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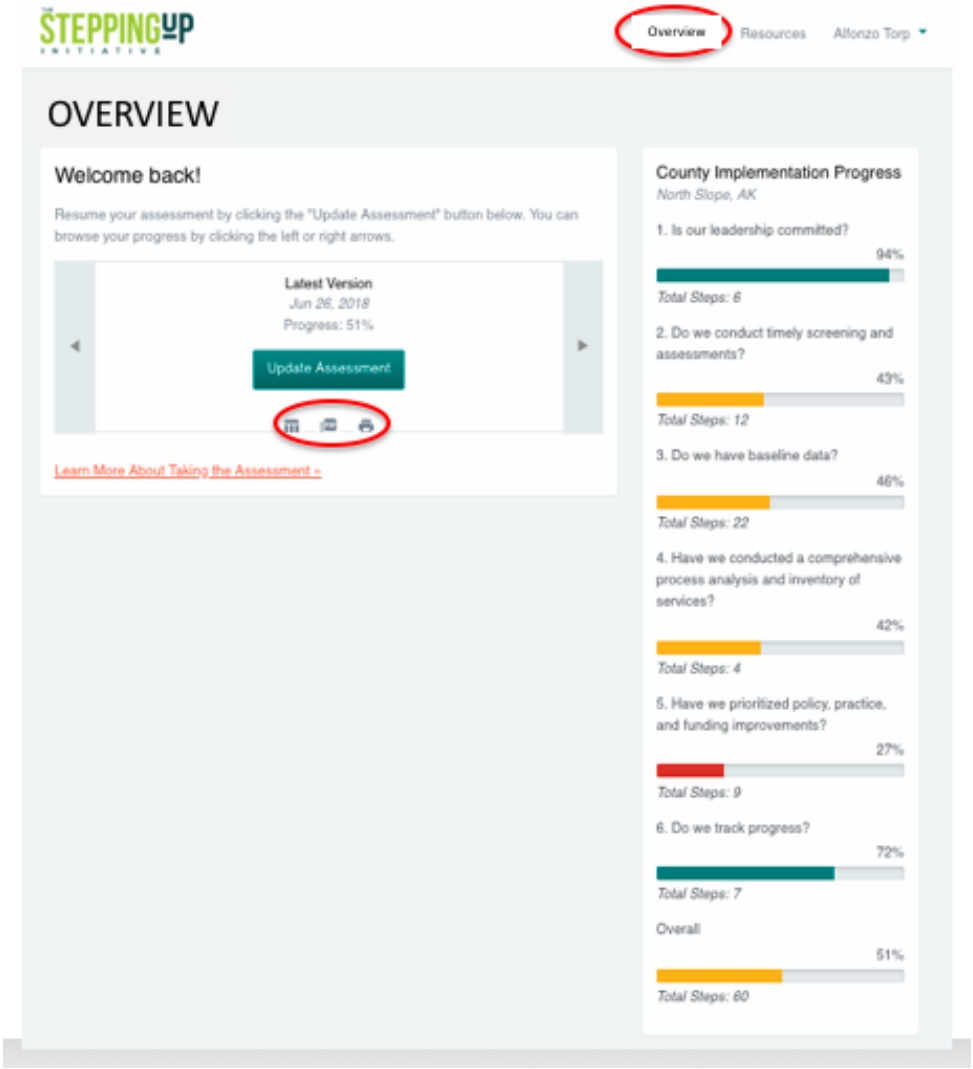
Criminal Justice and Behavioral Health Part I: Using Screening and Assessment to Accurately Identify People in Your Jail with Behavioral Health Treatment Needs

County Self-Assessment

- **Assess** your county's progress with the *Six Questions County Leaders Need to Ask*
- **Compare** your county's progress to the rest of the *Stepping Up* counties
- **Track** your county's progress over time
- **Access** targeted technical assistance resources in areas of need

https://tool.stepuptogether.org/



CRIMINAL JUSTICE AND BEHAVIORAL HEALTH PART I:
USING SCREENING AND ASSESSMENT TO ACCURATELY IDENTIFY PEOPLE IN YOUR JAIL WITH BEHAVIORAL HEALTH TREATMENT NEEDS

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DEFINITIONS

- **Focus on "behavioral health" is on the rise!**
- **"Behavioral health" encompasses both mental illness (MI) and substance use disorders (SUDs)**
- **"Co-occurring disorders" refers to the simultaneous experience of multiple diagnoses by an individual**
  - **Can include co-morbid psychiatric and medical diagnoses**
  - **Commonly used to describe the presence of at least one mental health disorder (MI) and at least one substance use disorder (SUD)**

PREVALENCE & INCIDENCE RATES

- **Nearly 45 million adults in the United States experienced a mental illness in 2016; 1 in 5**
- **Approximately 7.9 million adults in the United States had co-occurring disorders in 2014**
- **The lifetime prevalence rate for prisoners with substance use disorders is well over 70%**

So what's happening in our detention facilities?

	General Public	State Prisons	Jails
Serious Mental Disorders	5.4%	16%	**17%**
Substance Use Disorders – Abuse and/or Dependence	16%	53%	**68%**
A Co-occurring Substance Use Disorder when Serious Mental Disorder is Diagnosed	25%	59%	**72%**
A Co-occurring Serious Mental Disorder when Substance Abuse Disorder is Diagnosed	14%	60%	**33%**

WHY ARE CO-OCCURRING RATES SO HIGH?

- **Environmental and personal factors result in vulnerability to both MH and SUDs**
  - **Exposure to traumatic events, e.g., violence**
  - **Stressors, e.g., poverty, limited and/or poor quality educational and vocational opportunities, residing in drug-infested neighborhoods**
  - **"Criminogenic" risk factors (e.g., criminal attitudes and peer networks, employment problems, educational deficits, and poor social supports)**
  - **Substance use has also been found to have a "kindling" effect in triggering mental disorders**

WHY ARE CO-OCCURRING RATES SO HIGH?

- Genetic predispositions; at elevated risk for both types of disorders
- Brain changes associated with substance use result in vulnerability to addiction (i.e., enhance pleasurable drug effects, diminish awareness of negative consequences)
- Serious MI leads to substance use; symptom relief
- "Indirect effect" from poor coping skills and the inability to manage environmental stressors

HOW CO-OCCURRING DISORDERS RELATE

- **"Interactive nature" of co-occurring disorders**
  - **One predisposes the person to the other**
  - **A third disorder may affect/elicit onset of MH and SUDs, e.g. cancer**
  - **Symptoms that overlap both MH and SUDs, e.g., anxiety, will augment**
  - **Certain MH disorders, e.g., personality disorders, will predispose the person to more severe SUDs**

Meaningful screening/assessment addresses and measures

<u>both</u>

mental health & substance use

ABOUT MIAMI-DADE COUNTY CORRECTIONS & REHABILITATION

- **8th largest jail system**
- **Serving 34 municipalities**
- **Average Daily Population (in custody): 4,300**
- **Three facilities; capacity between 800-2,000**
- **Average length of stay: 27 days**

ABOUT MIAMI-DADE COUNTY CORRECTIONS & REHABILITATION

- **Intake/"booking" at one facility**
  - **24/7 services**
  - **receive "off-the-street"**
  - **approximately 160 bookings per day**
- **Medical services provided by the public hospital, Jackson Health System's Corrections Health Services (CHS)**
  - **Provides all medical, mental health, and dental services**

CHALLENGES TO SCREENING/ASSESSMENT

- **Recent arrestees are:**
  - **Often intoxicated or entering a withdrawal state**
  - **Unable or unwilling to provide information regarding MI and/or SUD**
  - **Poor historians**
- **So, screening needs to identify withdrawal and "active" MI**
  - **Staff often makes decisions without information regarding prior treatments**

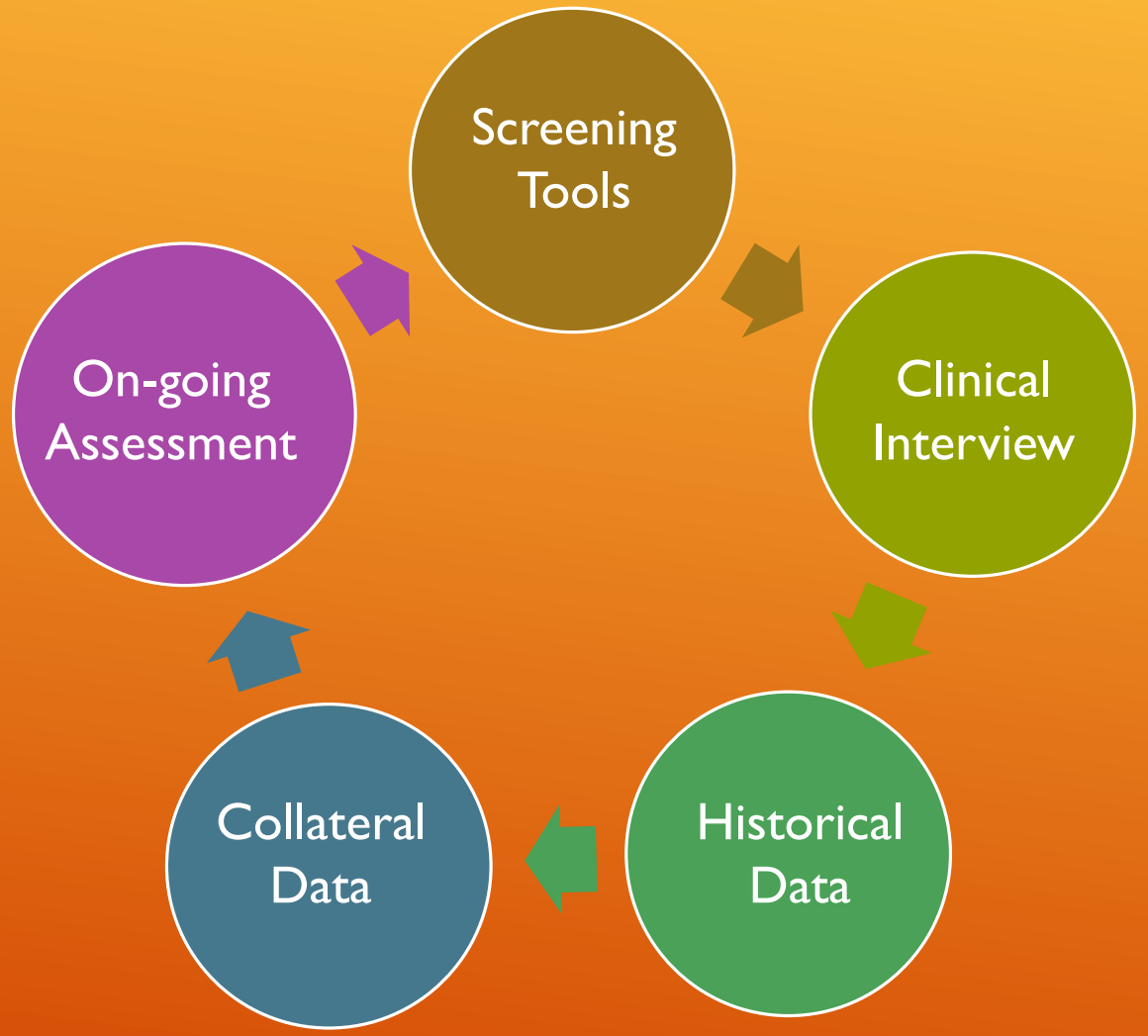
INITIAL ASSESSMENT NEEDS TO INCLUDE…

- **Determine via questioning and observation:**
  - **Suicidal ideation/intent**
  - **Severe mental illness (SMI), i.e., hallucinations, delusions, distorted thinking**
  - **Recent/current substance use; type and extent**
    - **Decision regarding need for supervised withdrawal**
  - **Identification of current/concurrent medical conditions**
- **Evaluation should use standardized, well-used instruments shown to detect and evaluate substance use and mental health issues**

STANDARDS FOR ASSESSMENT & SCREENING

- **Know what you're expected to do!**
- **Standards according to:**
  - **National Commission on Correctional Health Care (NCCHC)**
  - **American Correctional Agency (ACA)**
- **Your state's standards, e.g., Florida Model Jail Standards**
- **Require: medical clearance for custody, receiving screenings, health assessments**

IDENTIFICATION OF BEHAVIORAL HEALTH DISORDERS



FACTORS IN SCREENING & ASSESSMENT DECISION-MAKING

- **Across the nation, there is no "on size fits all" approach to MH and SUD service delivery**
- **Explore and determine your community's expectations for its jail services**
- **Any community issues that impact? E.g., "Sandra Bland" case**
- **Do you have influential coalitions and networks? E.g.:**
  - **Behavioral health service delivery networks**
  - **Chiefs of Police networks**

FACTORS IN SCREENING & ASSESSMENT DECISION-MAKING

- **Based on your experience and community issues, what must your agency do at intake?**
- **Balance of risk and resources**
  - **Who will conduct? Custody or medical**
  - **How? Standardized tools or agency-specific**
  - **When? Prior to accepting custody, at "booking," afterwards…**

FACTORS IN SCREENING & ASSESSMENT DECISION-MAKING

- **What resources are currently available?**
  - **Internal/agency**
  - **Public sector**
  - **Contracted services**
- **How will you handle suicidal/self-injurious arrestees?**

MDCR'S SCREENING/ASSESSMENT PROCESS

- **Prior to accepting custody**
  - **"Agency Advisory Form" – completed by arresting agency; includes ?s regarding arrest circumstances, observations regarding mental health and substance use**
- **Screening**
    - **RNs**
    - **Officers observing**
- **Assessments:**
    - **RNs**
        - **Qualified Medical Providers (QMP) and/or Qualified Mental Health Providers (QMHP)**

MDCR'S SCREENING/ASSESSMENT PROCESS

- **Multiple iterations!**
- **Trying to balance sound practice and information needs with requirements**
- **Pendulum has swung towards a seemingly "over identification" of MI and SUDs**
- **Our "mental health caseload" is 54% of our total ADP (over 2,300 inmates)**
- **We now operate:**
  - **A 42-bed detoxification unit (for alcohol and opiates)**
  - **486 beds for acute/sub-acute MI, including suicidal and self-injurious inmates**
  - **480 beds for stable MI**

SCREENING & ASSESSMENT TOOLS

- **No validated "co-occurring" screening tool**
  - **Usually agency-developed tools, interviews**
  - **Using multiple measures**
  - **Often result in mismatched needs and available services**

SCREENING & ASSESSMENT TOOLS

- **Validated MH Screening Tools:**
  - **Brief Jail Mental Health Screen**
  - **Patient Health Questionnaire (PHQ)-9; self-report for depression**
  - **Columbia-Suicide Severity Rating Scale (C-SSRS); several versions; risk/protective factor checklist; formal assessment**

SCREENING & ASSESSMENT TOOLS

- **Validated SUD Screening Tools:**
  - **TCU Drug Screen 5; follows the Texas Christian University Drug Screen II**
  - **Adult Substance Abuse Subtle Screening Inventory – 4 (SASSI-4)**
  - **Addiction Severity Index (ASI) – the most comprehensive**

STATE OF IN-JAIL BEHAVIORAL HEALTH TREATMENT

- **Hunt et al. (2015) examined the substance abuse and mental health treatment histories of men detained in metropolitan jails; analyzed data from the Arrestee Drug Abuse Monitoring (ADAM II) Program**
  - **Reported that, although a substantial proportion of arrestees need treatment for both mental and substance use disorders, relatively few arrestees received either type of these services in the past year or during their lifetimes**
  - **Concluded that " . . . offender treatment services have not expanded to meet the growing needs of justice-involved individuals who have severe substance use and mental disorders"**

BEHAVIORAL HEALTH "BEST PRACTICE" TREATMENT

- **A "best" model:**
  - **Encompasses primary care, MI and SUD treatment**
  - **Treatment "team" is able to have/share information on all health aspects of a person**
  - **Shifts treatment services in response to the offender's needs**
  - **Provides in-jail SUD treatment to promote continued recovery upon release**
  - **Provides seamless MH & SUD service delivery transition at release to assist in community reintegration**

REFERENCES

- Blandford, A.M. and Osher, F.C. *Guidelines for the Successful Transition of Individuals with Behavioral Health Disorders from Jail and Prison*. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2013

- Hunt, E., Peters, R. H., and Kremling, J. Behavioral Health Treatment History Among Persons in the Justice System: Findings from the Arrestee Drug Abuse Monitoring II program. *Psychiatric Rehabilitation Journal* 38(1), 7–15, 2015

- National Institute on Drug Abuse. *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide*. NIH Publication No. 11-5316, 2014

- Peters, R.H., Lurigio, A.J., and Wexler, H.K. Co-occurring Substance Use and Mental Disorders in the Criminal Justice System: A New Frontier of Clinical Practice and Research. *Psychiatric Rehabilitation Journal* 38(1): 1-6, 2015

- Substance Abuse and Mental Health Services Administration. *Screening and Assessment of Co-occurring Disorders in the Justice System*. HHS Publication No. (SMA)-15-4930. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015

Screening & Assessment in Jail

How to accurately identify people in your jail with behavioral health treatment needs.

Process to Implementation

- **2012 Comprehensive Criminal Justice System Needs Analysis Completed**
- **Key recommendation included**
    1. Implementing risk and needs decision making tools;
    2. Improving data, data analysis, and evaluation capabilities; and
    3. Formalizing the Criminal Justice Executive Council22

Process to Implementation

2015 JMHCP Grant Recipient

- **Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail**
- **Goals Included**
  - Reduce the number of people with MI/COD booked into the jail
  - Reduce the length of time people with MI/COD disorders stay in the jail
  - Increase linkage to community-based services and supports by people with MI/COD who are released from the jail
  - Reduce the number of people with MI/COD returning to jail

Process to Implementation

- Crisis Response Planning Committee (CRPC) was a formal body developed to oversee planning grant activities.
- Completion of a Planning and Implementation Guide (P&I Guide), developed by the TA Providers.
- Examined the extent of the dearth of information that exists regarding prevalence rates of people with MI and/or substance use disorders (SUD) in jails.
- Sequential Intercept Model Mapping (SIM) Exercise completed

Process to Implementation

- **Agreed on definitions for the terms mental illness (MI), substance use disorder (SUD):**
  - **Mental Illness** as defined by the DSM–5 is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
  - **Substance Use Disorder** as adapted from Substance Abuse and Mental Health Services Administration SAMHSA, October 2015, is a recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home and when an individual experiences impaired control, social impairment, risky use, and pharmacological criteria defined in the 5th Ed.

Process to Implementation

- **The CRPC also recommended the use of validated screening tools:**
  - **Brief Jail Mental Health Screen (BJMHS)** to identify a possible mental illness
  - **Texas Christian University Drug Screen (TCUDS V)** to identify a possible substance use disorder
  - **Level of Service – Revised: Screening Version (LSI-R:SV)** to determine level of criminogenic risk, needs, responsivity, and service delivery

Process to Implementation

- **Why BJMHS & TCUDS-V followed by LSI-R:SV ?**
  - These screening instruments, in addition to identifying possible presence of disorders and the likelihood of recidivism, provide a consistent method for tracking prevalence of disorders and levels of criminogenic risk for all persons booked into the jail, and guide service planning.
  - BJMHS & TCUDS-V were FREE to use

Process Today

- **As of March 2017: BJMHS & TCU-DS V are administered by Corrections Officers to all detainee upon intake/booking.**
- **Secondary level screens and comprehensive assessments are conducted by community providers in the jail.**
    - The screens provide a foundation for tracking prevalence data for the target population, and accurately refer for engagement and assessment by community-based behavioral health providers located in the jail.

Process Today

- The County Jail has approximately 350 intakes per month.
- Nearly 98% are screened by Corrections Officers, for indications of mental health and substance use disorders, using the BJMHS and TCUDS-V. On average, 12 screens are conducted daily.
- Data consistently indicate that approximately 30% of all bookings are referred for secondary screening, engagement and assessment by community-based behavioral health providers located in the jail

Barriers to Overcome

- Access to Jail – Sheriff must cooperate
- Funding of Program
- Local Mental Health Board (taxing body) funds the screens and comprehensive assessments are conducted by community providers in the jail.
- Data Collection -
- Lack of an e-screening tool, replete with validated screening instruments, for administration by correctional staff, to collect and track prevalence data of individuals with MI/ SUD/COD booked into local jails.

Barriers to Overcome

- **Privacy Laws – Data Sharing**
  - Community Providers unable to provide person specific data relating to Secondary level screens and comprehensive assessments completed after positive screens.
- **Data Sharing**
  - Aggregate Data (provided earlier) does not allow for individualized approaches to completed stated goals relating to LOS and recidivism for the target population.

Next Steps

- **Seek an e-screening tool**
  - During the April 2016 Stepping Up conference, the American Psychiatric Association (APA) announced work to develop an e-screening tool. We remain hopeful a tool will be built.
- **Investigate Data Sharing Portal (such as OpenLattice) for use locally.**

Next Steps

- **Address the "Refer to What" in our community.**
- **Reduce the number of persons with mental illness who are incarcerated. "Diversion"**
    - Through implementation a co-responder model, for behavioral health providers and Crisis Intervention Team officers, with case management services guided by criminogenic risk/needs/responsivity (RNR) screening.

Questions