CENTER
FOR
COURT
INNOVATION
A Project of the Fund for the City of New York

RESEARCH

Evidence-Based Screening among Drug Involved Defendants

Piloting the GAIN Short Screener in the Brooklyn Treatment Court

By Sarah Picard-Fritsche

Report Submitted to the New York Community Trust
April 2011

EVIDENCE-BASED SCREENING AMONG DRUG INVOLVED DEFENDANTS: PILOTING THE GAIN SHORT SCREENER IN THE BROOKLYN TREATMENT COURT

EXECUTIVE SUMMARY

The purpose of this pilot study was to explore the value of applying a brief screening tool for substance abuse and dependence in a high volume criminal court setting. Such a screening tool might identify defendants who are potentially eligible for a drug court or comparable diversion program, while identifying other defendants who are clearly not eligible and hence do not need to receive a full-length clinical assessment.

The pilot was precipitated by the increasing volume of criminal defendants who are legally eligible for diversion in New York State under its Drug Law Reform Act of 2009. In addition to eliminating most mandatory minimum sentences for felony drug offenders, the new law returns sentencing discretion in most felony drug cases to judges and explicitly supports the ability of judges to mandate treatment as an alternative to prison.

This study examined the use of a brief evidence-based addiction screener in the Brooklyn Treatment Court (BTC), a well-established drug court in New York City. The Global Appraisal of Individual Needs-Short Screener (GAIN-SS) was selected from amongst several evidence-based short screening tools, because it also tests for potential co-occurring mental health issues, which are known to be particularly prevalent among drug-involved criminal justice populations. The selected tool contains three clinical subscales: a substance abuse subscale; a mental health subscale that measures internalizing disorders such as depression and anxiety; and a mental health subscale that measures externalizing disorders such as attention deficit and conduct disorder.

The GAIN-SS was piloted with 170 legally eligible defendants over a period of seven months. Study findings are based on an analysis of the results of the short screener, administrative data collected from New York's statewide drug court database, and two focus groups conducted with the presiding judge, project coordinator, and clinical staff at the Brooklyn Treatment Court.

Major findings include:

- *Efficiency:* Although BTC clinical staff was able to integrate use of the GAIN-SS into their daily routine, the efficiency of the tool did not match initial goals of the study's stakeholders. The instrument required approximately 10 minutes to administer, twice what the short screener's developers had predicted in a previous study.

- *Comprehensibility:* BTC case managers reported that some of the language of the screening tool (e.g., the oft-repeated term "significant problem" or time markers such "within the last month" vs. "the last 2-12 months vs. "lifetime") required explanation that impeded its efficiency.

- *Accuracy of the Substance Abuse Subscale:* The screener correctly identified all of those defendants that were found clinically eligible for drug court under the court's existing assessment protocol. However, the screener also found eligible approximately half of the 24 defendants that clinical staff deemed to be ineligible due to no discernable addiction under its full assessment protocol. Based on their experience administering the tool, the case managers felt that it might "over-diagnose" for substance abuse, since almost all of the defendants screened (92%) fell into the moderate- to high-need category.

- *Accuracy of the Mental Health Subscale:* Compared with the substance abuse scale, we found a higher degree of consistency between the clinical findings of the drug court staff concerning mental health problems and the GAIN-SS scores. Specifically, GAIN-SS indicators of major internalizing mental health disorders such as depression and anxiety were significantly higher among those defendants who the case managers found to be ineligible for drug court due to a serious mental health problem. On the other hand, few defendants, either ones who were ultimately found eligible or ineligible, flagged on the mental health subscale for externalizing disorders such as attention deficit disorder.

Given the high prevalence of substance abuse and dependence in the population of defendants referred to BTC, the GAIN-SS turned out to be an overly sensitive tool, whose administration was less rapid and efficient than had been expected. However, implementation of a short screener remains an important goal of high-volume criminal courts across the state, suggesting that future research into other short screening tools might be beneficial. There are currently several short screeners that have been specifically validated in criminal justice populations that might be more suitable. Our findings suggest that a short screener for substance abuse and dependence might be productively combined with a short screener for mental health that focuses on internalizing disorders such as depression and anxiety.

INTRODUCTION

On April 7, 2009, New York Governor David Paterson signed the New York Drug Law Reform Act of 2009, a comprehensive set of reforms of the infamous Rockefeller Drug Laws that had been enacted more than 25 years earlier in 1973. In addition to eliminating most mandatory minimum sentencing for felony drug offenders, the new law returns sentencing discretion in most felony drug cases to judges, and explicitly supports the ability of judges to use treatment as an alternative to prison. A key piece of the new legislation, Article 216, lays out the process for diverting an expanded pool of non-violent felony drug offenders to court-monitored treatment. Implementation of this process lies primarily in the hands of the court system (New York State Division of Criminal Justice Services, 2010a). Aside from managing a substantial increase in the number and type of defendants who are legally eligible for drug treatment, criminal courts across the state must also come up with a reliable method of identifying which of these defendants are clinically in need of treatment—since the law specifically states that prison terms are no longer mandatory for class B drug felonies *who are deemed by the court as drug dependent* (New York State Division of Criminal Justice Services, 2010a).

Devising a method for rapid and efficient clinical screening and evaluation may be particularly important in the context of New York City's criminal courts, which process thousands of criminal defendants each week, a substantial proportion of whom are charged with drug-related felony offenses (New York State Division of Criminal Justice Services, 2010b). In fact, there is currently a formal system of pre-arraignment screening in Brooklyn, Queens and the Bronx, which flags the case files of *legally* eligible defendants for judges in arraignment parts (Edwards, 2009). Under this system, however, *clinical* assessment occurs after a defendant is referred to drug court. This process can be somewhat time-consuming, requiring an adjournment of at least 24 hours and approximately 30-45 minutes per defendant to complete a full clinical assessment (Picard-Fritsche, 2010).

There is currently no formal method for identifying a clinical need for drug treatment prior to full clinical assessment by drug court staff in one of the city's ten specialized drug courts (or in any other New York State drug court). A potential time-saving remedy involves implementation of one of several short addiction screeners that are currently published and in-use in other criminal justice and drug treatment settings. Three of the most commonly used screeners are the Addiction Severity Index (ASI), the Texas Christian University Drug Screen (TCUDS) and the Global Appraisal of Individual Needs-Short Screener (GAIN-SS) (Peters et al., 2008). These instruments are not intended to provide a full psychosocial picture, but to efficiently assess whether an individual shows any evidence of an eligible drug problem and should therefore proceed to a full psychosocial assessment. For the purposes of the current study, only the TCUDS and the GAIN-SS were considered, since the ASI is comparatively long to administer (10-15 minutes). Although both instruments considered have been validated to indicate a possible need for drug treatment, the TCUDS focuses solely on substance use while the GAIN-SS also looks for the presence of common mental health disorders, such as depression, anxiety attention deficit, and or conduct disorders. Because co-occurring mental health and substance abuse disorders are thought to be the norm, rather than the exception, among drug-involved offender populations (Dennis et al., 2006; Sacks et al, 2008), and the presence of serious mental health issues may be a reason for diverting defendants away from drug courts to other types of

treatment programs, the GAIN-SS was selected as the best fit to screen for drug court eligibility in New York City.

BACKGROUND: THE GAIN SHORT SCREENER

The GAIN Short Screener was developed in 2006 by researchers with the Lighthouse Institute in Normal, Illinois, who previously developed the full Global Appraisal of Individual Needs (GAIN-I), a full-length biopsychosocial assessment instrument which has been validated to accurately predict the need for mental health and substance abuse treatment among adults and adolescents presenting for treatment services (Dennis et al., 2006). The short screener was developed to rapidly (within five minutes) identify those individuals who would be likely to have a disorder identified if they were administered the full GAIN assessment. Although the full GAIN has been widely used for clinical assessment, both inside and outside of the criminal justice system, norms based on field administration of the GAIN-SS are still in development. *See Appendix A for a copy of the GAIN-SS.*

The original GAIN Short Screener includes four subscales: Internalizing Disorders (IDscr), Externalizing Disorders (EDScr), Substance Abuse (SDScr) and a Crime and Violence Scale (CVScr). Each of the first three subscales operates as a flag indicating a potential problem in a specific dimension along which mental health disorders commonly fall (Dennis et al., 2006):

- IDScr: Depression, Anxiety, and Somatic disorders
- EDScr: Attention Deficit, Conduct and Impulse Control disorders
- SDScr: Substance Abuse and Substance Dependence disorders

The fourth subscale, Crime and Violence, is included in the short screener specifically for populations in correctional settings (jails, prisons, community supervision) as an indicator of potential criminal risk that also may correlate with the first three subscales (Dennis et al., 2006). Because the population used in the current study is pre-adjudication, the Crime and Violence scale was omitted from the study for reasons related to defendant confidentiality.[1] According to the authors of the screening tool and an initial validation study, a score of three or higher on any of the individual subscales indicates a high probability of a diagnosis using the longer screener, and an individual cumulative score of 3-20 on the full screener is considered high (Dennis et al., 2008).

The purpose of this research was to explore the possibility of clinically screening defendants who are legally eligible for drug treatment in one New York City drug court. To that end, the GAIN-SS was piloted with a subsample of defendants who were legally eligible for the Brooklyn Treatment Court (BTC) between July, 2010 and January, 2011. The GAIN-SS was administered by case managers with the Brooklyn Treatment Court just prior to when they would receive a full clinical assessment under current court protocol. The short screener was implemented for research purposes only; the results were not used to determine drug court eligibility. Drug court eligibility was determined according to current protocol in the court (i.e., results of a urine toxicology test and a full clinical assessment by a BTC case manager). Our analysis of GAIN-SS

[1] Under current BTC protocols, case mangers focus on clinical need rather than criminal background during assessment. Because of this, the presiding judge and clinical staff preferred to omit the Crime and Violence subscale from the pilot study.

data focuses on the efficiency of the tool, its feasibility for use in a high-volume court setting, and whether the instrument accurately identifies defendants in need of full clinical assessment.

RESEARCH DESIGN AND METHODS

Study Setting: The Brooklyn Treatment Court

The Brooklyn Treatment Court (BTC), established in 1996 as a demonstration project co-directed by the New York State Unified Court System and the Center for Court Innovation, was the first drug court to operate in New York City. Since its opening, BTC has served over 4,000 nonviolent drug offenders (Rempel et al., 2003; Picard-Fritsche, 2010). Although BTC's caseload may have increased since the enactment of Article 216 in October 2009, the profile of defendants served by the court has remained essentially constant, since the court already targeted felony drug offenders who make up the majority of newly eligible offenders under Article 216. Since the BTC has among the highest participant volume of drug courts across New York State, it provided a particularly suitable setting for the pilot screening study.

The design of this study involved both qualitative and quantitative components with the purpose of exploring the following questions:

(1) Is the GAIN-SS a feasible tool for use in a high volume intake or arraignment court setting?
(2) Is the GAIN-SS an accurate tool for identifying need for further assessment and/or drug treatment in a population of defendants that are legally eligible for drug court? Is it an accurate tool for flagging potential co-occurring disorders (mental health and substance abuse) in the population referred to drug court?
(3) For legally eligible defendants referred to drug court, what is the relationship between the results of the GAIN-SS and *clinical* eligibility based on the presence of a substance abuse disorder? What is the relationship between results of the GAIN-SS and clinical ineligibility due to a serious mental health disorder?

Administration and Analysis of the GAIN Short Screener

In order to efficiently administer and analyze the results of the short screener, the tool was translated into a database already in use by the court system, known as the Justice Center Application. Case managers at BTC were provided a password for the application and were trained to administer the GAIN-SS by Center for Court Innovation staff and a consultant from the Lighthouse Institute, developers of the GAIN. Between July 1, 2010 and January 31, 2011, the GAIN Short Screener was administered to 170 legally eligible defendants who were referred from Brooklyn's arraignment courts to the Brooklyn Treatment Court for a clinical assessment. As described above, case managers administered the GAIN prior to completing a complete clinical assessment with each defendant, in keeping with BTC's current protocols. Case managers were instructed to complete the GAIN-SS, but not to consider its results in determining drug court eligibility. The short screeners were administered initially using pen and paper, and then entered into the Justice Center Application, which was customized to record and score the results.

Results of the short screener were gathered solely for research purposes. In order to understand the relationship of GAIN-SS scores to the eligibility and participation status of defendants in the

pilot sample, results from the GAIN-SS were merged with administrative data on the survey sample, stored in a statewide drug court database known as the Universal Treatment Application (UTA). Data from the two management systems were merged using the unique UTA case-id that is assigned to each defendant referred to BTC. Descriptive analyses were run on the merged data with the goal of examining: average cumulative and subscale GAIN-SS scores; demographics and criminal profile of defendants in the study sample; and the eligibility status (e.g., clinically eligible or not) and participation status (drug court participant or not) of the study sample. Bivariate analyses were run to explore potential relationships between GAIN-SS scores and trends in eligibility and participation.

Pre- and Post-Implementation Focus Groups

The clinical staff and presiding judge in the Brooklyn Treatment Court were introduced to the GAIN short screener during an initial focus group in late June, 2010. This initial focus group involved the presiding judge of the court (Honorable Jo Ann Ferdinand); the clinical director (Susan Sturges); the project director (Joseph Madonia); and the director of drug court programs for the Center for Court Innovation (Valerie Raine). This preliminary discussion focused on the purpose of the study, what the stakeholders hoped to gain from use of the short screener and any anticipated implementation challenges of the pilot. A second focus group was conducted approximately three months after the pilot test of the screening instrument began in September, 2010. This second group involved the stakeholders from the initial focus group as well as five case managers from BTC. The second discussion focused on the feasibility and accuracy of the GAIN-SS from the perspective of the clinical staff as well as whether the group perceived that the study was achieving its preliminary goals. Protocols for both focus groups are included in *Appendix B* of this report.

Study Limitations

The data used for this analysis did not distinguish between those defendants who were referred under the new Article 216 eligibility provisions and those who were referred under the Brooklyn Treatment Court's previous eligibility criteria. Also, because the subsample of defendants found *ineligible* for BTC is relatively small (N=34), results specific to this subgroup should be interpreted with caution. The omission of the Crime and Violence subscale may have skewed the cumulative GAIN-SS scores in the study and limits our ability to compare the cumulative scores in this study with other research on the use of the GAIN-SS with criminal justice populations.

FINDINGS

Study Goals

Goals of the pilot study were discussed during a preliminary focus group conducted just prior to beginning the pilot study. At this stage, the presiding judge, clinical director and project director in the Brooklyn Treatment Court identified the following priorities:

- The identification of a short screening tool that could indicate the need for a full length assessment and is both *sensitive* (i.e., does not miss defendants that potentially need drug treatment) and *specific* (i.e., able to screen out defendants who are not truly in need of drug treatment—"system gamers").
- Identification of an efficient and feasible screening tool (i.e., a screener that does not disrupt the current screening and referral process or add substantial time to this process).

- Exploration of the accuracy of any potential screening tool from the perspective of clinical staff with experience evaluating defendants for drug court eligibility.

Efficiency and Feasibility of Using the GAIN-SS prior to Full Clinical Assessment
The efficiency and feasibility of the GAIN short screener were evaluated primarily through data from the second focus group conducted with the Brooklyn Treatment Court staff three months after implementation was underway. During this focus group, case managers conducting the GAIN short screener were asked to discuss their experiences with the tool. At the time of the focus group, the clinical team had conducted approximately 60 GAIN short screens. Case managers estimated the time to implement a GAIN-SS as approximately ten minutes. Although this time frame is efficient compared with conducting a full assessment, it is longer than the administration time of 3-5 minutes estimated by the GAIN's publisher (Dennis et al., 2008). Specifically, the clinical staff pointed to the following issues that may be impeding the efficiency of the screener:

- Four of the five case managers reported that it takes time to explain the timeframes used in the short screener (i.e., "within the last month" vs. "the last 2-12 months" vs. "lifetime").
- All five case managers reported that defendants had trouble understanding the term "significant problem" that is used repeatedly in the screening tool and that the meaning of the term required time to explain.
- One of the case managers mentioned that some of the screener items, particularly those in the mental health subscales, provoke extended explanations from the defendants. Other participants agreed and felt that when this happens, it could add substantially to administration time.

Overall, the drug court staff reported that it was not difficult to integrate use of the GAIN-SS into the drug court intake process. In other words, use of GAIN-SS would be feasible to implement after legally eligible defendants are referred to the drug court but before a full clinical assessment is conducted. However, the administration time of ten minutes does call into question whether this particular screening tool would be feasible prior to referral to drug court (i.e., in a general criminal court part) given the lack of staff to conduct screenings and the comparatively higher volume at the arraignment stage.

The next section of the report presents findings from the analysis of the GAIN-SS and Universal Treatment Application data. Analyses focus primarily on its accuracy for identifying drug-court eligible defendants—defined as those that were found eligible under current court protocol. We also separately explore the relationship between results of the two mental health disorder screeners contained in the GAIN-SS with full assessment findings that a defendant is ineligible for drug court due to a serious mental health condition.

Study Sample Characteristics
Table 1 provides a summary of the baseline profile of defendants who were assessed during the pilot, both in total and divided between those found clinically eligible vs. those found ineligible.

Table 1. Baseline Profile of GAIN-SS Pilot Study Participants

	Clinically Eligible for Drug Court	Clinically Ineligible for Drug Court	All Referred Defendants
	N=136	*N=34*	*N=170*
Became a drug court participant	*57%*	*0%*	*45%*
Gender			
Male	77%	78%	78%
Female	23%	22%	22%
Race[2]			
Black/African American	48%	57%	50%
White	22%	19%	22%
Hispanic/Latino	28%	24%	27%
Asian/Pacific Islander	2%	0%	1%
Age			
18-25 years old	28%	15%	25%
26-40 years old	28%	50%	32%
Over 40 years old	44%	35%	42%
Currently Employed[2]	22%	30%	24%
Highest Grade Completed[2]			
6th grade or less	4%	0%	3%
7th-11th grade	36%	30%	35%
High School Diploma/GED	60%	70%	62%
Primary Drug of Choice[2]			
Alcohol	14%	20%	15%
Cocaine/Crack Cocaine	15%	0%	13%
Heroin	20%	0%	16%
Marijuana	47%	50%	47%
Prescription Drugs	1%	0%	1%
Designer Drugs	2%	0%	2%
None	1%	30%	7%
Current Charge			
Felony Drug Sales	52%	71%	56%
Felony Drug Possession	18%	29%	20%
Misdemeanor Drug Possession	21%	0%	17%
DUI/DWI	9%	0%	7%

+p<.10 *p<.05 **p<.01 ***p<.001

[1] For the purposes of this study, clinically ineligible refers to drug court candidates who were found to have "no discernable addiction" (n=24) or to have "a serious mental health problem" (n=10).

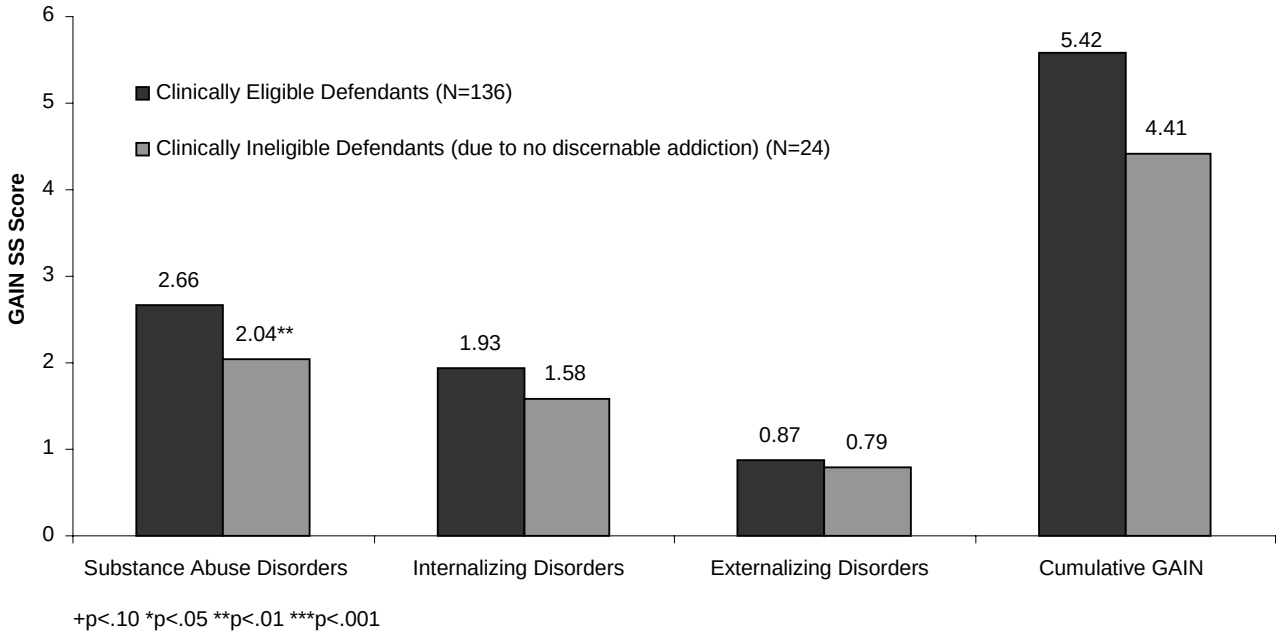
[2] From 35% to 40% of the data is missing for defendants who did not become drug court participants on these variables. Significance tests were not run on these variables.

Demographically, Table 1 shows a sample population similar to that of defendants referred to the Brooklyn Treatment Court over the last five to ten years, as documented in previous research (Picard-Fritsche, 2010). Overall, there were few major differences within the sample between those found clinically eligible for BTC and those who were not. The exceptions to this finding are that clinically eligible defendants were more likely to be young adults (under 25) than those found ineligible and more likely to be charged with drug possession—felony or misdemeanor. It should be noted that there is substantial missing data amongst defendants that did not ultimately become drug court participants in several of the demographic categories (education, drug of choice, race). Missing data may obscure similarities or differences between referred defendants that were found eligible and those that were not.

Accuracy of the GAIN-SS in the BTC population

Next we turn to the results of the GAIN short screener among the study sample, both as a whole and according to eligibility status. One of our primary research interests was in the relationship between the GAIN-SS scores and the eligibility decisions of the case management team, which were made not according to the GAIN score but according to existing court protocols (i.e., the case manager uses his or her clinical judgment combined with the results of a preliminary drug screen and a full clinical assessment). Figure 1 (below) reflects a comparison between clinically eligible defendants and those who were found clinically ineligible due to not having a discernable addiction. (n=24). An additional ten defendants were found clinically ineligible due to having a serious mental health problem (this subgroup is analyzed separately later in the report).

Figure 1. Average GAIN-SS Cumulative and Subscale Scores, Clinically Eligible Defendants vs. Clinically Ineligible Defendants (*due to no discernable drug addiction*)



+p<.10 *p<.05 **p<.01 ***p<.001

As displayed in Figure 1, the average cumulative GAIN-SS score for clinically eligible defendants was 5.42, whereas the score for defendants found by the case management team to have no discernable addiction was 4.41. Unsurprisingly, the greatest difference in these two groups was found in the scores on the substance abuse disorders subscale, with clinically eligible defendants scoring significantly higher ($p<.05$). There was almost no difference in the two groups in their scores on either of the mental health scales, as indicated in the figure. While population norms are still in development for the GAIN-SS, both the average cumulative score of 5-6 and the average substance use disorder score of 2-3 fall in the moderate- to high-risk range as developed by the authors of the tool (Dennis et al., 2008). Because the Crime and Violence Scale was omitted from the study, the average cumulative GAIN scores displayed are somewhere between zero and five points below what they would be had the full screener been administered.

In order to obtain a closer look at the substance use differences between those found eligible for Brooklyn Treatment Court and those not eligible due to no discernable addiction, an analysis of the five individual items making up the substance abuse scale was conducted. Results are shown in Table 2.

Table 2. Self-reported Indicators of Substance Abuse (GAIN-SS Scale), Clinically Eligible Defendants vs. Clinically Ineligible Defendants *(no discernable addiction)*

	Clinically Eligible Defendants	Clinically Ineligible Defendants (no addiction)
	N=136	*N=24*
Over the last year have you ever…		
Used drugs or alcohol weekly or more often	90%	75%*
Spent "a lot" of time getting or using alcohol or other drugs	84%	67%*
Continued to use alcohol or drugs even though it has caused social problems	37%	21%+
Found that your drug use interfered with work or school	28%	21%
Experienced withdrawal symptoms	34%	21%+

+p<.10 *p<.05 **p<.01***p<.001

Table 2 suggests that while there are noticeable differences in the two groups on each of the individual substance abuse scale items, a majority of both groups affirmed the first two items in the scale (using drugs weekly or more and spending a lot of time getting or using drugs). This indicates that there was a relatively high baseline prevalence of drug use among defendants referred to the drug court as a whole. Only a minority of either group affirmed the last three items on the scale. Those found eligible for drug court, however, were significantly more likely to report that their drug use caused social problems and that they had experienced symptoms of withdrawal ($p<.10$). It should also be noted that while five (21%) out of the 24 defendants found ineligible for drug court affirmed all three of these last indicators, the case manager assessing them may have had reason to suspect that these defendants were misrepresenting their drug use. This possibility is supported by the focus group data wherein the drug court staff indicated that they look out for logical contradictions during assessments (for example, an individual who

reports using marijuana only later indicates that they are an IV drug user). According to the staff, such contradictions may indicate that the defendant is interested in drug court for legal reasons but is not clinically eligible.

During the second focus group, the clinical staff also reported that "almost everyone" screened thus far (N=60) seemed to be eligible for the court according to the substance abuse subscale—reinforcing the finding that there is a relatively high prevalence of substance abuse/addiction in the population. At this point, case managers also expressed the concern that the GAIN-SS might be overly-sensitive for the drug court population (i.e., the tool might be indicating that some defendants are candidates for full clinical assessment who are actually not good candidates for drug court due not having a serious substance abuse problem). Because the GAIN series of assessment tools was originally designed to assess for addiction and mental health problems in general, rather than among criminal justice populations, the possibility that it is over-classifying for substance abuse should be taken seriously.

Next, to obtain a better understanding of the accuracy of the GAIN-SS in indicating the presence of mental health disorders amongst defendants referred to BTC, we compared the subscales for internalizing disorders (i.e., depression, anxiety, etc.) of those defendants who were found ineligible for the drug court due to a serious mental health issue (N=10) with the clinically eligible group (N=136). Specifically, we looked at indication of internalizing disorders only (e.g., depression, anxiety) since scores on the externalizing disorder scale were extremely low for the full sample. These results are displayed in Table 3 below.

Table 3. Self-reported Symptoms of Internalizing Disorders among Defendants Referred to the Brooklyn Treatement Court, Clinically Eligible Defendants vs. Clinically Ineligible Defendants *(due to a serious mental health problem)*

	Clinically Eligible Defendants	Clinically Ineligible Defendants[1]
In the last month, have you had "significant" problems with…	N=136	N=10
feeling very trapped, lonely, sad, blue, depressed, or hopeless	26%**	60%
with sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day	33%	60%
with feeling very anxious, nervous, tense, scared, panicked, or like something bad is going to happen	41%	70%
with becoming very distressed and upset when something reminded you of the past?	23%**	70%
with thinking about ending your life or committing suicide?	2%***	20%

+p<.10 *p<.05 **P<.01 ***p<.001

[1] Due to a serious mental health problem

Because the number or defendants found clinically ineligible for the court due to a serious mental health condition over the study period is extremely low (N=10), the results presented in Table 3 should not be considered generalizable to the population of defendants referred to Brooklyn Treatment Court. With that noted, GAIN-SS results suggest a high prevalence of indicators of depression and anxiety amongst those found ineligible due to a serious mental health problem when compared to clinically eligible defendants in the study sample. Since this ineligible group was based on the clinical judgment of BTC case managers, this analysis suggests consistency between the judgment of the court's clinical team and the internalizing disorders subscale on the GAIN-SS. Thus, our findings provide preliminary support for the use of the internalizing disorder subscale of the GAIN-SS to indicate possible mental health problems in the broader defendant population.

Overall, scores on the externalizing disorders subscale (EDscr) were very low for the study sample as a whole. Specifically, the EDScr score for the study sample was .81, which would indicate little to no issue with attention deficit and conduct disorders in the population referred to Brooklyn Treatment Court. This finding is notable primarily due to its contrast with the average cumulative scores and substance abuse and internalizing disorder scores in the study sample (see detail in Figure 1). Given the lack of prevalence of externalizing disorders found in the sample, no further analyses were conducted on this scale.

ACKNOWLEDGMENTS

The author would like to thank the New York Community Trust for its support of this research. Thanks also to the Honorable Jo Ann Ferdinand, presiding judge of the Brooklyn Treatment Court, for her insight and participation in focus groups. I am also grateful to the staff of the Brooklyn Treatment Court for making the pilot study a success. From the Center for Court Innovation, the author would like to thank Michael Rempel, Valerie Raine, and Phillip Zielinski for their support of the project and their editorial contributions to an earlier version of this report. Any opinions and interpretations are those of the author or, where attributed, the research participants. For correspondence, please contact Sarah Picard-Fritsche at sfritsch@courts.state.ny.us.

REFERENCES

Dennis, M., Yen, Y.F., Funk, R. (2006). Development and Validation of the GAIN Short Screener (GSS) for Internalizing, Externalizing and Substance Use Disorders and Crime/Violence Problems among Adolescents and Adults. *American Journal on Addictions 15, 80-91.*

Dennis, M., Feeney, T., Hanes Stevens, L., Bedoya, L. (2008). Global Appraisal of Individual Needs–Short Screener (GAIN-SS): Administration and Scoring ManualVersion 2.0.3.

Edwards, D. (2009). Criminal Court of the City of New York Drug Court Initiative: 2008 Annual Report. Office of the Deputy Chief Administrative Judge: New York, NY. Available at:

http://www.courts.state.ny.us/courts/nyc/criminal/Annual%20Report%202008%20Final%20101509.pdf.

New York City Criminal Court Office of Drug Court Initiatives. (1998). Brooklyn Treatment Court Policy Manual: New York, NY. Available at: http://www.nycourts.gov/courts/2jd/brooklyntreatment/policies.pdf.

New York State Division of Criminal Justice Statistics. (2010a). *Adult Arrests: New York City (2000-2009). Available at: http://criminaljustice.state.ny.us/crimnet/ojsa/arrests/nyc.htm.*

New York State Division of Criminal Justice Statistics. (2010_b). Preliminary Impact of 2009 Drug Law Reform October 2009 – September 2010. *Available at: http://criminaljustice.state.ny.us/crimnet/ojsa/arrests/nyc.htm.*

Peters, R. and Peyton, E. (1998). Guidelines for Drug Courts on Screening and Assessment: Washington, DC: Office of Justice Programs.

Peters, R., Greenbaum, P. Steinberg, M., Carter, C., Ortiz, M. and Fry, B. (2000). The Effectiveness of Screening Instruments in Detecting Substance Abuse Disorders among Prisoners. *Journal of Substance Abuse Treatment 18*(4), 349-358.

Peters, R.H., Bartoi, M.G., & Sherman, P.B. (2008). *Screening and Assessment of Co-occurring Disorders in the Justice System*. Delmar, NY: CMHS National GAINS Center.

Picard-Fritsche, S. (2010). Expanding Access to Drug Court: An Evaluation of Brooklyn's Centralized Drug Screening and Referral Initiative. New York, NY: Center for Court Innovation.

Rempel, M., Fox-Kralstein, D., Cissner, A., Cohen, R., Labriola, M., Farole, D., et al. (2003). *The New York State Drug Court Evaluation*. New York, NY: Center for Court Innovation.

Sack, S., Chandler R., Gonzalez J. (2008) Responding to the Challenge of Co-occurring Disorders: Suggestions for Future Research. *Journal of Substance Abuse Treatment 34*(1), 139-146,

Testimony of The Legal Aid Society of the City of New York at a joint public hearing on Implementation and Funding of the Rockefeller Drug Law Reform Legislation. Albany, New York: December 20, 2010. *Available at:* http://www.legal-aid.org/media/144660/funding%20and%20testimonyimplementation%20of%20rockefeller%20drug%20law%20reform1210.pdf.

Appendix A. GAIN Short Screener

GAIN-Short Screener (GAIN-SS)
Version [GVER]: GAIN-SS 2.0.3

What is your name? a._____ b. ____ c. _____
(First name) (M.I.) (Last name)

What is today's date? (MM/DD/YYYY) ____/____/_____

	The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).	Past month	2 to 12 months ago	1+ years ago	Never
		3	2	1	0
IDScr	1. When was the last time that you had significant problems…				
	a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	3	2	1	0
	b. with sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	3	2	1	0
	c. with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	3	2	1	0
	d. with becoming very distressed and upset when something reminded you of the past?	3	2	1	0
	e. with thinking about ending your life or committing suicide?	3	2	1	0
EDScr	2. When was the last time that you did the following things two or more times?				
	a. Lied or conned to get things you wanted or to avoid having to do something?	3	2	1	0
	b. Had a hard time paying attention at school, work, or home?	3	2	1	0
	c. Had a hard time listening to instructions at school, work, or home?	3	2	1	0
	d. Were a bully or threatened other people?	3	2	1	0
	e. Started physical fights with other people?	3	2	1	0
SDScr	3. When was the last time that…				
	a. you used alcohol or other drugs weekly or more often?	3	2	1	0
	b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?	3	2	1	0
	c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
	d. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?	3	2	1	0
	e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	3	2	1	0

(Continued) After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).	Past month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0

CVScr 4. When was the last time that you…

a. had a disagreement in which you pushed, grabbed, or shoved someone?	3	2	1	0
b. took something from a store without paying for it?	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	3	2	1	0

5. Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with? (If yes, please describe below)..... Yes 1 No 0

v1. _____

v2. _____

v3. _____

6. What is your gender? (If other, please describe below) ……1-Male 2-Female 99-Other

v1. _____

7. How old are you today? |__|__| years

For Staff Use Only

8. Site ID: _____ Site Name v. _____
9. Staff ID: _____ Staff Name v. _____
10. Client ID: _____ Comment v. _____
11. Mode: 1) Administered by staff 2) Administered by other 3) Self-administered
12. Number of 2s and 3s: IDSscr: ____ EDScr: ____ SDScr: ____ CVScr: ____ TDScr: ____
13. Referral: MH____ SA ____ ANG ____ Other ____ 14. Referral Code: _____
15. Referral comments:

v1. _____

v2. _____

v3.

APPENDIX B. BROOKLYN TREATMENT COURT STAFF FOCUS GROUP PROTOCOL

Domain A: Purpose of Study and Administration of the GAIN-SS

- (first focus group: prior to implementation) What do you hope to gain out of testing the short screening instrument?
- (focus group: prior to implementation) What are the potential benefits/drawbacks of implementing a short screening instrument prior to full evaluation?
- (second focus group: three months after implementation) So far, has the GAIN short screener been useful to the previously established goals?

Domain B: Efficiency and Feasibility of the GAIN-SS for Screening Drug Court Candidates

- (second focus group: three months after implementation) Approximately how long does an individual GAIN-SS take to administer?
- Does the GAIN-SS fit in to the flow of the referral and assessment process in BTC?
- (second focus group: three months after implementation) Are the items in the instrument clear to defendants? Do any of the items require explanation? If so, which ones?

Domain C: Perceived Accuracy of the GAIN-SS for Screening Drug Court Candidates (second focus group: three months after implementation)

- (second focus group: three months after implementation) Does the GAIN-SS generally match your clinical judgment in terms of which defendants are eligible for drug court?
- (second focus group: three months after implementation) Does the screener effectively distinguish levels of substance abuse or mental illness severity amongst defendants
- (second focus group: three months after implementation) Which elements of the screener fit well with the population of defendants referred to BTC? Which elements do not fit?