THE STEPPING UP INITIATIVE

A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

Technical Assistance Module 2 Planning Guide

Collect and Review Data on the Prevalence of People with Mental Illnesses in Jails and Assess Their Treatment Needs

Stepping Up Planning Guides

This is one of five planning guides designed to help counties and other participants complete the action steps supported under *Stepping Up*. The planning guides, which are among many materials available to counties and their partners through this initiative, are meant to facilitate a collaborative planning process and help users identify the types of assistance that will meet their distinct needs. To learn more about available technical assistance resources, or to ask specific questions, please visit the Resources Toolkit page.

Overview of *Stepping Up* Technical Assistance

Support for Counties and Their Partners

Stepping Up brings together dedicated state and county officials, behavioral health and criminal justice professionals, people with mental illnesses, and other community stakeholders and provides them with the necessary resources to advance local efforts to reduce the number of people with mental illnesses in jails by engaging in a comprehensive, outcome-oriented planning and implementation process.

Technical Assistance Modules

There are five technical assistance modules available, which are intended to help county leaders complete the six steps supported by the initiative.

- **Module 1:** Convene a diverse team of leaders and stakeholders
- **Module 2:** Collect and review data on the prevalence of people with mental illnesses in jails and assess their treatment needs
- **Module 3:** Examine treatment and service capacity and identify policy and resource barriers to minimizing individuals' contact with the justice system and providing needed treatment and supports
- **Module 4:** Develop a plan with measurable outcomes that uses research-based approaches[1]
- **Module 5:** Create a process to track and report on progress

Each module includes a planning guide with exercises to help facilitate discussion and planning efforts among county leaders, as well as a larger suite of resources (see sidebar).

Counties will be starting at different stages in the planning process—many have already made significant strides towards achieving the objectives of this initiative while others may be at the beginning of this process. This is understandable and expected. *Stepping Up* is a long-term effort and the most important step is the commitment to getting started. Users should tailor these resources to the distinct needs and strengths of a county. Although the webinar schedule is designed to help pace planning teams through these modules in a sequential fashion, the exercises may be completed in any order or speed.

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[1] Module 4 covers two of the *Stepping Up* action steps: develop a plan and use research-based approaches.

Stepping Up Technical Assistance (TA) Resources

TA Module Resources

The five TA modules include:

- ❖ A planning guide
- ❖ Training webinar(s) providing information on how to successfully complete each module
- ❖ A curated resource library with research, case studies, and other tools
- ❖ Distance-based learning opportunities on key topics of interest or for specific audiences (e.g., the needs of rural counties)
- ❖ Peer-to-peer exchanges to share best practices and discuss common challenges
- ❖ Supplemental tools that can help facilitate discussions among your planning team

These resources are being made available at **Resources Toolkit**

National Summit

A summit will be convened in the spring of 2016 in Washington, D.C., to bring together counties to advance their planning efforts and inform participants about opportunities for more intensive assistance through federal and private grant programs and other forms of support.

This planning guide and other tools will help your county prepare for this summit and position your county to be competitive for any future TA opportunities.

Overview of Module 2: Collect data on the prevalence of people with mental illnesses in jails and assess their treatment needs.

The Module 2 Planning Guide will help your county achieve the following objectives:

- Define and measure the prevalence of people with mental illnesses within the overall jail population in order to understand the scope of the challenge and effectively track progress.

- Examine how screening at booking and follow-up assessment processes can be improved in order to understand individuals' mental health and substance use treatment needs, and the factors that increase his or her risk of reoffending.

- Use the results of screening and assessments to guide decisions on pretrial release, jail placement and programming, and supervision levels and services on release.

Why This Module Is Important

In order to safely and effectively reduce the number of adults with mental illnesses in jails, counties need to know how many are entering and leaving their jails, and the extent of their complex needs. While it may seem simple to count the number of people with mental illnesses who have treatment needs, it is not uncommon to see different ways of defining and measuring the presence of mental illnesses and co-occurring substance use disorders. Consider these examples of definitions used by different disciplines:

- Community behavioral health administrator: *"The state 'priority population' includes individuals with diagnoses of major depression, schizophrenia, or bipolar disorder and a significant functional impairment measured by a Global Assessment of Functioning (GAF) score below 50."*[2]

- Sheriff: *"We do a screen for suicide risk on booking at the jail and have a list of people on psychotropic medication. We also have a psychiatrist who comes in and will assess people who are identified by the deputies as possibly needing mental health care, so our jail medical contractor will have a list of those individuals, and possibly their diagnoses. Most of those people are in Pod E."*

> **Suggested Strategy for Completing This TA Module**
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> 1. Provide all members of your team with this module of the planning guide and encourage them to inventory or collect available relevant information.
>
> 2. Complete exercise 2A. This exercise will familiarize your team with current practices in your county.
>
> 3. Review the Module 2 webinar, which will provide key information to help your team complete exercise 2B.
>
> 4. Complete exercise 2B after team members have watched the webinar. This exercise will help you identify specific strategies to define and measure mental illness prevalence and assess individuals' needs.
>
> 5. Access supplemental resources to advance your planning efforts: https://stepuptogether.org/toolkit.

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[2] A 'priority population' is a group of individuals that the state or local authority identifies as eligible for receiving services supported by particular public funds.

- Judge: *"I do my best to make sure we get the right people in the right programs but the definitions of mental illnesses and criteria for accessing these programs keeps changing. I need a constantly updated scorecard to keep this all straight."*

Because all counties and states are different, this guide does not suggest a common definition of mental illness for all counties to adopt. Rather, this guide seeks to assist counties as they make decisions on who to identify or count as having mental illnesses (e.g., people with serious and persistent mental illness, all people with behavioral health treatment needs), how to identify them (e.g., screenings, assessments), when to identify them (e.g., at intake/booking, after a certain period of time), and how to calculate prevalence rates (e.g., average daily population, one-day counts, annual admissions). **The most important factor in carrying out these activities is that your county is consistent in the method it chooses.**[3]

Coming to a common understanding of your baseline prevalence rate for people with mental illnesses in jail and identifying opportunities to safely reduce this rate requires agreeing on a working definition at the county level of who should be counted for the purposes of your initiative. Jails and behavioral health care providers will also need to agree on a consistent screening and assessment process that supports the use of this definition to better identify people with mental illnesses and their treatment needs.[4] Determining the percentage of people with mental illnesses within the overall jail population at a given point in time or over a specified period (month, quarter, or year) will reveal the prevalence rate. Because of the high rates of co-occurring substance use disorders among people with mental illnesses in jail populations, screening and assessment for substance use disorders is critical to identifying appropriate systems responses. The same methodologies used for calculating the prevalence of mental illnesses in jails can be used in determining prevalence rates of co-occurring disorders within jail populations.

It is important to note that there are multiple measures that can be used to examine prevalence rates; each with its own strengths and purposes. These can include measures taken at booking or when individuals stay in jail for longer periods. It may take time to demonstrate reductions in prevalence rates, however, so improvements can also be reflected in shorter-term measures (both process and outcome), such as

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[3] Jails use a wide range of criteria for determining who needs treatment, observation, or placement in specialized units. This may relate to the acuity of symptoms, the presence of suicidality, or the likelihood of behavioral problems while in custody. In some cases, the definition tracks the diagnoses or criteria in the state or county definition for "serious and/or persistent mental illness" (e.g., diagnoses of schizophrenia, bipolar disorder, or major depressive disorder), and in other cases may also include disabilities that have been added by jail authorities, such as developmental disabilities or traumatic brain injury that affects functionality that require treatment or support. What is important is that the definition be consistently applied and that these individuals are routinely counted to determine their prevalence in the jail population.

[4] Screening is a process to determine the possibility that a client has a mental illness, substance use disorder, or both. The purpose of screening is not to diagnose a disorder but to establish the need for an in-depth behavioral health assessment. A screening is typically administered by a trained staff person not necessarily licensed as a mental health professional. An assessment is administered to an individual who has been identified, through the screening process, to need further review. The assessment process can include a formal set of assessment tools administered by qualified staff such as a licensed mental health professional. Each state may have its own criteria and guidance for screenings and assessments, so consult with the proper state authorities to determine what is required in your state.

the number of screenings and assessments, the number of people connected to services, length of stay for people with mental illnesses, and rates of return to jail shortly after release.[5] Common prevalence measures to consider include the following:

Booking/Admissions

Some jails use booking or admissions data on the number of individuals who appear to have mental illnesses to calculate prevalence rates. Depending on the jail, the determination that someone might have a mental illness could have been made on a broad range of bases: from observation or individuals' disclosure of their need for medications, to the result of a mental health screen or a more sophisticated matching of booking records, to mental health system records.[6]

- Booking and admissions information, combined with data on dispositions, is useful in helping to determine how many individuals with mental illnesses are coming into the jails and how many arrests result in immediate releases, pretrial diversion, or pretrial detention for this population. This information can be used to track improvements to community crisis services, specialized police responses, and post-booking programs that can lower the number of people with mental illnesses entering jails.

- Booking data, however, do not account for what is typically a longer length of stay in jail for people with mental illnesses, which means their prevalence in jails on any given day may be higher than booking data might suggest. Also, booking data focus on the full incoming population, both the large numbers of individuals who are released within a day and those individuals who remain in jails for longer periods that require more jail resources and interventions. Screening at booking also is meant to capture as many individuals as possible that have mental health needs, but may include false positives in some cases.[7] For those reasons, processes need to be developed when possible to follow up with more thorough assessments for individuals that have positive screening results. Because assessments gather more information than is available from screens, assessment results can better inform jail placements, treatment, and release plans for individuals who are not immediately getting out of jail.

Average Daily Population (ADP)

To account for the longer lengths of stay typically experienced by people with mental illnesses and to provide a more accurate view of how many individuals may require mental health treatment, and perhaps enhanced supervision and other services, jails can use average daily population (ADP) to determine the prevalence rate of people with mental illnesses.

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[5] More information on measures of success will be provided in future *Stepping Up* modules.

[6] State Medicaid records can be used in some jurisdictions to augment capture rates (see *Stepping Up* Module 2 webinar for this discussion.) For more information on data-matching and information sharing between criminal justice and health entities (including state MOU example) see The Justice and Health Connect website at www.jhconnect.org.

[7] Providing screenings at the time of booking does not negate the need to screen for mental health needs at other times if it appears an individual's needs were initially missed or have increased over time.

- A prevalence rate is calculated by dividing the number of people determined to have a mental illness (however the locality defines mental illness) by the jail population ADP. Jails can select a month or other period of time—recognizing that longer periods will better account for fluctuations—to calculate the average daily counts for both the people with mental illnesses and the total jail population. Jail administrators may choose to select months that are traditionally high population months/periods to ensure a robust sample. The formula can be used for the same time period in subsequent years to track progress.

To the extent possible, it is also useful to break data down by pretrial vs. sentenced status for all measures, recognizing that there may be different types of interventions and opportunities for each category of individuals.

Reducing the number of admissions for people with mental illnesses may have the greatest impact on lowering prevalence rates, but shortening length of stay and reducing recidivism can also help counties meet their goal. Accordingly, jails can also track the number of consecutive days people are incarcerated who are identified as having mental illnesses, compared to individuals without mental illnesses, to show progress in reducing their presence in the jail.

Tracking Recidivism

Counties can also track when and why (new offense or technical violation, for example) people with mental illnesses return to the jail. Counties should identify a consistent measure(s) of recidivism. Data collected to inform these measures help determine if programs are effective in meeting individuals' needs and achieving public safety goals. Common recidivism measures include rearrest, reconviction, and reincarceration for a new offense and may include technical violations of conditions of supervision. For jurisdictions that have the data systems and information-sharing capabilities, jails can also identify individuals who repeatedly return after release and work with the behavioral health systems to identify which individuals are also frequently using the emergency room and other crisis services. A multidisciplinary team can develop processes and case management protocols to slow or stop the cycling of these individuals through the criminal justice and emergency health systems by supporting recovery and addressing the underlying problems that put them at risk for arrest. This approach would address the high costs of serving the needs of individuals who disproportionately use jail and community resources.

To help make an impact on recidivism, county teams should carefully consider the type and timing of jail screenings and assessments that identify individuals' criminogenic risk and need factors[8]. Using appropriate tools to measure risk of failure to appear or risk of recidivism will help 1) inform decisions about whether an individual should be supervised in the community awaiting trial; 2) position your jail to prioritize programming or treatment for people at a higher risk of recidivism who are in jail long enough to benefit from interventions (e.g., cognitive behavioral interventions) without lengthening their stay; 3) connect higher-risk individuals who have been sentenced to jail to appropriate services on release; and 4) determine the intensity of supervision on release required to maximize the individual's chances for success. The most

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8. For more information about criminogenic risk and need factors, please see Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation, a paper written by Bonta, J., and Andrews, D.A.

appropriate options for the type and timing of screenings and assessments will be based on individuals' status (pretrial vs. sentenced) and the length of time they will likely be detained or incarcerated in the jail.[9]

Obtaining these various measures creates a critical foundation for the planning you will do in subsequent modules to track the success of your efforts.

Exercise 2A: Identify What You Have

Suggested Strategy to Complete Exercise 2A: Planning team members should be provided the following questions and discuss them together. Encourage participants to share ahead of time or bring to the meeting a written copy of any definitions they use for mental illness, substance use disorders, and recidivism, as well as any screening and assessment tools they use.

Instructions: Answer the questions in the spaces that follow.

1. a. How do agencies engaged with adults with mental illnesses (e.g., courts, jail, mental health authority, etc.) currently define mental illness?

Agency	Definition	Current Process for Determination (e.g., observable behavior, self-report, standardized screening tool, assessment by a qualified professional)
State		
County Behavioral Health Department		
Courts		
Corrections/Jails		
Other		

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[9] Some tools require user fees and others have no costs for use of the non-proprietary tool, but require up-front training costs. Tools also vary in regard to their ease of use for case planning. See, e.g., *Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States: An Empirical Guide,* an executive summary drawn from Sarah L. Desmarais and Jay P. Singh, *Instruments for Assessing Recidivism Risk: A Review of Validation Studies Conducted in the U.S.* (New York: Council of State Governments Justice Center, 2013).

b. How do diagnoses, the acuity of the symptoms, the degree of disability associated with a diagnosis, and the expected duration of the illness figure into these different definitions?

2. a. Is there a state or county definition of mental illness that governs access to services in your community? (yes/no) _____

   If so, what is it?

   b. Is this or another definition currently used within your jail? _____

   If so, what is it?

3. How does the jail staff identify when a possible mental illness and/or substance use disorder/treatment need is present?

Question	Yes/No	Explanation
Is there an objective, standardized screening tool in place to screen for these mental illnesses/disorders/needs? (e.g., Brief Jail Mental Health Screen, or the Texas Christian University (TCU) Drug Screen V (TCUDS V))?[10]		
Who do you screen and at what times (e.g., all individuals at booking, all individuals in jail for 48 hours)?		

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[10] The tools listed in the planning guide are meant to merely serve as examples; their inclusion does not in any way reflect the endorsement of *Stepping Up* organizations or funders. In response to requests from the field for examples, when appropriate an example of a commonly used proprietary and nonproprietary tool is provided. Information on other tools can be found in the Key Resources associated with this module.

Is there a process in place to conduct an assessment of anyone who screens positive for a possible mental illness and/or substance use disorder?		
If yes, for individuals who screen positive, does your assessment process include determining whether the individuals meet your definition(s) of having a mental illness and co-occurring disorder for determining prevalence in the jail?		
Is there a process in place for obtaining existing diagnostic or medication information from previous assessments, medical records, mental health agency records, veterans' administrations or other non-jail authorities, while complying with all privacy mandates?		
Do you keep data on how many people are screened and assessed?		
Is the health care provider for the jail involved in these processes?		

4. Is there a process that determines whether the individual meets state/county criteria for serious or persistent mental illnesses? (yes/no)_____

   a. If yes, must a social worker, counselor, psychiatrist, or qualified mental health professional make the determination? (yes/no)_____

   b. What services, benefits, placement options, and programs are available if someone meets the state definition of serious or persistent mental illness (e.g., eligible for publicly funded care, qualifies for diversion program, may be housed separately)?

5. Does your jail collect data on individuals who meet your definition of having a mental illness regarding the following?

   a. Their length of stay (yes/no)_____

   b. Their status as pretrial or sentenced (yes/no) _____

   c. Their history of prior incarceration at the jail (yes/no)_____

6. What is your state or county definition of "recidivism" (e.g., reincarceration within a year of release for reoffending or violating conditions of supervision)?

7. Is there an objective, validated screening tool in place for assessing risk and need factors for individuals of varied legal status at different points in the process?

    a. At booking for an individual on pretrial detention (e.g., using a pretrial risk assessment such as the Ohio Risk Assessment System - Pre-Trial Assessment Tool (ORAS-PAT) to make a supervision determination)?[11] (yes/no) _____

    b. At booking for an individual who has been sentenced, an assessment of risk for reoffending and program needs (e.g., using a tool such as the Ohio Risk Assessment System - Prison Intake Tool (ORAS-PIT), which can also be used in jails, or the Level of Service Inventory - Revised: Screening Version (LSI-R:SV))? (yes/no) _____

    c. Within 30 days before release for sentenced individuals, an assessment of community supervision needs (e.g., the Ohio Risk Assessment System - Community Supervision Screening Tool (ORAS-CSST) or the Level of Service Inventory-Revised (LSI-R)? (yes/no) _____

Exercise 2B: Identify What You Need

Suggested Strategy to Complete Exercise 2B: After everyone on the planning team has viewed the webinar for Module 2, they can complete this exercise as a group. The exercise will help identify concrete strategies for measuring the prevalence of mental illnesses and co-occurring substance use disorders in jails, and assessing the treatment needs of people with mental illnesses in jails.

Instructions: Answer the questions in the boxes and spaces that follow.

1. How will you define mental illnesses for the purpose of your initiative and share it with relevant criminal justice and behavioral health agency representatives and other stakeholders who will need to use it (e.g., interagency communications, MOU, resolution)?

2. What will be the timing and process for determining whether an individual meets this definition?

    a. Will there be a screening *at booking/admissions* to determine if an individual has mental illness(es) and use of that data to help determine whether front-end measures are effective (e.g., crisis resources, law enforcement using alternatives to arrest, pretrial diversion)? (yes/no) _____

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[11] The Laura and John Arnold Foundation has also developed the **Public Safety Assessment-Court (PSA-Court)** pretrial risk assessment that predicts "the risk a given defendant will reoffend, commit violent acts, or fail to come back to court" using nine data points. The tool is being used in more than a dozen cities and counties, and interested jurisdictions are encouraged to **reach out to foundation staff** for more information.

b. Will there be a screening for people *who have been in the jail for 48 hours or other set period* to determine if they have a mental illness to help inform pretrial decisions, jail treatment, placement, and release plans that can shorten length of stay and/or reduce recidivism? (yes/no) _____

c. What screening tool will be used to determine the potential presence of mental illnesses and related needs? _____

d. Who will be trained (or selected for their qualifications) to administer the screenings (e.g., jail intake staff, social worker, health provider)? _____

e. Who will be trained (or selected for their qualifications) to conduct follow-up assessments (e.g., social worker, LMHP)? _____

f. Do you have a system in place to electronically track who is screened for mental illnesses, their screening results, whether they received a follow-up assessment when necessary, and the results of that assessment? If so, please describe.

g. Who is permitted to access the data on screening and assessments (e.g., jail intake staff)? _____

3. How will you develop your baseline and future prevalence rates for people with mental illnesses in your jail (e.g., using booking/admissions data and/or ADP?)[12]

a. How will you calculate booking/admissions or ADP for people who meet your definition of mental illnesses?

b. What unit of time (e.g., same day(s), month(s), or quarter each time you calculate your rate) will you use to determine your prevalence rates for individuals who, based on screenings, meet your definition of mental illnesses? _____

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[12] Additional information on how to calculate baseline and subsequent prevalence rates will be reviewed on the June 30, 2015 webinar that will be archived at https://stepuptogether.org/toolkit.

c. Which database(s) will you need to access, create, or update (e.g., jails that are able to match booking records to mental health agency records and/or state Medicaid records in compliance with privacy mandates) to help determine your prevalence numbers for people with mental illnesses in your overall jail population?_____

d. Do you have a process to track how many people with mental illnesses in the jail are on pretrial detention and how many are sentenced to jail? (yes/no) _____

e. Do you have a process to determine the length of stay for individuals with mental illnesses? (yes/no) _____

f. Do you have a process to determine if, when, and how many times an individual with mental illnesses was previously in the jail (e.g., in the year prior to the current booking) to track progress on reducing recidivism? (yes/no)_____

g. For your initiative, who will be responsible (e.g., data analyst?) for ensuring that subsequent prevalence calculations use consistent definitions, measures and time periods to track progress _____

When you divide the number of people with mental illnesses (ADP or bookings/admissions) by your overall ADP or booking/admissions for the jail for the same time period, what is your prevalence rate for people with mental illnesses in the jail? _____%[13]

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4. Nationally, almost three-quarters of individuals with serious mental illnesses in jail have a co-occurring substance use disorder.[14] What will be the process to determine whether an individual has a substance use disorder?

a. Who_____ (e.g., jail intake officer, trained health staff) will administer which tool_____ as a screen (e.g., Texas Christian University (TCU) Drug Screen V (TCUDS V)) at this time:_____ (e.g., booking, within 48 hours)

b. Who_____ (e.g., social worker, LMHP) will follow up with an assessment process?

5. In order to reduce recidivism, it is also useful to understand an individual's risk of reoffending or failure to comply with conditions of supervision. What will be the process to determine the risk of recidivism (using your definition of recidivism) and related needs for individuals with mental illnesses in the jail? (See Key Resources for examples of screening and assessment tools for individuals on pretrial detention and who are sentenced.)

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[13] You are not being asked to submit this information to *Stepping Up* as part of your planning. It is for your own use to track your progress. If you decide at a later time you want to share your information, for example as part of the initiative's efforts to highlight particular successes, you can contact *Stepping Up* staff.

[14] See Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison

a. What is your definition of recidivism?

[ ]

b. What is your process for determining individuals' risk of recidivism?

i. Who_____ (e.g., jail intake staff) will administer which screen_____ as a risk and needs *screen at booking for individuals on pretrial detention* to guide pretrial supervision decisions

ii. Who _____ will administer which screen_____ as a risk and needs *screen for sentenced individuals*, at this time _____ to inform programming

iii. Who _____ (e.g., jail case management staff or reentry planner) will administer which assessment_____, at what time (e.g., 30–90 days before release): _____ to inform supervision and connections to services in the community

6. For individuals with mental illnesses, do you have a process to track how many of them are found to be high, medium, or low risk for recidivism? (yes/no)_____

a. If yes, what is that process?

[ ]

7. Do you have a process for tracking individuals with mental illnesses' history of failure when under community supervision (e.g., technical violations or new crime that appears to be related to a mental health crisis)? (yes/no)_____

a. If yes, what is that process?

[ ]

8. Generally, what barriers and resource gaps need to be addressed to successfully establish the processes you outlined above (e.g., adopting screening and assessment instruments, developing an electronic database, analysis capacity)?

9. Which policymakers and practitioners will receive the information you collect on prevalence rates, length of stay, and other measures to help guide program and policy decisions that improve coordination across agencies and individuals' connections with services and how will you package the information to be useful to the different audiences/recipients?

Data/Analysis Recipients (e.g., CJCC, county commissioners/supervisors, judges, law enforcement, behavioral health agency decision makers, state leaders, other stakeholders)	How Information Is Packaged (e.g., memo, monthly or annual report, data dashboard, presentation)	How Recipients Can Use Information (e.g., to make supervision, diversion, or resource-allocation decisions)

Module 2 Key Resources

Mental Health Screens for Corrections
Researchers created short questionnaires, reproduced in the appendices, which accurately identify inmates who require mental health interventions. (National Institute of Justice)

Closing the Gap: Using Criminal Justice and Public Health Data to Improve the Identification of Mental Illness
Information to improve the identification of mental health needs for a specific population; improve the delivery of mental health services; support the design of new policies and programs; and establish a baseline against which to measure the effectiveness of new initiatives. (Vera Institute of Justice)

How to Collect and Analyze Data: A Manual for Sheriffs and Jail Administrators, 3rd ed.
A useful guide for anyone who needs to gather and analyze data concerning various jail-related issues, with guidance on how information can inform policy decision making. (National Institute of Corrections)

Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States: An Empirical Guide

Foundational knowledge and a working framework of risk assessment instruments for criminal justice and social service agencies, practitioners, and policymakers. (CSG Justice Center)

Screening and Assessment of Co-occurring Disorders in the Justice System

An overview of the systemic and clinical challenges involved in the screening and assessment of people with co-occurring disorders who are involved in the criminal justice system, and a review of current assessment practices and instruments. (University of South Florida, SAMHSA's GAINS Center)

For a more comprehensive list of resources related to this module, visit the Module 2 Key Resources page.