

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Addressing Co-Occurring Disorders in Problem-Solving Courts

Introduction

Co-occurring disorders (CODs)¹ are more prevalent among people involved in the criminal justice system, including drug courts and other problem-solving courts, than in the general population. The 2019 National Survey on Drug Use and Health found that 3.8 percent of civilian, noninstitutionalized adults in the United States had CODs in the past year.² In comparison, more than 10 percent of males and nearly 25 percent of females in the U.S. criminal justice system have CODs.³ In addition, CODs are present among approximately 30 to 40 percent of all drug court participants.⁴

To ensure successful participant outcomes, all specialty courts must address CODs. The purpose of this article is to describe effective approaches for identifying and treating CODs. Resources for additional reading are provided, as well as information on an emerging type of specialty court, the COD court. Unless otherwise noted, information presented in this publication has been adapted from the Substance Use and Mental Health Services Administration's (SAMHSA) comprehensive publication *Screening and Assessment of Co-Occurring Disorders in the Justice System*.⁵

People living with co-occurring disorders have at least one mental health condition **and** at least one substance use disorder.

Identification of Co-Occurring Disorders

Problem-solving courts that use comprehensive screening, assessment, and diagnostic instruments for CODs are equipped with the necessary information to match participants to appropriate treatment services and levels of care. Consider the example of someone who is assigned to a drug court because of a drug-related crime but is not screened for a co-occurring mental health condition.⁶ Without this information, the program will be unable to effectively address all underlying issues that may be contributing to the person's criminal justice involvement. As a result, the person may be less likely to complete the program successfully. If this person were assigned to a COD court, the assessment would be more comprehensive, and the person would receive additional support.

Even if an initial screening occurs and no CODs are identified, it is important that screenings be conducted periodically throughout someone's participation in a specialty court. People may experience new symptoms or levels of impairment, or over time they may become less reluctant to share details about their mental health conditions or substance use. An integrated approach to identifying CODs requires that instruments be used to address both disorders. If this is not feasible, then a combination of mental health and substance use instruments should be used instead. Identifying a person's criminogenic needs and risk for recidivism is also important and may influence the structure of his or her treatment and supervision.

Types of Screening, Assessment, and Diagnostic Instruments

This section defines each type of instrument discussed above and provides accompanying examples used in criminal justice settings. It specifically focuses on instruments that address CODs or criminogenic needs and risk. Note that some instruments require minimal training to use, whereas others require significant training, certification, or clinical expertise. In addition, some instruments are available free of charge; others entail substantial cost to purchase the instrument or related training. Cost and training time are only two of the implementation factors to consider when selecting an appropriate instrument. Detailed information on each instrument is available in SAMHSA's publication *Screening and Assessment of Co-occurring Disorders in the Justice System*.⁷

Screening Instruments

The purpose of a screening is to determine whether an assessment is needed. It is a process for evaluating whether a problem may be present, which involves a brief review of symptoms, behaviors, and relevant background information. Screenings are helpful for the initial identification of problem areas related to

Instruments for Co-Occurring Disorders

Screening

1. Brief Jail Mental Health Screen (BJMHS) used with Texas Christian University Drug Screen V (TCUDS V)
2. Correctional Mental Health Screen (CMHS-F/CMHS-M) used with TCUDS V
3. Mini International Neuropsychiatric Interview Screen (MINI-Screen)

Assessment

1. Alcohol Use Disorders and Associated Disabilities Interview (AUDADIS-IV)
2. Mini International Neuropsychiatric Interview (MINI)
3. Structured Clinical Interview for DSM-IV (SCID-IV)

Instruments for Risk Assessment

1. Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
2. Historical-Clinical-Risk Management-20 (HCR-20)
3. Level of Service Inventory-Revised (LSI-R)
4. Ohio Risk Assessment System (ORAS)
5. Risk and Need Triage (RANT)
6. Risk-Need-Responsivity (RNR) Simulation Tool
7. Short-Term Assessment of Risk and Treatability (START)
8. Wisconsin Risk/Needs (WRN) scales used with Client Management Classification (CMC)

mental health, substance use, CODs, trauma, post-traumatic stress disorder, motivation and readiness for treatment, and acute issues such as suicidality.

Assessment Instruments

An assessment collects the information needed to develop an individualized treatment plan. It is a process for defining the problem area, determining a diagnosis, and identifying an intervention approach. Relative to screening, assessment involves a lengthier, more detailed review of an individual's psychosocial history and needs. Assessments are helpful for determining the appropriate type and level of treatment and supervision needed, as well as other long-term supports such as housing, transportation, family services, education, and employment.

Diagnostic Instruments

Diagnostic instruments provide the most in-depth examination of substance use and mental health symptoms and can provide a specific diagnosis within the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) frameworks. Two instruments mentioned in this article (i.e., the MINI and the SCID-IV) function as both assessment and diagnostic tools.

Risk Assessment Instruments

Risk assessment instruments help determine a person's risk for recidivism and can inform what support services should be provided to mitigate this risk. Determining risk for recidivism typically involves examining factors that are unchanging, or static, and factors that are changeable, or dynamic. An example of a static factor is a person's number of prior arrests. Dynamic factors, also called criminogenic needs, include such things as lack of education, employment skills, and social support. According to the RNR model, the intensity of services provided should be proportional to the person's risk for recidivism, with people at the highest

risk for recidivating receiving the most intensive services.

Approaches for Treating Co-Occurring Disorders

After determining that someone has CODs, treatment in criminal justice settings, including problem-solving courts, is typically either sequential, concurrent, or integrated. The sequential and concurrent approaches are unable to effectively address the interdependent nature of CODs. The sequential approach treats either the mental health condition or the substance use disorder first, depending on which of the two is considered the primary condition. In the concurrent approach, both conditions are treated, but each type is typically treated by different staff and agencies.

Providing integrated treatment for CODs has been the most successful approach for both the general population and those involved with the criminal justice system. An integrated approach treats CODs concurrently but by the same staff and within the same organizational setting. Integrated treatment programs are often described as "dual-diagnosis capable" or "dual-diagnosis enhanced." In general, the selection of the program setting where integrated treatment will be provided should be based on whichever condition type is causing the most functional impairment at the time the decision is made.

Resources

Various resources are available to support specialty drug courts with integrating approaches for identifying and treating CODs (see Table 1).

Table 1. Recommendations for Further Investigation



Justice Center, Council of State Governments. (2012). *Addressing co-occurring disorders in adult court-based programs* (webinar). <https://csgjusticecenter.org/events/webinar-archive-addressing-co-occurring-disorders-in-adult-court-based-programs/>.



Marlowe, D. B., Hardin, C. D., & Fox, C. L. (2016). *Painting the current picture: A national report on drug courts and other problem-solving courts in the United States*. National Drug Court Institute. <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>.

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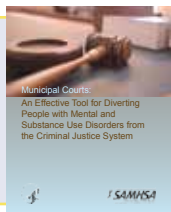


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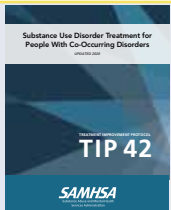
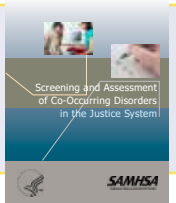
Sheehan, T., & Woods, M. (2011). *Integrating co-occurring disorders—An introduction to what every addiction counselor needs to know* (webinar). <https://www.naadac.org/integrating-co-occurring-disorders---an-introduction-to-what-every-addiction-counselor-needs-to-know>.

Steadman, H. J., Peters, R. H., Carpenter, C., Mueser, K. T., Jaeger, N. D., Gordon, R. B., ... Hardin, C. (2013). Six steps to improve your drug court outcomes for adults with co-occurring disorders. *Drug Court Practitioner Fact Sheet*, 8(1), 1–28. <https://www.ndci.org/wp-content/uploads/C-O-FactSheet.pdf>.



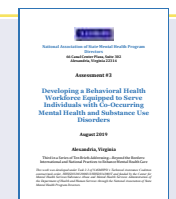
Substance Abuse and Mental Health Services Administration. (2019). *Municipal courts: An effective tool for diverting people with mental and substance use disorders from the criminal justice system* (Publication ID SMA15-4929). <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4929.pdf>.

Substance Abuse and Mental Health Services Administration. (2015). *Screening and assessment of co-occurring disorders in the justice system* (HHS Publication ID SMA15-4930). <https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS?print=true>.



Substance Abuse and Mental Health Services Administration. (2020). *Substance use disorder treatment for people with co-occurring disorders* (Treatment Improvement Protocol [TIP] Series, No. 42; SAMHSA Publication No. PEP20-02-01-004). https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf.

Wik, A., Hollen, V., & Beck, A. J. (2019, August). *Developing a behavioral health workforce equipped to serve individuals with co-occurring mental health and substance use disorders*. National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/TAC_Paper_3_508C_1.pdf.



Co-Occurring Disorder Courts

COD courts are an emerging type of specialty court. We have identified the following COD courts. Each location is linked to more information about its program.

California

- ◀ Kings County
- ◀ Los Angeles County
- ◀ Orange County
- ◀ Sacramento County

Maine

- ◀ State of Maine Judicial Branch

Massachusetts

- ◀ Springfield

Michigan

- ◀ Waterford

Missouri

- ◀ Greene County
- ◀ Jasper County
- ◀ St. Charles County

Montana

- ◀ Missoula

New York

- ◀ Brooklyn

Nevada

- ◀ Clark County
- ◀ Reno

Texas

- ◀ Bexar County
- ◀ Dallas County

Washington

- ◀ Spokane County

Wisconsin

- ◀ Dunn County

Endnotes

1. Substance Abuse and Mental Health Services Administration. (2020). *TIP 42: Substance use treatment for persons with co-occurring disorders*. <https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>.
2. Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR090120.htm>.
3. Steadman, H. J., Peters, R. H., Carpenter, C., Mueser, K. T., Jaeger, N. D., Gordon, R. B., Fisler, C., Goss, S., Olson, E., Osher, F. C., Noether, C. D., & Hardin, C. (2013). Six steps to improve your drug court outcomes for adults with co-occurring disorders. *Drug Court Practitioner Fact Sheet*, 8(1), 1–28. <https://www.ndci.org/wp-content/uploads/C-O-FactSheet.pdf>.
4. Ibid.
5. Substance Abuse and Mental Health Services Administration. (2015). *Screening and assessment of co-occurring disorders in the justice system*. <https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS?print=true>.
6. Gordon, S. (2019). About a revolution: Toward integrated treatment in drug and mental health courts. *North Carolina Law Review*, 97(2), 355–394. <https://scholarship.law.unc.edu/cgi/viewcontent.cgi?article=6708&context=nclr>.
7. Ibid.

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