

**Basic Substance Abuse for Judges
North Carolina Judicial College
UNC Chapel Hill
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**Ordering and Evaluating
Screening
and
Assessments**

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- **MEMORANDUM OF AGREEMENT (MOA)
BETWEEN THE**
- **NORTH CAROLINA DEPARTMENT OF HEALTH
AND HUMAN SERVICES &**
- **THE NORTH CAROLINA DEPARTMENT OF
CORRECTION &**
- **THE NORTH CAROLINA ADMINISTRATIVE
OFFICE OF THE COURTS**
- **The MOA is for the purpose of developing
a comprehensive Offender Management
Model (OMM) that ensures public safety
while addressing the needs of offenders.**

MOA (cont)

The **OFFENDER MANAGEMENT MODEL (OMM)** IS A JOINT EFFORT BETWEEN:

- THE DEPARTMENT OF CORRECTION (DOC),
 - DIVISION OF COMMUNITY CORRECTIONS (DCC),
 - DIVISION OF ALCOHOLISM AND CHEMICAL DEPENDENCY PROGRAMS (DACDP)
 - THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) **DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES** (DMHDDSAS)
- &
- THE ADMINISTRATIVE OFFICE OF THE COURTS (AOC).
 - THE OMM EMBODIES THE PARTNERSHIP BETWEEN THESE AGENCIES.

MOA RESPONSIBILITIES (cont)

- **DCC** provides supervision of offenders in the community and
- **DACDP and DOP** offer services that support the offenders transition into the community
- all of which require a structured link to Services , support and coordination with **DMHDDSAS** community- based services.
- **AOC** provides resources and support for local judicial supervision of offenders in **DTC** that includes a continuum of sanctions and incentives.

MOA (cont)

DMHDDSAS AGREES TO:

A. SUPPORT THE ROLE OF LOCAL MANAGEMENT ENTITIES (LMES) IN COORDINATING WITH TASC FOR THE PROVISION OF SERVICES TO CRIMINAL JUSTICE CLIENTS IN ACCORDANCE WITH G.S 1220-1 17(A)13. FOR SCREENING, ASSESSMENT AND PERSON-CENTERED-PLANNING;

MOA (cont)

TASC OPERATES UNDER THE AUTHORITY OF (AND IS AN AGENCY OF) THE NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS), DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES (DMHDDSAS).

MOA (cont)

TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES (TASC) mission is to provide clinical [substance abuse] assessment, treatment matching, referral and care management services to eligible offenders.

- A- **SCREEN** referrals and **ASSESS OFFENDERS** for needed services and supports;
- B- **PRIORITIZE THE ASSESSMENT** for certain offenders and programs:
- C- **MATCH OFFENDERS' NEEDS WITH APPROPRIATE TREATMENT AND SUPPORT SERVICES**, paying special attention to responsibility issues;
- D- **MAKE THE APPROPRIATE [TREATMENT] SERVICE** and/or supports **REFERRALS**;


THE ADDICTION SEVERITY INDEX (ASI) is the **standardized substance abuse assessment instrument** used by TASC to **assess** Offenders for the presence and severity of substance abuse and to **screen** Offenders for Mental Health issues

**Substance Abuse Treatment
For Adults in the Criminal
Justice System**

**A Treatment
Improvement
Protocol**

**TIP
44**

U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES
Substance Abuse and Mental Health Services
Administration
Center for Substance Abuse Treatment
www.samhsa.gov



CJr
CRIMINAL
JUSTICE

TIP 44: Substance Abuse Treatment For Adults in the Criminal Justice System- *Assessment instruments- Chapter 2 page 20*

The most commonly used assessment instrument is the ASI (McLellan et al. 1980, 1992), which is used for screening, assessment, and treatment planning. The ASI [development] was supported by the National Institute on Drug Abuse. The [ASI] instrument provides a structured interview format to examine seven areas of functioning that are commonly affected by substance abuse

THE 6 LIFE DOMAINS (AREAS) ASSESSED BY THE ASI

ASI-MV 5

Addiction Severity Index - Multimedia Version

Medical Status

Medical Severity Rating: 0 - 9

Employment Status

Employment Severity Rating: 0-9

Alcohol/Drug Status

Alcohol Severity Rating: 0-9

Drug Severity Rating: 0-9

Legal Status

Legal Severity Rating: 0-9

Family/Social Status

Family/Social Severity Rating: 0 - 9

Psychiatric Status

Psychiatric Severity Rating: 0 - 9

ASI severity scoring - Low scores of 0 or 1 indicates Client reports none or negligible problems. Scores of 2 and higher indicate the need for more TASC in- depth information gathering and possible intervention

Problem Areas	Composite Score ¹	Severity Ratings ²	Perception ³	Motivation ⁴
Medical	0.00	0	0	0
Employment	1.00	2	2	0
Alcohol	0.361	4	1	1
Drug	0.095	5	*2	*2
Legal	0.40	4	2	2
Family/Social	0.00	0	0/0	0/0
Psychiatric	0.00	0	0	0
Range	.00-1.00	0-9	0-4	0-4

*** Note: The client's self-perception of problem severity and motivation to receive help are factored into these scoring formulas. The TASC Care Managers read the content of the narrative reports and use collateral information to determine the "objective" severity of indicated problems**

TIP 44: Substance Abuse Treatment For Adults in the Criminal Justice System- *Assessment instruments*- Chapter 2 page 20 (cont)

~Many agencies, including those in criminal justice settings, have adapted modified versions of the ASI for use as a substance abuse screening instrument. TASC UTILIZES THE ASI- MV5 COMPUTERIZED MULTIMEDIA VERSION

~Two separate sections of the ASI that examine drug and alcohol use are frequently used as [substance abuse] screening instruments.

A positive feature of the ASI is that it has been validated for use in criminal justice populations (McLellan et al. 1985, 1992; Peters et al. 2000).

TIP 44: Substance Abuse Treatment For Adults in the Criminal Justice System- *Assessment instruments*- Chapter 2 page 20 (cont)

•The ASI is highly correlated with objective indicators (DSM-IVTR criteria) of addiction severity.

•THE ASI IS ALSO ONE OF THE FEW INSTRUMENTS THAT MEASURE SEVERAL DIFFERENT ASPECTS OF PSYCHOSOCIAL FUNCTIONING RELATED TO SUBSTANCE ABUSE and provide a concise estimate of the history of substance abuse as well as recent use.

THE ASI Alcohol/Drug Status section.

This section shows the client's self-report of alcohol/ drugs used and the frequency of use in the alcohol/ drug use table below-

Alcohol Severity Rating: 4 - (Moderate problem)

Drug Severity Rating: 4 - (Moderate problem)

Within the indicated time period, Mr. XXXX reported using:

	Past 30 days		Lifetime (3 x/week)		Route
Alcohol – any use:	25	days	10	years	
Alcohol – to intoxication:	10	days	5	years	
Heroin	0	days	0	years	--
Methadone	0	days	0	years	--
Other opiates/analgesics	0	days	0	years	--
Barbiturates	0	days	0	years	--
Tranquilizers	0	days	0	years	--
Cocaine	3	days	0	years	smoked
Amphetamines	0	days	0	years	--
Cannabis	0	days	0	years	--
Hallucinogens	0	days	0	years	--
Inhalants	0	days	0	years	
More than one substance	3	days	1	years	

MOA: TASC's mission is to provide clinical (substance abuse) assessment (cont)

When an Offenders' ASI results (+ collateral information when available) indicate the presence of substance abuse, TASC then determines the severity of the substance use and the need for substance abuse treatment utilizing the diagnostic substance abuse criteria established by THE AMERICAN PSYCHIATRIC ASSOCIATION IN THEIR DIAGNOSTIC PUBLICATION ENTITLED THE DIAGNOSTIC & STATISTICAL MANUAL VOL IV- TR

DSM-IV Criteria For Substance Abuse

The Client's maladaptive pattern of use causes clinically important distress or impairment, as shown in a 12 month period by one or more of the following.

- 1. Because of repeated use client fails to meet major obligations at work, home, or school**
- 2. Repeated use of substances when it is physically dangerous to do so**
- 3. Repeated legal problems as the result of using**
- 4. Client continues to use knowing social or interpersonal problems are caused or made worse by using**

Client has never met the criteria for dependence for the class of drug being looked at

James Morrison MD (2001) DSM-IV Made Easy (rev. ed.). New York: The Guilford Press

DSM-IV Criteria for Substance Dependence

The Client's maladaptive pattern of use causes clinically important distress or impairment, as shown in a 12 month period by three or more of the following.

- 1. Tolerance: evidenced by marked increased use needed to get the same high**
- 2. Withdrawal: physical/ psychological distress once use stops**
- 3. Amount or duration of use greater than intended**
- 4. Client repeatedly tries without success to control/ reduce use**
- 5. Client spends much time getting, using, or getting over the effects of a substance**
- 6. Client abandons important work, social, or leisure activities due to use**
- 7. Client continues to use despite knowing it probably**

TASC Standard Operating Procedures:

**SCREENING FOR MENTAL ILLNESS AND
MENTALLY ILL- SUBSTANCE ABUSERS**

•In addition to an assessment of substance abuse, all offenders referred to TASC receive a mental health screening using the psychiatric information provided in the ASI instrument. Offenders who indicate that a mental health problem is present and who need further mental health assessment are referred to qualified professional mental health providers for professional evaluation and appropriate treatment.

The ASI provides valuable mental health screening information concerning an offender's current and past psychiatric status and problems including:

- (1) an offender's previous psychological or psychiatric history,**
- (2) history of violence as a perpetrator and/or victim,**
- (3) history of overdoses,**
- (4) current psychiatric medication, and**
- (5) recent suicidal ideation when determining if a referral for a mental health assessment is necessary.**

THE ASI Family/Social Status Screening section

The purpose of the questions in this section is to get information about the client's marital status, living arrangements, and any current and/ or past emotional, physical, and sexual abuse.

Family/Social Severity Rating: 0 - (No real problem)

Mr. XXXX reports that he is currently married, that he has been in that status for 3 years, 0 months and that he is unhappy about this current status. He has 2 children under the age of 18 and in the past 30 days, at least one lived with him for 30 days. He reports that for the past three years his usual living arrangement has been with significant other/spouse and children and has been this way for about 2 years, 0 months. He reports being indifferent about this arrangement.

(cont)

THE ASI Family/Social Status Screening (cont)

The purpose of the questions in this section is to get information about the client's marital status, living arrangements, and any current and/ or past emotional, physical, and sexual abuse.

Family/Social Severity Rating: 0 - (No real problem)

He/ She reported the following answers to specific questions. *Questions answered YES require follow-up

- Lives with anyone who abuses alcohol:No**
- Lives with anyone who abuses drugs:..... *Yes**
- Has ever been emotionally abused:.....No**
- Has been emotionally abused in past 30 days:..... .No**
- Has ever been physically abused:.....No**
- Has been physically abused in past 30 days:.....No**
- Has ever been sexually abused:.....No**
- Has been sexually abused in past 30 days:..... *Yes**

The **ASI PSYCHIATRIC STATUS SCREENING SECTION** questions provide important information concerning an offender's psychological or psychiatric history

Psychiatric Severity Rating: 2 [Range 0-9]

Mr. XXXX has not been prescribed medication for psychological or emotional problems in his lifetime and has not been prescribed medication within the past 30 days. He reported receiving a diagnosis of anxiety and depression in the past but is currently not receiving any professional help for psychological or emotional problems. He reported not feeling seriously depressed in the past 30 days but has suffered from serious depression at other times in his life. Additionally, he reported not having trouble understanding, concentrating or remembering within the past 30 days or during other periods in his life.

The **ASI PSYCHIATRIC STATUS SCREENING section** (cont) also provide important information concerning the client's emotional state today and indicate (1) the client's level of concern over any emotional problems the client is experiencing and (2) client's motivation to address the problem(s).

Psychiatric Severity Rating: 8 – [Range 0-9]

Mr. XXXX reported that **TODAY** he has been feeling:

Down, blue and depressed.....	not at all	} R A N G E
Helpless and hopeless.....	slightly	
Angry.....	moderately	
Irritable.....	considerably	
Hostile.....	Extremely	
Tense.....	considerably	
Very worried.....	considerably	

(cont)

<u>Psychiatric Risk Screening Questions</u>	
THESE SCREENING QUESTIONS PROVIDE <u>CURRENT</u>, <u>RECENT</u> (PAST 30 DAYS), AND <u>LIFETIME PSYCHIATRIC RISK STATUS</u> INFORMATION	
In the past 30 days , have you had times when you heard voices or saw things that other people couldn't see and hear?	Yes
Other times in your life?	Yes
In the past 30 days , have you had times when you had trouble controlling your temper or violent behavior?	Yes
Other times in your life?	Yes
In the past 30 days , have you <u>seriously considered</u> a plan for killing yourself?	Yes
Other times in your life?	Yes
In the past 30 days , have you attempted suicide or tried to kill yourself?	Yes
Other times in your life?	Yes
Have you had trouble thinking clearly <u>today</u> ?	Slightly
Have you had trouble concentrating <u>today</u> ?	Moderately
Have you been hearing voices <u>today</u> ?	Considerably
Have you been thinking of hurting yourself <u>today</u> ?	Extremely

TASC NOW HAS ENOUGH INFORMATION ABOUT THE CLIENT'S CURRENT MENTAL HEALTH STATUS TO DETERMINE IF THE CLIENT HAS ANY CURRENT PROBLEMS OR NEEDS THAT REQUIRE IMMEDIATE ACTION OR A TASC REFERRAL FOR MENTAL HEALTH SERVICES AND FOLLOW UP TASC CARE MANAGEMENT SERVICES.

THE LEVEL OF TASC CARE MANAGEMENT NEEDED TO ADDRESS A CLIENT'S MENTAL HEALTH ISSUES DEPENDS ON THE PRESENCE, TYPE, AND SEVERITY OF THE CLIENT'S MENTAL HEALTH PROBLEM(S) AND THE MENTAL HEALTH SERVICES AVAILABLE IN THE AREA.

MOA: TASC's mission is to provide TREATMENT MATCHING, REFERRAL, i.e., (C) - Match offenders' needs with appropriate treatment and support services, and (D)- Make the appropriate service and/or supports referrals;

TASC USES TREATMENT PLACEMENT CRITERIA DEVELOPED BY THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)

The ASAM Patient Placement Criteria are a set of standardized placement criteria that TASC uses to determine the appropriate level and intensity of treatment service needed by the offender.

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) PLACEMENT CRITERIA CONSISTS OF SIX (6) DIMENSIONS (KEY FACTORS) IN THE SUBSTANCE ABUSER'S LIFE THAT NEED TO BE TAKEN INTO ACCOUNT IN ORDER TO EFFECTIVELY DETERMINE THE APPROPRIATE LEVEL OF TREATMENT NEEDED.

***[TREATMENT] CRITERIA FOR THE OFFENDER POPULATION MUST COMBINE MEDICAL, LEGAL, AND SAFETY CONSIDERATIONS IN ORDER TO PLACE OFFENDERS APPROPRIATELY.**

- *SOP Chapter 2: Treatment Matching and Placement*
- **Because of TASC's expertise in blending the needs and concerns of the criminal justice and the treatment systems, it is TASC's responsibility to coordinate and manage placements of offenders by matching them to appropriate levels and types of care.**
- **A fundamental ASAM objective is to place clients in the least restrictive, but appropriate, level of care.**

The six ASAM Patient Placement Dimensions provides a systematic way to assess clients' multiple needs and match them with the appropriate remedial services

1. **Acute intoxication and/or withdrawal potential** = Does client need Detoxification services TODAY?
2. **Biomedical conditions and complications** = Does client need Physical Health services TODAY?
3. **Emotional/behavioral/cognitive conditions and complications** = Does client need Mental Health services based on his/ her symptoms TODAY?
4. **Readiness to Change** = Does client need Motivational Enhancement for addiction and/ or mental disorders?
5. **Relapse/Continued Use/Continued Problem potential** = Are Relapse Prevention services available?
6. **Recovery environment** = Are Family, Legal, Vocational, Housing, Transportation etc. resources/ services available?

**AN OVERVIEW OF ASAM TYPES AND SETTINGS
OF SUBSTANCE ABUSE TREATMENT**

0.5 - Early Intervention; opioid maintenance therapy;

I - Outpatient Treatment- (less than 9 hours/week);

II - Intensive Outpatient Treatment- (9+ hours/week);

II.5 - Partial Hospitalization- (20+ hours/week);

III.1- Clinically Managed - low intensity residential, such as halfway houses;

(cont)

**AN OVERVIEW OF ASAM TYPES AND SETTINGS
OF SUBSTANCE ABUSE TREATMENT**

III.3 - Clinically Managed - medium intensity residential, such as long-term care; (DART Cherry 28-Day)

III.5 - Clinically Managed - high intensity residential, such as therapeutic communities; (DART- Cherry 90 Day)

III.7 - Medically Monitored Intensive Inpatient, such as short-term residential facilities; and

IV - Medically Monitored Intensive Inpatient, such as medical detoxification facilities.