[1] Associate Professor of Psychiatry and Director Center for Behavioral Health, Justice and Public Policy

reincarceration and a reduction in criminal activity in MTC participants (Sacks et al., 2004).

- The Integrated Dual Disorder Treatment (IDDT) model combines program components and treatment elements to assure that persons with COD receive integrated treatment for substance abuse and mental illness from the same team of providers (SAMHSA, 2003). While routinely applied to justice-involved persons with COD, the model has not yet been studied for its specific effects on criminal justice outcomes.
- Assertive Community Treatment (ACT) and its adaptations for justice-involved persons has been previously reviewed (Morrissey & Piper, 2005). As an evidence-based program (EBP), ACT is a blend of program components and treatment elements of which several are specific to COD.

It is important to remember that in applying service integration strategies for justice-involved persons with COD, it is necessary to look at both the program modifications that are required within the various points of contact with the justice system, and the unique aspects of linking justice-involved persons from a point of contact to community providers. Tailored responses within police, court, jail, prison, and community corrections contexts are required.

- The earliest point of contact with the justice system is typically at the point of arrest. Innovation in police responses has led to the development of numerous models (Reuland & Cheney, 2005) aimed at reducing the number of persons with mental illness going to jail, improving officer and civilian safety, and increasing the officers understanding of behavioral disorders.
- A growing number of persons with co-occurring mental and substance use disorders appear before the court. It is critical that court staff understands, identifies, and accommodates the court process to the unique features of defendants with co-occurring disorders. For the courts, further efforts are required to establish the relationship between these clinical disorders and the criminal charges.
- Jails and prisons are constitutionally obligated to provide general and mental health care (Cohen, 2003). In fact, incarcerated individuals are the only U.S. citizens with legally protected access to health care. Jails may be the first opportunity for COD problem identification, treatment, and community referral (Peters & Matthews, 2002).
- The inadequacy of discharge or transition planning activities for inmates released from jail and prison have been well documented (Steadman & Veysey, 1997). Clearly the identification of COD within the inmate population is a critical step to release planning and community linkage. For persons without conditions of release, access to integrated services will be at least as difficult as that of other citizens. For people with probation or parole terms, community supervision affords an opportunity to engage and monitor the person with COD in integrated settings.

The majority of care is likely to be delivered in less structured programs and by clinicians who will hopefully embrace the principles of integrated care. As recommended by SAMHSA in the 2002 Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders, sustained attention should be paid to the development of training the workforce and keeping specific clinical competencies in the forefront.

It is important to provide incentives to address COD in the criminal justice system. This can be achieved in part by documenting the high prevalence of COD within justice settings and the consequences, in terms of poor outcomes, of not providing optimal care.

Justice settings should provide routine screening for CODs (Peters & Bartoi, 1997). Law enforcement, court, and corrections personnel should receive training in the application of effective EBPs to respond to the needs of persons with COD. In addition, behavioral health providers should become familiar with the goals and objectives of these criminal justice programs.

Center for Substance Abuse Treatment. (2005b). Substance abuse treatment for Adults in the Criminal Justice System. Treatment Improvement Protocol (TIP) Series, No. 42. DHHS Publication No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Cohen F (2003). The Mentally Disordered Inmate and the Law: 2003 Cumulative Supplement. Kingston, NJ: Civic Research Institute.

DeLeon, G. (1993). Modified therapeutic communities for dual disorders. In: Solomon, J., Zimberg, S., and Shollar, E., eds. Dual Diagnosis: Evaluation, Treatment, Training, and Program Development. New York: Plenum Medical Book Co.

Drake R.E., Osher F.C., & Wallach, M.A. (1991): Homelessness and Dual Diagnosis. 46 (11), 1149–1158.

Grant, B.F., Stinson, F.S., Dawson, D.A., Chou, S.P., Dufour, M.C., Compton, W., Pickering, R.P. & Kaplan, D. (2004) Prevalence and co-occurrence of substance use disorders and inds