



Evidence-based Considerations for Screening Deflection Participants

Catching Up With COSSAP, December 2022

By Chelsea Laliberte Barnes, LSW, CCTP, and Deflection Administrator with TASC's Center for Health and Justice

The substance use treatment field has made significant advancements in screening and assessing individuals with substance use challenges. Thanks to increased funding for research of the brain, behaviors, and treatment efficacy, and the broader availability of peer-reviewed studies, the deflection field now has a plethora of comprehensive resources to utilize when working with individuals who are struggling with substance use disorders (SUDs) and other co-occurring issues such as chronic pain, trauma, and untreated mood disorders. That includes tools for non-clinicians like police officers, firefighters, and peer recovery support specialists. This article aims to provide background on the spectrum of screening and assessments, why they exist, and how your teams can utilize these tools while engaging with participants.

Why do screening and assessment tools exist?

When you visit your primary care physician for your annual physical examination, you undergo a series of tools used by the clinician, such as a blood examination and a height/weight check. This goal is to understand your current vitals and basic functionality, to ensure that you are in good health, and produce a treatment plan to resolve existing issues. Without these screenings and evaluations, we cannot determine the difference between a birthmark and skin cancer or a hearty appetite and pre-diabetes. Similar standards exist with mental health conditions like SUDs, with severity prevention as a core component.

Screening and assessment for substance use guide clinicians and non-clinicians in understanding a patient's substance use severity and identifying the appropriate levels and types of treatment and recovery support for placement. As with most other chronic medical conditions, a tool's results provide a road map for the entire treatment team to utilize in working with a patient to plan care, address ambivalence or potential barriers, and implement treatment modalities across a continuum. Without this

guidance, we cannot appropriately and efficiently play a role in supporting patients with SUDs, which can cause further harm to the patient and waste resources.

What is the difference between a screening and an assessment for SUD?

Screenings are short exams utilizing established criteria meant to understand whether a substance use issue exists. With basic training, public safety personnel can efficiently perform a screening in the field or at their station/department and determine the next steps.

Assessments are more extended evaluations initiated by a mental health clinician to determine appropriate placement (initial and ongoing) for treating SUDs and co-occurring disorders.

The validity of a screening or assessment tool refers to how well the results among study participants represent true findings among similar individuals outside the study.¹ Thus, validity is critical when selecting a tool to utilize. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a list of validated screening and assessment tools that agencies can consider when developing deflection programs.²

For example, [the ASAM Criteria](#),³ designed by the American Society of Addiction Medicine, the most widely used assessment for SUDs, examines a patient's history; current and past experiences of withdrawal; medical, psychological, and cognitive issues; relapse potential; and environmental circumstances, such as relationships, living arrangements, work, education, and interests. It is a proven patient-centered tool, and "it provides a consistent way to (1) assess the treatment needs of patients with SUD, (2) determine the type of care that they need, and (3) identify where they can receive the appropriate care."⁴

[The National Council of Juvenile and Family Court Judges](#) offers a short guide delving into these distinctions further.⁵

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Considerations When Screening Deflection Participants in the Field

As deflection evolves from its infancy, we hope that guidance on initial engagement for first responders will become more readily available. The International Association of Chiefs of Police offers a thorough guide, [*Responding to Persons Experiencing a Mental Health Crisis*](#), which states, "All law enforcement officers should be familiar with the potential signs and symptoms of a person in crisis (PIC). However, it must be stressed that officers are not required to diagnose mental illness; instead, they should be able to recognize that an individual is in crisis and respond in an informed manner."⁶

First responders and non-clinical staff should consider the following approaches when engaging with and screening individuals with substance use and other co-occurring challenges:

1. **Engage with empathy and always be gentle.**⁷ A willingness to be vulnerable by tapping into a community member's experience and meeting them where they are (especially when it is hard) builds trust and rapport. It can be the catalyst for an individual's decision to take the next steps in asking for help.
2. **Actively listen more than you talk.**⁸ First responders and other helping professionals are often in "fix it" mode. By taking a step back and using active listening techniques, you will be more poised to make an appropriate referral while continuing to build rapport simultaneously.
3. **Avoid digging.** Screenings are valid as written and implemented, so it is vital to stick to the screening questions. Let the individual share what they wish to and focus on appropriately referring them to the next steps.
4. **Do not make assumptions about what the individual needs or wants.** Empower an individual who is using substances to make their own choices about their treatment and recovery journey. Promoting dignity and autonomy makes a difference.
5. **Expect ambivalence or resistance.** Folks who use substances are not a trusting group. Stigma, judgment, shame, guilt, and punishment have

caused pain and distrust. Remain patient and reliable, and avoid setting conditions that the individual cannot meet.

Lake County's A Way Out

The [A Way Out](#) (AWO)⁹ program in Lake County, Illinois, developed by the [Lake County Opioid Initiative](#),¹⁰ has operated as a self-referral pathway¹¹ since 2016. AWO began with seven police departments in overdose hot spots across the county. Now running with 13 departments, including the sheriff's office, AWO has helped more than 920 individuals find care and support.

- Screening upon entry into the police department begins with a determination of appropriateness for the AWO program and includes:
 - Physical assessment
 - Criminal/questionable history
 - In-house basic assessment
 - Program waiver
 - Release of information for the Lake County Health Department AWO staff
- The officer then calls the Lake County Health Department, which engages with the individual over the phone, to determine the following:
 - Date, time, and referring police department
 - Client's name, date of birth, gender, phone number, town of residence, housing status, race, ethnicity, veteran status, minor and adult children, emergency contact, and insurance details
 - Risk assessment
 - Withdrawal potential and presenting medical issues
 - Recent substance use and care preference
 - Disposition report

In 2019, the sheriff's office added an active outreach pathway,¹² the Crisis Outreach and Support Team, which dispatches a social worker and police officer or sheriff's deputy to follow up with individuals who have experienced a mental health or substance use crisis.

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"A Way Out" Screening Tool
Rev. 4/6/2021

Lake County Health Department
and Community Health Center

Date:	Time:	
Police Officer Name:		
Police Department:	Contact Phone:	
Client Name:		
Client DOB:	Gender:	
Client Phone:	Town of Residence:	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	
Ethnicity: <input type="checkbox"/> Hispanic or <input checked="" type="checkbox"/> Non-Hispanic		
Children under 18? <input type="checkbox"/> NO <input type="checkbox"/> YES	Children under 18 in residence? <input type="checkbox"/> NO <input type="checkbox"/> YES	Veteran? <input type="checkbox"/> NO <input type="checkbox"/> YES
Family/Friend Contact Person:		
Family/Friend Phone Number:		
Insurance: (<input type="checkbox"/> No Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid MCO <input type="checkbox"/> Medicare <input type="checkbox"/> Does not know)		
MEDI search results: (If insurance verified in MEDI, attach printout)		

Risk Assessment Section

Questions for Police Officer	
Do you have any reason to believe this person is a danger to themselves or someone else?	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, advise that client be sent to the hospital. Proceed to Disposition section.
Does this person seem intoxicated to the point that they need supervision to be in the community safely? (for example: slurred speech, pinpoint pupils, nodding out, acting very hyper or aggressive)	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, and client unable to get into inpatient treatment right away, advise that client be sent to the hospital.
Questions for Client	
Are you having any thought of hurting or killing yourself?	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, advise that client be sent to the hospital. Proceed to Disposition section.

Are you having any thoughts of hurting or killing someone else?	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, advise that client be sent to the hospital. Proceed to Disposition section.
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History and Presenting Issues

Do you have a history of withdrawal when you stop drinking alcohol or using drugs (shakes, tremors, seizures, DTs - visual, auditory hallucinations, or feeling like bugs are crawling on you)?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Indicate medical conditions: <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart disease <input type="checkbox"/> Pregnant <input type="checkbox"/> Oozing sores; won't heal <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A if no medical conditions. <input type="checkbox"/> YES, taking meds as prescribed <input type="checkbox"/> *NO, not taking meds as prescribed. Comments:
If so, are you taking your medication like you are supposed to?	
What is your primary substance?	
Substances recently used (past week)?	
Last time Used:	
Any opioid use in the past 5 years (other than as prescribed)?	
Have you taken suboxone in the past 24 hours?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does the client have a treatment preference?	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> No preference
If referring to inpatient treatment and placement cannot be found, if client chose the starred (*) answers, advise the police to take the person to the hospital for evaluation. Otherwise consider an outpatient referral.	

Disposition – confirm with police officer

<input type="checkbox"/> Client was referred to inpatient. Name of inpatient facility: _____ Appt Date: _____
<input type="checkbox"/> Client was referred to hospital: _____
<input type="checkbox"/> Client was referred for outpatient evaluation:
<i>If client lives in western Lake County (English and Spanish-speaking)</i> <input type="checkbox"/> Nicasa, 31979 N. Fish Lake Rd, Round Lake IL 60073, 847-546-6450

Appointment date: _____ Appointment time: _____
<i>If client lives in eastern Lake County (English-speaking)</i> <input type="checkbox"/> Substance Abuse Program, Lake County Health Department 3004 Grand Ave, Waukegan IL 60085, 847-377-8120
Appointment date: _____ Appointment time: _____
<i>If client lives in eastern Lake County (Spanish-speaking)</i> <input type="checkbox"/> Nicasa, 1113 Greenwood Ave, Waukegan IL 60085, 847-244-4434
Appointment date: _____ Appointment time: _____
<input type="checkbox"/> Other:

Staff Signature/Credentials: _____ Date: _____

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Resources:

1. C. M. Patino and J. C. Ferreira. [Internal and External Validity: Can You Apply Research Study Results to Your Patients?](#) *Jornal Brasileiro de Pneumologia*. (2018, May–June);44(3):183. doi: 10.1590/S1806-37562018000000164. PMID: 30043882; PMCID: PMC6188693.
2. U.S. Department of Health and Human Services. (2022, July 12). *Screening and Assessment Tools Chart*. National Institutes of Health. <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>.
3. American Society of Addiction Medicine. "About the ASAM Criteria." <https://www.asam.org/asam-criteria/about-the-asam-criteria>.
4. Benjamin F. Miller, Brian Hurley, and Jocelyn Guyer. "Strengthening Patient-Centered Addiction and Mental Health Care in the United States." *Health Affairs*. (2022, January 19). DOI: 10.1377/forefront.20220118.445937.
5. National Council of Juvenile and Family Court Judges. *Differences Between Screening and Assessment*. <https://www.ncjfcj.org/wp-content/uploads/2021/11/Differences-between-screening-and-assessment.pdf>.
6. International Association of Chiefs of Police (IACP) Law Enforcement Policy Center. (2018, August). *Responding to Persons Experiencing a Mental Health Crisis*. <https://www.theiacp.org/sites/default/files/2021-07/Mental%20Health%20Crisis%20Response%20FULL%20-%2006292020.pdf>.
7. Vivian Ta and Brian Lande. "Empathy: What Is It, Exactly?" *Police Chief Online*. (2021, October 19). <https://www.policechiefmagazine.org/empathy-what-is-it-exactly/>.
8. A. O'Bryan. (2022, February 8). "How to Practice Active Listening: 16 Examples & Techniques." PositivePsychology.com. <https://positivepsychology.com/active-listening-techniques/>.
9. *Lake County A Way Out Program*. <https://awayoutlc.org/>.
10. Lake County Opioid Initiative. <https://opioidinitiative.org/>.
11. Center for Health and Justice at Treatment Alternatives for Safe Communities. *Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series: Self-Referral Pathway*. https://www.cossapresources.org/Content/Documents/Articles/CHJ_Pathways_to_Diversion_Self-Referral.pdf.
12. *Law Enforcement and First Responder Deflection Pathways to Deflection Case Studies Series: Active Outreach*. https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Pathways_to_Diversion_Active_Outreach.pdf.