GAINS

The National GAINS Center for People with Co-Occurring Disorders in the Justice System

SAMHSA

Substance Abuse and Mental Health Services Administration

Treatment of People with Co-occurring Disorders in the Justice System

What We Know

About Co-occurring Disorders & Criminal Justice Settings

People with co-occurring mental health and substance abuse disorders are often excluded from treatment programs. Consequently, many get caught up in the criminal justice system—from an initial contact with police on the streets to jail sentences and prison terms to supervision by community corrections.

How many? Between 25% to 50% of all people with mental health disorders also have a substance abuse disorder. In criminal justice populations, the rates are significantly higher than in the general population for both mental health disorders (4 times higher) and alcohol/drug disorders (4 to 7 times higher).

The consequences? In addition to a range of negative consequences (e.g., more frequent hospitalization and higher suicide rates), co-occurring mental health and substance abuse disorders are also associated with poor social functioning, homelessness, violence, arrest, and incarceration. Criminal offenders with co-occurring disorders often display aggressive and violent behavior, have long histories of institutionalization, and exhibit a diminished ability to function independently in jail, prison, or community correction settings.

While there is a growing awareness that significant numbers of people in criminal justice settings have co-occurring disorders, models for interventions are just emerging. The National GAINS Center for People with Co-Occurring Disorders in the Justice System collects, distributes, and applies information regarding these issues.

How to Design Services

for People with Co-occurring Disorders

In this brochure, we summarize the key points surrounding treatment issues for people with co-occurring mental health and substance abuse disorders in various criminal justice settings—from police stations, jails, and prisons to community correction programs.

The first step in the process of treating people with co-occurring mental health and substance abuse disorders is to develop a treatment model.

Historically, three treatment approaches have been used in community settings for people with co-occurring disorders. While all three treatment approaches exist, the best available research indicates that the "integrated model" is the most effective.

- **Sequential:** Providing services to respond to one disorder (e.g., substance abuse) and then providing services to respond to the other disorder (e.g., mental illness). *This approach is least effective for people with severe symptoms.*
- **Parallel:** Concurrent treatment is provided for mental health and substance abuse problems in different settings. *This approach works best with mild to moderate levels of symptom severity.*
- **Integrated:** Treating both disorders in the same service setting, using cross-trained staff (i.e., staff trained in ***both*** mental health and substance abuse issues). *This is the most effective treatment approach, but can have higher start-up costs.*

While treating people with co-occurring disorders

What You Can Do

to Treat People with Co-occurring Disorders

Use of a particular treatment approach alone is not sufficient to achieve successful outcomes. Several key treatment intervention are needed to develop a successful program:

- **Engage the person.** Get the person interested not only in participating in treatment, but committing to it over the long-term. This is especially necessary for people with co-occurring disorders, who achieve better outcomes the longer they are in treatment.
- **Continuity of care.** This is especially essential when treating a population that may be moved from one institution to another with little notice. People should be informed and connected to their services, and providers must commit to monitoring the person's progress between institutions and when returning to the community.
- **Comprehensive services.** Homelessness, unemployment, and incarceration are conditions that exacerbate addiction and mental illness. To treat people with co-occurring disorders, providers should address all the varied factors of their lives—this means providing a wide range of comprehensive services from housing to job training.
- **Assessment.** Ongoing assessment of psychosocial problems provides the cornerstone for effective treatment planning.
- **Individualized planning.** The principle of "one-size-fits-all" does not work in the treatment of co-occurring disorders. Individually tailored services, provided by a multidisciplinary team, address the heterogeneity of individuals' experiences.

What are the Key

Principles of Treatment for Co-occurring Disorders

The following treatment strategies are recommended as the most effective in treating co-occurring disorders. Please note that these strategies will need to be adapted for different settings.

- **Treatment integration.** Focus services on the *integration* of treatment programming, i.e., addressing the person's mental health and substance abuse disorders simultaneously.
- **Both disorders are primary.** Treat *both* disorders as primary, focusing on understanding how they interact with each other.
- **Individualized programming.** Address psychosocial problems and skill deficiencies with *individualized* programming, created through comprehensive assessment and consultation with the treatment participant, treatment provider, and family members.
- **Appropriate medication.** Use medication when *appropriate.* Alcohol and drug use can complicate or interfere with the use of prescribed medication; these effects should be carefully reviewed with treatment participants.
- **Tailored interventions.** Design interventions tailored to the *setting*—i.e., prisons, jails, or community corrections. Each setting requires differing intensity, length, and types of services.
- **Community treatment.** Extend treatment services into the *community.* A "post-release" plan is very important and involves housing and job needs, family reconnection, and continued treatment.
- **Support networks.** Integrate therapy with *self-help groups and support.* A support network is an invaluable tool in helping people keep a commitment to daily alcohol and drug abstinence.

s may be costly, not treating them is even costlier.

Developing Collaborative Systems

By creating collaborations between providers of mental health and substance abuse services and criminal justice staff, we can overcome barriers of meeting the treatment needs of people with co-occurring mental health and substance abuse disorders in a variety of criminal justice settings—from contact with police in the streets to jails and prisons to community corrections.

- **Create a partnership by getting the right people to the table.** After identifying the key agencies to be involved, get their contact people at the table. Participants will likely include police, corrections administrators, district attorneys, public defenders, local judges, community mental health and substance abuse providers, housing and social service providers, and consumer and family advocates.
- **Cross-train staff.** Cross-training staff brings together service providers of varied orientations and allows them to share their different perspectives regarding treatment and supervision as well as maximize their expertise to provide the best treatment possible.
- **Select a location to provide services.** Mental health and substance abuse services are often provided in different locations with different staff. If a single location for integrated treatment is not feasible, a coordinated system should be developed to enhance accessibility to services.
- **Consolidate referral and screening processes.** By consolidating referral and screening processes, collaborating teams can provide comprehensive assessment and treatment services, thus reducing redundancies in service provision.

The materials for this brochure were taken from a monograph developed for the GAINS Center by Holly A. Hills, Ph.D., of the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida in Tampa.

A Note on Confidentiality

Concerns about confidentiality often lead to limited or difficult communication in creating collaborative systems and have been particularly difficult for parallel or sequential treatment models. Though State and Federal guidelines exist regarding communication between programs, these are often misunderstood and have existed as a barrier to program coordination. Program directors must clarify what requirements exist and whether a release of information must be obtained to discuss relevant client information between treating programs. Memoranda of understanding may be created to facilitate information sharing for program evaluation purposes.

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At any given time, half of a million people in the justice system have co-occurring mental health and substance abuse disorders.

For information about the GAINS Center, its activities, resources, and the availability of technical assistance, contact us at:

The GAINS Center
345 Delaware Ave.
Delmar, NY 12054
toll free: (800) 311-GAIN
fax: (518) 439-7612
email: gains@prainc.com
website: www.gainsctr.com

The National GAINS Center for People with Co-Occurring Disorders in the Justice System is a national center for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is a partnership of the Substance Abuse and Mental Health Services Administration's two centers – the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) – and the National Institute of Corrections, the Office of Justice Programs and the Office of Juvenile Justice and Delinquency Prevention. The GAINS Center is operated by Policy Research Associates in collaboration with the Florida Mental Health Institute (FMHI), the University of Maryland's Center for Behavioral Health, Justice and Public Policy and R.O.W. Sciences, Inc.