

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
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Agenda

Welcome	Melissa Stein, DrPH <i>Senior Research Associate, Policy Research Associates, Inc.</i>
Opening Remarks	Roxanne Castaneda, MS OTR/L, FAOTA <i>Public Health Advisor, SAMHSA</i>
Presentation	Roger H. Peters, PhD <i>University of South Florida</i> Travis Parker, MS, LIMHP, CPC <i>Policy Research Associates, Inc.</i>
Questions	Melissa Stein, DrPH <i>Senior Research Associate, Policy Research Associates, Inc.</i>

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



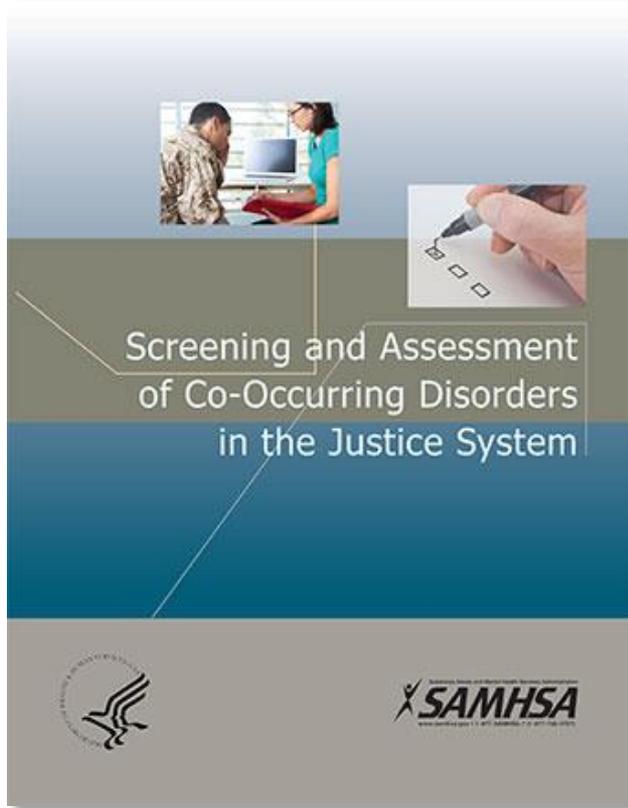
- Is Program Area Director at Policy Research, Inc., providing leadership, training, and technical assistance services.
- Has extensive experience as a provider of substance use and mental health services in correctional facilities, and administrative expertise in behavioral health and managed care organizations.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

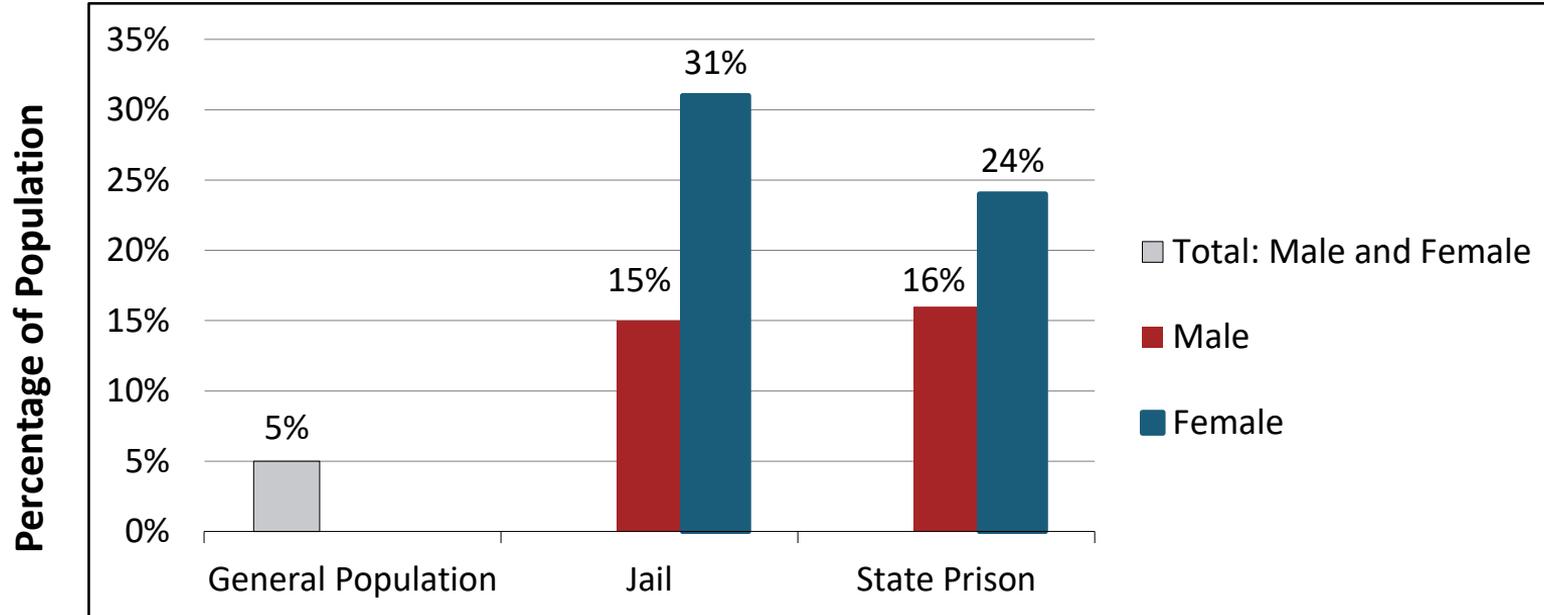


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How common are mental and substance use disorders in the justice system?

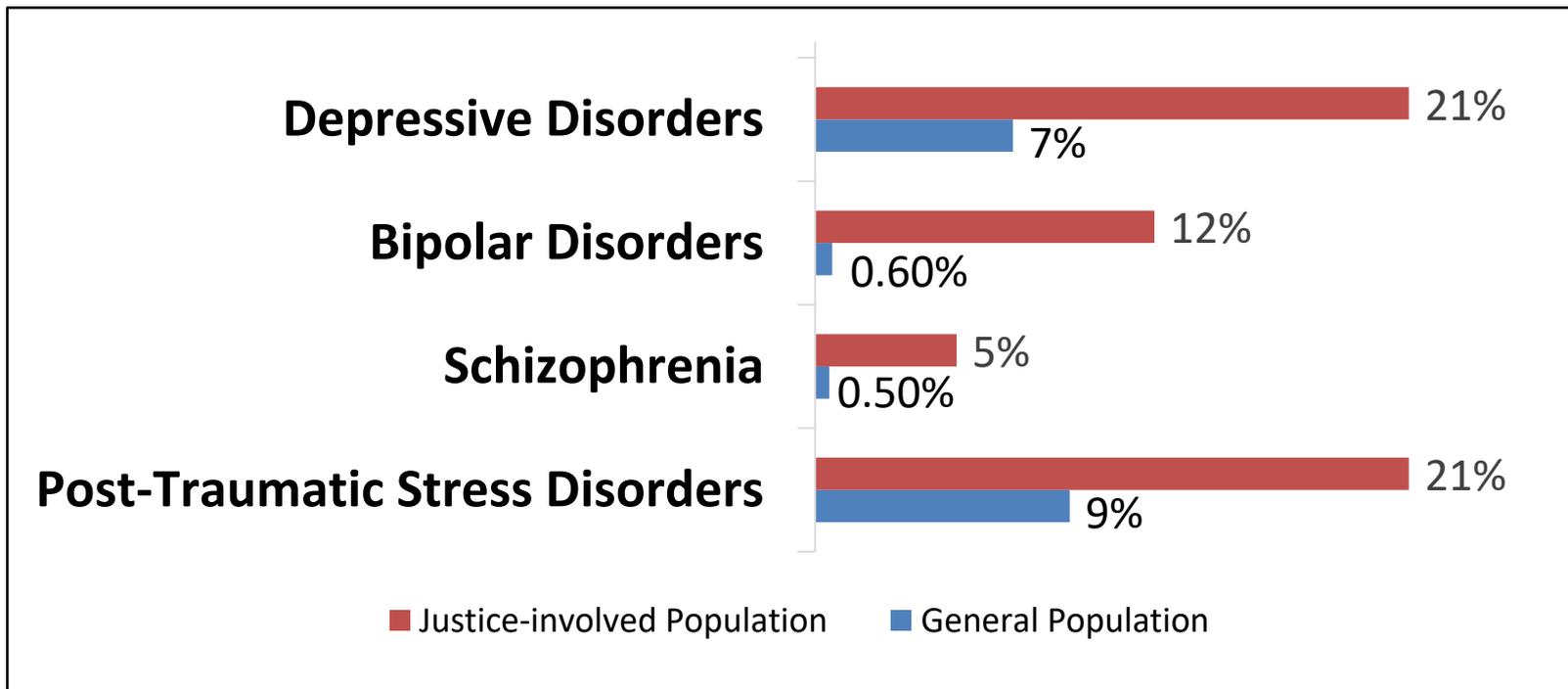
Prevalence of Mental Disorders in Jails and Prisons

Serious Mental Disorders: Incarcerated People and the General Population



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

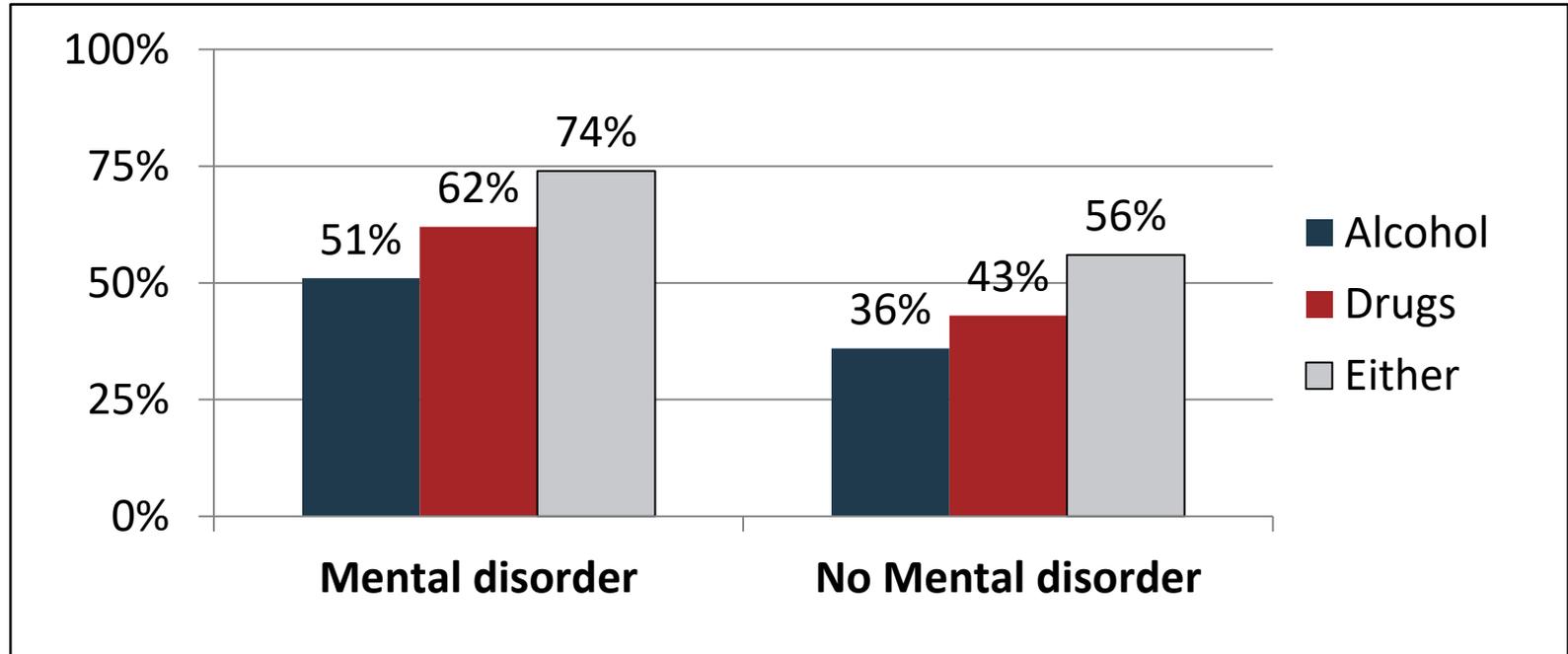
Prevalence of Mental Disorders in the Justice-involved Population



(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

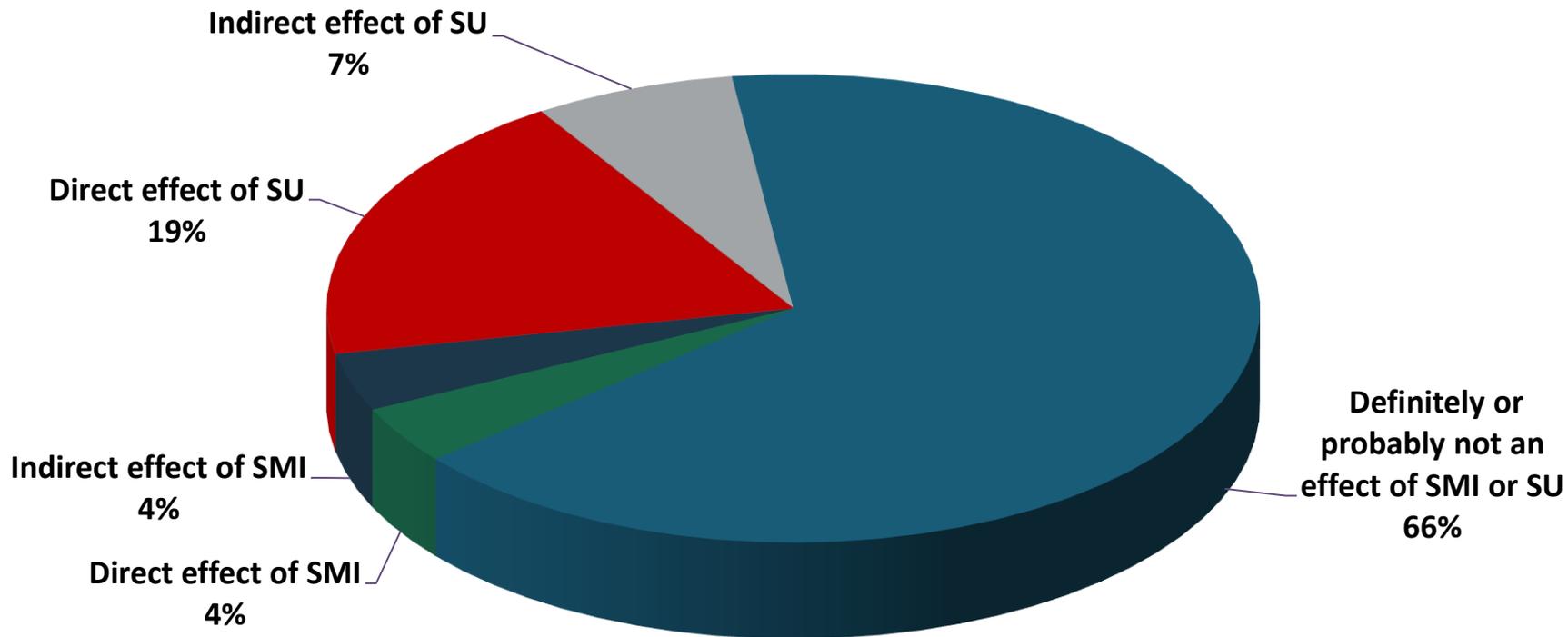
- Tend to **rapidly cycle** through the justice system.
- Stay in **jail longer** than other arrestees.
- Serve **longer sentences** in jail and prison.
- Have higher rates of **technical violations**.
- Have high rates of **victimization** in custody.
- Experience more frequent **use of force** by correctional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

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.

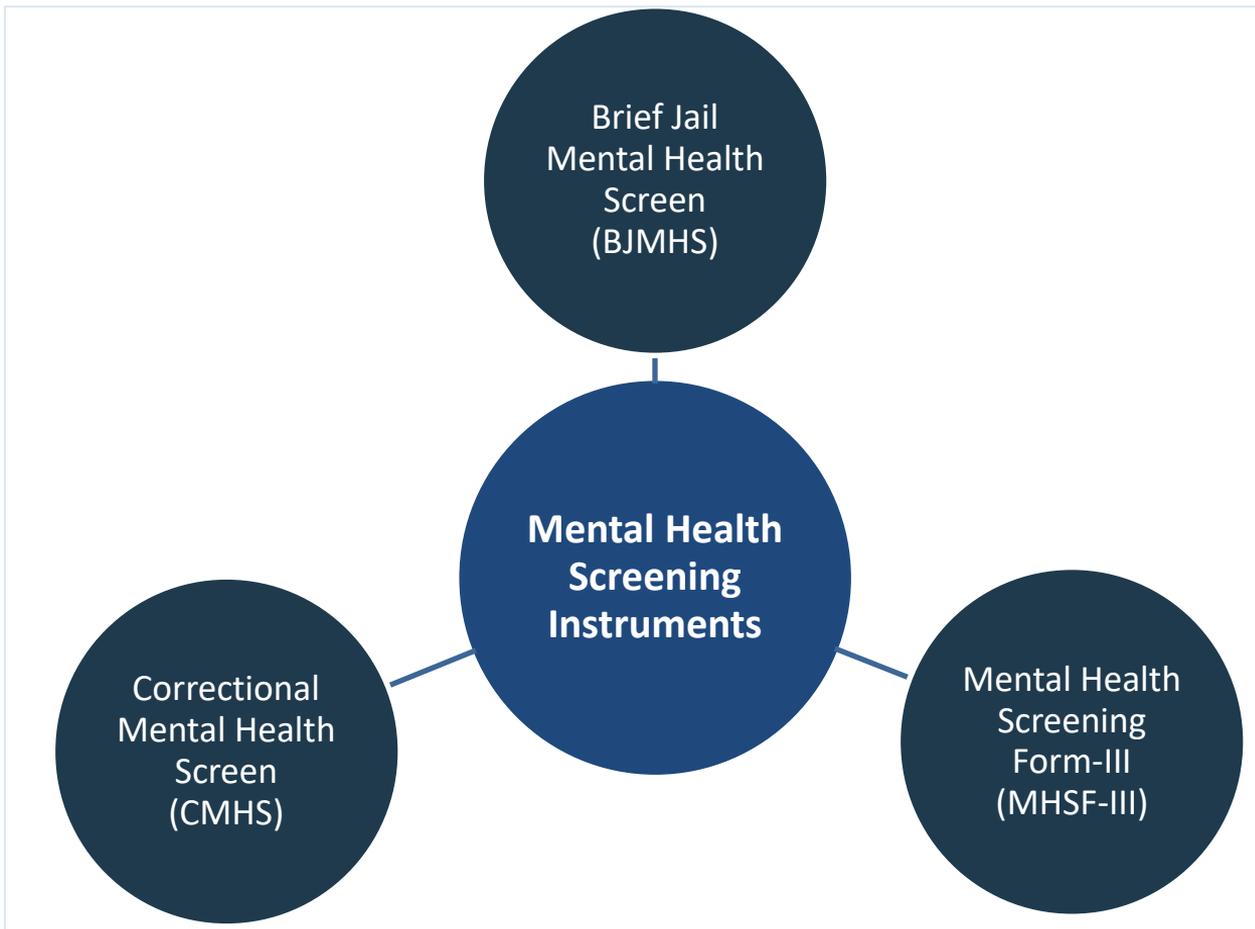
Considerations in Screening for Co-Occurring Disorders

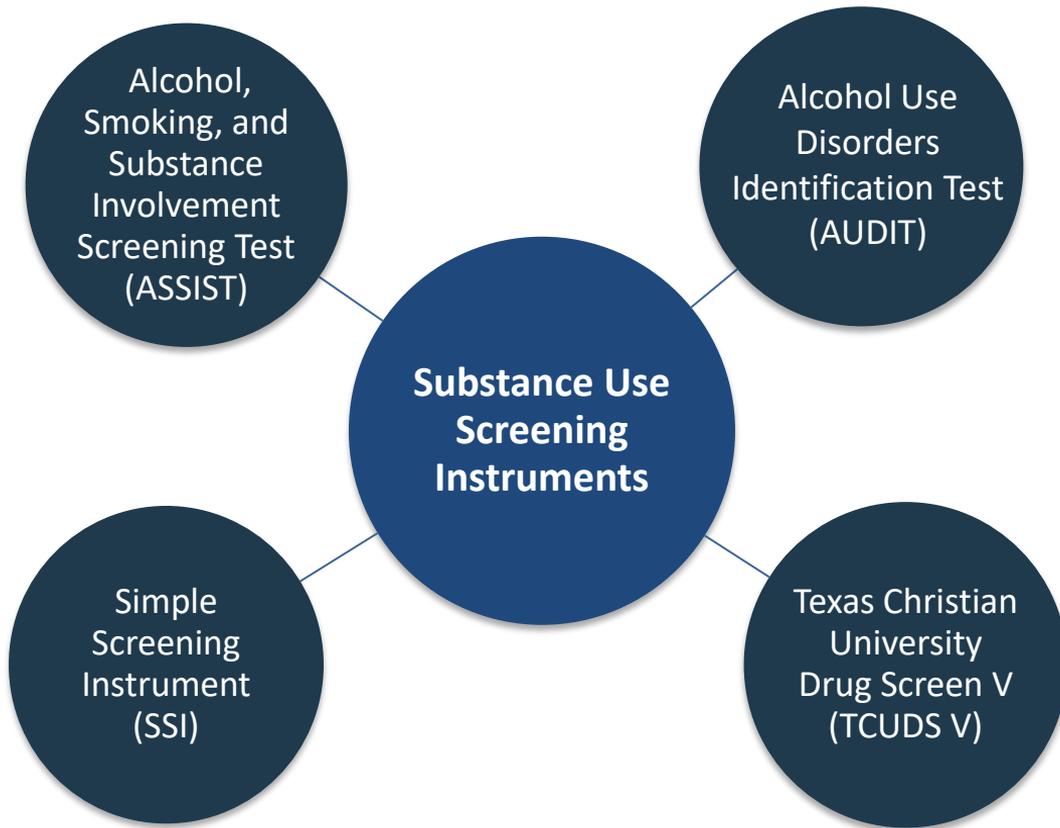
- Don't **exclude** from programs based on diagnosis of mental disorder or substance use.
- **Functional impairment** may be more important than diagnosis in determining program eligibility.
- Caution is needed re: **substance-induced disorders**.
- **Rescreening is needed** after detoxification, medical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





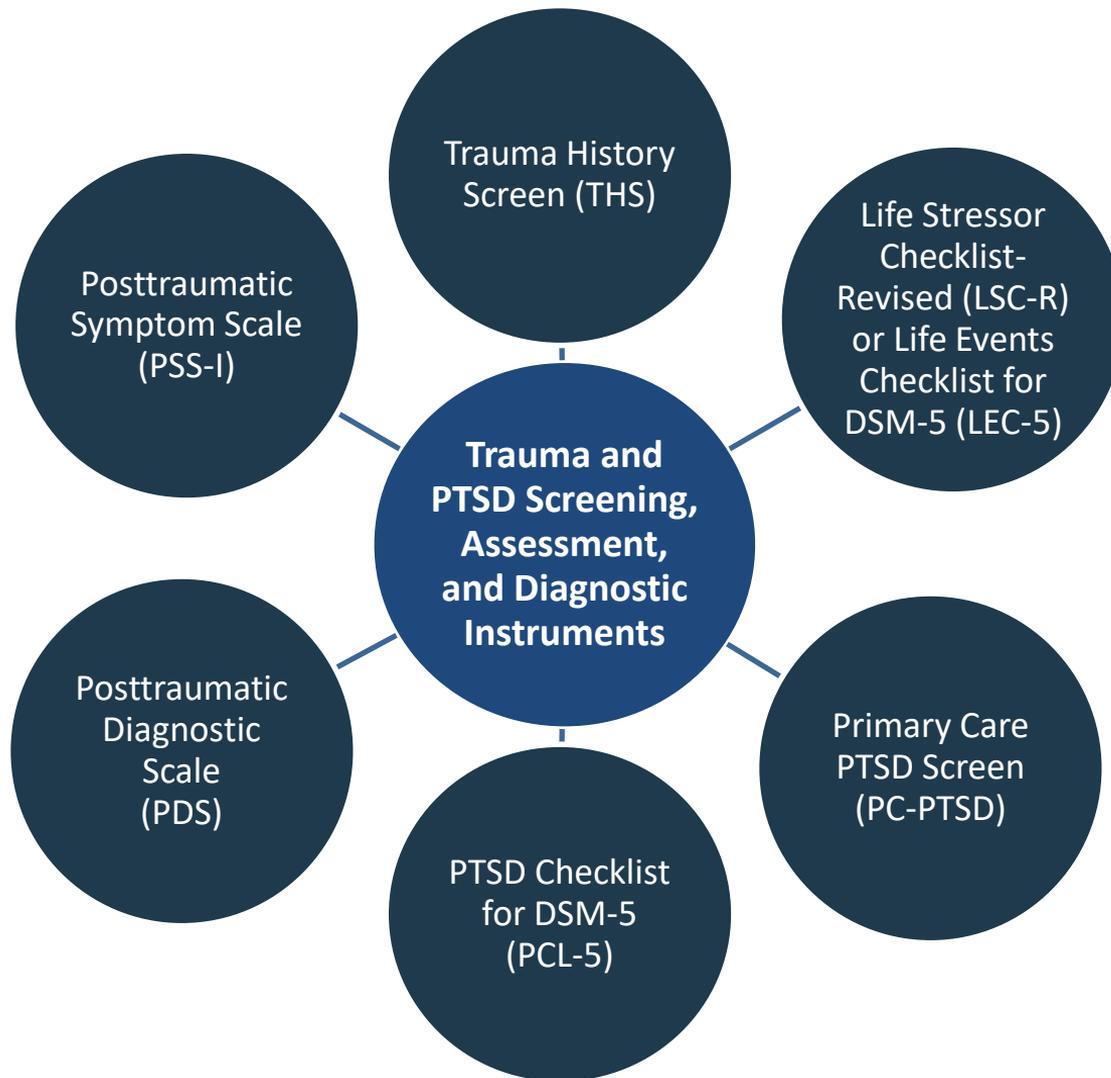
Correctional Mental
Health Screen
(CMHS) and
Texas Christian
University Drug Screen V
(TCUDS V)

**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**.

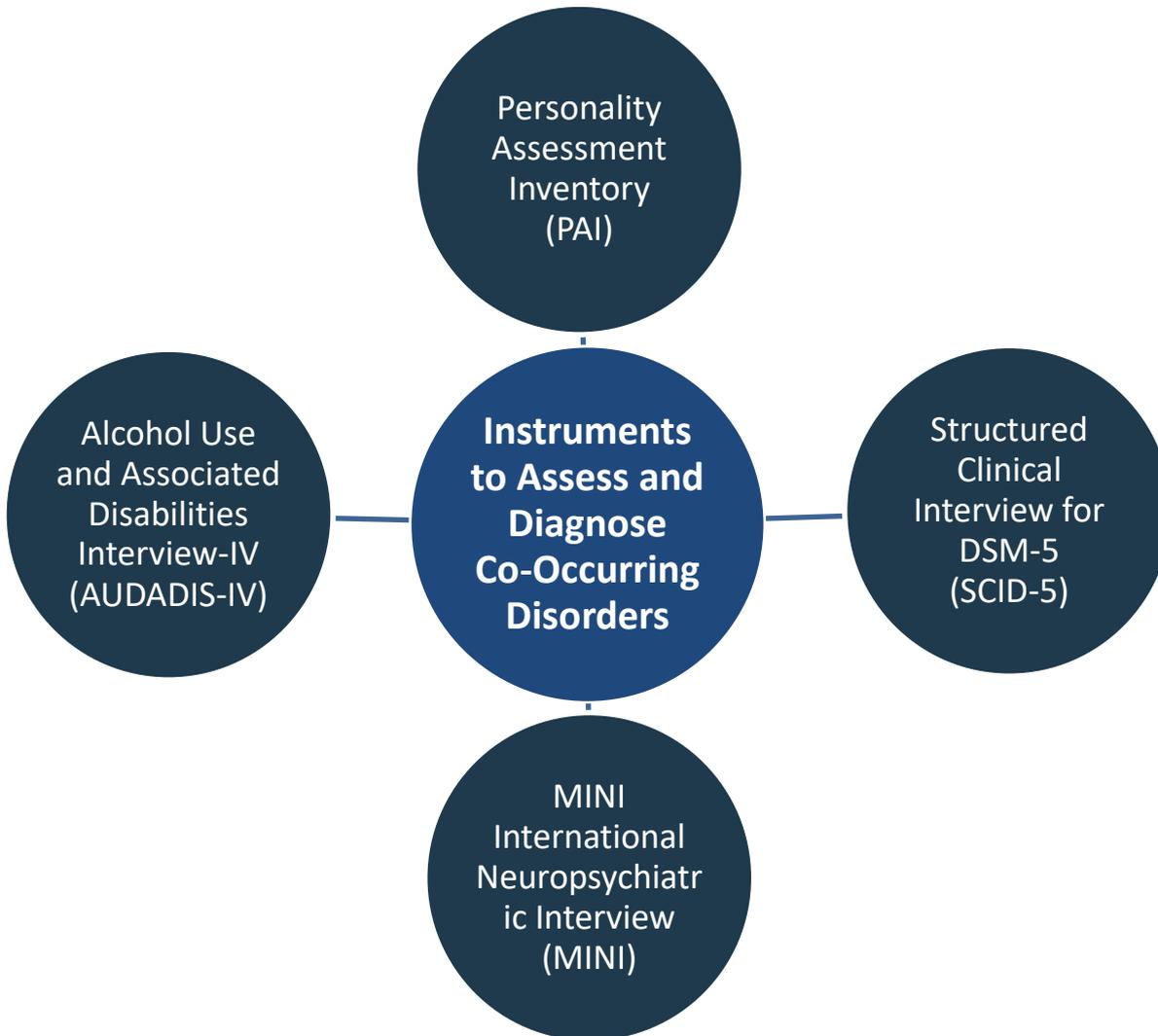


Monograph Describing Risk Assessment Instruments

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](#).



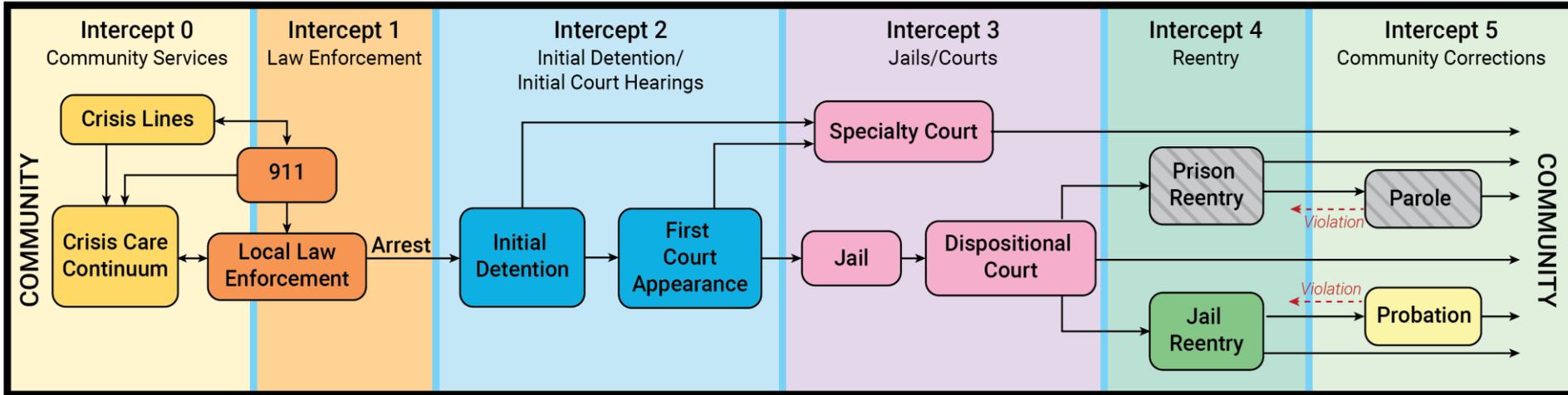


**Where should screening and
assessment occur
in the justice system?**

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

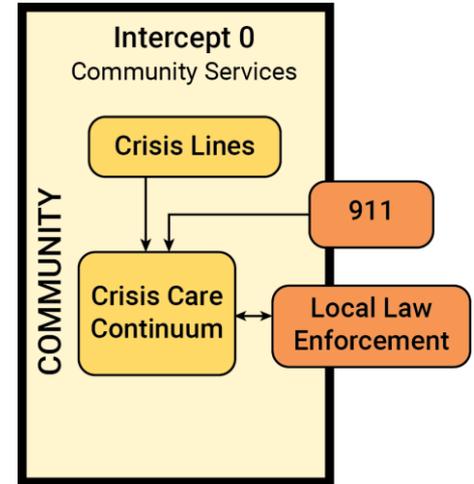
Sequential Intercept Model



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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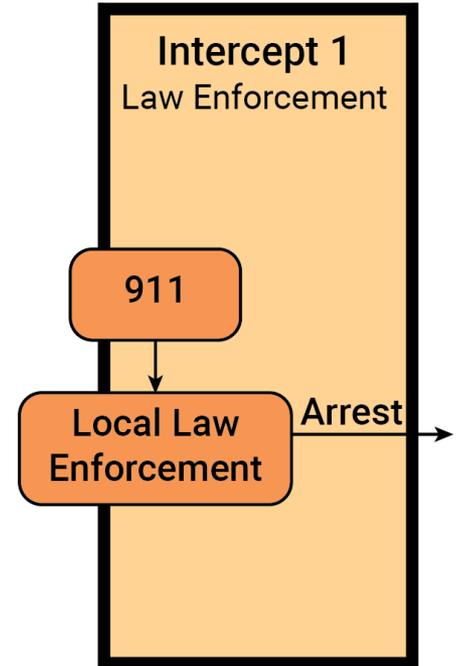
Intercept 0: Community Services

- **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.**



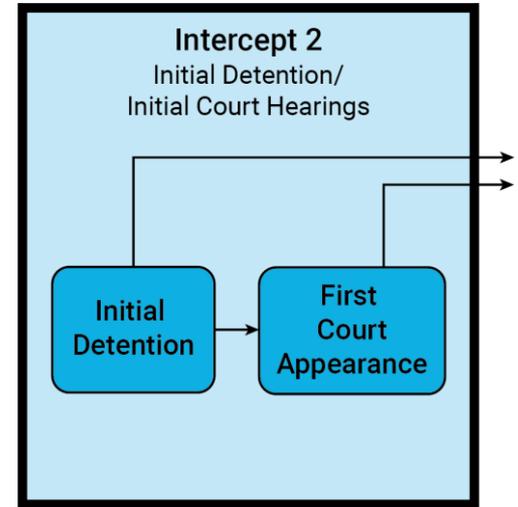
Intercept 1: Law Enforcement

- **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**



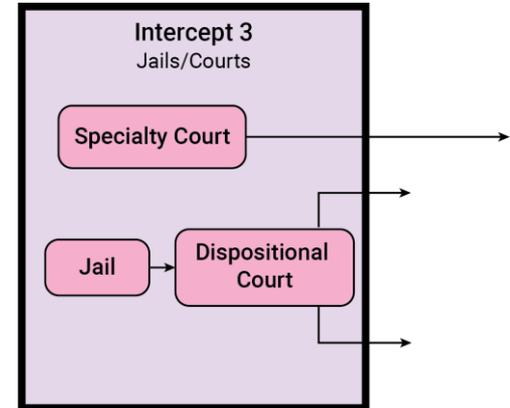
Intercept 2: Initial Detention and Initial Court Hearings

- **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



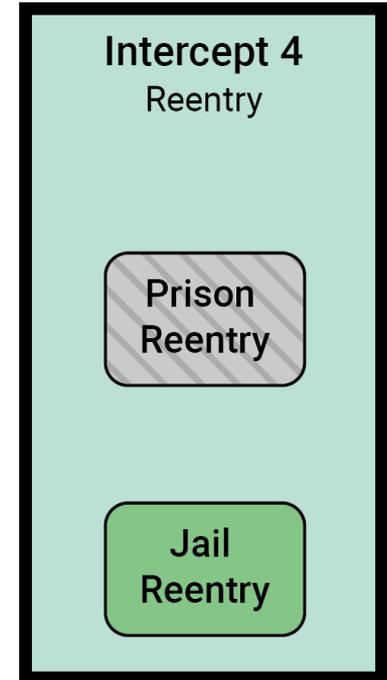
Intercept 3: Jails/Courts

- **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.**



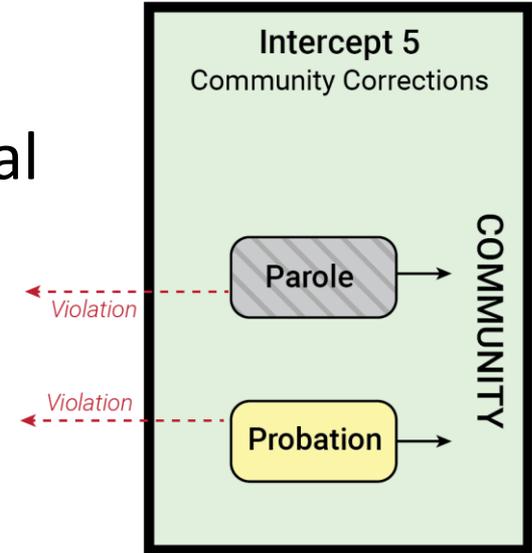
Intercept 4: Reentry

- **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

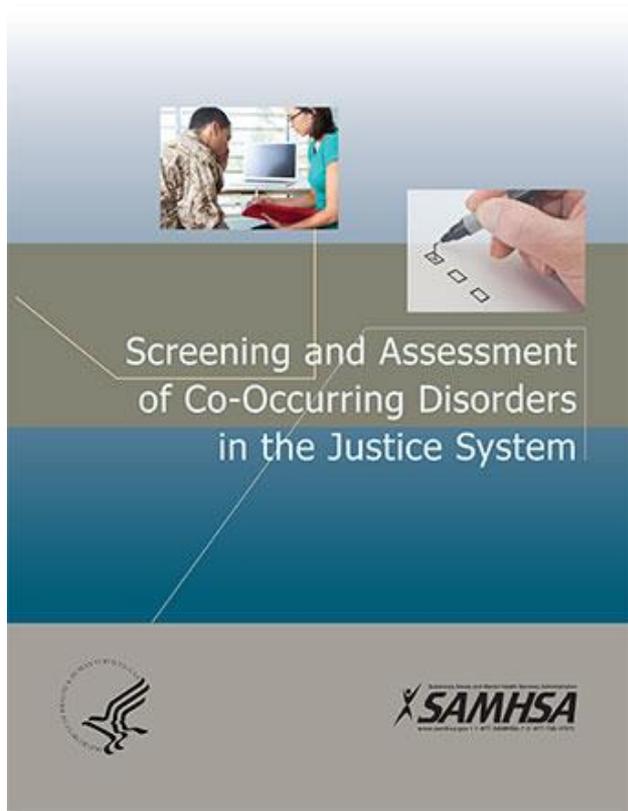
- **Goal:** Determine type and intensity of supervision and services needed (e.g., specialized supervision caseloads).
- Use **standardized screens** for behavioral health disorders.
- Conduct standardized **needs/risk assessment** and develop case plan.



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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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