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would have access to all relevant and effective mental health and substance abuse interventions to blend in an individualized treatment plan.

Treatment planning is a collaborative process that requires an individual and his or her service providers to use assessment information to establish individual goals and to match treatment to identified needs to help the individual reach those goals. Treatment for people with COD is more effective if the same clinician or clinical team helps the individual with both substance abuse and mental illness; that way the individual gets one consistent, integrated message about treatment and recovery (SAMHSA, 2003).

Integrated Treatment Programs for Justice-Involved Persons with COD

When an individual with COD is also under correctional supervision, the coordination of EBPs within each discipline is required to achieve positive outcomes. The appropriate application of coercion within treatment and supervision is one of the adaptations to COD integrated services required to work with justice-involved persons (CSAT, 2005; Mueser et al., 2003). Ultimately, the challenge for the client is to move beyond coercion as the external motivating factor for change to internal and voluntary motivations.

The modified therapeutic community (MTC) is an integrated residential treatment program with a specific focus on public safety outcomes that can be adapted to treat persons with COD and include a focus on crimininogenic needs (Sacks et al, 2003). It is a derivative of the therapeutic community and has demonstrated lower rates of reincarceration and a reduction in criminal activity in participants (Sacks et al., 2012). Successful transition from residential settings to less intensive levels of care is key to long-term success, and adding MTC components to outpatient treatment can improve criminal justice outcomes (Sacks et al., 2008).

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). Application of this approach has been associated with reductions in arrest (Mangrum et al., 2006).

Assertive Community Treatment (ACT) and its adaptations for justice-involved persons has been previously reviewed (Morrissey & Piper, 2005; Morrissey, 2013). As an evidence-based program, ACT is a blend of program components and treatment elements of which several are specific to COD. To date, the impact of ACT interventions on criminal justice outcomes has been mixed. Modifications to ACT to incorporate forensic expertise have shown promise.

COD Across the Continuum of Criminal Justice Settings

can improve post-release engagement in services (Lehman Held, Brown, Frost, Hickey, & Buck, 2012). For people with probation or parole terms, community supervision affords an opportunity to engage and monitor the person while coordinating with community providers.

Future Directions

The overrepresentation of persons with COD in the justice system is not a new phenomenon, and despite innovative community efforts to divert persons with mental and/or addictive disorders from jail and prison, it remains a signi f cant issue of concern to policymakers, providers, and families. Persons with COD are a heterogeneous group with complex strengths, needs, and risks.

When individuals are taken into custody, they must be routinely screened and assessed for COD (Peters et. al., 2008) and other factors associated with their risk of recidivism (Osher et. al. 2012). Understanding the extent to which persons with COD have an increased risk of committing new criminal offenses or violating conditions of probation or parole is important for the criminal justice and behavioral health f elds. In particular, such information may serve as the basis for the development of targeted interventions to reduce the rate of recidivism among persons with COD.

Law enforcement, court, and corrections personnel must receive training in the application of effective EBPs to respond to the needs of persons with COD. In parallel, behavioral health staffs require training on correctional EBPs and the interventions that are associated with reducing the risk of recidivism while promoting recovery. Access to integrated care for persons with COD has been associated with these desired outcomes. Unfortunately these EBPs are not suf '

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