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JUSTICE PROGRAMS OFFICE

SCHOOL OF PUBLIC AFFAIRS

**BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG COURT
CLEARINGHOUSE**

**FREQUENTLY ASKED QUESTIONS SERIES: DRUG COURTS DEALING WITH CO-
OCCURRING DISORDERS**

Subject: Drug Courts Dealing with Co-Occurring Disorders
From: BJA Drug Court Clearinghouse
Date: December 28, 2007

QUESTION

Hartwell Dowling, Maine State Diversion and Rehabilitation Coordinator, generated this request for information regarding drug courts that are dealing with co-occurring disorders for the purpose of promoting interchange on common issues, strategies, etc. The following drug court practitioners have responded with both contact information and comments, as appropriate, on their specific programs and the issues they are addressing.

For the purpose of this FAQ, Mr. Dowling has defined “co-occurring” as the existence of both a substance abuse disorder and mental illness within the same individual.

RESPONSES

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Connecticut

Maureen Derbacher
State Drug Court Coordinator
Connecticut Judicial Department
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For questions relating to drug court dealing with co-occurring disorder contact:

Sandra Baltazar, Asst. Clinical Coord. Hill Health Center, Grant St. Partnership 62 Grant St., New Haven, CT 06519
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Carl Sciortino, Dir.Outpatient Drug Court Treatment Liberation Programs 399 Mill Hill Ave., Bpt., CT 06610 203 384-9301 x 229 carl.sciortino@liberationprograms.org

Vicki Barbero, Treatment Director, Perception Programs, P.O. Box 407, Willimantic, CT 06226 860 450-7122
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Janet Liciaga, Clinician or **Luis Marciano**, Clinical Coord. Crossroads, Inc. 54 E. Ramsdell St., New Haven, CT 06511
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Florida

Aaron S. Gerson
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Florida Supreme Court- OSCA
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Cathy White
1st Judicial Circuit
Escambia, Okaloosa, and Santa Rosa Counties (Adult, Juvenile and Family Dependency Drug Courts)

My response to co-occurring disorders within our program is similar to Mr. Wills and Ms. Burd's responses (See below). We have adapted to the rising number of clients with co-occurring disorders and we try to help those that we can work effectively with throughout the program. The more common issues are anxiety and depression. We rely on our treatment provider to determine if the client will be appropriate for the program despite the co-occurring disorder.

Bill Wills
2nd Judicial Circuit
Leon County (Adult Drug Court)

We have similar responses that others are doing throughout the State. We do not consider ourselves a “co-occurring disorder program”; we have just adjusted over time to the population we seem to be seeing and try not to turn people away if there is any way we can work effectively with them. And, we are currently establishing a Mental Health Court that will be able to handle the cases that heretofore we have not been able to accommodate in our regular drug court processes.

Martha Sheets
2nd Judicial Circuit
Gadsden, Leon, and Wakulla Counties (Juvenile Drug Court)

Some of our youth present with substance abuse issues as well as co-occurring disorders at the time of assessment. One of the main disorders that we deal with is ADHD. The co-occurring disorder will be addressed in the treatment plan - to maintain contact with dr. appointment and medication needs, a release of information is signed for contact if needed. Some other disorders that we have dealt with have been bipolar, anxiety, depression, PTSD, personality to name a few. If issues occur during or after the assessment that have not been addressed referrals are made either through the court or if the parents have insurance a psychiatric/psychological evaluation to determine medication needs or other recommendations as to what the best treatment options are for the youth and their family. Very rarely, has a youth not been appropriate to remain in the program because of their mental health issues. Our court gives great attention to the needs of our youth. My greatest challenge professionally was working with a youth that had a co-occurring disorder - I also had the greatest growth professionally from this experience.

Toni Prins
3rd Judicial Circuit
Columbia, Suwannee, Hamilton Counties (Adult, Juvenile and Family Dependency Drug Courts)

We are using mental health courts to deal with the mental health aspect, but sometimes this spills over to the drug court side. The mental health provider is also our substance abuse provider who will make the recommendation through an evaluation as to whether the participant is mentally capable of going through drug court, if so, then they are placed in drug court and the participant is also receiving mental health treatment. However, if they are deemed incapable of functioning in drug court, then we refer them to mental health court, in which the same provider will focus on their mental health issues while also conducting substance abuse treatment.

Kathleen Lonergan
5th Judicial Circuit
Hernando County (Adult Drug Court)

In Hernando County we have had quite a few participants who have co-occurring disorders. Treatment services provided by: The Harbor Behavioral Healthcare Institute, Inc. 7074 Grove Road Brooksville, FL 34609 (352)540-9335

Mike Jewell
7th Judicial Circuit
Volusia, St. Johns, Flagler, and Putnam Counties (Adult, Juvenile, and Family Dependency Drug Courts)

The drug court programs in the Seventh Circuit attempt to screen out candidates that have mental health issues that are so severe that placement in one of our drug court programs would not be helpful to them; nonetheless, participants with co-occurring disorders do enter our drug court programs. In such cases, we do our best to match participants with the mental health services that are available while substance abuse treatment services are also being provided. Mental health services are typically in short supply and accessing what is available in a timely manner tends to also be difficult. One of our programs has set aside funding to better make evaluations and medications available. Making sure that participants take the prescribed medication then becomes an issue in many cases. Another program has a department within the County where one primary function is to deliver mental health services to residents. Meaningful collaboration with this department is often difficult.

Jim Santangelo
8th Judicial Circuit
Alachua County (Adult Drug Court)

Many of the folks we get come in with co-occurring disorders as they seem more the norm than the exception in substance abuse treatment these days. As Linda wrote, what we can do with them depends on the nature of the disorder. If they are already plugged into a mental health provider, or we can get them hooked up with one, and are stable and able to participate in the substance abuse treatment then we do all we can to work with them. It is often a matter of getting them clean of all drugs of abuse long enough to make an accurate diagnosis of the co-occurring disorder. This is not always as easy as it may sound. We are “usually” able to work with the mood and anxiety disorders. Once they are stable and clean of the drugs of abuse we allow them to take the meds necessary to treat the C-OD. The personality disorders, disassociative disorders and schizophrenia tend to be outside our ability to deal effectively. We also have a Mental Health Court which is primarily a misdemeanor court although they have taken some referrals from us; along with Division V which deals with the bulk of the felony mental health cases and the more difficult cases. We do not consider ourselves a “co-occurring disorder program”; we have just adjusted over time to the population we seem to be seeing and try not to turn people away if there is any way we can work effectively with them.

Pat Soentgen
9th Judicial Circuit
Osceola County (Adult and Misdemeanor Drug Courts)

We do not consider ourselves a “co-occurring disorder program”; we have just adjusted over time to the population we seem to be seeing and try not to turn people away if there is any way we can work effectively with them. We have found that people have mental health issues but do not realize it until they come off the drugs. They actually seem to be self-medicating by using the drugs. As long as it is not an extreme illness such as personality disorders, disassociative disorders or schizophrenia we try to work with the client.

11th Judicial Circuit (Miami-Dade County)

Diana Diza
11th Judicial Circuit
Miami-Dade County (Adult Drug Court)

We accept individuals with co-occurring, but as many of the other Courts, if the illness is too severe and persists after attempted stabilization, we do not keep them in since they are not benefiting from services.

Eliette Duarte
11th Judicial Circuit
Miami-Dade County (Family Dependency Drug Court)

We accept co-occurring disorders and deal with them simultaneously. The more severe psychotic disorders are not accepted.

Clarisa Linares
11th Judicial Circuit
Miami-Dade County (Juvenile Drug Court)

Our juvenile drug court accepts clients with co-occurring disorders that are currently receiving treatment or are in the process of receiving treatment. The mental health treatment becomes a condition of the drug court requirements, just like substance abuse treatment. The parents are ordered to monitor the intake of any prescribed psycho-tropic medication and report the participant's compliance to the court. The mental health provider is also asked to submit verbal or written reports pertaining to the progress and overall compliance of the participant.

Alfred James
12th Judicial Circuit
Manatee County (Adult and Juvenile Drug Courts)

We deal with co-occurring disorders, but we do not have a separate track; so if a person appears to have a disorder that is more complex than we think we can handle, we will not accept them into the program.

Billy Lee
13th Judicial Circuit
Hillsborough County (Adult, Juvenile and Family Dependency Drug Courts)

Our response is also yes – dependant on the disorder. We have several clients that see a mental health counselor (or psychiatrist) and an addictions counselor. The most common disorders in drug court: bi-polar, depression, and anxiety. Depending upon who has the most direct contact with the client (DOC or HKI) a case manager, probation officer, or treatment staff ensures the participant attends their appointments with the mental health provider takes their prescriptions as directed. The clients are permitted to take anti-depressants provided the medication is a benzodiazepine. SSRI's are permitted.

Linda Burd
14th Judicial Circuit
Bay and Jackson Counties (Adult, Juvenile and Family Dependency Drug Courts)

I'd have to say yes - it depends on the disorder. We've had many people over the years in our drug courts who see a mental health counselor (or psychiatrist) in addition to meeting with an addictions counselor. The most common disorders in drug court: bi-polar, depression, and anxiety. Since most of our participants are on community control (house arrest), the probation officer makes sure they keep their appointments with our mental health provider (Life Management Center) and take their prescriptions as directed. They are allowed to take anti-depressants and non-benzo medications like Vistaril for anxiety.

Jane Muir-Isherwood
16th Judicial Circuit
Monroe County (Adult, Juvenile and Family Dependency Drug Courts)

We serve many clients with co-occurring disorders, and they are referred to the local mental health facilities for case management and medication.

Gary Hilko
17th Judicial Circuit
Broward County (Adult Drug Court)

We have a DD [dual diagnosis] group in our BSO treatment program. We also have a mental health case manager to case manage cases that need to be referred to other providers.

18th Judicial Circuit:

Lisa Mooty

**18th Judicial Circuit
Brevard County (Adult Drug Court)**

Brevard County does on a very small scale. If the client has a co-occurring disorder that can be controlled on an out patient bases and the client will agree to see both our subs abuse counselor and seek MH treatment at their own expense then we can work with them. Otherwise no.

**Bessie Lamb
18th Judicial Circuit
Seminole County (Adult Drug Court)**

We are not a co-occurring disorder program.

**Cathy Buzzolani
19th Judicial Circuit
Indian River, Martin, St. Lucie Counties (Adult, Juvenile, Misdemeanor and Family Dependency Drug Courts)**

We do not deal with co-occurring disorders, we have a mental health court that we make referrals to if the defendant meets the qualifications.

20th Judicial Circuit

**Ray Lannen
20th Judicial Circuit
Charlotte, Collier, Glades, Hendry, and Lee Counties (Adult, Juvenile, and Family Dependency Drug Courts)**

We try to place these individuals in drug court or mental health court. We rely on our treatment provider to determine if the client is appropriate for either court. The more severe psychotic disorders are not accepted/

**Dena Geraghty (Lee County)
20th Judicial Circuit
Charlotte, Collier, Glades, Hendry, and Lee Counties (Adult, Juvenile, and Family Dependency Drug Courts)**

All of our drug courts here in Lee deal with co-occurring disorders. We, like the others, have assimilated this diagnosis into our treatment. Our treatment entity has the luxury of having a psychiatrist on staff, on a part-time basis, that manages the mental health needs of these clients.

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Hawaii

**Janice S. Bennett, MSCP, CSAC
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**Dee Dee Letts
Treatment Court Coordinator
First Circuit
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The Hawaii Drug Court Program has a treatment component for clients with co-occurring disorders. Client may remain in the core treatment program with additional mental health services, or have their treatment plan tailored for individual services separate from the usual drug court treatment curriculum, depending on the nature and severity of their mental health needs. Each client, if eligible, receives assistance from an assigned mental health case manager from the

Department of Health. We also deal with co-occurring disorders in our Mental Health Court and our Family Drug Court.

Minnesota

Dan Griffin
Court Operations Analyst- Chemical Health
Minnesota Judicial Branch
State Court Administrator's Office
Tel: (651) 215-9468 Fax: (651) 296-6609
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Ramsey County (St. Paul) has an excellent program for dealing with co-occurring disorders in both their DWI and Adult programs. Contact information is as follows:

Tia Hernandez
Second Judicial district Court Administration
Tel: (651) 266-8104
Fax: (651) 767-8983
Email: tia.hernandez@courts.state.mn.us

New Mexico

Peter Bochert
State Drug Court Coordinator
Administrative Office of the New Mexico Courts
Email: aocpwb@nmcourts.com

We are training several courts, but the one with a well-established COD track program (within their existing DWI Drug Court) is as follows:

Bernalillo County Metropolitan Court
Judge Cristina Jaramillo
Jill Ingraham, Chief Probation Officer (505-841-8173)
401 Lomas NW
Albuquerque, NM 87102.

Oklahoma

Jeremy Jarman, J.D.
Drug Court Admin. Coordinator
ODMHSAS
Email: jjarman@odmhsas.org

While all of our Drug Courts do accept some level of co-occurring participants Tulsa County has established a "Special Needs" Docket in order to deal with this population in a slightly different manner. The program coordinator is: Rose Ewing 405-918-588-8407

Pennsylvania

P. Karen Blackburn
Problem Solving Courts Coordinator

Administrative Office of the Pennsylvania Courts

Email: Karen.Blackburn@pacourts.us

Many of our courts are struggling with the issue but there is no official "co-occurring disorder" court in Pennsylvania. Erie merges there cases onto one docket. The contact there is Jeff Shaw, phone: 814-451-7068 Email: JShaw@Eriecountygov.org



Rhode Island

Kevin Richard
Juvenile and Family Drug Court Coordinator
Providence, Rhode Island
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In Rhode Island we have recently started a Mental Health Court Clinic that is designed to provide psychological evaluations to our juvenile offender population. The clinic provides service for both our traditional calendars as well as problem solving courts. Contact information is as follows:

Marina Tolou-Shams, PhD
Director of the RI Mental Health Court Clinic
RI Family Court
One Dorrance Plaza
Providence, RI 02903
Main #: 401-458-5030
Fax: 401-458 - 3128



Vermont

Karen Gennette
State Treatment Court Coordinator
Vermont Administrative Office of the Courts
Email: Karen.Gennette@state.vt.us

We have a mental health court that serves individuals with severe and persistent mental illnesses and use a co-occurring model for those who also have a substance abuse problem. And in the same jurisdiction we have an adult drug court who also uses a co-occurring model but whose participants have mental health issues but not a S&P mental illness. These two courts were just assessed by a doc at Dartmouth who is working with Vermont treatment providers to assess their dual diagnosis capability and they took these 2 treatment courts on - which they have never done before. Both court received high marks on the dual diagnosis capable scale...the mental health court higher than the drug court. We are presently working on an improvement plan....

In another drug court we are working to make sure that a mental health issues are recognized and a mental health assessment given. The trend in Vermont is to move all drug courts to dual diagnosis court and involve the mental health treatment community...

I was just re-reading some stuff re the rural courts and this is one of our issues....we can't have separate dockets for all things - for efficiency and resources we must consolidate some of what we're doing.

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We welcome any additional comments or perspective on this issue.

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