



Policy Brief

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INTEGRATING SUBSTANCE USE DISORDER TREATMENT WITH GENERAL MENTAL HEALTH TREATMENT IN JAIL SETTINGS CAN IMPROVE MENTAL HEALTH, TREAT DRUG USE, AND PRODUCE BETTER CRIMINAL JUSTICE OUTCOMES

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Key Facts

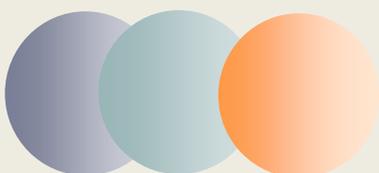
- Nearly 3 in 4 mentally ill jail inmates have a co-occurring substance use disorder, yet integrated mental health and substance use treatment is rare in jail settings.
- Integrated substance use disorder and mental health treatment has been found to be more effective in improving behavioral health and criminal justice outcomes among those with co-occurring disorders compared to mental health treatment alone.
- Additional reentry resources to ensure the continuation of integrated treatment plans from jail to the community are needed to reduce recidivism among those with co-occurring disorders.

Research in correctional populations has established the disproportionate number of individuals with mental illness in jail settings. Psychiatric medication is the primary form of treatment for psychiatric disorders in jails. However, approximately 76% of this population also has a co-occurring substance use disorder. Untreated substance use disorders can interfere with adherence to mental health treatment regimens and increase the risk of recidivism in the community. Thus, it is important to provide substance use disorder treatment in addition to general mental health treatment in jail settings to those who have co-occurring disorders in order to adequately address the complex issues that often contribute to repeat arrest in this population. Despite the evidence, jail-based integrated substance use disorder treatments combined with general mental health treatment programs are rare.

Individuals with mental illness cycle through the criminal justice system at significantly higher rates than those who are not suffering from a mental illness.¹ This persistent churning of the mentally ill through our criminal justice system has led to an increased focus on this vulnerable population. Along with an increased emphasis on the diversion of the mentally ill into more appropriate treatment-oriented facilities, there is a continuing need to develop more effective strategies and interventions for mentally ill inmates who remain incarcerated. Within prison and jail settings, pharmacotherapy—administering psychoactive medications—is often the only form of treatment available to

this population.^{2,3} However, there is a growing body of evidence that suggests that pharmacotherapy alone fails to fully and effectively address the range of issues that jointly contribute to mental health problems and criminal behavior.^{4,5}

Findings from a national survey conducted by the Bureau of Justice Statistics suggest that around 3 in 4 (76%) jail inmates diagnosed with a mental illness also meet the criteria for either substance dependence or abuse (substance use disorder); that is, they have “co-occurring” mental health and substance use disorders.⁶ In addition, substance abuse in particular is a major risk factor for criminal behavior, including for



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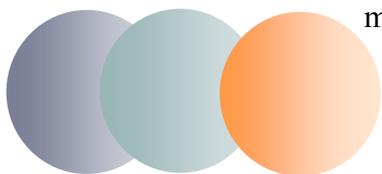
persons who suffer from mental illness.⁷ Furthermore, several studies suggest that having a co-occurring substance use disorder in addition to another mental health disorder increases the risk of reoffending compared to persons who suffer from only one type of disorder.^{8,9} Moreover, substance abuse can impede psychiatric medication compliance for persons with co-occurring disorders which, in turn, can lead to a recurrence of mental health symptoms and an increased risk of rearrest.^{10,11}

Thus, the problem of co-occurring mental health and substance use disorders is an especially complicated but important one to address. We argue in this Policy Brief that jail systems must provide and integrate their substance use and mental health treatment programs to inmates with co-occurring disorders, and do so in ways that supplement and enrich traditional forms of pharmacotherapy. Such an integrated approach to treatment can improve behavioral health outcomes for inmate-patients, increase their participation in other rehabilitative programming during the time they are incarcerated, and ultimately increase their chances of successful community reentry after their release.¹²

Importance of Integrated Substance Abuse Disorder and General Mental Health Treatment in County Jails

Criminal justice-involved persons typically have poor access to healthcare in the community. As a result, many persons who suffer from a co-occurring mental health and substance use disorder have never been treated for their conditions prior to their incarceration.¹³ Thus, jails represent a critical opportunity to provide them with appropriate in-custody treatment and to establish links to appropriate community care that they can access once they are released. However, while pharmacotherapy for mental illness is commonly available in the jail setting, substance use disorder treatment is often limited or non-existent; *integrated* treatment for persons with co-occurring disorders is even more rare.¹² As such, county jail systems have a significant opportunity to improve behavioral health outcomes and reduce recidivism in this high-risk population by restructuring and implementing

more current treatment modalities that reflect the latest evidence from the healthcare literature.



The effectiveness of integrated treatment for those with co-occurring substance use and mental health disorders is well-established. The empirical literature indicates that integrated treatment improves medication compliance, reduces substance use relapse, and increases pro-social behaviors (such as employment).¹⁴ While fewer studies have examined the impact that such an integrated treatment approach in jails and prisons has on criminal justice outcomes, there is evidence to suggest that it reduces recidivism, particularly when it is continued after the inmate-patients have been released.^{15,16} Overall, the evidence suggests that jail-based integrated substance use and general mental health treatment coupled with related reentry resources – such as specialized case management or patient navigation services - represents a promising yet widely underutilized intervention to reduce recidivism and improve outcomes among the state’s criminal justice-involved mentally ill.^{12,15,16}

How Can Jail-based Substance Use Disorder and Mental Health Treatment Co-exist?

“Integrated” substance use disorder and mental health treatment consists of 1) assessing patients with a diagnosed mental illness for co-occurring substance use disorders (and vice versa), 2) developing a treatment plan that acknowledges both needs simultaneously, 3) communicating this plan to patients ensuring their participation, and 4) conscientiously implementing the integrated treatment plan in ways that provide for continuity of both kinds of care.

In most jail settings, the tools required for diagnosing mental illness and substance use disorders are already in place, or can be put in place through the use of a brief diagnostic interview delivered by any trained health or social service provider. The development of meaningful and effective integrated treatment plans for co-occurring disorders is somewhat more challenging. Two other critical components for achieving jail-based integrated treatment are needed—cross-training of personnel and leveraging community resources. Effective cross-training requires that any mental health provider in the jail system receive basic continuing education in substance use disorder identification and basic treatment modalities. Leveraging community partnerships requires jail health administrators to develop partnerships with community-based organizations already engaged in culturally appropriate substance use treatment, often

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through the use of peer counselors. Two final steps in the creation of an integrated system of treatment for co-occurring disorders—communicating the treatment to inmate-patients and conscientiously implementing the plan—require an even broader and more substantial intervention that would change the way these problems are typically addressed. For example, there is a growing body of evidence that Medication-Assisted Treatment (MAT) that combines behavioral therapy and medication to treat substance use disorders are effective in reducing drug use and reoffending.¹⁷ Integrating such therapies alongside pharmacotherapy for mental health disorders, with effective patient education and post-release planning, represents an innovative and very promising approach to providing integrated treatment for this population. Many counties may be able to achieve each of these treatment program enhancements at relatively low cost as add-ons to existing training, community partnership, and pharmacotherapy treatment efforts.

We encourage consideration of the following recommendations to improve behavioral health and criminal justice outcomes of Californians with a co-occurring mental health and substance abuse disorder: effective front-line treatments for substance abuse disorders, including among mentally ill patients.¹⁴ Integrating such therapies alongside pharmacotherapy for mental health disorders, with effective patient education and post-release planning, represents an additional, and important, integrated treatment approach for this population. Many counties may be able to achieve each of these treatment program enhancements at relatively low cost as add-ons to existing training, community partnership, and pharmacotherapy treatment efforts.

We encourage consideration of the following recommendations to improve the behavioral health and criminal justice outcomes of Californians with a co-occurring mental health and substance use disorder:

Recommendations

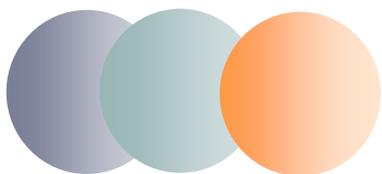
1. Consider legislation requiring jail health systems to offer integrated substance use disorder and general mental health treatment to medically eligible patients via the cross-training of existing mental health staff

and partnering with community-based substance use treatment providers.

2. Consider legislation to establish a working group of experts and practitioners from the mental health, substance use, and criminal justice fields to establish best practice recommendations for the expansion of jail-based substance use treatment options, including MAT for appropriate substance use disorders.
3. Consider setting aside funds from existing state programs aimed at addressing mental illness to motivate partnerships between county jail systems and local universities or community treatment providers to develop model cost-effective jail-based integrated treatment programming with ongoing continuity of care through reentry via community-based case management or similar services. These pilot programs should include an evaluation component to describe the extent to which integrated treatment reduces recidivism and increases pro-social outcomes among criminal justice-involved Californians with co-occurring mental illness and substance use disorders.

Conclusion

Virtually every incarcerated person eventually returns home to the community. What happens during their time in jail or prison has implications for whether and how well they will succeed in the community after their release. Integrated treatment programs for mental health and substance use disorders that include a range of substance use treatment options can lead to better behavioral health outcomes and more successful reentry for the large number of inmates who suffer from co-occurring disorders. Encouraging and funding jail systems to develop integrated treatment programs will better address the needs of this population and reduce their subsequent contact with the criminal justice system.



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“Arranging for a continuum of care and services while incarcerated and after release from jail can help those with mental illness to successfully reintegrate back into their communities.”



About the Consortium

The UC Criminal Justice & Health Consortium is an emerging community of over 120 faculty and graduate students representing all 10 campuses of the University of California system and over 20 areas of study, including medicine, the law, criminology, public health, economics, and many others. The Consortium aims to develop and disseminate policy-oriented evidence for health-focused criminal justice reform and is generously funded by a grant from the office of UC President Janet Napolitano.

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