American Correctional Association

PUBLIC CORRECTIONAL POLICY ON CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS

2019-2

Introduction:

The lifetime prevalence rate for prisoners with substance use disorders is well over 70%. In 1997, it was estimated that 3-11% of prison inmates have co-occurring mental health and substance abuse disorders. More recent estimates include 24-34% of females and 12-15% of males with co-occurring disorders in the justice system. While substance use and mental health issues have growing relevance in America’s jails and prisons, they have been treated as separate conditions. Treatment efforts within correctional systems need to be combined to reduce recidivism, build resilience, and facilitate recovery for this population.

The operational definition of “co-occurring disorder” is the presence of at least one substance use disorder and one mental health disorder, wherein one or both of these disorders are currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interfere with the person’s ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional.

The U.S. Department of Health and Human Services (DHHS) supports the use of evidence-based practices for the treatment of co-occurring disorders within the justice system. In 2005, the Department issued a Treatment Improvement Protocol (TIP) with guidelines on developing protocols for treatment of co-occurring disorders. In 2015, the Department partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide guidelines for screening and assessment of these needs within the correctional setting.

Policy Statement:

Despite the high rates of co-occurring disorders in correctional settings, there are few correctional programs implementing an integrated treatment model. Traditionally, services have been provided in a parallel model, which do not deal with the integrated nature of co-occurring disorders, and long-term outcomes are not positive. Integrated approaches that provide services by the same staff, and within the same setting, have been

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4 Center for Substance Abuse Treatment. Substance Abuse Treatment for Adults in the Criminal Justice System. Treatment Improvement Protocol (TIP) Series 44. DHHS Publication No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.
5 Ibid.
the most successful. These programs are highly structured, provide case management that can adapt clinical services to the needs of offenders, and include interventions that address criminogenic risk factors alongside integrated co-occurring disorder treatment. The American Correctional Association supports/encourages adoption of the integrated model, when feasible, for the treatment of individuals diagnosed with co-occurring mental health and substance use disorders.

The American Correctional Association urges the development and implementation of an integrated treatment program for co-occurring disorders that should:

A. Provide a screening and assessment program that includes:
   1. Screening that utilizes an appropriate blend of historical data, screening tools, clinical interviews, health records, etc. that illustrate both illnesses and their patterns
   2. Identified professionals trained to recognize the interdependent nature of these disorders to aid with screening, diagnosing and managing symptoms of both disorders.
   3. Examination of the relationship between the mental health disorder and substance use disorder, with the acknowledgement that each may impact the other. Additionally, assessment should assess the readiness and commitment to recovery of the offender. This type of assessment should occur periodically throughout treatment to assess changing needs.
   4. Assessment of criminogenic risks, trauma history, and personality issues that may affect progress in treatment.

B. Provide an education program that includes:
   1. Scientifically accurate, culturally competent, and non-judgmental education and training regarding the nature of co-occurring disorders and its treatment provided to all justice system personnel including custody officers, counselors, medical personnel, psychologists, chaplains, community supervision personnel, community residential staff, agency heads and leadership teams.
   2. Education about the “role of stigma” associated with substance use and mental health disorders and the very real impact that stigma has on those suffering from these disorders.

C. Provides a treatment program that includes:
   1. Identification of treatment needs as an ongoing and recurring process in order to individualize services. Placement in more intensive settings, such as an inpatient mental health unit or a substance use therapeutic community, should be predicated on the identified needs and severity of the co-occurring disorders.
   2. Treatment options that match the expected length of stay of the patient. Re-entry planning should be an integral part of treatment for both resiliency and prevention of lapse/relapse.
   3. Components of treatment that may address coping skills, social skills, criminality and criminal thinking, anger management, medication management, stress management.
   4. Multiple modalities of treatment by a multidisciplinary team of service providers that may include individual counseling, group counseling, educational training and vocational training, to provide the most thorough and individualized treatment opportunities.

D. Provide reentry and community supervision considerations that include:
   1. Sustaining and supporting positive outcomes that decrease the risk of recidivism, both targeted supervision and aftercare opportunities within the community and bridge the gap from treatment during incarceration to stable community integration.
   2. Re-entry programs that aid in continuing the provision of treatment and promote integration within the mainstream community.
   3. Exemplary practice models that incorporate recovery, employment and educational programs.

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6 Ibid.
7 Ibid.
4. Re-entry planning for those with continued community supervision that marry the treatment progress achieved within the prison setting to the future success of life within the community.

This Public Correctional Policy was ratified by the American Correctional Association Delegate Assembly at the Winter Conference in New Orleans, LA, January 15, 2019.