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*.\(^5\)

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.

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

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)
Addressing Co-Occurring Disorders in Problem-Solving Courts

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

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<th>Source</th>
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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

Michigan
- Waterford

Missouri
- Greene County
- Jasper County
- St. Charles County

Maine
- State of Maine Judicial Branch

Massachusetts
- Springfield

New York
- Brooklyn

Nevada
- Clark County
- Reno

Texas
- Bexar County
- Dallas County

Washington
- Spokane County

Wisconsin
- Dunn County

Endnotes


4. Ibid.


7. Ibid.