Screening and Assessment across the Sequential Intercept Model (SIM) Part Two: Applications in Real Life Scenarios

Roger H. Peters, PhD
Domingo P. Corona, MA
Kelly Steele, MS
Magdalena Morales-Aina, LPC-S, LPCC

January 21, 2020
2:00pm – 3:30pm ET

Hosted by SAMHSA’s GAINS Center
Welcome and Housekeeping

Brian Case, MA
Senior Project Associate
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Opening Remarks

Larke Nahme Huang, PhD
Director
Office of Behavioral Health Equity
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: Domingo Corona, MA

- Is Director of Pretrial Services for Arizona Superior Court in Pima County.
- Is a member of the National Association of Pretrial Services Agencies (NAPSA) Education Committee.
- Served on the writing team for NAPSA’s National Standards on Pretrial Release.
- Represents the Southwest as a Regional Director on NAPSA’s Board of Directors.
- Joined both NRI’s Mental Health/Criminal Justice Research Center Advisory Council and the MacArthur Foundation’s Safety and Justice Challenge Pretrial Risk Management Project.
Introducing Today’s Presenters: Kelly C. Steele, MS

- Is Court Programs Manager for the 9th Judicial Circuit Court in Orlando, Florida, overseeing all problem solving courts for the 9th Judicial Circuit.

- Has held previous positions as the Adult Drug Court Manager for the 9th Judicial Circuit Court in Orlando; Policy Analyst at the Office of the State Court Administrator in Denver, Colorado; and Budget Director for the Administrative Office of the Courts in Atlanta, Georgia.
Introducing Today’s Presenters: Magdalena Morales-Aina, LPC-S, LPCC

- Is Director of the El Paso Community Supervision and Corrections Department.
- Has over 20 years of professional experience working as a criminal justice practitioner and licensed therapist working with justice-involved adults with behavioral health conditions.
- Has extensive program development and training experience in the procedures of jail diversion, competency restoration, civil and forensic commitments.
- Is an experienced public speaker and presenter in areas of substance abuse, behavioral health, trauma, specialty courts and cultural competence.
Screening and Assessment of Co-occurring Disorders across the Sequential Intercept Model (SIM)

Roger H. Peters, PhD
Professor, Dept. of Mental Health Law & Policy
University of South Florida

January 21, 2020
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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

|(Percentage of Population) (Sources: Ditton, 1999; Kessler et al., 1996; Steadman et al., 2009)|
|---|---|
|General Population| 5% |
|Jail| 15% |
|State Prison| 16% |
|Total: Male and Female| 24% |
|Male| 15% |
|Female| 31% |

(Sources: Ditton, 1999; Kessler et al., 1996; Steadman et al., 2009)
Prevalence of Substance Use Disorders in Jails and Prisons

(Source: Abrams & Teplin, 2010)

Percent of Population

- Alcohol use disorder (Includes alcohol abuse and dependence)
  - Household: 8%
  - Jail: 47%
  - State Prison: 54%

- Drug use disorder (Includes drug abuse and dependence)
  - Household: 2%
  - Jail: 44%
  - State Prison: 53%

(Source: Abrams & Teplin, 2010)
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.
Screening and assessment of CODs in the justice system
Why?

- Importance of Screening and Assessment for Behavioral Health Disorders in the Justice System
  - 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**.
Screening and Assessment Across the SIM: Intercepts 0-2

Domingo P. Corona, MA
Director, Pretrial Services
Arizona Superior Court in Pima County

January 21, 2020
Pima County Arizona: Intercept 0

• Law Enforcement Contact
  ▪ Training provided to law enforcement officers
    o Crisis Intervention Training
    o Mental Health First Aid
    o Motivational Interviewing
  ▪ Tucson Police Department Mental Health Support Team (MHST) (i.e. homeless outreach, crisis intervention, CODAC Behavioral Healthcare resources)
  ▪ Pima County Sheriff Department Mental Health Team

• Crisis Response
  ▪ Crisis Line is available at Pima County’s Crisis Response Center (CRC)
    o Crisis response center staff can refer to clinicians with a service provider as needed.
• Law Enforcement Deflection

  - **Mental Health Deflection:** Transportation to Crisis Response Center (CRC)
    - 24-hour temporary housing
    - Facility used as an alternative to jail booking

  - **Substance Use/Opioid Use Deflection:** UMATTER Program
    - UNCOPE screening tool
    - Grant-funded program focused on opioid use; program elements to address co-occurring disorders
    - Individual transported by officer to CODAC Behavioral Healthcare MAT clinic or Community Bridges Inc. (CBI)
    - Individual linked with CODAC Behavioral Healthcare resources, naloxone (harm reduction), and released
Pima County Arizona: Intercept 1 (Continued)

- Post Deflection Scenario: Outreach and Re-engagement
  - Peer support specialist and Tucson Police Department MHST provide text messages, phone calls, home visits, homeless camp visits, community outreach (i.e. washes, parks), jail in-reach visits, and targeted individual outreach.
Pima County Arizona: Intercept 2

• Individual booked into jail; Programming includes:
  ▪ Jail screening: medical/suicide
  ▪ Pretrial Services: Brief Jail Mental Health Screen; AC-OK Screen
  ▪ Pretrial staff will also conduct a brief locally developed suicide screen
  ▪ HOPE Inc: Service provider/peer navigation for misdemeanor cases

• Court/Initial appearance
  ▪ Release options: Enhanced Supervision (Behavioral Health caseload)
    o Includes referral for further assessment or further screening
    o May include direct transportation by a service provider
    o Leads to next step: Employing peer navigators within pretrial services
Orange and Osceola Counties (Population: 1.6 million)

- Mental Health Court
- Adult Drug Court (including Opiate Drug Court)
- Family Dependency Drug Court
- Early Childhood Court
- Veterans Treatment Court
• Screening and assessment in the court supports placement of individuals into the most appropriate programs.
• Court staff screen individuals to identify a person’s eligibility for programming.
• Treatment providers conduct assessments to formulate a treatment plan.
Court Screening and Assessment

• **Court Staff’s Role:** Screening and Sorting
  - Administrative Order (based on statute, outlines process)
  - Referral Form
  - Bio/Psych/Social assessment
  - RANT – Risk and Needs Triage
  - ACE – Adverse Childhood Experiences screening
  - TCU V – Texas Christian University Drug Screen, Version 5

• **Treatment Provider’s Role:** Assessment, diagnosis, and treatment recommendation
Participant A:

- **Charges, Sentencing Score, & Eligibility:** Resisting officer, Fleeing law enforcement officer with lights/siren active; Sentencing Score: 53.1
  - ELIGIBLE

- **Bio/Psych/Social findings:** Substance use and mental health treatment history

- **TCU Score:** 9
  - RELATIVELY SEVERE DRUG-RELATED PROBLEMS

- **RANT Score:** High Risk/High Need
Veterans Treatment Court: Scenario

Participant B:

• **Administrative Order**
• **Charges, Sentencing Score, & Eligibility:** Driving Under the Influence, Careless Driving; Sentencing Score 16.6
  • **ELIGIBLE**
• **Bio/Psych/Social findings:** Combat?: Yes, First Gulf War
  • **TRAUMA; INDICATOR FOR TREATMENT**
• **TCU Score:** 8
  • **RELATIVELY SEVERE DRUG-RELATED PROBLEMS**
• **RANT Score:** High Risk/High Need
  • **STATUS FREQUENTLY WITH THE JUDGE; ASSESS NEEDS AS INDICATED**
• **ACE Score:** 1
  • **LOW** (The higher the ACE score, the higher the risk of health/social problems.)
Screening and Assessment Across the SIM: Intercepts 4-5

Magdalena Morales-Aina, LPC-S, LPCC
Director
El Paso County, TX Community Supervision and Corrections Department

January 21, 2020
Brief History

• Historically, courts and criminal justice systems used a “one size fits all” approach at the different points in the criminal case process....

“Trail 'em, Nail 'em, Jail 'em”
Reduce recidivism through implementation of a systemic integrated model that focuses equally on:

- Evidence Based Principles (EBPs)
- Organizational Development
- Cross-system Collaboration
Intercept 4: Reentry

• **Transition planning by the jail or in-reach providers:** Transition planning improves reentry outcomes by organizing services around an individual’s needs in advance of release.

• **Medication and prescription access upon release from jail or prison:** People should be provided with a minimum of 30 days’ medications at release and have prescriptions in hand upon release, including medication-assisted treatment (MAT) medications prescribed for substance use disorders.

• **Warm hand-offs from corrections to providers increase engagement in services:** Case managers pick an individual up and transport them directly to services to increase positive outcomes.
Intercept 5: Community Corrections

- **Specialized Community Supervision Caseloads:** Community Supervision Officers (CSOs) with specialized training and case management skills are the foundation of effective supervision and service coordination for justice-involved individuals.

- **Texas Risk Assessment System (TRAS):** This tool contains both screening and assessment components that can be applied to justice-involved individuals on any form of community supervision, along with versions specific for prison, parole, and reentry populations in Texas.
Texas Risk Assessment System (TRAS) determines type and intensity of supervision, services, and development of comprehensive case.

Risk-Need-Responsivity
- Supervision Plan
- Treatment Plan
- Continuity of Care

Cross System Collaboration between community providers and criminal justice professionals is essential for ensuring continuity of care and care coordination during transitions and sustaining treatment and supports both in correctional settings and in the community.
Closing Observations
Dr. Roger Peters
Additional Materials for Download

Available on the [SAMHSA store](https://store.samhsa.gov)!
SAMHSA’s Treatment Locators

- Behavioral Health Treatment
- Buprenorphine Practitioner
- Early Serious Mental Illness Treatment
- Opioid Treatment Program
- Mental Health Treatment Court
Resources (cont’d)

- Adverse Childhood Experiences screening (ACEs)
- AC-OK Co-occurring Screen (Cherry, AL, and Dillon, ME, 2013)
- Brief Jail Mental Health Screen (BJMHS)
- Risk and Needs Triage (RANT)
- Texas Christian University Drug Screen, Version 5 (TCU Drug Screen V)
- Texas Risk Assessment System (TRAS)
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