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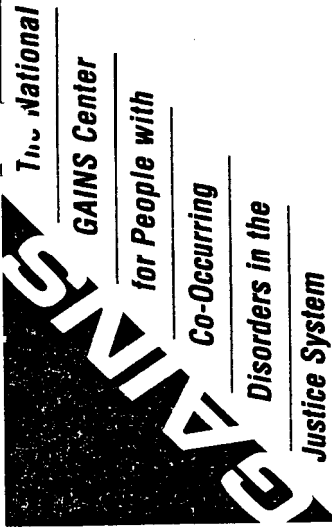
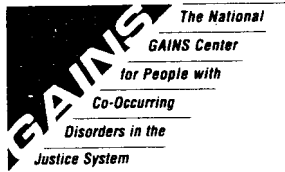
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*Policy Research, Inc., operates the GAINS Center under a cooperative agreement with the National Institute of Corrections. PRI is the not-for-profit arm of Policy Research Associates, Inc. (PRA). PRA's nationally and internationally known researchers help plan and evaluate programs and policies on such specific issues as the relationship between the mental health and criminal justice systems; the housing and services needs of homeless people who have serious mental illnesses; the issues confronting at-risk children, youth, and their families; and the causes and impacts of violence.*

*Joining PRI in the GAINS Center program is the Florida Mental Health Institute at the University of South Florida, which has special expertise in the area of services for people with co-occurring disorders in the justice system.*



*Promoting  
effective  
solutions by*

**Gathering information**

**Assessing what works**

**Interpreting the facts**

**Networking with  
key stakeholders**

**Stimulating change**

*The GAINS Center is a federal partnership between two centers of the Substance Abuse and Mental Health Services Administration—the Center for Substance Abuse Treatment and the Center for Mental Health Services—and the National Institute of Corrections.*

Policy Research, Inc.  
262 Delaware Avenue  
Delmar, NY 12054

## What is the GAINS Center?

The National GAINS Center for People with Co-Occurring Disorders in the Justice System was established in September 1995. The Center is a national locus for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system.

The Center gathers information designed to influence the range and scope of mental health and substance abuse services provided in the justice system, tailors these materials to the specific needs of localities, and provides technical assistance to help them plan, implement, and operate appropriate, cost-effective programs.

The GAINS Center is a federal partnership between two centers of the Substance Abuse and Mental Health Services Administration—the Center for Substance Abuse Treatment and the Center for Mental Health Services—and the National Institute of Corrections (NIC). The Center is operated by Policy Research, Inc. (PRI), through a cooperative agreement with the federal partners. The cooperative agreement is administered by NIC.

## Why is the GAINS Center Needed?

The criminal justice population is one of the fastest growing and most underserved groups in this country. At any given time, 500,000 individuals in the justice system have co-occurring mental health and substance abuse disorders.

People with co-occurring disorders who come to the attention of the justice system have been poorly served by fragmented mental health and substance abuse services in the community. A lack of knowledge about mental health and substance abuse dis-

orders on the part of police, courts, and corrections staff leads to inadequate or inappropriate care within the justice system. Without appropriate treatment, the individuals' symptoms may worsen, causing disruptive behavior that jeopardizes justice operations and the individuals' adjustment to the institution or community.

There is a growing body of research and program information that can help localities treat and manage people with co-occurring disorders in jails, prisons, and community corrections. The GAINS Center gets *the right kinds of information into the right hands*.

## What Does the GAINS Center Do?

The primary focus of the GAINS Center is to provide practical assistance to help communities design, implement, and operate integrated systems of mental health and substance abuse services for individuals in the justice system. The emphasis is on serving individuals at all stages of the justice system - law enforcement, jails, prisons, probation, and parole. The Center gives special attention to the needs of women and juveniles and seeks the active involvement of consumers and family members.

GAINS Center staff collaborate with national experts, policy makers, practitioners, researchers, consumers, and family members to gather the best available information on the coordination of mental health and substance abuse services in criminal justice settings. The Center uses this information to promote effective solutions that can be put to immediate use. In particular, the Center:

- **Helps communities identify gaps in services and develop integrated approaches** to respond more effectively to people with co-occurring disorders in the justice system.

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*"At any given time, 500,000 individuals in the justice system have co-occurring mental health and substance abuse disorders."*

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- **Provides targeted technical assistance** through the use of national and local experts, who will assist communities that wish to implement interventions such as uniform screening and assessment procedures, jail diversion programs, and cross-training activities.
- **Convenes coalitions** of noted experts, policy makers, practitioners, researchers, consumers, and family members from the mental health, substance abuse, and criminal justice fields to define new directions and strategies.
- **Provides a comprehensive database** for easy access to empirical research, descriptions of innovative programs, and a listing of experts and other key resources.
- **Fosters new policies** on key issues affecting the treatment and management of people with co-occurring disorders in the justice system.

## How Can the GAINS Center Help Me?

To find out how the GAINS Center can help you address the needs of people with co-occurring disorders in the justice system, contact the Center at:

The GAINS Center  
Policy Research, Inc.  
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(800) 311-GAIN • (518) 439-7612 (fax)

## *The Solution*

Treatment for women in the criminal justice system should be both equal and gender-specific. A gender-specific approach is based on the notion that women have unique life experiences and related physical and emotional needs that must be addressed in order for treatment to be effective. In particular, a treatment plan must consider the central role that relationships play in a woman's life.

**Screening and assessment.** Screening and assessment instruments must be designed specifically to identify the experiences and disorders common to women. Specialists providing psychiatric and substance abuse evaluations and medical examinations should be trained to screen women for abuse and assault.

*Women in the criminal justice system  
are legally entitled to the same  
services available to men.*

**Treatment.** For many women, issues of trauma, self-esteem, and parenting are interrelated with mental illness and substance abuse. Treatment should be designed to address the full range of women's experiences and needs. Despite the fact that women are a minority in the criminal justice system, they are entitled to the same housing options, psychiatric and substance abuse treatment, and other programs that are available to men. Further, group treatment programs should build on women's strengths and the importance of positive support networks. These programs should be provided within single-sex groups given the prevalence of physical and sexual abuse.

**Discharge planning and continuity of care.** Women leaving the criminal justice system need to develop community supports to help them care for themselves and their children, to live drug-free, and to maintain psychiatric and residential stability. Connecting them to such services is essential to break the cycle of incarceration.

## *The GAINS Center*

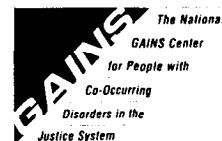
The National GAINS Center for People with Co-Occurring Disorders in the Justice System was established in 1995. The Center gathers information designed to influence the range and scope of mental health and substance abuse services provided in the justice system, tailors these materials to the specific needs of localities, and provides technical assistance to help them plan, implement, and operate appropriate, cost-effective programs.

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## **For More Information**

The information in this brochure is drawn from a number of sources collected and synthesized by GAINS Center staff. For more information, contact:



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**Addressing  
the Specific Needs  
of Women with  
Co-Occurring  
Disorders in  
the Criminal  
Justice System**

## *The Problem*

A significant proportion of Americans involved in the criminal justice system are women. As of June 1995, more than 5 million people in the United States were in jails or prisons, or on probation or parole. Women represent 10% of jail populations, 6% of prison inmates, and 19% of people supervised by community corrections departments.

Typically, corrections agencies are designed by, and administered for, men. Women frequently have specific problems and special treatment needs that go unmet. In particular, many women entering the criminal justice system are victims of domestic violence and sexual abuse. If their resulting mental health and substance abuse problems are not addressed, women may be more difficult to supervise, be at increased risk of continued substance abuse and criminal activity, and be more likely to require extensive and costly medical and psychiatric services.

Within jails and prisons, the provision of equal and gender-specific services is not an option—it is a Constitutional requirement under both the 8th and 14th Amendments. Women who are incarcerated must have access to the same medical, mental health, substance abuse, and other services that are available to men. Where significant gender differences exist, these services should be modified to address the specific needs of women.

*Women's mental health and substance abuse problems often are related to experiences of personal violence and trauma.*

## *Mental Illness and Substance Abuse*

Women in jails and prisons are more likely than men to have co-occurring mental illnesses and substance abuse disorders. Nineteen percent of female detainees are diagnosed with schizophrenia, bipolar disorder, or major depression, compared to 9 percent of male detainees. Thirty-four percent are diagnosed with post-traumatic stress disorder.

More than half of women test positive for illicit drug use at booking, and nearly three-quarters have diagnosable substance abuse disorders. Women who are incarcerated are more likely than men to abuse cocaine and opiates and less likely to abuse alcohol.

## *Histories of Violence and Trauma*

More than half of women involved in the criminal justice system have been victims of sexual and/or physical abuse. In addition, 50% to 75% of women hospitalized for psychiatric problems, and more than 70% of women with substance abuse disorders, report childhood or adult sexual and/or physical abuse.

In addition, women are at increased risk for violence during incarceration—more than half of women in jails or prisons report sexual harassment or assault. These issues must be addressed in order for mental health and substance abuse treatment to produce long-term improvements.

## *Other Health Risks*

Women in jails and prisons often have additional health problems, as well. Many women are pregnant or postpartum when they become incarcerated. They have a high rate of sexually transmitted diseases and intravenous drug use and are significantly more likely than incarcerated men to test positive for the HIV virus.

*Many women lose custody of their children during incarceration.*

## *Parenting Issues*

Most women in the criminal justice system have children under the age of 15. In about one-third of cases of incarcerated women with children, social service agencies are involved in the out-of-home placement of the children. Many of these women will lose custody of their children altogether. Two-thirds (60%) say they want to parent their children after release. Concerns about their children's care and the fear of losing contact with them place enormous stress on incarcerated mothers and may negatively affect their mental status and participation in treatment.

## Developing Collaborative Systems

By creating collaborations between providers of mental health and substance abuse services and criminal justice staff, we can overcome barriers of meeting the treatment needs of people with co-occurring mental health and substance abuse disorders in a variety of criminal justice settings—from contact with police in the streets to jails and prisons to community corrections.

- **Create a partnership by getting the right people to the table.** After identifying the key agencies to be involved, get their contact people at the table. Participants will likely include police, corrections administrators, district attorneys, public defenders, local judges, community mental health and substance abuse providers, housing and social service providers, and consumer and family advocates.
- **Cross-train staff.** Cross-training staff brings together service providers of varied orientations and allows them to share their different perspectives regarding treatment and supervision as well as maximize their expertise to provide the best treatment possible.
- **Select a location to provide services.** Mental health and substance abuse services are often provided in different locations with different staff. If a single location for integrated treatment is not feasible, a coordinated system should be developed to enhance accessibility to services.
- **Consolidate referral and screening processes.** By consolidating referral and screening processes, collaborating teams can provide comprehensive assessment and treatment services, thus reducing redundancies in service provision.

### A Note on Confidentiality

Concerns about confidentiality often lead to limited or difficult communication in creating collaborative systems and have been particularly difficult for parallel or sequential treatment models. Though State and Federal guidelines exist regarding communication between programs, these are often misunderstood and have existed as a barrier to program coordination. Program directors must clarify what requirements exist and whether a release of information must be obtained to discuss relevant client information between treating programs. Memoranda of understanding may be created to facilitate information sharing for program evaluation purposes.



For information about the GAINS Center, its activities, resources, and the availability of technical assistance, contact us at:

The GAINS Center  
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**THE GAINS** Center  
The National  
GAINS Center  
for People with  
Co-Occurring  
Disorders in the  
Justice System

# Treatment of People

# Co-occurring Disorders

# in the Justice System



At any given time, half of a million people in the justice system have co-occurring mental health and substance abuse disorders.



## What We Know

### About Co-occurring Disorders & Criminal Justice Settings



## How to Design Services

### for People with Co-occurring Disorders



## What You Can Do

### to Treat People with Co-occurring Disorders



## What the Key

### Principles of Treatment for Co-occurring Disorders

People with co-occurring mental health and substance abuse disorders are often excluded from treatment programs. Frequently, many get caught up in the criminal justice system—from an initial contact with police on the streets to jail sentences and long-term supervision by community

### How many?

Approximately 10% of all people in the United States have a mental health disorder. About 15% of people with mental health disorders also have a substance abuse disorder. The combination of these two disorders is often referred to as co-occurring disorders.

### The consequences?

People with co-occurring disorders are more likely to be incarcerated, have higher rates of hospitalization, and experience more frequent relapses. They also have higher rates of homelessness, unemployment, and involvement in the criminal justice system. Criminal offenders with co-occurring disorders often display more violent behavior, have long histories of institutionalization, and exhibit a diminished ability to function independently in the community.

There is a growing awareness that significant numbers of people in criminal justice settings have co-occurring disorders. The National Center for Mental Health and Substance Abuse Treatment (NCS) is just emerging. The National Center for Mental Health and Substance Abuse Treatment (NCS) is just emerging. The National Center for Mental Health and Substance Abuse Treatment (NCS) is just emerging.

In this brochure, we summarize the key points surrounding treatment issues for people with co-occurring mental health and substance abuse disorders in various criminal justice settings—from police stations, jails, and prisons to community correction programs.

The first step in the process of treating people with co-occurring mental health and substance abuse disorders is to develop a treatment model.

Historically, three treatment approaches have been used in community settings for people with co-occurring disorders. While all three treatment approaches exist, the best available research indicates that the “integrated model” is the most effective.

- **Sequential:** Providing services to respond to one disorder (e.g., substance abuse) and then providing services to respond to the other disorder (e.g., mental illness). *This approach is least effective for people with severe symptoms.*
- **Parallel:** Concurrent treatment is provided for mental health and substance abuse problems in different settings. *This approach works best with mild to moderate levels of symptom severity.*
- **Integrated:** Treating both disorders in the same service setting, using cross-trained staff (i.e., staff trained in both mental health and substance abuse issues). *This is the most effective treatment approach, but can have higher start-up costs.*

Use of a particular treatment approach alone is not sufficient to achieve successful outcomes. Several key treatment intervention are needed to develop a successful program:

- **Engage the person.** Get the person interested not only in participating in treatment, but committing to it over the long-term. This is especially necessary for people with co-occurring disorders, who achieve better outcomes the longer they are in treatment.
- **Continuity of care.** This is especially essential when treating a population that may be moved from one institution to another with little notice. People should be informed and connected to their services, and providers must commit to monitoring the person’s progress between institutions and when returning to the community.
- **Comprehensive services.** Homelessness, unemployment, and incarceration are conditions that exacerbate addiction and mental illness. To treat people with co-occurring disorders, providers should address all the varied factors of their lives—this means providing a wide range of comprehensive services from housing to job training.
- **Assessment.** Ongoing assessment of psychosocial problems provides the cornerstone for effective treatment planning.
- **Individualized planning.** The principle of “one-size-fits-all” does not work in the treatment of co-occurring disorders. Individually tailored services, provided by a multidisciplinary team, address the heterogeneity of individuals’ experiences.

The following treatment strategies are recommended as the most effective in treating co-occurring disorders. Please note that these strategies will need to be adapted for different settings.

- **Treatment integration.** Focus services on the integration of treatment programming, i.e., addressing the person’s mental health and substance abuse disorders simultaneously.
- **Both disorders are primary.** Treat both disorders as primary, focusing on understanding how they interact with each other.
- **Individualized programming.** Address psychosocial problems and skill deficiencies with individualized programming, created through comprehensive assessment and consultation with the treatment participant, treatment provider, and family members.
- **Appropriate medication.** Use medication when appropriate. Alcohol and drug use can complicate or interfere with the use of prescribed medication; these effects should be carefully reviewed with treatment participants.
- **Tailored interventions.** Design interventions tailored to the setting—i.e., prisons, jails, or community corrections. Each setting requires differing intensity, length, and types of services.
- **Community treatment.** Extend treatment services into the community. A “post-release” plan is very important and involves housing and job needs, family reconnection, and continued treatment.
- **Support networks.** Integrate therapy with self-help groups and support. A support network is an invaluable tool in helping people keep a commitment to daily alcohol and drug abstinence.

**While treating people with co-occurring disorders may be costly, not treating them is even costlier.**

## The basic steps for developing a jail diversion program

1. **Designate a lead person** for the planning process.
  - Specify measures for these outcomes.
2. **Identify the key agencies** in the community and the people in those agencies who need to be involved.
  - These usually will include police, jail administrators, jail mental health and health service providers, district attorneys and prosecutors, public defenders, local judges and magistrates, probation officers, community mental health and substance abuse treatment programs, housing and social service providers, and consumer and family advocacy groups.
3. **Meet regularly** with all the key players to:
  - Define the target group for diversion (e.g., people with serious mental illnesses who have committed non-violent crimes).
  - Estimate the size of the target group for diversion.
  - Identify the type and amount of services needed for the target group (e.g., screening for 100% of the target group; same-day appointments upon diversion).
  - Estimate the cost of needed services and locate funding sources.
  - Agree on desired outcomes (e.g., fewer detainees with mental illnesses in the jail; fewer detainees with mental illnesses released without adequate housing; a reduction in the number of jail days per year).
4. **Identify key positions** for the diversion program:
  - Create liaison positions.
  - Recruit staff who reflect the cultural and racial diversity of program clients.
  - Establish a specialized case management program.
5. **Specify the pathways of your diversion process**, using detailed flowcharts as a guide.
6. **Designate specific responsibilities** among participating agencies for each point in the pathway.
7. **Develop a basic management information system** to keep track of where people are in the diversion process. This can be anything from informal 3x5 cards to standardized data entry screens on networked personal computers.
8. **Plan for the collection of basic data** for the management information system and outcome data to justify the program and help obtain future funding.
9. **Communicate regularly** with representatives from all key agencies through continued group meetings.

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Jail  **DIVERSION**

Creating Alternatives for Persons with Mental Illnesses



## Why diversion from jail?

- Approximately 685,000 inmates with serious mental illnesses are admitted to U.S. jails each year.
- Some individuals with mental illnesses must be held in jail because of the seriousness of the offense they commit, and they should receive mental health treatment within the jail. However, many individuals with mental illnesses who have been arrested for less serious, non-violent crimes could be diverted from jail to community-based mental health programs.
- People who receive appropriate mental health treatment in the community usually have a better long-term prognosis and less chance of returning to jail for a similar offense.
- When individuals with mental illnesses can be appropriately diverted from the criminal justice system, it helps promote smooth jail operations.



## What does "diversion" mean?

- The term "diversion" has been used to describe a wide variety of policies and procedures. In general, diversion is thought of as a specific program through which some type of mental health intervention places people with mental illnesses in the community instead of keeping them in jail.
- Individuals with mental illnesses may be identified for diversion from the criminal justice system at any point, including *pre-booking* interventions (before formal charges are

brought) and *post-booking* interventions (after the individual has been arrested and jailed).

- *Pre-booking* diversion occurs at the point of contact with law enforcement officers and relies heavily on effective interactions between police and community mental health services. Most diversion efforts in the United States are *post-booking* programs, which can take place upon arraignment in the courts or in the jail.
- A *post-booking* diversion program is one that *screens* individuals potentially eligible for diversion for the presence of mental illnesses; *evaluates* their eligibility for diversion; *negotiates* with prosecutors, defense attorneys, community-based mental health providers, and the courts to produce a disposition outside the jail in lieu of prosecution or as a condition of a reduction in charges (whether or not a formal conviction occurs); and *links* individuals to the array of community-based services they require.



## What are the key factors for effective post-booking diversion programs?

- **Integrating all the services** individuals need at the community level including corrections, the courts, mental health care, substance abuse treatment, and social services (such as housing and entitlements), with a high level of cooperation among all parties.
- **Regular meetings** among the key players to encourage coordination of services and sharing of information. Meetings should begin in the

early stages of planning and implementing the diversion program, and should continue regularly.

- **Liaisons** to bridge the barriers between the mental health and criminal justice systems and to manage the interactions between corrections, mental health, and judicial staff. These individuals need to have the trust and recognition of key players from each of the systems to be able to effectively coordinate the diversion effort.
- **A strong leader** with good communication skills and an understanding of the systems involved and the informal networks needed to put the necessary pieces in place.
- **Early identification** of detainees with mental health treatment needs who meet the diversion program's criteria. This is done through the initial screening and evaluation that takes place in the arraignment court or at the jail. It is important to have aggressive case finding so that people with mental illnesses are screened in the first 24 to 48 hours of detention.
- **Case managers** who have experience in both the mental health and criminal justice systems and who are culturally and racially similar to the clients they serve. An effective case management program is one of the most important components of successful diversion. Such a program features a high level of contact between clients and case managers, in places where clients live and work, to insure that clients won't get "lost" along the way.



## Summary

The best diversion programs see detainees as citizens of the community who require a broad array of services, including mental health care, substance abuse treatment, housing, and social services. They recognize that some individuals come into contact with the criminal justice system as a result of fragmented services, the nature of their illnesses, and the lack of social supports and other resources. They know that people should not be detained in jail simply because they are mentally ill. Only through diversion programs that fix this fragmentation by integrating an array of mental health and other support services, including case management and housing, can the unproductive cycle of decompensation, disturbance, and arrest be broken.

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a.k.a. GAINS Center