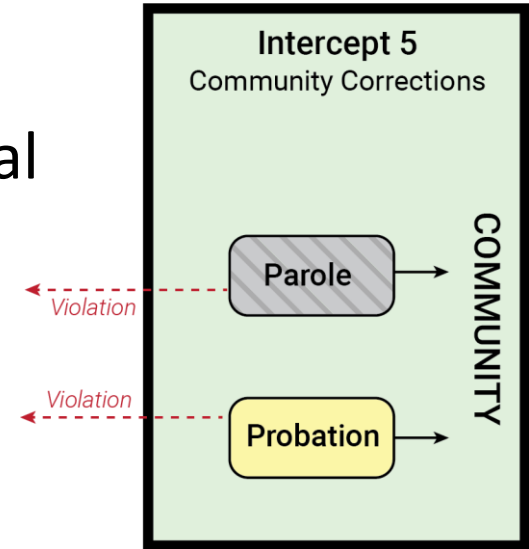
Intercept 4: Reentry

- **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

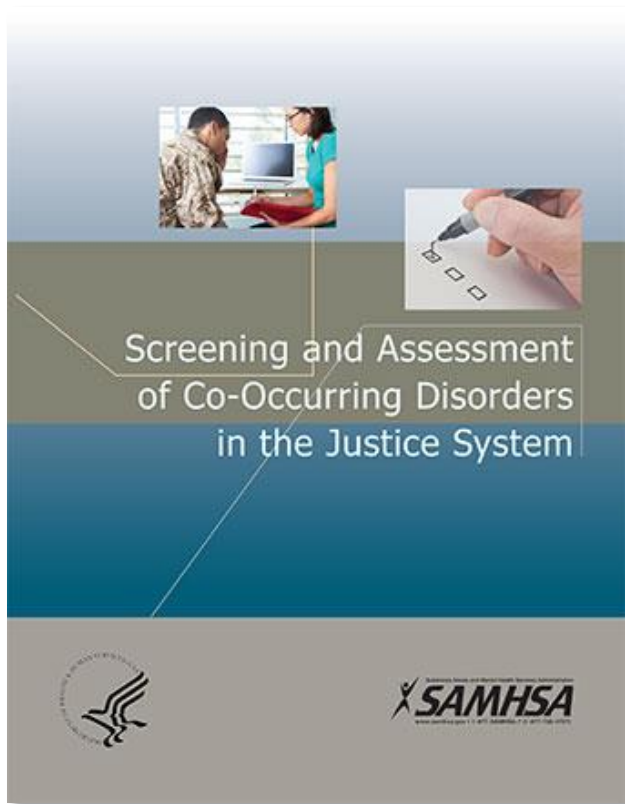
- **Goal:** Determine type and intensity of supervision and services needed (e.g., specialized supervision caseloads).
- Use **standardized screens** for behavioral health disorders.
- Conduct standardized **needs/risk assessment** and develop case plan.



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



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Thank You

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www.samhsa.gov

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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