



Evidence Based Corrections & Treatment
Research Program
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**COD Survey: National Criminal Justice Treatment Practices (NCJTP)
Survey of Co-occurring Substance Use and Mental Disorder (COD) Treatment**

Rationale and Objectives: The evidence for high rates of co-occurring disorders (COD) and of the negative impact of COD on treatment outcomes emphasizes the urgency of addressing COD in offender populations. The current survey begins to bridge a gap in our existing knowledge concerning the nature, extent, and type of COD treatment available to offenders. The survey has three aims: (1) to describe COD services available to offenders; (2) to depict organizational practices of agencies that provide COD services to offenders; and (3) to examine the relationship between organizational practices and the provision of COD services.

Survey Development, Sampling, and Response: As an addendum to the NCJTP survey, this survey examined the degree to which evidence-based practices for the treatment of COD are being used by programs serving offenders with COD. The target sample for this study was defined as administrators of prisons, jails, community corrections, and community substance abuse programs that treat offenders. The total survey sample was 757 facilities; the overall response rate was 63.7% with a refusal rate of 7.8%.

Results: Of the facilities/organizations sampled, 57.7% offered some level of COD treatment for offenders. For adult offenders, availability in prisons was 73.4%, jails 47.1%, community corrections (CC) 28.6%, and community-based treatment (CT) programs 86.2%. Rates of COD services were lower for juvenile offenders in prisons, with 60.8% reporting availability, but similar in other settings with 46.4% of jails, 33.3% of CC, and 81.9% of CT programs providing COD services. Higher rates of COD treatment for both adult and juvenile offenders were offered in CT programs than in correctional settings. Most often, correctional facilities provided basic (treats one disorder, refers client to another program to treat the other disorder) or intermediate (treatment designed for one disorder but incorporates the treatment of the other disorder on-site) services; few of these institutions offered advanced (designed to treat both disorders) services. A preliminary paper examined the first 166 completed surveys from the CT sample and found significant differences in treatment practices between programs that differentiated themselves as having either “intermediate” or “advanced” levels of COD treatment.

Table 1: % of Organizations that Provide Different Levels of Treatment Services for Offenders

Program/Service Type	Total	Adult Offenders				Juvenile Offenders			
		Prison	Jail	CC	CT*	Prison	Jail	CC	CT
<i>Treatment Level</i>	<i>N=482</i>	<i>N=75</i>	<i>N=34</i>	<i>N=98</i>	<i>N=109</i>	<i>N=56</i>	<i>N=28</i>	<i>N=60</i>	<i>N=22</i>
% No SA/MH Treatment Offered	23.0	6.7	26.5	49.0	1.8	14.3	32.1	46.7	9.1
% Separate SA/MH Offered	15.8	17.3	23.5	16.3	11.9	17.9	17.9	15.0	9.1
% Any COD Treatment Offered	57.7	73.4	47.1	28.6	86.2	60.8	46.4	33.3	81.9
% COD Basic (referral)	17.0	28.0	11.8	14.3	18.3	14.3	10.7	16.7	9.1
% COD Intermediate	26.8	38.7	23.5	9.2	36.7	28.6	32.1	13.3	45.5
% COD Advanced	13.9	6.7	11.8	5.1	31.2	17.9	3.6	3.3	27.3
% Missing	3.5	2.7	2.9	6.1	0.0	7.1	3.6	5.0	0.0

*Includes CT agencies that treat both adults and juveniles. SA=Substance Abuse; MH=Mental Health

National Estimate of Access to COD Services: The survey informs estimations of the access to COD services in different justice venues. Access was attributed to referral mechanisms; actual offender participation in services is not known. The access rates for adult offenders were: 16% of prisoners; 3% of offenders in jail; and 19% of offenders on supervision. The access rates for juvenile offenders were: 55% of juveniles in residential treatment and 26% on supervision.