July 10, 2018

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Opioid Addiction Screening and Assessment for People in the Criminal Justice System

Review of available instruments and how to select a tool that works for your program

Overview

- Introductions
- Considerations for Screening & Assessment of Opioid Addiction
- Instruments for Screening & Assessment of Opioid Addiction
- TCU Drug Screen 5 and Opioid Supplement
- Questions and Answers

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Speakers

- Andre Bethea, Policy Advisor for Corrections
  BUREAU OF JUSTICE ASSISTANCE, U.S. DEPARTMENT OF JUSTICE
- Roger Peters, PhD, Licensed Psychologist and Professor in the Department of Mental Health Law and Policy
  LOUIS DE LA PARTE FLORIDA MENTAL HEALTH INSTITUTE (FMHI),
  UNIVERSITY OF SOUTH FLORIDA
- Phil Barbour, Master Trainer
  CENTER FOR HEALTH AND JUSTICE AT TASC
- Jac Charlier, MPA, National Director for Justice Initiatives
  CENTER FOR HEALTH AND JUSTICE AT TASC
- Allison Upton, PsyD, Senior Policy Analyst
  THE COUNCIL OF STATE GOVERNMENTS (CSG) JUSTICE CENTER

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Bureau of Justice Assistance

The Bureau of Justice Assistance (BJA), a component of the Department of Justice's Office of Justice Programs, provides leadership and services in grants administration and criminal justice policy development to state, local, and tribal jurisdictions. Specifically, BJA provides funding to support law enforcement, combat violent and drug-related crime, and combat victimization. Through the development and implementation of policy, services, and sound grants management, BJA strengthens the nation's criminal justice system and restores security in communities.

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BJA
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Justice Center
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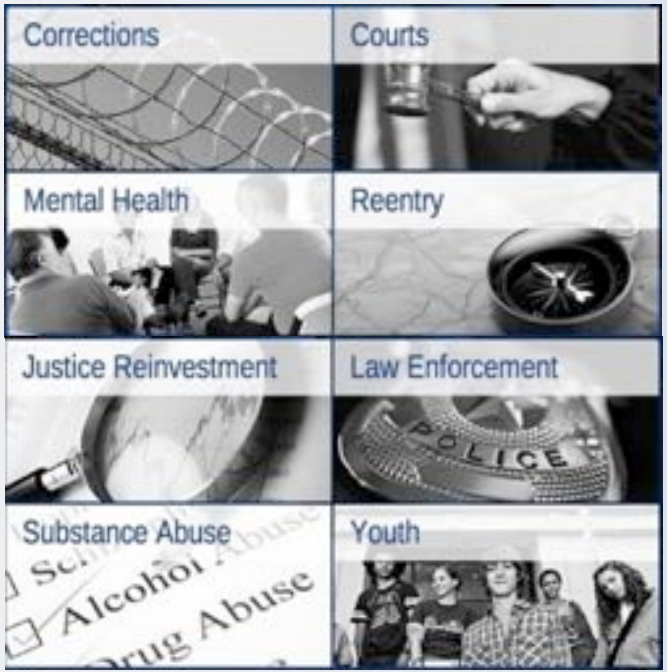
National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by **the best available evidence**



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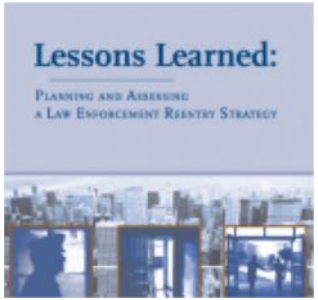

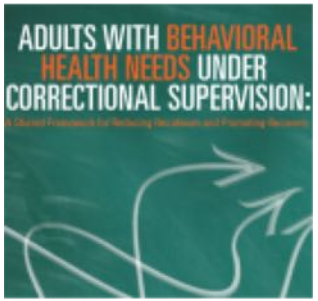

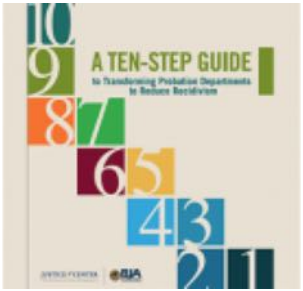

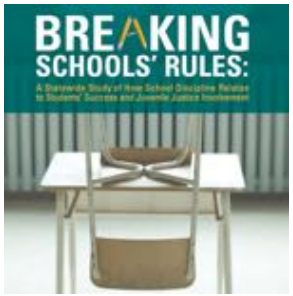

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National Reentry Resource Center

- Authorized by the passage of the Second Chance Act in April 2008
- Launched by the Council of State Governments in October 2009
- Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
- The NRRC has provided technical assistance to over 600 juvenile and adult reentry grantees since inception

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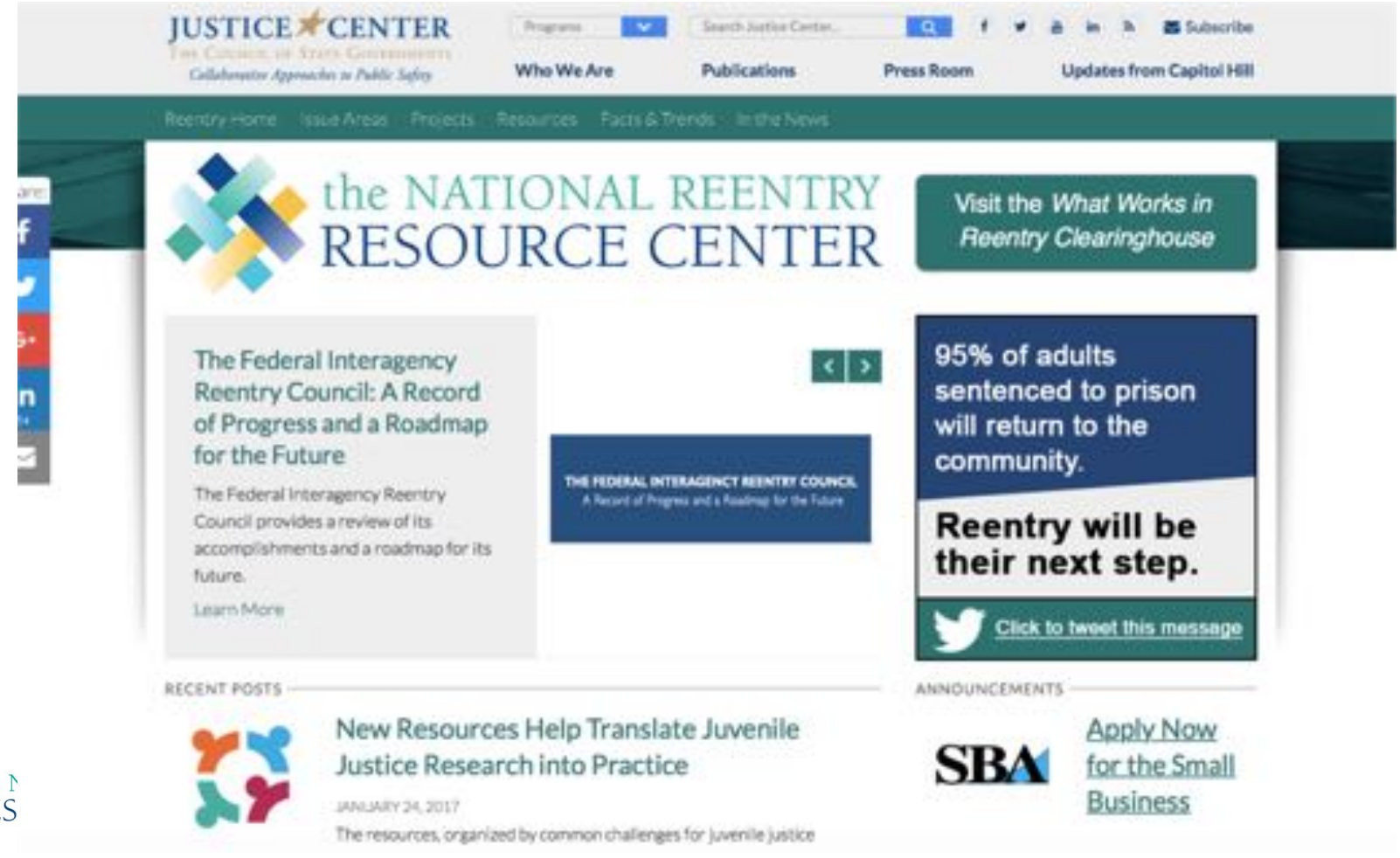
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THE FEDERAL INTERAGENCY REENTRY COUNCIL
95% of adults sentenced to prison will return to the community.
Reentry will be their next step.
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New Resources Help Translate Juvenile Justice Research into Practice
JANUARY 24, 2017
The resources, organized by common challenges for juvenile justice
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Goals of this Presentation

Review:

- **Clinical considerations** in screening and assessing for opioid addiction
- **Screening approaches and instruments** for opioid addiction
- **Assessment approaches and instruments** for opioid addiction

Importance of Screening and Assessment for Opioid Addiction

- **High prevalence** of opioid addiction
- Persons more **difficult to engage in treatment**, higher dropout rates
- Elevated **overdose potential**/mortality risk
- High prevalence of **co-occurring mental illnesses**, risky behaviors
- Specialized assessment approaches lead to **better client/patient outcomes**

Features of Opioid Addiction

- Drug use has accustomed clients to **instant gratification**
- **Fear of withdrawal** and getting clean
- May be **agitated**, demanding, and verbally abusive at onset of treatment
- Likely to have experienced **frequent prior episodes of treatment**

Clinical Considerations for Opioid Addiction

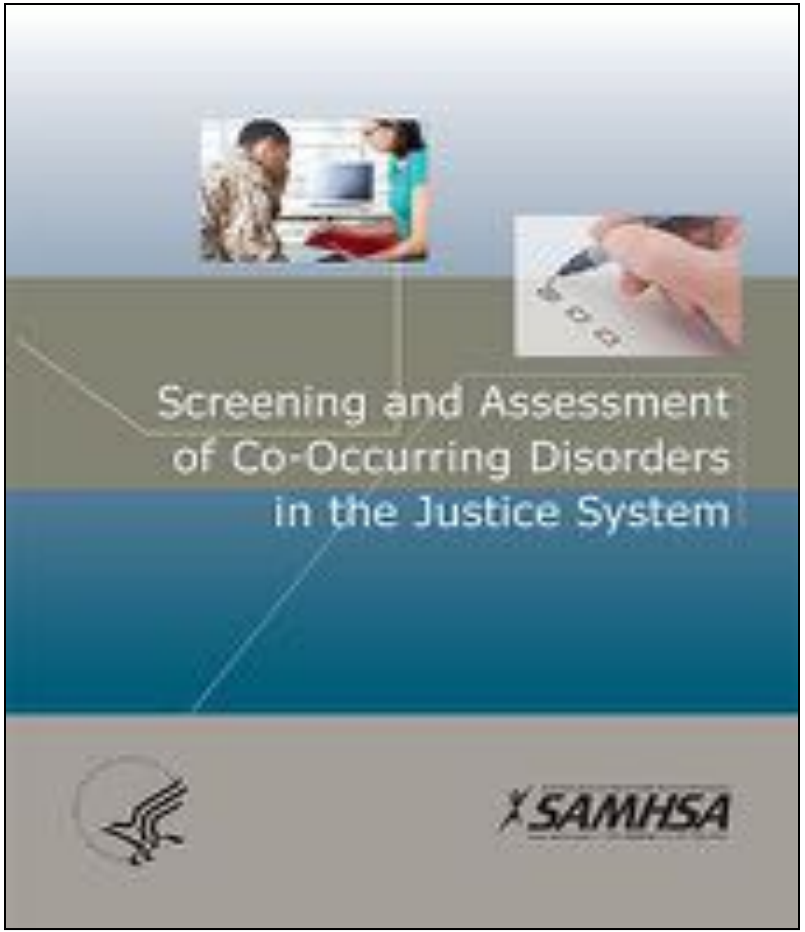
- Need to **counteract distrust** at intake
- **Pain management** issues
- Need **preparation for MAT**
- High rates of **co-occurring mental illnesses**
- Require **intensive level of treatment** (IOP, residential)

Co-Occurring Mental Illnesses

- Have clients **discuss MH issues**
- May be **drug-induced** mental illnesses (e.g., depression, anxiety)
- Provide **screening for major mental illnesses** and for suicide risk
- Augmented agitation and **behavioral problems** during withdrawal
- Refer for **psychological and psychiatric evaluation**

Goal: Universal Screening

- Mental illnesses
- Substance addiction
- Trauma/PTSD
- Criminal risk



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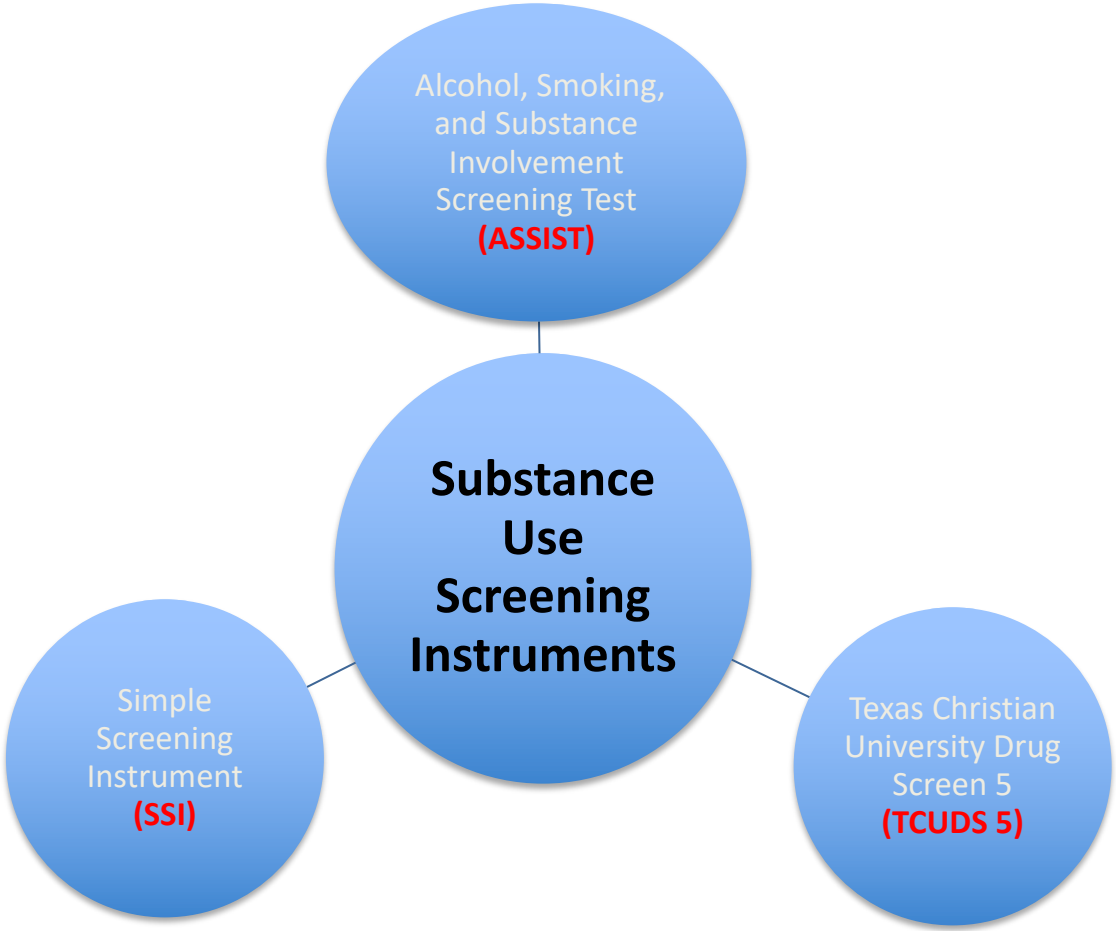
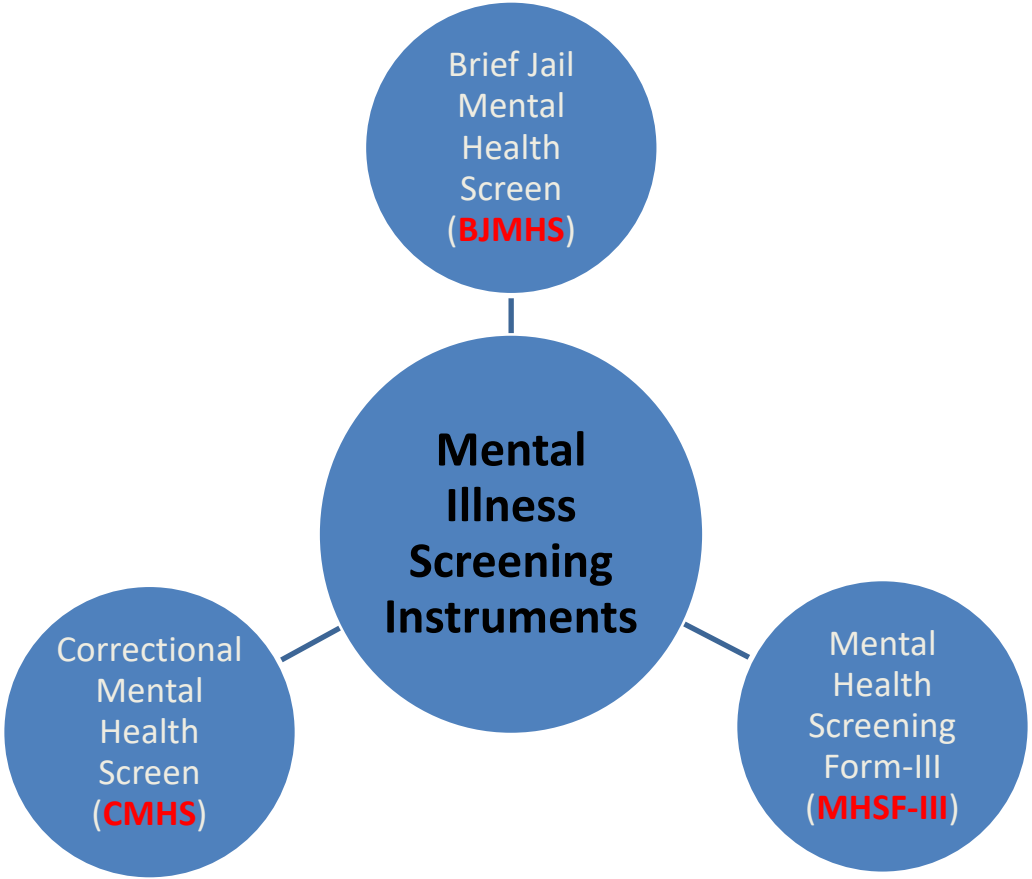

Alcohol, Smoking, and Substance Involvement Screening Test
(ASSIST)
Substance Use Screening Instruments
Simple Screening Instrument
(SSI)
Texas Christian University Drug Screen 5
(TCUDS 5)

TCU Drug Screen 5 with Opioid Supplement (2017)

- https://ibr.tcu.edu/forms/tcu-drug-screen/
- Comprehensive information on opioid use
  - **Types of opioid use**
  - **Method of use (e.g., IV use)**
  - **Medical/non-medical use**
  - **Overdose history**
  - **History of MAT**

- **Reliability and validity** of instruments
- **Ease of use** and training requirements
- **Cost** and availability
- Examine use and psychometric properties in **justice settings**


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

Severe Mental Illnesses to be Identified in Screening

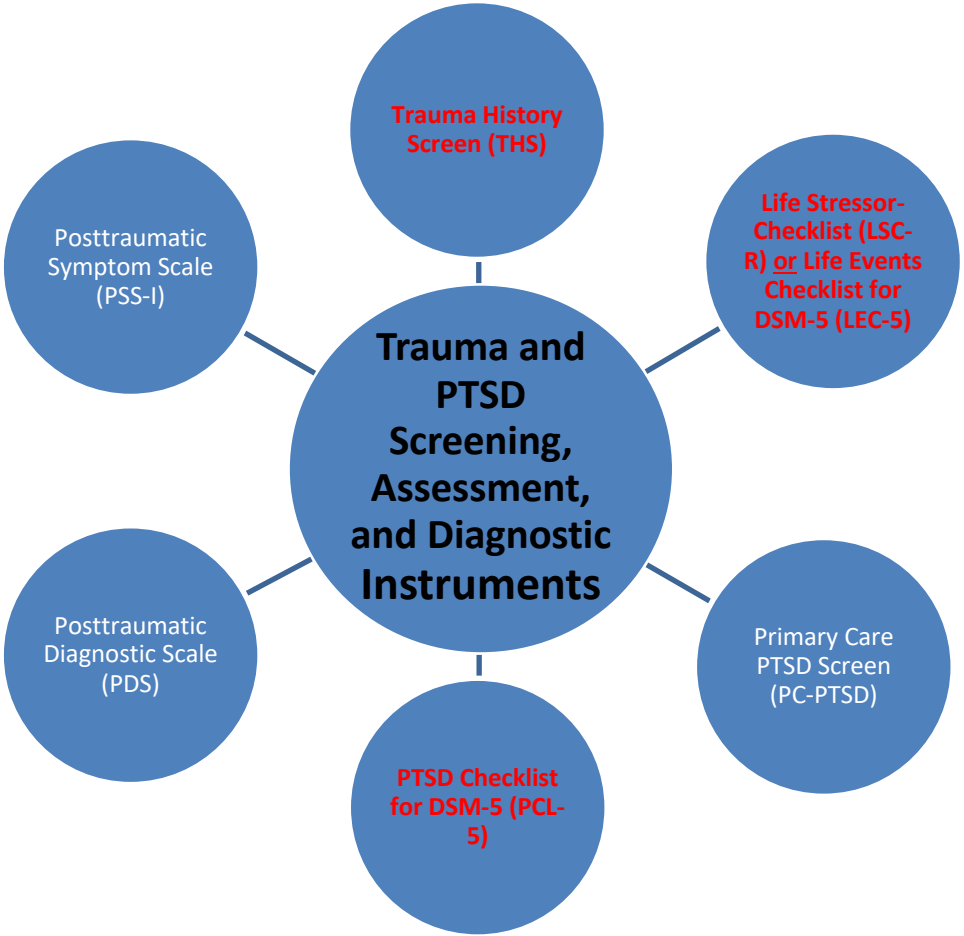
- Major Depressive Disorder
- Bipolar Disorder
- Psychotic Disorders (e.g., Schizophrenia)
- Trauma Disorders (e.g., PTSD)

Screening for Trauma and PTSD

- All clients should be screened for trauma history; rates of trauma elevated among drug treatment clients
- The initial screen does not have to be conducted by a licensed clinician
- Many **non-proprietary screens** are available
- Positive screens should be referred for **more comprehensive assessment**

Trauma and PTSD Screening Issues

- PTSD and trauma are **often overlooked** in screening
- **Other diagnoses** are used to explain symptoms
- Result - lack of specialized treatment, symptoms masked, **poor outcomes**


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

Other Screening Targets

Key Screening Targets

- Withdrawal severity
- Eligibility for Medication Assisted Treatment
- Transportation
- Housing
- Major medical problems (HIV, Hepatitis C)
- Attitude towards treatment

Screening for Withdrawal Severity

- **Opiates** (Clinical Opiate Withdrawal Scale; COWS)
- **Alcohol** (Clinical Institute Withdrawal Scale for Alcohol - Revised; CIWA-Ar)

Screening for MAT Eligibility

- Period of recent abstinence
- History of liver disease (e.g., Suboxone screening)
- Transportation
- Stable housing
- Reside in county
- Review other medications

Drug Testing

- Need for **rapid drug test results**
- **Test for fentanyl** - indicates high overdose potential
- Positive tests for opioids should **trigger screening for withdrawal and MAT**

Screening for Criminal Risk

- Goals: Select offenders with **"high risk/high need"** to engage in intensive services; identify low risk offenders for less intensive services
- **'Static' factors** (e.g., criminal history)
- **'Dynamic'or changeable factors -** targets of interventions in the criminal justice system

Dynamic Risk Factors for Criminal Recidivism

1. Antisocial attitudes
2. Antisocial friends and peers
3. Antisocial personality pattern
4. Substance abuse
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 (?)

Risk Instruments

- Level of Service Inventory-Revised: Screening Version (LSI-R:SV)
- Risk and Needs Triage (RANT)
- Level of Service/Case Management Inventory (LS/CMI)
- Ohio Risk Assessment System (ORAS)

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Intake/Assessment Strategies for Opioid Addiction

- **Welcoming and non-judgmental approach**; staff are available, here to help
- Acknowledge that **clients not feeling well**, normalize withdrawal symptoms
- Use of **Recovery Support Specialists**
- **Opioid Intervention staff**
- **Education about MAT** and other services
- Begin **transition planning** at intake
- May **delay assessment** if acute intoxication

Substance Use Assessment Instruments

Addiction Severity Index (ASI)	
Global Appraisal of Individual Needs (GAIN)	• *GAIN-Quick* • *GAIN-Initial*
Texas Christian University - IBR	• ***Short Forms*** • *Brief Intake* • ***CJ Comprehensive Intake***

American Society of Addiction Medicine – ASAM Criteria

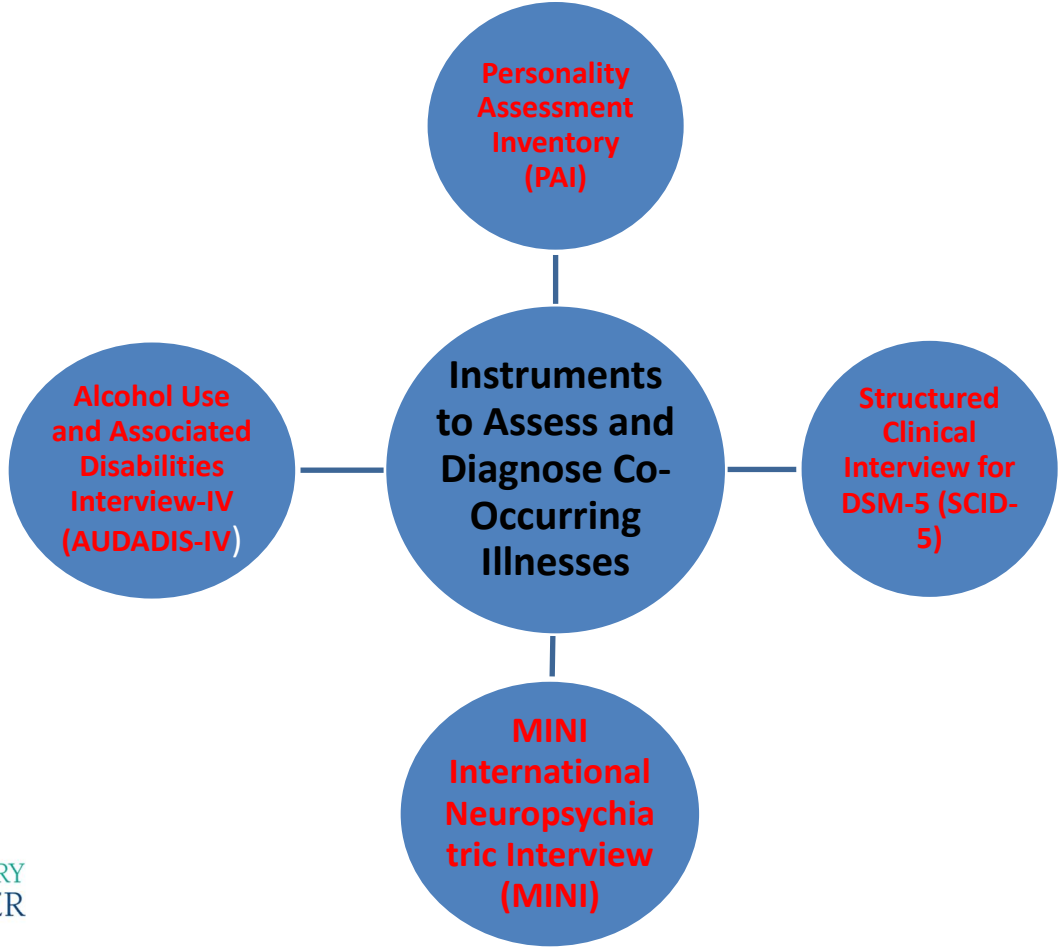
Dimensions

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery/living environment

American Society of Addiction Medicine – ASAM Criteria

Continuum of Treatment Services

- Early intervention
- Outpatient
- Intensive outpatient
- Partial hospitalization
- Residential/inpatient
  - Clinically managed - low intensity
  - Clinically managed - high intensity
- Medically monitored intensive inpatient
- Medically managed intensive inpatient


Personality Assessment Inventory (PAI)
Alcohol Use and Associated Disabilities Interview-IV (AUDADIS-IV)
Instruments to Assess and Diagnose Co-Occurring Illnesses
Structured Clinical Interview for DSM-5 (SCID-5)
MINI International Neuropsychiatric Interview (MINI)

Opioid Addiction – Targeted Areas for Assessment

- **Withdrawal** severity
- **Drug interactions** (opioids, benzos, alcohol)
- **Overdose history**
- **Mental illnesses** and trauma history/PTSD
- **Medical issues**
- Prior injuries and **use of pain medication**
- **Risk-taking** behavior

Opioid Addiction – Targeted Areas for Assessment

- **Criminal justice system** involvement
- Current involvement in **child welfare system**
- **Functional aspects of use**
  - When, how, and why started using
  - Maintenance of use
- **Family history of use**, current support network
- **Personal strengths** and skills
- Acceptance/**resistance to treatment**
- **Level of care** required (e.g., ASAM)

Summary of Key Points

- **High rates of opioid addiction** in treatment settings
- Co-occurring **mental illnesses** are common
- Wide variety of **screening and assessment instruments** available
- **Specialized screening and assessment approaches** needed for opioid addiction
- **Staff training** implications

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Texas Christian University (TCU) Drug Screen 5

- **Texas Christian University (TCU) Drug Screen 5** is an updated version of the TCU Drug Screen II and is based on the most recent *Diagnostic and Statistical Manual of Mental Disorders*(DSM-5). The TCU Drug Screen 5 screens for mild to severe substance use disorder, and is particularly useful when determining placement and level of care in treatment.
- **The Center for Health and Justice at TASC** helped in the creation of the TCU Opioid Supplement along with Dr. Kevin Knight and Dr. Patrick Flynn.

How and when to use the Opioid Supplement

- **You have to use the TCU Drug Screen 5 first!**
- **The Rule: *If the response to TCU Drug Screen 5, page 2, Q13e, Q13f, or Q13r regarding opioid use is more than "Never," then complete the following questions.**
- **In the LAST 12 MONTHS – (prior to any controlled environment)**
- **It has 17 basic questions, some of which require "Yes or No" responses and some are**

13. How often did you use each type of drug during the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	Daily
a. Alcohol	○	○	○	○	○
b. Cannaboids – Marijuana *(weed)*	○	○	○	○	○
c. Cannaboids – Hashish *(hash)*	○	○	○	○	○
d. Synthetic Marijuana *(K2/Spice)*	○	○	○	○	○
e. Opioids – Heroin *(smack)*	○	○	○	○	○
f. Opioids – Opium *(tar)*	○	○	○	○	○
g. Stimulants – Powder cocaine *(coke)*	○	○	○	○	○
h. Stimulants – Crack Cocaine *(rock)*	○	○	○	○	○
i. Stimulants – Amphetamines *(speed)*	○	○	○	○	○
j. Stimulants – Methamphetamine *(meth)*	○	○	○	○	○
k. Synthetic Cathinones *(Bath Salts)*	○	○	○	○	○
l. Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*	○	○	○	○	○
m. Dissociative Drugs – Ketamine/PCP *(Special K)*	○	○	○	○	○
n. Hallucinogens – LSD/Mushrooms *(acid)*	○	○	○	○	○
o. Inhalants – Solvents *(paint thinner)*	○	○	○	○	○
p. Prescription Medications – Depressants	○	○	○	○	○
q. Prescription Medications – Stimulants	○	○	○	○	○
r. Prescription Medications – Opioid Pain Relievers	○	○	○	○	○
s. Other (specify) _____	○	○	○	○	○

Important clinical notes

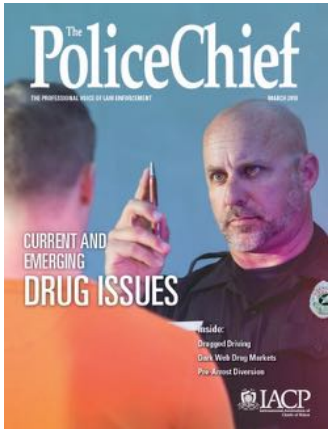
- The TCU Opioid Supplement is NOT scored, these are face valid questions
- It should be used in conjunction with the DSM-V diagnostic impression (but for a first look that is fast, easy and can be accessible to many staff, it works)
- Although it may be used as a tool for treatment planning (e.g. Medication Assisted Treatment), the ASAM level of care will determine if that treatment approach is appropriate
- Rapid connection to treatment is critical

Why Create the Opioid Supplement?

- It's the opioid epidemic!
- First responders especially police are overwhelmed and need solutions
- Helping connect first responders, especially police, with treatment
- Solves the problem of the need for a simple(r), fast(er) and quick(er) way for non-clinical staff including first responders to identify OA population
- First-ever screen to put the focus on opioid addiction
- Overdose is an inappropriate screen for OA

Police Chief Article (March 2018)

“Law Enforcement Needn’t Serve Alone on the Front Lines of the Opioid Crisis”



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Recent Articles:

Exploring Effective Post-Opioid Overdose Reversal Responses for Law Enforcement and Other First Responders

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The Naloxone Plus Framework: Designed for Saving Lives – Twice

Five Pre-Arrest Diversion Frameworks: Pathways to Treatment (Do Them All)

- **Naloxone Plus:** Engagement with treatment as part of an overdose response or DSM-V severity for opiates; tight integration with treatment, naloxone (individual too)
- **Active Outreach:** Law enforcement intentionally IDs or seeks individuals; a warm handoff is made to treatment, which engages individuals in treatment
- **Self-Referral:** Individual initiates contact with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment

Five Pre-Arrest Diversion Frameworks: Pathways to Treatment (Do Them All)

- **Officer Prevention Referral:** Law enforcement initiates treatment engagement; no charges are filed
- **Officer Intervention Referral:** Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment

Pre-Arrest Diversion Examples (Brands) with Related Framework

- QRT, DART (OH) – (50+ sites)
  - **Naloxone Plus**
- STEER (MD) – CenterforHealthandJustice.org (1 site)
  - **Naloxone Plus, Officer Prevention/Intervention Referral**
- Angel (MA) / Arlington (MA) – paariusa.org
  (425 sites for Angel and Arlington programs – PD, Sheriff, Fire and other)
  - **Self-referral, Active Outreach**
- LEAD (WA) – leadkingcounty.org (20 sites)
  - **Officer Prevention Referral, Officer Intervention Referral**
- Civil Citation (FL) – civilcitationnetwork.com (62 sites: 60 juvenile, 2 adult)
  - **Officer Intervention Referral**

Elements of the Naloxone Plus Framework

- **Naloxone Plus:** Engagement with treatment as part of an overdose response with naloxone, then following up rapidly with tight integration with treatment. Site examples: DART, STEER, QRT
  - **Naloxone** – Law enforcement, fire, emergency medical services, community, businesses, individuals, etc.
  - **Rapid ID** – e.g., 9-1-1
  - **Immediate contact with individual** – as close as possible to point of OD
  - **Rapid engagement** – in person and daily follow-up until engaged in treatment
  - **Rapid access to treatment** – measured in minutes and hours

Elements of the Naloxone Plus Framework

- **Naloxone Plus:** Engagement with treatment as part of an overdose response with naloxone, then following up rapidly with tight integration with treatment. Site examples: DART, STEER, QRT
  - **Screening and clinical assessment** – to have the correct individual approach
  - **Continued tight integration** – police and behavioral health and community
  - **Medication-Assisted Treatment (MAT)** – all appropriate medications made available
  - **Recovery support services** – treatment ends, recovery continues
  - **Naloxone** – for the individual and his/her household

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Resources

- Criminogenic Risk and Behavioral Health Needs Framework: https://csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf
- Screening and Assessment of Co-Occurring Disorders in the Justice System: https://store.samhsa.gov/shin/content//SMA15-4930/SMA15-4930.pdf
- Developing Collaborative Comprehensive Case Plans: https://csgjusticecenter.org/nrrc/webinars/developing-collaborative-comprehensive-case-plans/

Resources

- "Law Enforcement Needn't Serve Alone on the Front Lines of the Opioid Crisis": http://www.policechiefmagazine.org/law-enforcement-neednt-serve-alone/
- "Exploring Effective Post-Opioid Overdose Reversal Responses for Law Enforcement and Other First Responders": http://www.icjia.state.il.us/articles/exploring-effective-post-opioid-overdose-reversal-responses-for-law-enforcement-and-other-first-responders

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