CHAPTER 3
SCREENING AND ASSESSMENT

Introduction

The purpose of this chapter is to provide various best practice resources for screening and assessment of clients who have a substance use disorder (SUD) or opioid use disorder (OUD). The chapter describes screening and assessment procedures; important considerations that might be made prior to, during and shortly after admission to treatment; and assessment techniques and considerations that are important to ongoing medications to treat opioid use disorder (MOUD) (SAMHSA, 2005a).

The chapter concludes with critical factors that are important to assess during the screening and assessment process to help the criminal justice system and behavioral health providers advance their efforts to meet the outcomes they seek for the justice-involved population who struggle with SUDs and OUDs.

Chapter Objectives

- Why are best practices for screening and assessment important?
- General differences between screening and assessment
- Substance use screening and assessment tools
- Approaches to support screening and assessment practices
- Resources and best practices for specialized populations
- Screening and assessment in criminal justice facilities
- Screening and assessment in opioid treatment programs (OTP)
- Additional screening and assessment factors

Best Practices for Screening & Assessment

The prevalence of substance use among justice-involved populations puts them at an increased risk of mental health issues (Tapia et al., 2016), sexually transmitted infections (Donenberg et al., 2015), and criminal recidivism (Henggeler et al., 2002). The criminal justice system is in a position to prevent, identify, and treat SUDs among this vulnerable population (Wiese, 2020). Administration of an evidence-based screening instrument is the first step in identifying individuals with SUD as

indicated by the Behavioral Health Services Cascade (Belenko et al., 2017).

Screening is the first opportunity for criminal justice staff and treatment providers to establish an effective therapeutic collaborative among staff members, clients, and the client's family (SAMHSA, 2005a). Including new clients and their families in the planning process contributes to positive treatment outcomes (SAMHSA, 2005a). Using this process, staff members will be able to provide immediate, practical information to help clients make decisions about treatment, including the approximate length of time before admission, what to expect during the admission process, and the types of services offered (SAMHSA, 2005a). Exploration of clients' expectations and circumstances may reveal additional information the client needs for treatment consideration (SAMHSA, 2005a).

Helpful Tip from TIP 43

Initial screening can begin to identify other medical and psychosocial risk factors that could affect treatment, including factors related to mental disorders; legal difficulties; other substance use; and vocational, financial, transportation, and family concerns. Cultural, ethnic, and spiritual factors that affect communication and might affect treatment planning should be noted as early as possible. Staff members should obtain enough information from applicants to accommodate needs arising from any of these factors if necessary. (p. 44)

Reference

Substance Abuse and Mental Health Services Administration. (2005a). *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs: A Treatment Improvement Protocol (TIP) 43*. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK64164/

Individuals given a screening tool and scoring above a certain threshold will receive a comprehensive assessment (Wiese, 2020). Assessments should be conducted before clients are given permanent placements (in correctional facilities) or referred to community behavioral health providers (Wiese, 2020). The assessment is instrumental in defining the nature of the problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis (SAMHSA, 2015b).

The important elements for assessing clients prior to receiving substance use and/or MOUD treatment are not currently captured in a single tool (SAMHSA, 2005a). For instance, the Addiction Severity Index (ASI; McLellan et al., 1992) can guide the collection of the basic information needed to objectively measure client conditions and progress (SAMHSA, 2005a). Assessments influence treatment planning, treatment intensity and services needed (e.g., treatment planning and matching), and reentry and continuing care plans (SAMHSA, 2005a). It is recommended that substance use treatment providers and opioid treatment programs (OTPs) develop tools and processes for more extensive assessment (SAMHSA, 2005a).

Screening and assessments are also pivotal in identifying legal issues that might interrupt treatment or have an impact on community supervision compliance (SAMHSA, 2005a). However, pending or unresolved charges should not impede SUD treatment (SAMHSA, 2005a). While screening and assessments are central in identifying various risks and needs, justice-involved individuals are often not screened or administered an assessment; consequently, many do not have their needs identified.

Differences Between Screening & Assessment

Criminal justice systems and behavioral health providers utilize the screening process to determine whether an individual needs treatment for SUD and/or OUD. Screening and assessment tools differ in many ways, discussed in detail below. The most significant difference is that screening tools are designed to be easily and quickly administered. Screening tools are intended to identify potential problems that warrant a deeper investigation and understanding, which is done via assessment tools. Assessment tools are more complex and require more time to administer.

The **screening** process involves asking questions designed to determine whether a more thorough evaluation of a problem or disorder is needed (SAMHSA, 2015b). Screening and the screening process should have the following characteristics:

- Efficiently (brief instrument) and reliably identifies problems that were previously not identified
- Can indicate a problem is possible, but not absolutely present (Marks et al., 2019)
- Should be administered to all clients being processed
- The screening process should begin when an individual is first placed under correctional custody or supervision, or enters a treatment program
- Little or no special training is needed to administer the tool (clinician review may sometimes be needed; SAMHSA, 2015b)
- Additional screening should be conducted when the individual is released into the community (either by the facility or at their first community supervision appointment), and again when the client is referred to a CBH provider
- The screening results generate clear decision-making rules (i.e., where and for what purposes a client is referred for additional clinical assessment; Belenko et al., 2017).

Helpful Tip from TIP 44: Collateral Information

In addition to administering an evidence-based instrument to screen for substance use problems, biological testing (e.g., urine) should also be used to screen for substance problems. Additional collateral sources of information should be obtained (e.g., drug test results, correctional records) and combined with client self-reported information to make referral decisions. This will help overcome the barrier of contradictory or incomplete substance use problem client information. For example, drug tests are used to flag treatment needs despite client denial of recent substance use. Similarly, criminal records may indicate a history of substance use problems, based on arrest history or pre-sentence investigation results.

Reference

Substance Abuse and Mental Health Services Administration. (2005b). Substance Abuse Treatment for Adults in the Criminal Justice System: A Treatment Improvement Protocol (TIP) 44. https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4056.pdf.

Assessments support diagnosis, placement, and treatment planning related to OUD or other SUDs and related problems.

- Comprehensive and multidimensional assessments should identify behavioral health symptoms and diagnoses, treatment history of behavioral health problems and opioid use problems, psychosocial history, and barriers to care. Some of these factors are discussed later in this chapter.

- Most clinical assessments should be conducted by a trained clinical professional.
- Information gathered from the assessment (and screening instrument) should be used to determine the frequency, intensity, and type of treatment services provided to the individual (SAMHSA, 2015b).

Assessment tools may include exploration of personal circumstances such as child custody and related obligations (SAMHSA, 2005a). Client avoidance of legal problems during periods of substance use may pose a serious threat to recovery (SAMHSA, 2005a). A client's CJ history should be clarified through the assessment process (SAMHSA, 2005a). Information on prior CJ involvement may include a client's arrest record, including age at first arrest, arrest frequency, nature of offenses, criminal involvement during childhood, and life involvement with the CJ system (SAMHSA, 2005a). The following areas should be assessed:

- Periods of abstinence from SU (e.g., number, duration, circumstances)
- Circumstances or events leading to relapse
- Effects of SU on physical, psychological, and emotional functioning
- Changing patterns of SU, withdrawal signs and symptoms, and medical problems that have been caused by a SUD or OUD (SAMHSA, 2005a).

Substance Use Screening & Assessment Tools

Table 3.1 - 3.2 provides a select number of screening and assessment tools that have been used in various clinical (e.g. ER admissions, outpatient services), community, and correctional settings. These validated tools vary in length, which could be appropriate to quickly screen and assess the needs of clients that are suspected to have an OUD and/or other SUDs. Links to the full tools included in this chapter have been published in peer-reviewed journals and have been approved for reproduction.

Table 3.1 SCREENING TOOLS

TAPS Tool	"The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool consists of a 4-item screening and brief assessment (a modified version of the ASSIST-Lite (Ali et al., 2013)). This instrument is used to assess primary care clients for tobacco, alcohol, prescription drug, and illicit substance use and problems related to their use, and is available for self-administration and interviewer-administration to detect substance use, sub-threshold SUD (i.e., at-risk, harmful, or hazardous use), and SUDs. The TAPS Tool was developed and validated so that health systems will have the option of using either a screen or a combined screen and brief assessment tool, as directed by the needs of their client populations and clinical settings (McNeely et al., 2016). The instrument is available for use in the public domain; research was supported by the National Institute on Drug Abuse" (McNeely et al., 2016; Instrument: TAPS Tool).

Opioid Risk Tool	"The Opioid Risk Tool (ORT) is a brief, self-report screening tool designed for use with adult clients in primary care settings to assess the risk for opioid abuse among individuals prescribed opioids for the treatment of chronic pain. Clients categorized as high-risk are at increased likelihood of future abusive drug-related behavior. The ORT can be administered and scored in less than 1 minute and has been validated in both male and female clients, but not in non-pain populations" (Webster & Webster, 2005).
Rapid Opioid Dependency Screen (RODS)	"The RODS is an 8-item measure of opioid dependence designed for quick, targeted screening in clinical and research settings. Based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, the RODS has an average administration time of less than 2 minutes and can easily be administered as a stand-alone instrument or as part of a comprehensive interview" (Wickersham et al., 2015). **Note:** This instrument was validated among HIV+ individuals in the correctional intake process.
The Risk and Needs Triage (RANT)	"The RANT® tool yields an immediate and easily understandable report that classifies offenders into one of four risk/needs quadrants, each with different implications for selecting suitable correctional decisions by judges, probation and parole officers, attorneys, and other decision-makers. RANT can be administered rapidly and easily: The 19-item instrument can be completed in less than 15 minutes. It can be completed by non-clinically trained probation officers or case managers with relatively minimal training. The user-interface consists of simple-to-read input screens that present each item one at a time. Clearly worded help menus describe the intent of each item" (Treatment Research Institute, 2015, p. 2).
Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)	The ASSIST (version 3.1) is an 8-item, pen and paper questionnaire designed by the World Health Organization. It is administered by a health worker to a client that takes about 5-10 minutes to complete. The ASSIST was designed to be culturally neutral and screens for: tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opioids, and other illicit drugs (Humeniuk, et al., 2010).
Simple Screening Instrument for Substance Abuse (SSI-SA)	"The SSI-SA is a 16-item screening instrument that examines symptoms of both alcohol and drug dependence. An expert panel developed the SSI-SA as a tool for outreach workers. The SSI-SA, which can be administered without training, includes items related to alcohol and drug use, preoccupation and loss of control, adverse consequences of use, problem recognition, and tolerance and withdrawal effects" (SAMHSA, 2005b, p. 19).

CAGE-AID	The CAGE-AID is a modified version of the CAGE screening. CAGE stands for parts of each question in the tool: Cut down, Annoyed, Guilty, and Eye-opener. The CAGE screens solely for alcohol while CAGE-AID screens for alcohol and drugs (which is inclusive of a variety of substances). This tool is only four questions long and can be self-administered by clients. CAGE-AID can be administered electronically, by paper, or verbally by staff and has been used with both adolescents and adults.
Texas Christian University Drug Screen and Opioid Supplement (TCUDS 5)	The Texas Christian University Drug Screen and Opioid Supplement (v5) is a brief and free evidence-based screening instrument available for identifying SUDs among both adolescents (Knight, Becan, Landrum, Joe, & Flynn, 2014; Wiese, Blue, Knight, & Knight, 2019) and adults (Knight, Blue, Flynn, & Knight, 2019). The scoring guide is available here. The TCUDS 5 is based on clinical diagnostic criteria established in the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5).

Table 3.2 ASSESSMENT TOOLS

TAPS Tool	The TAPS Tool includes both a screening instrument and a brief assessment tool.
Addiction Severity Index (ASI)	"The ASI is most useful as a general intake screening tool. It effectively assesses a client's status in several areas, and the composite score measures how a client's need for treatment changes over time. The ASI has been used extensively for treatment planning and outcome evaluation. Outcome evaluation packages for individual programs or treatment systems are available. Designed for adults of both sexes who are not intoxicated (drugs or alcohol) when interviewed. Also available in Spanish. The ASI has been used with males and females with drug and alcohol disorders in both inpatient and outpatient settings" (SAMHSA, 2005b, p.303).
RIOSORD Risk Index	Risk Index for Overdose and Serious Opioid-Induced Respiratory Depression (RIOSORD) is a risk-stratification tool developed and validated within the veteran population. The 17-item assessment should be administered by a health care professional due to specific questions on the client's maximum opioid and morphine tolerance. The index score is presented with the calculated risk for opioid overdose.

Structured Clinical Interview for DSM-5 (SCID-5)	The SCID-5 covers the DSM-5 diagnoses most commonly seen in clinical settings: depressive and bipolar disorders; schizophrenia spectrum and other psychotic disorders; substance use disorders; anxiety disorders (panic disorder, agoraphobia, social anxiety disorder, generalized anxiety disorder); obsessive-compulsive disorder; posttraumatic stress disorder; attention-deficit/hyperactivity disorder; and adjustment disorder. It also screens for 17 additional DSM-5 disorders.
Global Appraisal of Individual Needs -- Initial (GAIN-I)	The GAIN-I is a comprehensive bio-psychosocial assessment designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program planning and economic analysis. It is designed to be used primarily in clinical settings.

Resources to Support Screening & Assessment Practices

This section provides evidence-based screening and assessment resources that could assist CJ and BH treatment providers.

Table 3.3. APPROACHES TO SUPPORT SCREENING AND ASSESSMENT

Treatment Improvement Protocol (TIP) Series, No. 43 (See Chapter 4)	Chapter 4: Initial Screening, Admission Procedures, and Assessment Techniques - This chapter provides information on Initial Screening; Admission Procedures and Initial Evaluation; Medical Assessment; Induction Assessment and Comprehensive Assessment on establishing a client's readiness for medication treatment for OUD (MOUD) and admission to an opioid treatment program (OTP).
TIP Series, No. 43 (See Chapter 12)	Chapter 12: Treatment of Co-occurring Disorders – This chapter summarizes current thinking and consensus panel recommendations on screening, diagnosing, and treating clients in OTPs. This chapter expands on a number of screening and assessment factors including but not limited to specific screening procedures; screening for cognitive impairment; screening tools; and the making and confirming of psychiatric diagnoses.

TIP Series, No. 43 (See Chapter 9)	Chapter 9: Drug Testing as a Tool – This chapter provides an analysis of drug testing as it relates to providing guidance for its use in OTPs. The chapter expands on the following topic areas: the Purposes of Drug Testing in OTPs; Benefits and Limitations of Drug Tests; Drug-Testing Components and Methods; Development of Written Procedures; Other Considerations in Drug-Testing Procedures; Interpreting and Using Drug Test Results; Reliability, Validity, and Accuracy of Drug Test Results.
Police Assisted and Addiction Recovery Initiative (PAARI)	This is a website for law enforcement agencies to develop non-arrest pathways to treatment and recovery. This may be useful for developing programs where individuals are taken to treatment environments rather than being arrested.
NarxCare	A SUD platform for prescribers and dispensers. Data is obtained from a PDMP and analyzed against medical history to provide a risk score. Prescribers can also review usage patterns and share information with other providers to coordinate care. Provider-prompted screening (i.e., not triggered by automated protocol or EHR prompt).
Prescription Drug Monitoring Program (PDMP) Systems	PDMPs are state-run and can be useful in monitoring individuals with suspected SUD/OUD and can also highlight additional risk factors.
Providers Clinical Support System (PCSS) SUD 101 Core Curriculum	PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of OUDs and treatment of chronic pain. The PCSS curriculum is for healthcare providers spanning prevention, assessment, and treatment of SUDs and co-occurring mental health disorders. The curriculum includes 22 modules (approximately 1 hour each) and offers free inter-professional continuing education credits.
Assessing Opioid Withdrawals (Leavitt et al., 2000)	"Validated clinical scales that measure withdrawal symptoms may be used to assist in the evaluation of clients with opioid use disorder... Assessment of a client undergoing opioid withdrawal management should include a thorough medical history and physical examination, focusing on signs and symptoms associated with opioid withdrawal. Opioid withdrawal can be diagnosed with client-reported subjective symptoms" (Cunningham, et al., 2020).
HRSA Home Visiting Program	HRSA resource describes how to support families who are affected by OUD and neonatal abstinence syndrome through home visiting programs. Provides a description of how to assess postpartum women and families.

SAMHSA "Now What? The Role of Prevention Following a Nonfatal Opioid Overdose"	This is a 9-page document that describes Emergency Department screening and the use of non-fatal overdose as a way to identify individuals for intervention.
State of Ohio Board of Pharmacy Guidance for Law Enforcement	This site includes links to the Ohio Law Enforcement Gateway (OHLEG), which is an electronic information network that allows Law Enforcement to share criminal justice data.
Screening for at-risk alcohol and drug use in an emergency department (Johnson et al., 2013)	Electronic Health Record (EHR)-Prompted Screening and Automated Algorithms ◦ Three single-item screening questions were programmed into the triage EHR tool. Clients who answered positively had their information automatically forwarded to education specialists who then provided the intervention and referrals.

For additional tools and resources available for providers and clients who offer or use MOUD services, see this page or this guide by the Agency for Healthcare Research and Quality (AHRQ).

SAMHSA provides several sources for communities, clinicians, policymakers, and others to find information and tools to incorporate evidence-based practices into their communities or clinical settings.

Resources and Best Practices for Specialized Populations

Risk and needs assessments can be used as a tool for more effective and fairer criminal-legal system processing. These assessments lead to more effective sentences by helping to tailor services to the risk and needs of justice-involved individuals in ways that will reduce their likelihood of recidivism while increasing their likelihood of living socially productive lives (Bonnie et al., 2013). Additionally, research suggests that when discretion is guided by tools that structure court actors' discretion, inequality decreases (King & Light, 2019; Skeem & Lowenkamp, 2016).

There has been a recent renewed emphasis on meeting the therapeutic needs of those in the custody of the CJ system. This has placed the CJ system in a position of struggling to provide effective services, with limited resources, to a large number of clients in the system. In response to the recent rise of opioid use cases, the CJ system seeks best practices to assist in its efforts to address this need (National Institute of Corrections, 2020). **Table 3.4** of this section provides a list of best practices and resources that have proven effective in assisting justice-involved populations who suffer from

SUDs or OUDs. This section also provides resources that can be utilized to train staff working with justice-involved clients with SUD or OUD. Clicking on the various links below will guide you to the full resource documents, video-clips, or reports.

Table 3.4. RESOURCES AND BEST PRACTICES FOR SPECIALIZED POPULATIONS

Guide for Probation and Parole: Motivating Offenders to Change	This guide provides CJ professionals with a solid foundation in the principles behind Motivational Interviewing (MI) as well as a practical guide for applying MI principles in their everyday interactions with clients. Through numerous examples and exercises, this guide presents techniques for interacting with clients at all stages of supervision. In addition, this publication recognizes that deception, resistance to change, and relapse into criminal behaviors are realities for many clients. Therefore, strategies are set forth for dealing with those issues that lead to unproductive confrontations with the client (Walters, et al., 2007).
Offender Risk & Needs Assessment Instruments: A Primer for Courts	This publication explains: what risk and needs assessment (RNA) instruments are and reasons for using them; examples of six RNA instruments and how they differ; what the qualities of good RNA instruments are; the practices which support the sound implementation of RNA instruments; and the practical considerations in selecting and using RNA instruments. An appendix provides profiles of RNA instruments. "Practitioners use risk assessment information to inform decisions at various points in the criminal justice system. The Primer is written for judges, policy-makers, and other practitioners interested in the use of RNA information at sentencing for the purpose of informing community corrections-related decisions regarding the management and reduction of offender recidivism risk. It focuses on RNA instruments designed specifically to inform these community corrections-related decisions" (Casey et al., 2014, p.2).
Successful Parole and Probation Practices	This video shows an interview with four directors of state parole and probation agencies who attended a conference at the National Institute of Corrections (NIC) in Washington, DC. These directors shared what worked to complete cases successfully while also working toward protecting public safety.
"Opioid Addiction Screening and Assessment for People in the Criminal Justice System"	During this webinar, Dr. Roger Peters of the University of South Florida reviews screening and assessment instruments as well as discusses instrument selection and specific considerations for identifying and assessing people who have opioid use disorder.

Risk and Needs Assessment in the Criminal Justice System	Sections of this report include a summary of the following: • an overview of risk and needs assessment • RNR principles • critiques of risk and needs assessments—making a judgment about individuals based on group averages, the separation of assessment of risk from assessment of needs, and the potential for discriminatory effects Additionally, there are select issues for congress regarding: • the use of risk and needs assessment in federal prisons • the exclusion of certain inmates from earning additional time credits, whether priority should be given to high-risk offenders • the use of assessment in sentencing • whether the emphasis on punishment should be decreased.
Treatment Improvement Protocol (TIP) Series, No. 44	Substance Abuse Treatment for Adults in the Criminal Justice System: This TIP provides tools and resources to increase availability and improve the quality of substance use treatment for justice-involved individuals. This publication should assist the CJ system in meeting the challenges of working with clients with substance use disorders and encourage the implementation of evidence-based approaches to treatment, such as best practices in the screening and assessing of justice-involved individuals.
Prescription Drugs of Abuse and Misuse: An introduction for the correctional environment	This presentation helps in identifying the typical drugs used within the correctional setting; provides the justice system information to assist in predicting the likelihood of substance use; and recommends drug use and misuse mitigation strategies for correctional environments.

Screening & Assessment in Specialized Facilities

Criminal Justice Facilities

Every individual entering or released from incarceration should be administered a substance use screening in a timely manner using an evidence-based screening tool that provides clinically meaningful results to indicate the severity of OUD and other SU problems. Screening should be conducted as early as possible after the individual's placement under correctional custody or supervision. The screening should be used to flag the justice-involved client for further intervention and a referral to treatment.

Once a client is referred for substance use treatment, a comprehensive assessment will be administered. Conducting an assessment may be delayed due to the individual's sentence length, anticipated date of enrollment in substance use treatment services, and other factors (SAMHSA, 2005b). For example, most prison treatment programs provide services for justice-involved individuals

serving the last 24 months of their sentence. In this sense, a comprehensive assessment is delayed until the offender is nearing the enrollment date for treatment services (SAMHSA, 2005b). While staff do not need formal training to conduct screenings, clinical staff with appropriate training should administer assessments and provide related diagnoses and treatment plan recommendations (SAMHSA, 2005b).

Opioid Treatment Programs (OTP)

SAMHSA regulations require that clients accepted for treatment at an OTP should receive and initial assessment and periodical assessments by qualified staff to determine the most appropriate treatment services (SAMHSA, 2005a; SAMHSA & HHS, 2012). An OTP is a program or practitioner engaged in the treatment of individuals with an OUD registered under 21 U.S.C. 823(g)(1). OTPs must be certified through a means by which SAMHSA determines that an OTP is qualified to provide opioid treatment under the Federal opioid treatment standards described in §8.12. To learn more about OTP services, see the Treatment chapter of this manual.

The results of a client's screening and intake help determine a client's eligibility and readiness for MOUD and admission to an OTP. Periodic assessment should begin once a client is admitted to an OTP. This provides a basis for individualized treatment planning and increases the likelihood of positive outcomes (SAMHSA, 2005a). The following goals for initial screening are recommended:

- **Crisis intervention**. The identification and immediate assistance with crisis and emergency situations
- **Eligibility verification**. Determining that the client meets the Federal and State regulations and program criteria for admission to an OTP
- **Clarification of the treatment alliance**. Explanation of client and program responsibilities
- **Education**. Communication of essential information about MOUD and OTP operations and discussion of MOUD to help clients make informed decisions about treatment
- **Identification of treatment barriers.** Determining factors that might prevent a client to meet treatment requirements. For example, lack of childcare or transportation.

Referrals for urgent medical or psychiatric problem(s) - including drug-related impairment or overdose - should be given clinical priority (Cunningham et al., 2020). Criminal justice agencies and community treatment providers should work to create medically, legally, and ethically sound policies and procedures to address client emergencies (SAMHSA, 2005a). Emergencies can occur at any time but are most common during induction to MOUD and the acute treatment phase (SAMHSA, 2005a). Clients who could jeopardize the safety of themselves or others should be referred for inpatient or psychiatric care (SAMHSA, 2005a). If possible, the same staff members who conduct initial screening and assessment should make additional referrals before clients are admitted to an OTP (SAMHSA, 2005a). Staff should be familiar with components of a mental health status examination in cases of identifying and assessing emergencies (SAMHSA, 2005a).

Cases of Uncertainty: When an incomplete account of treatment history or withdrawal symptoms creates uncertainty about a client's eligibility, OTP staff should ask clients for additional means of verification, such as criminal records involving the use or possession of opioids or their probation or parole officer's knowledge of the client's substance use (SAMHSA, 2005a). Community supervision officers should reach out to OTP staff after a referral is made to ensure they have all relevant information regarding the client's criminal and substance use histories. A formal statement from the client's family or clergy member who can attest to an individual's opioid abuse might also be advantageous (SAMHSA, 2005a).

Note: Naloxone

A naloxone (Narcan®) challenge test (SAMHSA, 2005a) is not recommended for use in cases of uncertainty. The naloxone challenge test as indicated by SAMHSA (2005a) is a "test in which naloxone is administered to verify an applicant's current opioid dependence and eligibility for admission to an OTP" (p. 289). Using the naloxone challenge test causes the individual to almost immediately experience severe withdrawal symptoms, which is unnecessary (SAMHSA, 2005a). It also requires invasive injection, and the effects can disrupt or jeopardize prospects for a sound therapeutic relationship with the client. It is recommended that naloxone be reserved to treat opioid overdose emergencies.

Physical dependence on opioids can be demonstrated by less drastic measures. For example, a client can be observed for the effects of withdrawal after he or she has not used a short-acting opioid for 6 to 8 hours. Administering a low dose of methadone and then observing the client is also appropriate.

Reference

Substance Abuse and Mental Health Services Administration. (2005a). Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs: A Treatment Improvement Protocol (TIP) 43. https://www.ncbi.nlm.nih.gov/books/NBK64164/

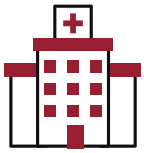
Additional Screening & Assessment Factors

When utilizing screening and assessments in either venue (institutional corrections or community) to identify the treatment needs of the client, the process should fully screen and assess additional factors that may be critical to the client's success in treatment because these client-specific characteristics may contribute to relapse or criminal recidivism after treatment (SAMHSA, 2005b). Gathering information regarding these critical factors and others could be instrumental for community supervision officers and treatment providers to better serve their clients. This section lists some of the factors; later chapters will provide tools and resources to help address client needs at the point of referral and treatment.

Social Determinants of Health

The CDC defines the social determinants of health as "the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes" (CDC, 2022b). The social determinants of health can be split into a few different categories: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

Economic Stability: job opportunities, income, socioeconomic status, and credit status



Healthcare Access: Availability of health care specialists, quality of health care, and the proximity of hospitals

Education Access: literacy and school curriculum

Neighborhood & Built Environment: housing, air and water quality, safe neighborhoods, and proximity to grocery stores

Social & Community Context: discrimination, racism, sexism, and social support

Reference

Centers for Disease Control and Prevention. (2022b). Social determinants of health at CDC. *About CDC*. https://www.cdc.gov/about/sdoh/index.html

Note that some factors are more important to address early on than others. Clients should not be expected to tackle all these factors immediately upon release. Start by addressing the most critical barriers affecting recovery, and less urgent factors can be addressed later in the treatment process. Communication and collaboration between community supervision officers and community behavioral health providers are essential to ensure consistency for the client in overcoming these barriers.

Factor 1: CULTURAL BACKGROUND AND ETHNICITY DIFFERENCES

Tools for screening and assessment have primarily been evaluated for validity and reliability with two populations—Caucasians and African Americans (SAMHSA, 2015b). Although these instruments may have been translated for non-English-speaking populations, they are often not further tested for validity. Furthermore, questions about personal habits can be considered invasive in some cultures (SAMHSA, 2015b; Paniagua, 1998). Taking a perspective of cultural relevance and strengths will help to better understand how a client's culture may influence screening and assessment results and processes (SAMHSA, 2015b). Acceptance and acknowledgement of a client's cultural influence on health beliefs, illness behaviors, and attitude towards treatment types will provide a firm foundation for successful treatment planning (2015b).

Some racial and ethnic groups differ dramatically on most of the factors discussed below, and racial and ethnic minorities face more barriers to successful treatment. Additionally, there are other differences that can impact treatment, such as trust in institutions, such as the legal system. Addressing these barriers can increase treatment access and success and reduce inequality.

Factor 2: FAMILY, RELATIONSHIPS, AND SUPPORTS

Substance use effects more than just the client themselves; these effects extend to the client's family as well (SAMHSA, 2005a). Therefore, there should be some expectation of family problems for clients entering treatment (SAMHSA, 2005a). SAMHSA (2005a, p.56) suggests, "The comprehensive assessment should include questions about family relationships and problems, including any history of domestic violence, sexual abuse, and mental disorders." These questions regarding a history of family problems are meant to determine adverse childhood experiences, ACEs. ACEs are potentially traumatic events that occur in childhood (0-17 years), such as witnessing violence or substance misuse in the home (CDC, 2022a). The long term effects of ACEs include chronic health problems, mental illness, and substance misuse in adulthood, and early death (CDC, 2022a).

If possible, family members and significant others should be included or asked for input in the assessment process (SAMHSA, 2005a). It is beneficial to have at least one staff member trained in family therapy as part of this family assessment process (SAMHSA, 2005a). This will be helpful when emotions arise relating to the client's substance use. Additionally, the trained staff member will be able to refer the client for more specialized assistance for this family intervention (SAMHSA, 2005a).

A Note from TIP 43

Family types and structures differ for each client and the situation in which they grew up and currently live. Staff members administering assessments should be conscious of varying family types during this process (SAMHSA, 2005a). For example, programs with a large single parent population could consider onsite childcare assistance while the client is being helped (SAMHSA, 2005a). These structured childcare services also give staff the opportunity to observe and assess a client's family functioning, which can be used in the treatment planning process (SAMHSA, 2005a).

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Factor 3: HOUSING STATUS AND SAFETY CONCERNS

A study in Boston (Baggett et al., 2013) showed that drug overdose was the leading cause of death among homeless adults, surpassing the number of deaths caused by HIV. Of those drug overdose deaths, opioids were responsible for 80%. Homeless adults (aged 25-44) were nine times more likely to die from an overdose than adults with stable housing (Baggett et al., 2013).

Clients in MAT who are not homeless sometimes live with people who use substances or in areas where SU is common (SAMHSA, 2005a). A client's housing needs should be determined early on in the screening and assessment process and lead to an arrangement of safe, permanent housing to assist in the treatment process (SAMHSA, 2005a). Collaboration and formal agreements between CJ staff, the OTPs they work with, housing agencies, and other housing programs in the community would be beneficial in connecting clients to housing (SAMHSA, 2005a).

Factor 4: SOCIOECONOMIC STATUS AND RESOURCES

The screening and assessment process should help in determining the client's ability to cover treatment costs and which treatment types may be covered by insurance, if any (SAMHSA, 2005a). Clients may be uninsured or have no knowledge of payment assistance available to them (SAMHSA, 2005a). CJ staff and OTPs should assist clients in determining various payment options so the client may have access to a variety of treatment services while also ensuring payment to the OTP (SAMHSA, 2005a). Should public assistance be available, CJ staff and OTP staff may assist the client in applying for funds (SAMHSA, 2005a). The same is true for assisting the client in determining insurance reimbursement for MOUD costs (SAMHSA, 2005a). Overall, OTP staff can help the client weigh the benefits and drawbacks of involving their insurance company as well as address the client's fears of their substance use being outed to employers or denial of health care benefits by their insurance (SAMHSA, 2005a).

Factor 5: EMPLOYMENT HISTORY

In 2015, prescription painkiller abuse was nearly twice as high among unemployed Americans compared to full-time workers (Medicaid and CHIP Payment and Access Commission, 2017). Unemployment rates are strongly related to rates of OUD. In 2017, the National Bureau of Economic Research found that opioid death rates increased by 3.6% for every 1% increase in county unemployment rates (Hollingsworth et al., 2017). Employed clients may report substance-related difficulties in the workplace before becoming stabilized on MOUD (SAMHSA, 2005a). Some of these difficulties include lack of concentration, tardiness, difficulty cooperating with coworkers, workplace accidents, and increased claims for workers' compensation (SAMHSA, 2005a). Identification of these difficulties during the assessment process may help staff and clients enable more successful treatment planning (SAMHSA, 2005a).

Employed clients should be encouraged to treat their substance use similarly to other clinical illnesses (SAMHSA, 2005a). These clients may be reluctant to utilize residential treatment or take time for the effects of medication to stabilize (SAMHSA, 2005a). Clients should be encouraged to take leave time as necessary for residential treatment and/or medication stabilization (SAMHSA, 2005a).

Factor 6: CLIENT'S ABILITY TO MANAGE MONEY

Clients should be assessed for socioeconomic status and money management skills to help them determine areas of strengths and improvements (SAMHSA, 2005a). Clients looking to turn their lives around may experience a loss of income caused by reduced criminal activity (SAMHSA, 2005a). Though this may be hard for the client to experience, CJ and BH staff can encourage clients to develop skills to increase their earning power (SAMHSA, 2005a). Clients may feel more financially prepared once they have worked with CJ and BH staff to recognize and strategize for their financial goals (SAMHSA, 2005a).

Factor 7: RECREATIONAL AND LEISURE ACTIVITIES

Recreational and leisure activities are opportunities for clients to create positive friendships and lead to a more successful recovery (SAMHSA, 2005a). The assessment process should determine which

activities, if any, the client is involved in or interested in being involved (SAMHSA, 2005a). Encouraging and fostering hobbies with others can be significant in living a recovery-oriented lifestyle (SAMHSA, 2005a).

Factor 8: RISK FOR RELAPSE AND OVERDOSE

Clients are particularly vulnerable to relapse in the weeks following release from CJ settings (Cunningham, 2020). Staff should work with clients to assist and identify barriers a client may face after incarceration. This individualized, pre-release planning may help clients sustain their recovery efforts while also utilizing resources available in the community (Cunningham, 2020).

Factor 9: TRANSPORTATION

In a study conducted by the National Reentry Resource Center (2018), transportation is noted as a key screening target, particularly for the justice-involved population. Many justice-involved clients live in rural areas that are often not equipped with the necessary treatment providers. Identifying this need at the onset is imperative to the continuum of treatment after incarceration. This factor has become a driving force for community and criminal justice providers to explore technology-assisted treatment methods to ensure successful outcomes long-term.

Factor 10: GENDER DIFFERENCES

When utilizing screening and assessment tools that have been validated with the male population, these tools should also be examined for their appropriateness for use with the female population. Screening and assessment tools should be equipped to gather information on factors such as child custody history, trauma, and physical and sexual abuse history (SAMHSA, 2005b).

Summary

Screenings are easy and quick and should be administered to everyone; many of these are free and immediately accessible with little training required.

SUD and/or OUD assessments are more time-consuming and require unique interviewing skills and clinical knowledge; however, these do not need to be administered to everyone, only those who exhibit a high level of potential need based on the screening results. The assessment process is an ongoing evaluation of the client's needs and changing circumstances and drives the treatment process. Information and collaboration between all parties involved with the client are essential for maximum effectiveness in the SUD/OUD treatment process.

Between the Risk & Needs Assessment done by community corrections officers and institutional corrections staff, and SUD/OUD assessment done by treatment providers, there are a lot of common factors that contribute both to success under supervision and success in treatment. Recognition of this, and collaboration to address the factors/barriers that may reduce success in both areas, is critical to improving outcomes. The ability to effectively communicate between these two service systems (probation/parole and treatment) using some shared language and shared information creates a synergy that can support client success in both realms.

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