DISTRICT OF COLUMBIA
COURT SERVICES AND OFFENDER SUPERVISION AGENCY &
PRETRIAL SERVICES AGENCY
RESEARCH REVIEW COMMITTEE

RECOMMENDATION STATEMENT

DATE: January 30, 2006

I. RESEARCH PROPOSAL SUMMARY

Principal Researcher: Phyllis J. Newton, National Opinion Research Center (NORC), Fairfax, VA.

Title: Testing a universal Screener for Mental Health and Substance Abuse indicators Among Arrestees in the District of Columbia

Institution: The National Opinion Research Center

Description: The purpose of this project is to test whether the universal screener developed by the Criminal Justice Coordinating Council (CJCC) adequately can identify arrestees in need of mental health and/or substance abuse assessment (adequacy) and whether it is feasible and practicable to implement a dual diagnosis screening device at the arrest stage of the criminal justice system without causing undue interference in the arrest and booking process (efficacy).

Subjects: The population of interest for the efficacy component of the study consists of all arrestees booked into the seven MPD district stations. The sample for the adequacy analysis will include only arrestees who are or will be transferred to the Metropolitan Police Department's (MPD) Central Cell Block (CCB). While a portion of those arrestees identified for the efficacy component of the study will fall into this sample, it is likely that more cases will be needed to obtain a sufficient sample size for the adequacy portion of the study.

Type of Data and Analysis: The researcher intends to administer the screener in the seven MPD district stations and the CCB. The approximate sample size is 600 respondents.

The researcher then intends to collect follow-up information related to agency screening for substance abuse and mental health assessments from the DC Department of Mental Health (DMH), DC Addiction Prevention and Recovery Administration (APRA) and PSA. Specifically, the researcher will request variables identifying whether an individual has been screened for substance abuse and mental health concerns and whether that individual is assessed as needing further assessment in either category. The researcher proposes to provide PSA with a series of PDID numbers, birth dates, and CJCC numbers in whatever electronic file is compatible with their system. PSA then should match a series of PDID numbers to its database and when a number matches, to record responses to the following questions: Was the individual screened for substance abuse? Did the screen indicate a need for further assessment? Was the individual screened for mental health-related concerns? Did the screen indicate a need for further assessment?

This study pertains only to PSA.

II. RECOMMENDATION

The RRC recommendation for this study:

☐ Support ■ **Support with Conditions** ☐ Do Not Support

The RRC recommends that the Agency support this request with the following conditions:

- Once PSA has matched the researcher's data with PSA's data file, PSA would issue new random identifiers to cases in the matched data file provided to the researcher.

III. SUPPORTING INFORMATION

Regulatory:

The proposed study is compliant with Federal regulations regarding the protection of human subjects as certified by the National Organization of Research at the University of Chicago (IRB Protocol # 050203-6280.01.62) on March 8, 2005.

The proposed research shows no evidence of non-compliance with Agency policies pertaining to research.

Other Considerations:

The RRC recognizes the following benefits of the proposed research to the Agency:

PSA participated in the development of the universal screener through the CJCC's Substance Abuse and Mental Health Workgroup. First, this study will help to determine the degree to which administering the screening device interferes with the MPD booking process. Second, it can determine the frequency with which arrestees in our sample screen positive for further need of substance abuse or mental health assessment. Third, it seeks to determine whether there are any questions on either screening device that produce false positives. Fourth, it seeks to determine the degree to which the study's positive indication of a need for assessment matches a recommendation for further assessment by PSA, DMH, and APRA.

I **ACCEPT** the RRC recommendation	I **DO NOT ACCEPT** the RRC recommendation
Susan W. Shaffer, Director, D.C. Pretrial Services Agency	
Comments:	

INSTITUTIONAL REVIEW BOARD SUBMISSION
RESEARCH REVIEW COMMITTEE
Court Services and Offender Supervision Agency
District of Columbia

TESTING A UNIVERSAL SCREENER FOR MENTAL HEALTH AND SUBSTANCE ABUSE INDICATORS AMONG ARRESTEES IN THE DISTRICT OF COLUMBIA

Phyllis J. Newton
Senior Research Scientist
Principal Investigator

JSI Justice Studies at NORC

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A. Terms

Research refers to systematic investigation, including development, testing, and evaluation, which is designed to develop or contribute to general knowledge. Specific research efforts that must be reviewed by the RRC include program reviews/evaluations undertaken by non-employees (research originating from outside of the Agency) and, thereby, considered non-Agency research.

B. Requirements for Non-Agency Research and Research Involving Human Subjects

The following information must be provided to the RRC for review of any non-Agency research and any research involving human subjects to be undertaken by employees or non-employees:

1a) Name and current affiliation of the researcher(s): Phyllis J. Newton, National Opinion Research Center (NORC)

1b) Title of the Study: TESTING A UNIVERSAL SCREENER FOR MENTAL HEALTH AND SUBSTANCE ABUSE INDICATORS AMONG ARRESTEES IN THE DISTRICT OF COLUMBIA

1c) Purpose of the project: The purpose of this project is to test whether the universal screener developed by the DC Criminal Justice Coordinating Council (CJCC) can adequately identify arrestees in need of mental health and/or substance abuse assessment (adequacy) and whether it is feasible and practicable to implement a dual diagnosis screening device at the arrest stage of the criminal justice system without causing undue interference in the arrest and booking process (efficacy).

1d) Location of the project: The screening device will be administered in the seven District of Columbia Metropolitan Police Department (MPD) district stations and the Central Cell Block (CCB).

1e) Duration of the study: Data collection will occur during a four-hour shift each day (from 8pm-12am) during a three-week period in each of the seven facilities. Data collection will occur simultaneously at the CCB for screening those arrestees identified in the sample who have transferred from the district stations prior to administration of the screening instrument. A data entry program will be developed and all data entered. Follow-up information related to agency screening for substance abuse and mental health assessments will be collected from the Pretrial Services ~~Administration~~ (PSA), Department of Mental Health (DMH), and the Addiction Prevention ~~and Recovery~~ Administration (APRA). Analysis of the data will be completed following all data entry. From start to finish, including analysis, the project will take approximately 12 weeks.

Agency

1f) Research methods to be employed: The study proposed is straightforward and consists primarily of a short data collection period followed by analysis.

1g) Sample type and size required and time frame for sample collection:

The population of interest for the efficacy component of the study consists of all arrestees booked into the seven MPD district stations. The sample for the adequacy analysis will include only arrestees who are or will be transferred to CCB. While a portion of those arrestees identified for the efficacy component of the study will fall into this sample, it is likely that more cases will be needed to obtain a sufficient sample size for the adequacy portion of the study. We anticipate a sample of approximately 600 respondents.

1h) Agency staff and/or resources needed to support the study and description of the support needs:

Our intent is to collect the necessary follow-up information electronically; discussions with staff suggest this is possible in all three follow-up organizations (i.e., PSA, DMH, and APRA). In discussions with PSA staff, we understand that its data entry system (whether it is the old or new system) contains variables identifying whether an individual has been screened for substance abuse and mental health concerns and whether that individual is assessed as needing further assessment in either category.

NORC will provide PSA with a series of PDID numbers, birth dates, and CJCC numbers in whatever electronic file is compatible with their system. We will ask PSA to match a series of PDID numbers to its database and when a number matches, to record responses to the following questions: Was the individual screened for substance abuse? Did the screen indicate a need for further assessment? Was the individual screened for mental health-related concerns? Did the screen indicate a need for further assessment?

We approximate our sample size at 600, although some of these will not enter the PSA system. Time for PSA staff should be minimal. We anticipate providing two separate lists: the first for three MPD district station data and the second for the remaining four district station data. This should involve a data management exercise for a person with intermediate computer skills and take a minimal amount of time (at the most, four hours per dataset or eight hours total). (See Attachment 1 for copy of data transfer protocol for PSA.) The following table illustrates the data format for the data file to be sent to PSA.

DATA TO DEPARTMENT OF PRETRIAL SERVICES (PSA)						
PDID NO.	BIRTH DATE	CJCC NO.	SCREEN FOR SUBSTANCE ABUSE? (YES/NO)	FURTHER SUBSTANCE ABUSE ASSESSMENT? (YES/NO)	SCREEN FOR MENTAL HEALTH ISSUES? (YES/NO)	FURTHER MENTAL HEALTH ASSESSMENT? (YES/NO)
XXXXXX	XXXXXX	XXXXX				
XXXXXX	XXXXXX	XXXXX				
XXXXXX	XXXXXX	XXXXX				
XXXXXX	XXXXXX	XXXXX				
XXXXXX	XXXXXX	XXXXX				
XXXXXX	XXXXXX	XXXXX				

When the PSA work is completed, we will ask that its staff remove the first two columns of data (i.e., the PDID number and the birth date variables) and send the data to NORC via the secure web page as identified in the protocol at Attachment 1.

1i) Indication of risk or discomfort to subjects as a result of participation:

Risk to subjects is minimal. The risk pertains to the identification of an individual as someone our screening device indicates in need of substance abuse and/or mental health assessment. Because every arrestee booked during the data collection shift will be interviewed, police officers will be unable to identify whether an arrestee screens as needing further assessment or not. Similarly, the lists we will send to PSA will include every arrestee interviewed, irrespective of the results of the screener. PSA will be unable to determine whether an arrestee screened in need of further assessment or not as a result of the universal screener administered at the district stations.

1j) Anticipated results:

First, we can determine the degree to which administering the screening device interferes with the MPD booking process. Second, we can determine the frequency with which arrestees in our sample screen positive for further need of substance abuse or mental health assessment. Third, we hope to determine whether there are any questions on either screening device that produce false positives. Fourth, we hope to determine the degree to which the study's positive indication of a need for assessment matches a recommendation for further assessment by PSA, DMH, and APRA.

1k) List of deliverables:

NORC will provide CJCC, CSOSA/PSA, DMH, and APRA with a final report that addresses the efficacy and adequacy parts of the research study. In addition, it will provide an electronic data file and codebook with the data used in the analyses. These materials will contain no identifying information.

2) Detailed Statement of Study Design, including the following areas:

2a) Review of the related literature:

Defining Dual Diagnosis

Dual diagnosis generally refers to individuals with a DSM-IV Axis I mental health diagnosis plus one other complication (e.g., mental illness and substance abuse, or mental illness and a developmental disability). Research indicates that individuals with co-occurring mental illness and substance use disorders are disproportionately represented in the criminal justice system – particularly in local jails – and they are at higher risk for arrest (National GAINS Center, 2004).

In a recent study of 311 adult arrestees, Alemagno and Dickie (2002) found that 35 percent scored at risk for both mental disorder and substance disorder, compared to between 6 and 15 percent in the national population (Lamberti et al., 2001). What's more, individuals with co-

occurring disorders for the most part are arrested for fairly low level crimes ranging from "quality of life" crimes (e.g., public urination, disturbing the peace) to misdemeanor chargeable offenses (e.g., petty theft, trespassing) (National GAINS Center, 2004).

Prevalence and Severity of Co-Occurring Disorders

Among jail detainees with a severe mental disorder, data suggest that 72 percent have a co-occurring substance use disorder (Abram and Teplin, 1991). Among jail detainees in drug treatment, 55 percent have one or more Axis I Lifetime Diagnosis with 19 percent meeting the criteria for a severe mental illness (Swartz and Lurigio, 1999). And in a study of pretrial jail detainees receiving standard drug treatment, more than half recorded at least one lifetime DSM-III-R axis I diagnosis, and the lifetime rates of serious mental illness were higher than general jail population prevalence rates.

Detainees with co-morbid disorders also are more likely than others to have more than one co-occurring psychiatric disorder, to have been arrested for property crimes, and to be dependent on alcohol, marijuana, or PCP (Swartz and Lurigio, 1999). Offenders addicted to alcohol and other drugs were likely to have high rates of co-morbid psychiatric disorders (Edens et al., 1997).

Prevalence rates for severe mental illness at jail entry reportedly are even higher for females than for males. For example, in two week prevalence data, 12.2 percent of women detainees – almost twice the rate of men – had a severe mental illness at jail entry (National GAINS Center, 2002) and 53.3 percent of women had a substance abuse disorder compared to 29.1 percent of men (Teplin, 1994; Abram et al., 2001). Likewise, studies have reported higher risk for substance use disorder for females in jail (Alemagno and Dickie, 2002; Abram et al., 2001).

Existing Research

To date, much research has focused on treating drug dependence and examining prevalence rates of co-existing disorder among arrestees. However, little is known about how individuals with dual symptoms differ from those with mental health or substance abuse symptoms only. Even less is known about which types of specialized programming are most effective to treat detainees with particular co-occurring disorders. What is known is that addicted persons with co-morbid psychiatric disorders follow clinical courses distinct from those of persons with single disorders (El-Mallakh P, 1998; Mueser et al., 1997). In particular, those with co-morbid severe mental illnesses such as schizophrenia, manic-depression, and major depression are more difficult to treat, require more intensive services, are at increased risk for HIV infection, and have poorer outcomes (el-Mallakh P., 1998; Mueser et al., 1997; Cournos and McKinnon, 1997).

Conclusion

Currently, there are no universally agreed upon standards for evaluating dual diagnosis (Kanwischer, 2001). Due in part to the heterogeneity of the population, effective screening practices have been difficult to implement (Lehman, 1996). However, Swartz and Lurigio (1999) suggest that effectively screening for co-occurring disorders may facilitate the challenging process of linking appropriate treatment to those in need. For example, substance-dependent participants with no co-morbid psychiatric disorders, who tend to be arrested for drug-related

crimes, dependent on or abusing heroin and opiates, and using both heroin and cocaine at higher rates than those with a co-morbid disorder, may be best served through traditional drug treatment programming. By contrast, substance-dependent individuals with co-morbid psychiatric disorders who are more likely to have been arrested for property offenses, dependent on or abusing alcohol, marijuana, or PCP, and multiple, severe psychopathologies reportedly are most in need of specialized programming.

2b) Detailed description of the research method:

Drawing from our experience administering the Arrestee Drug Abuse Monitoring (ADAM) program in the District of Columbia, we will divide a 24-hour period into a stock period and a flow period. These periods do not mirror the ADAM program because in this study we assume that the stock and flow periods do not differ with respect to the kinds of arrestees booked. We propose administering the universal screener to all arrestees booked during the flow period and collecting demographic information on all arrestees booked during the 24-hour period. In this way, the proposed research will test how intrusive administration of the universal screener is to the booking process at its peak flow as well as whether our sample differs in any significant way from the population of arrestees.

Data Collection Forms

Three data collection forms will be designed for this study. The first is the universal screening instrument to be administered to arrestees with responses and project number only (see Attachment 2). The second provides demographic information from official records at the facility, and serves the dual purpose of providing a daily census of the booked population during the testing period (see Attachment 3). Finally, a master list for each facility will be maintained to allow for matching the study data with PSA, DMH, and APRA data (see, e.g., Attachment 4).

Standard "Testing" Procedures

A standard testing protocol will be followed at each district station. Arrestees must first be identified as to their release or holding status. Each arrestee booked into a district station, regardless of whether s/he will be released or held, will be administered the universal screener. However, slightly different procedures will be followed for those released as opposed to those transferred.

Released Arrestees Only

- Prior to administration of the universal screener, arrestees will be informed of their right to refuse to answer without harm to their case and the confidential nature of the study. (See Attachment 5 for copy of Informed Consent.)

- Administration of the universal screening instrument.

- Each arrestee screened receives a referral card with a non-committal suggestion that should s/he wish to seek services for either substance abuse or mental health assistance, numbers are available on the referral card. Interviewers will inform

respondents that the card is for their convenience only and in no way suggests that we believe they need assistance in either area.

- Simple demographic and criminal history data are recorded for each arrestee. (This feature of the data collection is mentioned in the verbal consent.)

- No names will appear on the universal screener. A master list of names, arrest numbers, birth dates, and CJCC identifier numbers will be maintained throughout the duration of the project, at which time it will be destroyed. This list is for matching purposes only, and will not be linked to the final dataset.

- Screening results from the released sample will be compared to the results of current DMH and APRA screening practices to determine consistency between the screening methods.

Non-Released Arrestees

- Testing procedures, including informed consent, screener administration, and recording of demographic data are completed in the same manner as the released arrestees above.

- Screening results from the non-released sample will be compared to the results of current PSA screening practices, as well as DMH and APRA, to determine consistency between the screening methods.

- Because it may be necessary to boost non-released numbers for the adequacy analysis, we plan to collect data for a longer period of time for arrestees who are transferred to CCB. If needed, this collection will take place at CCB only. It is suggested that approximately 300 cases receiving assessments are needed to adequately analyze all questions.

Data Collection Strategy

The data collection effort consists of two stages. The first stage involves the administration of the universal screener and the collection of demographic and criminal history information on all arrestees booked during the collection period. Data will be collected at all seven district MPD district stations for a period of three weeks per facility. One interviewer will be present at each facility for a 4-hour period beginning at 8:00 p.m., the period representing the largest flow of cases through the facilities. During that period, the interviewer will administer the universal screener to each arrestee booked, including those who will be released at the district station and those who will be transferred to CCB.

In addition to collecting data from the screener, the interviewer will collect basic demographic information on gender, race and ethnicity, birth date, offense at arrest, and prior criminal history. No individual identifying information will appear on either the screener or the demographic forms. However, each arrestee's PDID number (arrest number), name, and birth date will be

recorded on a master list, linking information to a CJCC identifier number.[1] All arrestees will be given a referral card with the Department of Mental Health (DMH) on one side and the Addiction Prevention and Recovery Administration (APRA) on the other (see Attachment 6), along with a suggestion that these services are available at no cost should the respondent wish to make contact.

The interviewer will collect the same demographic information for those arrested during the periods of the day in which an interviewer is not present at the district station. This will allow us to provide a rough comparison between arrestees booked during the period an interviewer is in the district station (flow) and the population of arrestees booked during the three-week data collection period.

The second stage involves the collection of follow-up data on each screened arrestee at least one month post arrest and booking.

- For arrestees released from the individual district stations, APRA and DMH assessment information of all who voluntarily present for assessment will be obtained. This will provide some indication of the kinds of arrestees who are likely to follow through with a recommendation to seek assistance and will allow for comparisons between the universal screener and each agency's individual screening mechanism.

- For non-released arrestees (i.e., arrestees who have been transferred to CCB and interviewed by PSA), information from the PSA screening, APRA, and DMH will be obtained for the same purposes as above. NORC will provide each agency with a dataset that includes identifying information that can be removed prior to the return of new data to NORC. These data will be posted on a secure website behind the NORC firewall and can be accessed by PSA, APRA, and DMH by means of a secure password and encryption process (see full description below). We will ask the PSA to maintain a list of CJCC identifiers with PDID numbers, so that we may later request the status of any missing cases by defendant number. This data collection effort allows us to determine the rate at which the universal screener matches the results of the PSA screening device and how often the universal screener correctly identifies arrestees in need of substance abuse or mental health treatment.[2]

Data from each screener, demographic information form, and assessment and treatment recommendation will be entered into an electronic data file for analysis purposes.

Secure Data Transfer

To establish a secure method of data transfer, we have established a file transfer protocol (FTP) site located on the NORC server. Access to the site will be restricted to clients within authorized

[1] There are two purposes for maintaining the arrest number. The first is to distinguish between arrestees who have been screened and those who have not. The second is to match the PSA screening device to the universal screener. The master list will be destroyed once data analysis is completed.

[2] While NORC will seek individual-level information from PSA, DMH, and APRA, we will wait until the end of each data collection period to send the study data that can be merged with their respective databases. This should reduce the burden imposed on those agencies.

IP addresses and subnets. This will provide a secure file-transferring environment capable of allowing authorized users from three different service-providing agencies (PSA, DMH, and APRA) to access, view, download, and transfer data back to the secure data site.

The data will be hosted at client.norc.org in project directory 6280. The directory is set up with a directory structure consisting of a root directory where files are stored and accessible only to authorized users. Users may access the FTP directory areas using any standard FTP client or web browser. FTP is based on Microsoft Internet Information Server running on Windows 2000 server, and utilizes integrated Windows authentication. In addition, NORC's Infrastructure & Systems Operations division will provide encryption technology to clients so data may be encrypted in a mutually agreed upon manner before making it available on the server.

The data accessing and transferring process will work like this. NORC staff will contact PSA, DMH, and APRA when the (read only) file is available and loaded on the FTP site. Authorized clients will connect to client.norc.org and upload, view, and access the file in the 6280 directory. This will allow authorized project staff to enter the FTP site and upload (read only) Excel files with names, birthdates, and unique project identifiers of all arrestees in the sample in a secure environment.

Each agency will be able to access, copy, and merge the project's data with their internal databases to ascertain whether any of the sample arrestees contacted them following their screening at the jails. Once accessed, agency staff will attach two variables to the file: (1) one that indicates relevant follow-up information and (2) another that indicates the results of their internal screening device. When these variables have been added, clients will remove the first two columns of data (i.e., columns with names and birthdates) from the file and then send the file back to the NORC server devoid of any unique identifying information.

Data Analysis

This study will provide of an assessment of how the universal screener results correspond to current mechanisms for problem identification and referrals and will estimate the numbers of arrestees who present at booking who could potentially benefit from this early identification process.

Adequacy of Instrument to Predict Intended Population

This analysis involves a determination of whether and how often the universal screener matches the screening as indicated by PSA and whether that screening predicts those arrestees in need of substance abuse or mental health treatment. The analysis will be limited to the non-released arrestees to minimize self-selection bias, as well as increase the numbers of those already obtaining assessments. We will analyze the universal screener generally and question-specific outcomes, comparing them to general agency outcomes and question-specific outcomes. We will determine which questions or groups of questions best predict the range of at-risk scores. Such analysis will assist in determining whether the question results should be scored differently or weighted to provide the greatest predictability. In addition, we will assess the rates and instances of false positives and false negatives (compared to positives on the agency screeners only). We

additionally will analyze the data, presenting the predictability for suggested alternative weighting or scoring schemes.

Efficacy of Implementation at the Arrest Stage

The efficacy portion of the analysis includes a combination of the universal screener data and the demographic data that provide descriptive statistics for both the released and non-released populations. For the booked population, we will present the rate of positive responses for the released and non-released populations, as well as overall positive screening results. To the extent allowable by the sample size, we can further analyze this information to present the rate of positive screens by race, sex, age, offense type, and prior criminal history.

After completion of the adequacy analysis, suggested scoring and/or weighting schemes can be used with these data to provide overall predictions of the frequency of at-risk individuals among the arrestee population, using the CJCC preferred method.

2c) Significance of anticipated results and their contribution to the advancement of knowledge:

There are at least three important ways in which this research will advance our knowledge about the degree to which co-occurring disorders exists in the arrestee population of the District of Columbia.

- First, we will ascertain whether it makes sense to attempt to screen all arrestees at the booking stage of the arrest process. This is significant because research has shown that a high percentage of those presenting with co-occurring disorders commit relatively insignificant offenses (e.g., quality of life offenses) when they are arrested and as such are released primarily from the district stations. PSA rarely, if ever, has a chance to interview these individuals. And yet, CSOSA reports that it is the quality of life offender that places an undue burden on the system with multiple arrests for very minor offenses in the course of a single year. If arrestees can be screened at the booking stage, they could be referred for assessment much earlier in the process with the hope that continuing arrests can be reduced or eliminated.

- Second, if screening can be accomplished at this stage of the criminal justice process, it could eliminate unnecessary duplication later in the process.

- The goal is to standardize the screening device for co-occurring disorders among the service providing agencies in criminal justice-related areas. This pilot test will allow us to determine whether the results from the test screener match those of current screening questions administered by PSA, DMH, and APRA. This will give each agency a degree of comfort that the universal screening device will serve their needs.

2d) Benefits of research and/or participation to CSOSA/PSA:

The aims for this screening device are to provide criminal justice and mental health agencies in the District of Columbia with a common mechanism for identifying co-occurring disorders.

Further, it seeks early identification of arrestees in need of treatment who would be better served in other social service agencies. The ultimate aim is to reduce the number of subjects from the criminal justice system that would be more appropriately served in a treatment environment or other alternative program. Finally, the universal screener would introduce potential cost-savings to the District of Columbia through the unnecessary duplication of effort across agencies and the earlier recognition of service needs.

2e) Specific resources required from the Agency:

The time commitment from PSA should be minimal. We will send a data file to PSA that contains the PDID number, birth date, and study number associated with each person in our sample. This data file will need to be matched with the PSA database and responses for four variables (listed above) within the PSA system will be added to the study data file. PSA will remove the PDID number and birth date from the file and send it back to NORC. This should be a straightforward exercise, but NORC staff stands ready to assist should the need arise.

2f) Description of all possible risks, discomforts, and benefits to individual subjects or a class of subjects, and a discussion of the likelihood that the risks and discomforts will actually occur:

In general, the only risk to individual subjects is potential labeling should police or agency officials learn of the results of the screening mechanism. It will be important to maintain confidentiality associated with each screen and never to inform police officers of the results of the screen. It will be essential that we not inform PSA, DMH, or APRA of the results of screening for any individual. PSA, DMH, and APRA will know that the individual was arrested, but not the results of the screen.

There are no tangible benefits to the individual who participates in the study although we will be giving referral cards that offer contact information related to substance abuse and mental health services. The greater potential benefit is to the class of subjects – particularly, those arrestees who are cited and released from the district station. In the future, these results may assist in providing some mechanism for DC officials to divert individuals in need of treatment from the criminal justice system to treatment providers, thus reducing the number of arrests for the police and reducing the chance that individuals will be re-arrested for any number of quality of life offenses.

The likelihood that the risk of labeling will occur is minimal. All interviewers will be trained in the area of confidentiality. Special emphasis will be placed on the need to conduct the screener out of earshot of any of the MPD staff, and the great importance of not sharing their findings with the police. In addition, the results of the screening instrument will not be made available on an individual basis, eliminating the potential for identification by participating organizations.

2g) Description of steps taken to minimize any potential risks or discomforts:

- The screening instrument takes less than two minutes to complete. It will be incorporated into the normal booking process and will result in minimal, if any, additional time in the facility.

- Every arrestee booked during data collection hours will be administered the screening instrument, reducing the likelihood that others in the facility might attach a label of substance abuser or mental health problem to any single arrestee.

- Each interviewer will be required to sign a confidentiality agreement regarding the interviewing process and the data collected prior to working on this study (see, e.g., Attachment 7). Additionally, NORC conducts background checks on all its employees, and the MPD will provide a background check on all those entering its facilities as well.

- Each respondent will be provided with an informed consent before he/she is administered the pilot screening instrument. The informed consent will assure respondents of the study's confidentiality and of their voluntary participation in the study (see Attachment 5).

- No identifying information will be placed on individual screening instruments.

- A study identifier number will be affixed to each screening instrument for purposes of matching study data with follow-up information from PSA, DMH, and APRA screening.

- A master list of names, arrest numbers, and study identifier numbers will be maintained throughout the duration of the project for matching purposes only. At the end of the data collection process, the master list will be destroyed.

- Results of the pilot universal screener will not be provided to MPD, PSA, DMH, or APRA except in the aggregate at the conclusion of the pilot study. This eliminates the possibility of unnecessary assessment and treatment, or the possibility that study results could impact court processing or court decisions.

- Referral cards will contain no identifying information. Similarly, forms or software to collect outcome measures will contain no identifying information when returned to NORC.

- We will identify for PSA those arrestees who are part of the sample, but not the results of the screener we administer. Similarly, arrestees who PSA recommends for further assessment will not be identified as to whether they tested positive on the pilot screening instrument, but indication of study participation will be provided.

2h) Description of physical and/or administrative procedures to be followed to: (1) ensure the security of any individually identifiable data that are being collected for the project; and (2) destroy research records or remove individual identifiers from those records when the research has been completed.

- No individually identifiable data will be recorded on the screening instrument or demographic forms. A master list of all arrestees booked during each data collection shift will be produced. This list will contain the booked arrestees' name, PDID number, birth date, and a study identifier. This list will be kept under lock and key and in a separate location from the screening instruments and will be destroyed at the conclusion of data analysis.

- The master list that contains respondent names, arrest numbers, birth dates, and study identifier numbers will be stored in a separate, secure location from the screening instruments. This list will be provided to no one outside the study team. These identifiers will be used to match members of the sample with the databases at PSA, DMH, and APRA for purposes of learning whether further assessment according to agency screening was indicated. They will be destroyed at the completion of the data analysis. When the master list is shared with PSA, DMH, and APRA, there will be no indication whether the individual subject screened in need of further assessment or not as a result of the universal screener.

2i) Description of any anticipated effects of the research project on Agency programs and operations:

It is the hope of the CJCC that a universal screening mechanism, shared by all agencies with criminal justice-related responsibilities in the District of Columbia, will reduce the necessity for every agency to go through the same screening process with every individual who presents for assistance or who is referred to other social service organizations. This would remove redundant work, but more importantly, it would identify an individual as potentially in need of services earlier in the process. Also, each agency could be assured that their indicators of treatment need match with all other criminal justice-related agencies' indicators.

2j) Relevant research materials such as vitae (see Attachment 8), Memorandum of Understanding with the Metropolitan Police Department (see Attachment 9), endorsements (see Attachment 10), descriptions of similar work undertaken (see following paragraph), sample informed consent statements (see Attachment 5), questionnaires (not applicable), and interview schedules (see Attachment 2).

NORC staff administered the Arrestee Drug Abuse Monitoring program (ADAM) in the District of Columbia for several years. As part of that program, they interviewed a sample of arrestees at three sites: two district stations and the central cell block. The interviewers became very experienced at conducting interviews with arrestees in the jail setting. The team developed excellent relationships with the MPD. In addition, the Principal Investigator for the screening study served as the national program manager of ADAM for three years. She visited and observed interviewing at numerous jails across the country.

2k) Statement indicating that copies of all deliverables will be provided to CSOSA/PSA:

- We will provide the CJCC, CSOSA/PSA, DMH, and APRA with a copy of the data without identifying information and a copy of the final report.

2l) Statement that copies of any datasets will be provided to CSOSA/PSA at the conclusion of the project:

- We will provide the CJCC, CSOSA/PSA, DMH, and APRA with a copy of the data without identifying information.

3) Verification of Review by Independent Institutional Review Board

3a) Copy of application for review to IRB (see Attachment 11).

3b) Copy of certification statement from IRB (see Attachment 12).

C. Requirements for Agency Research: Not applicable.

D. Requirements for Informed Consent

See Appendix 5 for copy of draft informed consent. We believe the draft includes all components required under the guidelines; that is, identification of the principal researcher(s), objectives of the research project, procedures to be followed in administering the screener, procedure purpose, statement that there is no benefit or harm to the respondent for participating, voluntary participation, confidentiality, and offer to answer questions.

While our interviewers are required to read the informed consent and receive an affirmative response prior to administering the screener, we are not asking respondents to sign the informed consent. Because it is a jail setting and respondents have been arrested but not convicted, we want to ensure a comfort level with respondents that will persuade them to respond to the screener. Therefore, we do not ask them to sign the informed consent (see Attachments 11 and 12 for waiver request as part of the IRB submission and IRB approval).

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