



**Brief Report Series:**  
**COD Survey: National Criminal Justice Treatment Practices (NCJTP) Survey of Co-occurring Substance Use and Mental Disorder (COD) Treatment Services in Criminal Justice Settings**

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*All centers will participate in the formulation of the survey and dissemination of survey findings*

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**Rationale and Objectives**

The co-occurrence of mental disorders and substance use disorders, (or co-occurring disorders [COD]) in offender populations places exceptional demands on criminal justice and treatment systems, as well as on the affected individuals and their families. There is considerable evidence of high rates of COD in criminal justice settings and of the negative impact of COD on treatment outcomes. Studies have found the prevalence of mental disorders to be higher in the prison system than in the general population (Fazel & Danesh, 2002; O'Brien, Mortimer, Singleton & Meltzer, 2003). The U.S. Department of Justice reports that 16% of state prison inmates, and 16% of probationers, cited either a mental condition or an overnight stay in a mental hospital during their lifetimes (Ditton, 1999). The proportion of correctional clients with mental disorders also appears to be increasing; for example, reports from the Colorado Department of Corrections chronicle a five-fold increase over the past 15 years in the proportion of inmates with serious mental illness, from 4% in 1991, to 14% in 2001 (Kleinsasser & Michaud, 2002), to 20% more recently (Stommel, 2006). Studies have found that rates of substance use disorder are generally high among people with mental disorders. For example, 54% of patients in psychiatric and drug treatment programs met DSM-IV diagnostic criteria for COD. Among the prison population, mental illness co-occurred with substance abuse or dependence in about 90% of the inmates with schizophrenia, bipolar disorder or antisocial personality disorder (Havassy, Alvidrez & Owen, 2004). Studies have documented poorer outcomes for clients who have co-occurring disorders, expressed as higher rates of drug relapse, psychiatric re-hospitalization, depression, and HIV infection (Drake et al., 1998; U.S. Department of Health & Human Services, 1999).

These data suggest that COD is common among inmates who suffer from a mental disorder and that COD negatively impacts treatment outcome. Nevertheless, information on the nature, extent and type of COD treatment being provided in criminal justice settings is insufficient for an understanding of the supports and impediments that exist to providing effective programming.

## Objectives

The main purpose of the proposed study is to increase our knowledge concerning service delivery and organizational practices for offenders with co-occurring disorders in the criminal justice system. There are three specific aims. Aim 1: To describe the services available to offenders evidencing co-occurring substance use disorders and mental disorders. Aim 2: To depict the organizational practices of the agencies providing services to offenders with co-occurring disorders. Aim 3: To examine the relationship between organizational practices and the provision of services for offenders with co-occurring disorders.

## Procedures

*Sample:* The target sample for this study is defined by the National Criminal Justice Treatment Practices survey (NCJTP) sampling frame for Survey 3 of criminal justice facility directors and directors of community treatment programs serving offenders (Taxman, Young, Wiersema, Rhodes & Young, in press). Specifically, the sample will consist of wardens/directors of prisons and jails, administrators in charge of probation and parole offices, and directors of outpatient substance abuse treatment programs that treat criminal justice clients. The sample will consist of all 1046 adult and juvenile facilities previously included in the NCJTP; including 208 prisons and juvenile facilities, 436 local corrections entities (jails, probation, parole and other community corrections), 159 directors of substance abuse treatment in prisons/juvenile detention centers, and 243 community-based substance abuse treatment facilities. Of the 1046 facilities sampled, 647 represent facilities for adults and 399 facilities for juveniles.

*Survey Development:* The development of the survey involves 3 phases: (1) An initial set of survey items were developed based on the descriptions of consensus-based practices provided by TIP 42-- Substance Abuse Treatment for Persons with Co-Occurring Disorders (SAMHSA, 2005) and the COD literature. (2) Additional items will be incorporated based on (a) reviews by CJ-DATS Research Centers, and (b) recommendations by a panel of experts in COD and stakeholders from the criminal justice system. Additional items were selected from the previous study in order to estimate potential changes that may affect the applicability of data gathered in initial NCJTP survey.

*Survey Administration and Follow-up Procedures:* The survey will consist of a self administered questionnaire. Subjects will receive a letter by priority mail announcing that they will be receiving the survey and explaining the importance of their response. Within two days of the initial mailing, the survey will be sent to subjects by priority mail or Fedex together with supporting letters from national associations and a consent form. Subjects will be asked to respond within 7 days of receipt of the materials. The mailing will also include a prepaid return priority mail or Fedex envelope. A small gift will be enclosed for respondents as a sign of appreciation for their participation in the survey. Follow-up measures will include phone calls to make personal contacts with the potential respondents and mailing replacement surveys. Attempts will be made to get subjects to commit to specific dates for completing the survey. If subjects fail to respond at this point, the survey staff will attempt to schedule a phone appointment to walk respondents through the survey, or to get the subject to indicate a second date by which to complete the survey.

## Next Steps

All CJ-DATS Research Centers (RC's) are currently reviewing a draft survey that was completed at NDRI Rocky Mountain. After feedback is received from the RC's, a panel of stakeholders and experts will be formed to review the survey for content, length and appropriateness for criminal justice settings. States requiring separate IRB approvals are being contacted to determine if these additional questions to the original survey will need separate approval. IRB materials will be provided where necessary. After any changes are made, the survey will be sent out to the 1046 participants described above.

## Applications

The study will serve multiple purposes: Briefly it will (1) increase knowledge about service delivery and organizational practices for offenders with COD; (2) provide information vital to program planning by identifying the services currently available to offenders with COD, service gaps and the organizational practices associated with the delivery (or non-delivery) of services; and (3) begin to address the issue of service and system

integration by focusing on the provision of both substance abuse and mental health services to offenders in the criminal justice system, and the coordination of those services in the community.

## **References**

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