

Improving Responses to People Who Have Co-occurring Mental Illnesses and Substance Use Disorders in Jails

DEIRDRA ASSEY
SARAH WURZBURG

MAY 2020



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Over the past decade, administrators and staff have witnessed an exponential increase in the number of people with mental illnesses and substance use disorders cycling through local jails, but less attention has been given to people experiencing both simultaneously. Indeed, while recent studies show as low as 24-34 percent of women and 12 to 15 percent of men in the criminal justice system have both mental illness and substance use disorders¹—also known as co-occurring disorders—, others indicate that as high as 60 to 87 percent of people with severe mental illnesses² have a co-occurring disorder as well.³ Despite this prevalence, in many cases, people are only identified and treated for either one or the other. This can be detrimental to their recovery. The fact is people with co-occurring disorders have complex needs that require integrated responses across jails and behavioral health systems. However, staff often do not know how many people with co-occurring disorders reside in the jail or do not know how to respond when they recognize the symptoms. This makes it difficult to determine the appropriate services and treatment, referrals to diversion opportunities, and reentry plans to help people with co-occurring disorders succeed as they reenter the community.

Building on strong collaboration with correctional health and community-based behavioral health providers, this brief outlines how jail administrators and staff can improve their responses to this population. With universal and standard screening at intake, jails can quickly identify people with co-occurring disorders, develop appropriate plans to coordinate care, and ultimately link people to appropriate services, both in and out of jail. And by continually measuring performance, jails can assess the effectiveness of these practices and identify where improvements can be made to increase access to services for this population. Done together, these practices help local jails more effectively address the needs of people with co-occurring disorders.

SAFETY CONSIDERATIONS

There are some specific safety considerations that jail staff should be aware of as they seek to better respond to people with co-occurring disorders. Most of these concerns involve ensuring the safety of people with co-occurring disorders, but in certain situations, the safety of others also needs to be considered. Jail staff should examine the results from formal screenings to identify any immediate safety concerns. And training should be provided to help officers identify other indicators of safety risk while interacting with people with co-occurring disorders, such as interruptions in someone's ability to eat, bathe, or use the toilet appropriately.

Danger to oneself, in the context of co-occurring disorders, includes risks such as suicidal ideation, inability to care for oneself, and side effects associated with withdrawal from alcohol or other substances. Initial screening at jail intake can reveal overt suicidal ideation, a person's history of alcohol, benzodiazepines, and opioid use, and other warning signs. And a more in-depth assessment by a trained, licensed provider can further determine if someone needs immediate medical intervention because they are at imminent risk of suicidal behavior and/or withdrawal; this may occur at the medical unit within the facility if there is the capacity to address safety concerns or may require transfer to a local emergency department or detoxification facility.

Identifying whether a person is a danger to others can be more challenging. Though research shows that people with mental illnesses and co-occurring disorders are more likely to be the victims of crime and violence than the ones perpetrating them,⁴ assessments performed by trained providers can help identify risk factors for aggressive behavior including a history of violence, current noncompliance with treatment, and agitation. Training can also help officers de-escalate situations in which others' safety may be at risk, understand when to use motivational interviewing techniques as preparation for engaging in treatment, and learn how to identify behaviors that require further intervention.

1. Substance Abuse and Mental Health Services Administration, *Screening and Assessment of Co-occurring Disorders in the Justice System* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), 6, <https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS>.

2. The term mental illness is often used as an overarching term which includes severe, serious, and serious and persistent mental illness diagnoses. "Severe mental illness is often defined by its length of duration and the disability it produces. These illnesses include disorders that produce psychotic symptoms, such as schizophrenia and schizoaffective disorder, and severe forms of other disorders, such as major depression and bipolar disorder." See, Risë Haneberg et al., *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (New York: The Council of State Governments (CSG) Justice Center, 2017), <https://csgjusticecenter.org/publications/reducing-the-number-of-people-with-mental-illnesses-in-jail-six-questions-county-leaders-need-to-ask/>; and "Understanding Severe Mental Illness," National Institute of Mental Health, accessed April 2, 2020, <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2011/understanding-severe-mental-illness.shtml>.

3. Substance Abuse and Mental Health Services Administration, *Screening and Assessment of Co-occurring Disorders in the Justice System* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), 6, <https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS>.

Best Practices for Addressing Co-occurring Disorders in Jails

Strong partnerships with correctional health and behavioral health treatment providers are essential to improving responses to people with co-occurring disorders in local jails. Whether it involves coordinating assessments with contracted, in-house correctional health providers or communicating medical information to community-based behavioral health treatment providers as someone is released, jails cannot and should not do this work alone. With these provider partnerships in place, however, jails can more readily work to meet the needs of people with co-occurring disorders, from booking to treatment to reentry into the community. And when unexpected issues arise, these collaborations can help mitigate concerns as jail staff refer people to interventions such as crisis management, withdrawal management, and pain management, as well as treatment for physical health conditions.⁵

Due to the multifaceted nature of co-occurring disorders, people in local jails who have these disorders require services and care from multiple providers and organizations within a jurisdiction. As such, jails will need to work with these providers to formalize the collaboration through policies and practices, including protocols for screening, referrals, and case management, as well as new training models. Jail staff should rely on the clinicians within their contracted behavioral and correctional health providers for help establishing the best responses to people with co-occurring disorders, keeping in mind that addressing co-occurring disorders will likely require collaboration among a number of entities. It may be harder to establish a strong collaboration with community-based behavioral health providers if the relationships are not already there, but it is equally important. Both of these providers should be equipped with the fieldwide knowledge of the best practices for addressing co-occurring disorders and information about what resources and services are available. By engaging them at the outset, jails can help to ensure that the practices they put in place are aligned with best practices across the country, reduce harm, and are appropriate for a jail.

FIGURE 1.

Each practice within this brief builds on and incorporates information from the previous one to support successful recovery among people with co-occurring disorders in jail and reduce their chances of reoffending.



4. The CSG Justice Center, On the Over-Evaluation of Risk for People with Mental Illnesses (New York: the CSG Justice Center, 2015), <https://csjusticecenter.org/publications/on-the-over-valuation-of-risk-for-people-with-mental-illnesses/>.

5. Not everyone who has a co-occurring disorder will need these types of interventions but developing them in collaboration with community providers and having them in place, when needed, increases the overall chances of recovery for someone with a co-occurring disorder.

Screening and Assessment: Identifying people who have co-occurring disorders

Relying on overt symptoms of co-occurring disorders will enable jail staff to identify some people with behavioral health needs, but not everyone will present with easily recognized symptoms. As such, every person booked into the jail should be screened at intake to identify symptoms of mental illness and substance use disorder (or both). Partnering with community-based providers can help ensure that protocols are in place to properly identify people at this earliest point of contact with the jail, but regular communication with a jail's correctional health provider is critical to ensuring that people are assessed by a licensed, trained clinician to diagnose any behavioral health needs not immediately visible.

Implementing universal screening and follow-up assessment by a licensed provider for anyone who has a positive screening result at intake also helps provide staff with relevant safety information, including potential suicidality and substance withdrawal, and information needed to determine factors such as where someone should be housed, treatment referrals, medication needed,⁶ etc. An assessment by a licensed provider also gives the jail information about what specific needs are present for the co-occurring disorder each person is experiencing, thereby making it easier to develop plans which position them best for referrals to diversion opportunities, treatment, and recovery support services while in the jail and upon release.

While identifying who has a co-occurring disorder at booking puts officers and other jail staff in the best position to respond to their needs effectively, intake is not the only time jail staff should be looking for identification signs. Similar to other medical conditions, symptoms of co-occurring disorders can change with time, and some people will need to be referred to a behavioral health or correctional health provider at other times during their stay either for a need for a crisis intervention or a new assessment. For people who have longer lengths of stay at the jail, ongoing assessments are a great way to ensure treatment, recovery, and case plans are up to date throughout their stay and into reentry.

3 Steps Officers Can Take to Support These Efforts

- 1** Familiarize yourself with the signs and symptoms that someone is in need of an assessment; this should be done through formal training and with the help of the clinicians and case managers in the jail.
- 2** Take the initiative to better understand the protocols for referring someone for crisis management or an assessment of their behavioral health needs so that you are fully prepared should the need arise.
- 3** Work closely with providers to identify which cases are most urgent based on the symptoms you observe.

Collaborative Comprehensive Case Management: Linking people to services within and outside of jail

As with other people in jails, effective diversion and reentry planning for people with co-occurring disorders begins at intake. But given the complexity of needs among this population, additional service coordination through case plans developed in collaboration with community and inhouse providers is often needed to support successful reentry and recovery. Collaborative Comprehensive Case Plans (CC Case Plans)⁷— which can include treatment, case management, and community supervision goals—draw on information gathered from individual assessments and are designed to address factors that put people at risk of reoffending and direct them to the appropriate programs and services to meet their needs.⁸ CC Case Plans also help staff organize and manage this additional service coordination by ensuring that all parties needed for that person's success are involved in the planning at the outset; and they keep staff—both officers and contracted providers—on the same page in terms

6. There are often waiting periods for new clients looking to engage with community-based providers. Because of these delays, any necessary medications or prescriptions should be administered following the assessment and also provided upon release.

7. "Collaborative Comprehensive Case Plans," the CSG Justice Center, accessed January 31, 2020, <https://csjusticecenter.org/publications/collaborative-comprehensive-case-plans/>.

of treating people with co-occurring disorders. Used effectively, this collaborative comprehensive case management can result in strategies like coordinated treatment plans, medication management, and referrals to diversion programs and even co-occurring disorders programs within the jail and the community—all of which can be used to address both the person’s mental illness(es) and substance use disorder(s) as well as their criminogenic risk factors⁹ and behavioral health needs.

Treatment plans for people with co-occurring disorders must be developed in consultation with a qualified behavioral health treatment provider (i.e., trained clinical staff, such as therapists and clinical social workers) and factor in both the person’s diagnosed mental illness(es) and their substance use disorder(s). Because untreated symptoms for either can interfere with treatment of the other disorder, early identification and regular reassessment is critical to ensuring the best and most appropriate providers are consulted and included in these plans.¹⁰ Ideally, there should be contracted providers within the jail with mental health and substance use disorder expertise. But even when treatment staff are available in the jail, all community-based behavioral health treatment providers doing in-reach services or programming should still be included in these plans to ensure continuity of care. Comprehensive treatment plans can include interventions such as counseling/talk therapy, crisis and relapse prevention planning, group therapy, medication management, housing, and recovery support services.

Diversion and reentry planning as part of a CC Case Plan increases opportunities for people with co-occurring disorders to be directly connected to appropriate community-based care upon release. After screening and assessment have taken place, the information obtained should be shared with the partners in the CC Case Plan—which can include community supervision agencies, community-based behavioral health treatment providers, and other wraparound service providers—and used to refer people to services both within the jail and in the community. For example, appointments with community providers can be scheduled directly with the provider prior to release through this collaborative case management. And if a provider is able to conduct in-reach into the jail or connect through virtual options, CC Case Planning can help jail staff coordinate entry into the community-based programs upon release.

3 Steps Officers Can Take to Support These Efforts

- 1** Actively participate in the development and review of the CC Case Plans, alongside clinical staff and community-based behavioral health treatment providers, making adjustments as needed throughout a person’s stay.
- 2** Help people with co-occurring disorders reach the goals developed in their CC Case Plans by prioritizing transporting people to the contracted provider’s office for treatment, supporting connections to peer support specialists, encouraging people with co-occurring disorders to attend their scheduled treatment sessions, and facilitating the scheduling of appointments when you notice someone is experiencing increased symptoms. If group treatment or interventions are being provided, you can also help ensure there is appropriate space for groups and limit barriers for people to attend.
- 3** Work with community-based providers to learn which behavioral health programs are available in the community, and become familiar with which programs are accepting new clients and which providers have forensic programs for people who are balancing treatment goals with the criminal justice goals of community supervision.

8. Depending on the length of detention, a person’s CC Case Plan may require a number of updates before release. See, *Ibid.*

9. R. Karl Hanson et al., *A Five-Level Risk and Needs System: Maximizing Assessment Results in Corrections through the Development of a Common Language* (New York: the CSG Justice Center, 2017), <https://csgjusticecenter.org/publications/a-five-level-risk-and-needs-system-maximizing-assessment-results-in-corrections-through-the-development-of-a-common-language/>.

10. Thomas M. Kelly and Dennis C. Daley, “Integrated Treatment of Substance Use and Psychiatric Disorders,” *Social Work and Public Health* 28, no. 3-4 (2013):394.

Performance Measurement: Assessing effectiveness and identifying areas for improvement

The work to improve responses to people with co-occurring disorders doesn't stop once policies and protocols have been updated and services are implemented in the jail. To be truly effective, these practices must also undergo regular performance measurement to assess how well jail staff, health contractors, and community-based behavioral health treatment providers are addressing the needs of this population.¹¹ This can look like frequent appraisal of policies,¹² using data to refine protocols and practices, or evaluation of partnerships to determine if gaps are still present. Regardless of the mechanisms used, these regular quality assurance processes should help inform administrators and leadership where there are areas for improvement and what practices can be built upon for further success.

Jails are already collecting data required for reporting information such as population demographics and incidents. Like other minimum standards, reporting standards are an excellent starting point for measuring performance of the practices within this brief because they provide jails an opportunity to begin measuring their performance without waiting on additional funding or more expensive tools. Jail administrators can use their existing systems for collecting the data needed for reporting to determine which data points to track for their population's needs. Some standard items, however, are screening rate, clinical assessment rate, referral rate, and initiation or service connection rate.¹³

3 Steps Officers Can Take to Support These Efforts

- 1** Take the time to learn which measures are being collected and why; doing so helps ensure reporting is accurate and timely.
- 2** Prioritize turning in any reports required by management. Data entry and reporting can feel burdensome, but it will help make sure any changes to policies are being implemented effectively.
- 3** Alert your supervisors to any practices you see not working in real time; while mechanisms should be in place for regular feedback to be provided, you should also feel like you can speak up the moment you notice a practice is not working as intended.

11. Faye S. Taxman, Sarah Wurzburg, and Kati Habert, *Process Measures at the Interface Between the Justice System and Behavioral Health: Advancing Practice and Outcomes*. (New York: the CSG Justice Center, 2016), <https://csgjusticecenter.org/publications/process-measures-at-the-interface-between-justice-and-behavioral-health-systems-advancing-practice-and-outcomes/>.

12. Ibid.

13. Ibid.

A Path Forward: Setting jail staff up for success through comprehensive training

While local jails have made some progress in the last decade to improve responses to people with co-occurring disorders, more is still needed. All corrections officers, for example, are now expected to receive training at least every two years to recognize and respond to the health needs of people in custody. But these national standards, developed in 2018, are simply a starting point and do not fully prepare officers or other jail staff for working with people with complex co-occurring disorders or behavioral health needs.¹⁴ Instead, successful implementation of the practices detailed in this brief hinges on comprehensive and regular training to enable officers and other jail staff to effectively carry them out.

By partnering with correctional health and behavioral health treatment providers, jails can provide this training to help officers and other staff learn how best to improve their responses and continually practice and refine their skills. Initial training, whether built into the training academy or adopted as a new training module, should be provided to all staff on ways to respond and support people with co-occurring disorders by intervening and connecting them to screening, assessment, services, and treatment. Topics that should be covered include recognizing signs and symptoms of co-occurring disorders; basic crisis intervention; identifying who is responsible for assessing co-occurring disorders; what, if any, treatment is available in the jail for people with co-occurring disorders; referral options for diversion, specialty courts, and reentry programs; and how to coordinate with correctional health or behavioral health providers, if needed. After receiving this initial training, officers should also participate in ongoing training to reinforce what they've learned and discuss new practices that have emerged in the field. Involving providers in trainings with jail staff can also serve as an important opportunity to discuss shared goals for working with people with co-occurring disorders and determining when transfer to a higher level of care may be necessary.

Further, local jails can leverage established training programs for corrections staff that are commonly used to improve responses to people with co-occurring disorders. For example, Mental Health First Aid (MHFA) for Public Safety is an evidence-based training program that helps participants identify, understand, and respond to symptoms of mental illness and substance use.¹⁵ In addition, the Crisis Intervention Training (CIT) model, also known as the Memphis Model, provides training helps corrections officers develop the skills needed to respond to people with co-occurring disorders.¹⁶ This training, initially developed for law enforcement, aims to promote the safety of both officers and the person experiencing a crisis and has been adapted for corrections staff by the National Institute of Corrections.¹⁷

Jails are already overwhelmed with the duties and responsibilities of maintaining safety for people while in custody, so implementing the practices in this brief may at first seem daunting. But through effective training and collaboration, jails and their provider partners can work together to reduce some of the strain and better respond to the specific needs and risks of people with co-occurring disorders. By doing so, they can help ensure people in this population are appropriately treated and given the tools for successful recovery.

14. National Commission on Correctional Health Care, *Standards for Health Services in Prisons* (Chicago: National Commission on Correctional Health Care, 2018).

15. "Take a Course," Mental Health First Aid, accessed January 28, 2020, <https://www.mentalhealthfirstaid.org/take-a-course/>.

16. The CIT model typically brings together people with various professional backgrounds with people who have experience firsthand to improve responses to people with mental illnesses and/or substance use disorders. See, "What is CIT?" CIT International, Inc., accessed January 28, 2020, <http://citinternational.org/What-is-CIT>.

17. Ibid. See also, "Crisis Intervention Teams: A Frontline Response to Mental Illness in Corrections [Lesson Plan and Participants Manual]," National Institute of Corrections, accessed April 10, 2020, <https://nicic.gov/crisis-intervention-teams-frontline-response-mental-illness-corrections-lesson-plans-and>.

This brief was supported by Grant No. 2016-MU-BX-K003, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

The authors would like to acknowledge and thank Dr. Kelly J. Clark, Founder of Addiction Crisis Solutions, for her consultation, as well as members of the Communications and Behavioral Health Divisions.



Justice Center

THE COUNCIL OF STATE GOVERNMENTS