

# The CBHSQ Report

Short Report

April 26, 2016

## CHARACTERISTICS OF CRIMINAL JUSTICE SYSTEM REFERRALS DISCHARGED FROM SUBSTANCE ABUSE TREATMENT AND FACILITIES WITH SPECIALLY DESIGNED CRIMINAL JUSTICE PROGRAMS

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### INTRODUCTION

Substance use disorders and criminal behavior often go hand in hand.<sup>1,2,3</sup> One of the best strategies for halting the intertwined cycles of criminal involvement and substance abuse is substance abuse treatment.<sup>4,5,6</sup> Although the criminal justice system can provide an important and effective legal incentive to complete treatment,<sup>1,2</sup> criminal justice clients face many unique challenges upon treatment discharge.<sup>4</sup> Such challenges include overcoming their criminal histories as they seek employment, rebuilding relationships with loved ones, and ending old patterns of problematic behaviors such as ingrained maladaptive behaviors that lead back to drug use and crime.<sup>5,6,7,8,9</sup> Treatment services such as aftercare and discharge service planning and services tailored to criminal justice clients' specific needs are critical for interrupting substance use patterns, in addition to breaking cycles of criminal justice involvement.<sup>4,8,10</sup>

This report uses data from the 2011 Treatment Episode Data Set–Discharges (TEDS–D) to describe treatment discharges among those referred to treatment by the criminal justice system, hereafter referred to as criminal justice discharges. Selected comparisons are made to other types of discharges (e.g., demographic differences, substances of abuse, health insurance coverage). TEDS–D is a national data system of annual linked admission–discharge records from substance abuse treatment facilities reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) by state substance abuse agencies. Treatment programs receiving any public funds are requested to provide TEDS data on publicly and privately funded clients. Criminal justice referrals to treatment can come from a variety of different criminal justice agencies. Within TEDS, detailed criminal justice referral is a Supplemental Data Set item that classifies known criminal system referrals into the

following categories: probation/parole, courts, driving under the influence/driving while impaired, or other recognized legal entity.

TEDS–D data can be used to examine characteristics of treatment discharges, including demographics, employment status at treatment discharge, health insurance status, and substances of abuse. Within TEDS–D, the reasons for treatment discharge or discontinuation of service include completing treatment, leaving against professional advice, being terminated by the facility, being transferred to another facility or program, becoming incarcerated, dying, some other reason, and unknown.

This report also examines specialized services offered by substance abuse treatment facilities to criminal justice clients. The 2012 National Survey



### In Brief

- In 2011, there were 1.7 million discharges from substance abuse treatment programs; of these, 34.4 percent came to treatment through a referral from the criminal justice system.
- Among criminal justice treatment referrals who were then discharged from treatment (referred to as criminal justice discharges), the most common reason for discharge was treatment completion (47.4 percent).
- The percentage of criminal justice discharges without health insurance coverage was larger than that of treatment discharges not referred by the criminal justice system (64.0 vs. 53.1 percent).
- A higher percentage of criminal justice discharges than discharges not referred by the criminal justice system reported marijuana (50.5 vs. 33.3 percent) or methamphetamine/amphetamines (16.1 vs. 9.4 percent) as a substance of abuse at admission.
- In 2012, 14,311 substance abuse treatment facilities responded to N-SSATS; of 12,992 facilities that answered the question about offering a specially designed program or group for criminal justice clients, 26 percent reported they did.
- A larger proportion of facilities with specially designed programs or groups for criminal justice clients offered domestic violence services (51 percent), compared with facilities that did not provide specific groups for criminal justice system clients (37 percent).

of Substance Abuse Treatment Services (N-SSATS) is an annual census of all known substance abuse treatment facilities in the United States, both public and private. N-SSATS data can be used to describe the provision of important selected transitional services provided in facilities with special programs for criminal justice clients and compare these facilities with those that do not have such programs.

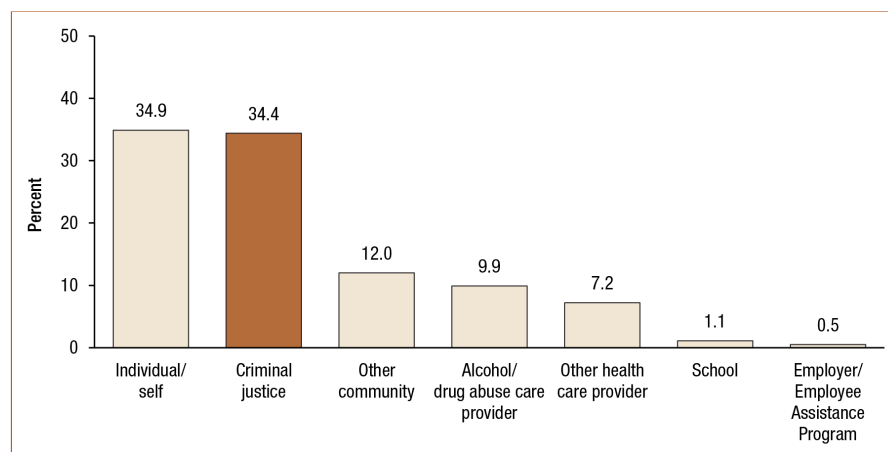
This report uses the most recently available data from TEDS-D (2011). The 2012 N-SSATS data are used because these data include more recent information about health insurance payments accepted by facilities—which was of interest in light of the Affordable Care Act implementation between 2010 through 2014—yet remain a close comparison to the 2011 TEDS-D data. Because TEDS-D and N-SSATS both involve censuses and actual counts rather than estimates, statistical significance and confidence intervals are not applicable. The differences between subgroups mentioned in the text of this report have Cohen’s h effect size  $\geq 0.20$ , indicating that they are considered to be meaningful.

## TREATMENT EPISODE DATA SET-DISCHARGES (TEDS-D)

In 2011, there were 1.7 million discharges from substance abuse treatment programs. Of these, about 588,000 discharges—or 34.4 percent—were referred to treatment through the criminal justice system (Figure 1). This was the second highest referral source following individual/self-referrals. The largest share of criminal justice referrals was via probation/parole (35.9 percent), followed by state/federal and other court referrals (15.7 and 14.3 percent, respectively) (Figure 2).<sup>11</sup>

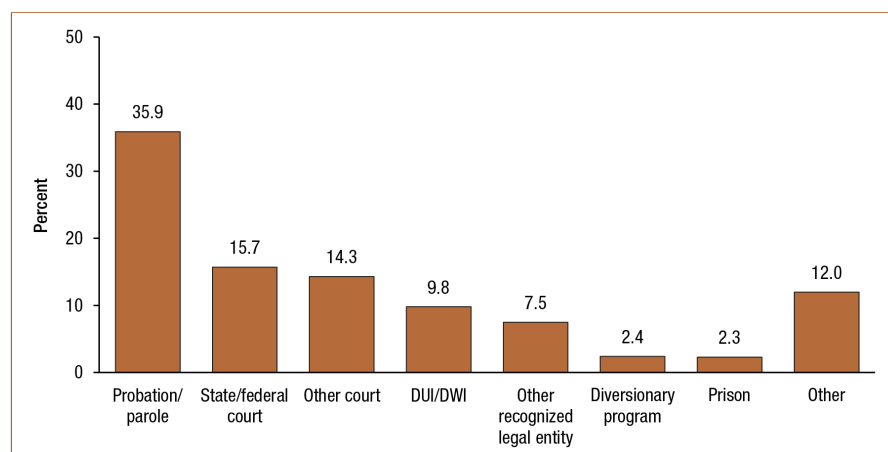
**Reason for Discharge.** Treatment completion was the most common reason for treatment discharge among criminal justice discharges (47.4 percent), followed by leaving against professional advice (21.6 percent) (Figure 3). Only 4.3 of criminal justice discharges were discharged due to incarceration. The reason for discharge from treatment was similar for both criminal justice discharges and other discharges.

Figure 1. Substance abuse treatment discharges, by referral source: 2011



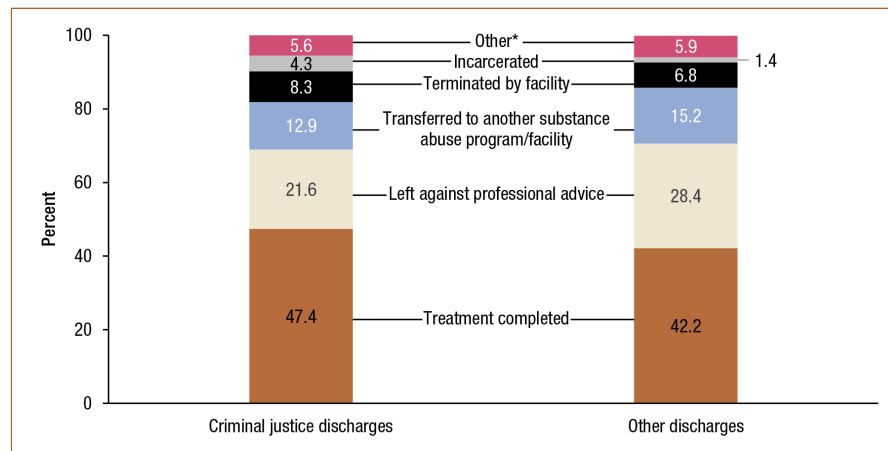
Source: SAMHSA Treatment Episode Data Set – Discharges (TEDS-D), 2011.

Figure 2. Criminal justice referrals among substance abuse treatment discharges, by detailed referral source: 2011



Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS-D), 2011.

Figure 3. Reason for discharge from substance abuse treatment, by criminal justice referral status: 2011



NOTE: The percentages may not sum to 100.0 percent due to rounding.

\* The "other" category includes the client dying, the client moving, becoming ill, being hospitalized, being transferred to another substance abuse program/facility but not reporting to treatment, or some other reason somewhat out of the client's control.

Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS–D), 2011.

Demographics and Other Characteristics. Criminal justice discharges were predominately male, non-Hispanic White, and aged 25 to 54 (Table 1). A smaller proportion of criminal justice discharges were aged 35 to 54 when compared with other discharges (33.0 vs. 43.3 percent, respectively). On average at treatment admission, criminal justice discharges were younger than other discharges (32.0 vs. 35.9 years, respectively; data not shown). Compared with other discharges, the proportion that was male was higher among criminal justice discharges (72.9 vs. 63.2 percent). Criminal justice discharges were similar to other discharges with respect to race/ethnicity.

Table 1. Substance abuse treatment discharge demographics, by criminal justice referral status: 2011

Demographic characteristic	Criminal justice discharges (percent)	Other discharges (percent)
<b>Sex</b>		
Female	27.1	36.8
Male	72.9	63.2
<b>Age</b>		
Aged 12 to 17	9.5	6.0
Aged 18 to 24	23.3	16.0
Aged 25 to 34	30.1	27.5
Aged 35 to 54	33.0	43.3
Aged 55 to 64	3.7	6.4
Aged 65 or older	0.5	0.8
<b>Race/Ethnicity</b>		
Non-Hispanic White	59.2	61.0
Non-Hispanic Black	20.3	20.9
Hispanic	13.0	12.5
American Indian/Alaska Native	3.1	2.1
Asian/Pacific Islander	1.5	1.0
Other	3.0	2.6

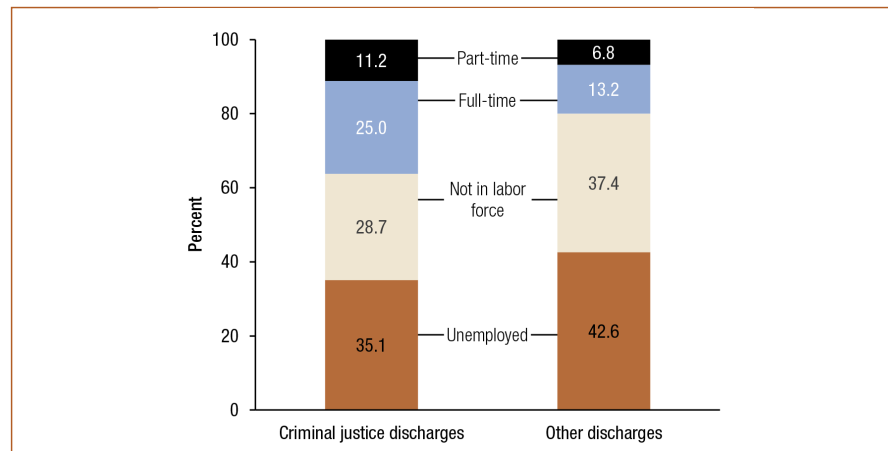
Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS–D), 2011.

Over one-third of both types of discharges were unemployed at treatment discharge (35.1 percent of criminal justice discharges and 42.6 percent of other discharges) (Figure 4). Notably, the proportion of criminal justice discharges who were employed full-time was nearly twice that of other discharges (25.0 vs. 13.2 percent).

The majority of both types of discharges had no health insurance coverage<sup>12</sup> at treatment discharge (Figure 5). However, the percentage of criminal justice discharges without health insurance coverage was larger compared to that of other discharges (64.0 vs. 53.1 percent). A smaller

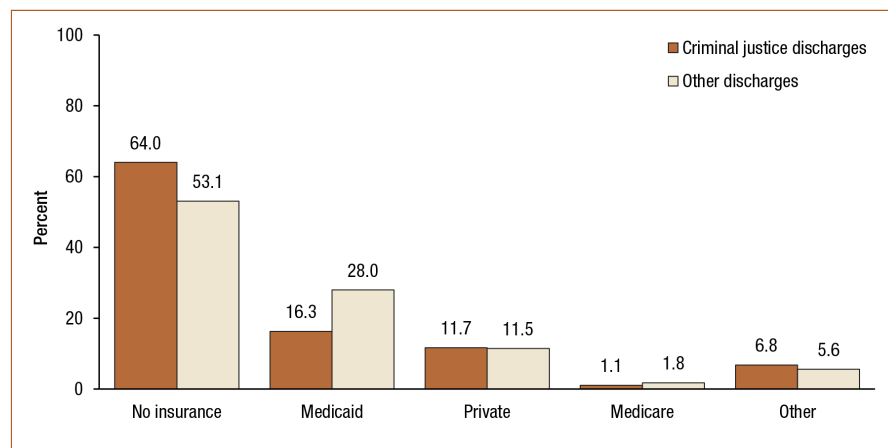
proportion of criminal justice discharges had Medicaid coverage compared to other discharges (16.3 vs. 28.0 percent).

Figure 4. Substance abuse treatment discharge employment status, by criminal justice referral status: 2011



Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS–D), 2011.

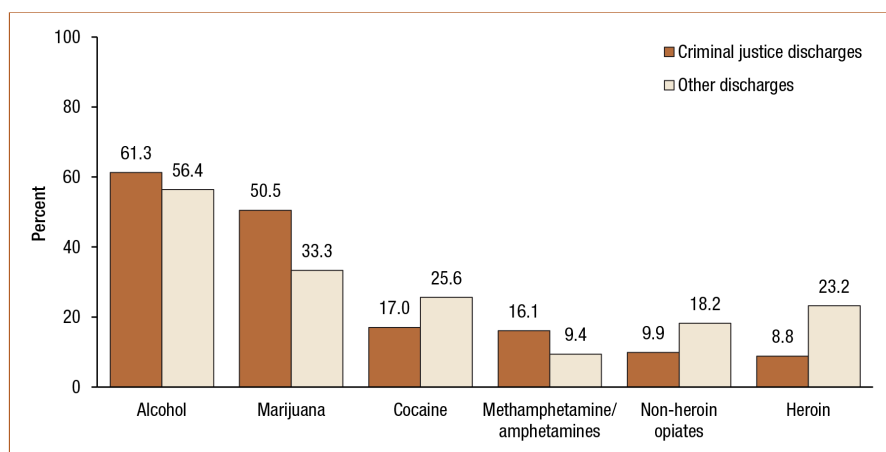
Figure 5. Substance abuse treatment discharge health insurance status, by criminal justice referral status: 2011



Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS–D), 2011.

Substances of Abuse. TEDS collects data on the primary substance of abuse and up to two additional substances of abuse reported at the time of admission. Across all primary, secondary, and tertiary substances of abuse reported at admission, alcohol and marijuana were the most common among criminal justice discharges (Figure 6).<sup>13</sup> Notably, over half of both discharge groups reported alcohol as a substance of abuse at treatment entry (61.3 percent of criminal justice discharges and 56.4 percent of other discharges). There were several differences in substances of abuse between criminal justice and other discharges. A higher percentage of criminal justice discharges compared to other discharges reported marijuana (50.5 vs. 33.3 percent) or methamphetamine/amphetamines (16.1 vs. 9.4 percent) as a substance of abuse at admission. In contrast, a lower proportion of criminal justice discharges reported abuse of cocaine (17.0 vs. 25.6 percent), non-heroin opiates (e.g., hydrocodone and oxycodone; 9.9 vs. 18.2 percent), or heroin (8.8 vs. 23.2 percent) at admission.

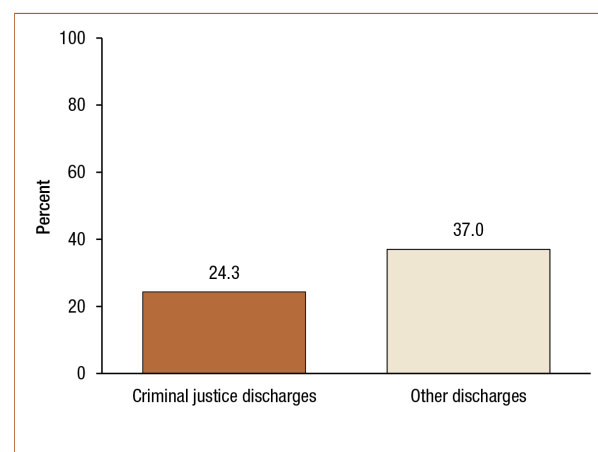
Figure 6. Substances of abuse reported by treatment discharges at admission, by criminal justice referral status: 2011



Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS–D), 2011.

**Co-occurring Mental Health Disorders.** About one-quarter (24.3 percent) of criminal justice discharges reported having a co-occurring mental health disorder<sup>14</sup> in addition to a substance use problem (Figure 7). In comparison, 37.0 percent of other discharges reported a co-occurring mental health disorder.

Figure 7. Substance abuse treatment discharges reporting a co-occurring mental health disorder, by criminal justice referral status: 2011



Source: SAMHSA Treatment Episode Data Set–Discharges (TEDS–D), 2011.

## NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (N–SSATS)

Table 2. Selected transitional services offered in substance abuse treatment facilities, by criminal justice program status: 2012

Service type	Facilities with criminal justice programs (percent)	Other facilities (percent)
Discharge planning	95	95
Aftercare/continuing care	88	83
Assistance obtaining social services	60	58
Assistance obtaining housing	54	50
Domestic violence	51	37
Employment counseling	46	36

Source: SAMHSA National Survey of Substance Abuse Treatment Services (N–SSATS), 2012.

In 2012, 14,311 substance abuse treatment facilities responded to N–SSATS; 12,992 facilities responded to the question about offering a specially designed program or group for criminal justice clients. Of those 12,992 facilities, 26 percent (3,352 facilities) offered a specially designed program or group for criminal justice clients.

**Services Offered.** Facilities that offered specially designed programs or groups for criminal justice clients offered several therapeutic and supportive services that would facilitate the transition out of treatment (Table 2). The vast majority of facilities offering programs or groups for criminal justice clients provided discharge planning (95 percent) and aftercare or continuing care (88 percent). These percentages were similar to other facilities (95 percent for discharge planning and 83 percent for aftercare or continuing care).

Over half of facilities that offered specially designed programs or groups for criminal justice clients also provided assistance obtaining social services (60 percent), assistance obtaining housing (54 percent), and domestic violence services (51 percent). Domestic violence services were offered by a larger

proportion of facilities with specially designed programs or groups for criminal justice clients compared with facilities that did not provide specific groups for criminal justice clients (37 percent). Nearly half (46 percent) of facilities that offered specially designed programs or groups for criminal justice clients provided employment counseling.

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## DISCUSSION

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For criminal justice system-involved individuals with substance abuse problems, discharge from substance abuse treatment marks the beginning of a critical time for maintaining the progress achieved during treatment and resisting old patterns of criminal behaviors. In this report, 47.4 percent of criminal justice discharges completed treatment. For those who completed treatment, N-SSATS data show that the majority of facilities that offered special programs or groups for criminal justice clients also provided discharge planning and aftercare. These two services can be instrumental in helping identify needs and providing important linkages to post-release services and resources, and facilitating social supports and coping strategies to buffer the stresses of transitioning into the community.<sup>5,7,8,15</sup> These types of services can mitigate stressors – such as complying with criminal justice supervision requirements; obtaining housing when discharge follows release from jail or prison; and overcoming the prejudice associated with having a criminal history when applying for jobs – which are unique to criminal justice clients that can lead to relapse and/or recidivism.<sup>5,7,8,15</sup>

Almost half of facilities that offered specially designed programs or groups for criminal justice clients also provided employment counseling. Employment is an important treatment goal. Employment establishes a source of income for criminal justice clients in recovery and provides a structured use of time, which in turn can facilitate or influence reduced substance use and criminal activity.<sup>16</sup> Because 35.1 percent of criminal justice discharges are unemployed upon treatment discharge, facilities not currently offering employment counseling and rehabilitation may consider adding these services. Criminal justice clients are likely to encounter challenges, such as answering questions regarding their criminal records, and they require assistance in locating employers who are willing to hire offenders.

Previous research has shown that inmates and probationers have high rates of prior physical and sexual victimization.<sup>17</sup> In this report, domestic violence services were offered by a larger proportion of facilities with special programs or groups for criminal justice clients compared to facilities that did not have special programs or groups for criminal justice clients. Because past or current victimization can contribute to drug or alcohol abuse and criminal activity,<sup>5,17</sup> domestic violence services can be instrumental in helping criminal justice system clients understand and better cope with troubled relationships as they leave the substance abuse treatment environment.

The findings showed that 64.0 percent of criminal justice discharges did not have health insurance coverage. About 6 in 10 facilities offering specially designed criminal justice programs or groups offered assistance with obtaining social services. This is important because research has shown that the lack of needed physical and mental health care services following treatment discharge can be a barrier to positive outcomes for criminal justice clients with substance abuse problems.<sup>5</sup> As the implementation of the Affordable Care Act increases the availability of health care coverage for offenders,<sup>18,19</sup> treatment facilities may serve an important role in helping criminal justice clients gain health care coverage, which could facilitate access to needed physical and mental health care services. Gaining access to health insurance coverage and physical and mental health care may be especially crucial for sustaining the stability and rehabilitation of those criminal justice discharges with co-occurring substance abuse and mental health disorders.

Finally, almost 3 in 10 criminal justice discharges were either terminated by the facility or left treatment against professional advice. Because reduced substance use has been linked with reductions in recidivism,<sup>5,15</sup> treatment completion may be an important area for improvement among criminal justice discharges. Effective approaches for customizing drug treatment for criminal justice clients include addressing clients' motivation, problem-solving abilities, skill-building for resisting drug use and criminal behavior, and building a full understanding of the consequences of their behavior.<sup>5,15</sup> Such services may show increased benefit if they target alcohol, marijuana, and methamphetamine abuse in particular given the high rates of abuse reported by the criminal justice discharges.

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## END NOTES

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1. Mumola, C. J., & Karberg, J. C. (2006). Bureau of Justice Statistics special report: Drug use and dependence, state and federal prisoners, 2004 (NCJ Publication No. 213530). Washington, DC: Department of Justice, Bureau of Justice Statistics.
2. Glaze, L. E., & Kaeble, D. (2014). Correctional populations in the United States, 2013. Retrieved from <http://www.bjs.gov/content/pub/pdf/cpus13.pdf>
3. Herberman, E. J., & Bonczar, T. P. (2015). Probation and parole in the United States, 2013. Retrieved from <http://www.bjs.gov/content/pub/pdf/ppus13.pdf>
4. National Institutes of Health, National Institute on Drug Abuse. (2012). Principles of drug addiction treatment: A research-based guide (3rd ed.; NIH Publication No. 12-4180). Retrieved from [https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/podat\\_1.pdf](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/podat_1.pdf)
5. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2014). Substance abuse treatment for adults in the criminal justice system (HHS Publication No. SMA 13-4056; Treatment Improvement Protocol [TIP] Series 44). Rockville, MD: Author.
6. Mallik-Kane, K., & Visser, C. A. (2008). Research report: Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration. Retrieved from [http://www.urban.org/UploadedPDF/411617\\_health\\_prisoner\\_reentry.pdf](http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf)
7. Kubiak, S. P., Zeoli, A. M., Essenmacher, L., & Hanna, J. (2011). Transitions between jail and community-based treatment for individuals with co-occurring disorders. *Psychiatric Services*, 62(6), 679–681.

8. Pelissier, B., Jones, N., & Cadigan, T. (2007). Drug treatment aftercare in the criminal justice system: A systematic review. *Journal of Substance Abuse Treatment*, 32(3), 311–320.
9. Sung, H. E., Mahoney, A. M., & Mellow, J. (2011). Substance abuse treatment gap among adult parolees: Prevalence, correlates, and barriers. *Criminal Justice Review*, 36(1), 40–57. doi: 10.1177/0734016810389808
10. Maruschak, L. M., Berzofsky, M., & Unangst, J. (2015). Medical problems of state and federal prisoners and jail inmates, 2011–12 (NCJ Publication No. 248491). Retrieved from <http://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>
11. Detailed criminal justice referral is a Supplemental Data Set item. Although not all states report Supplemental Data Set items, data were available for 73 percent of TEDS discharges.
12. Health insurance is a Supplemental Data Set item. Although not all states report Supplemental Data Set items, data were available for 43 percent of TEDS discharges.
13. TEDS–D records up to three substances of abuse: the primary substance of abuse is the main substance reported at the time of admission; secondary/tertiary substances are other substances of abuse also reported at the time of admission.
14. Psychiatric problem in addition to alcohol or drug problem is a Supplemental Data Set item. Although not all states report Supplemental Data Set items, data were available for 75 percent of TEDS discharges.
15. National Institute on Drug Abuse. (2014). *Principles of drug abuse treatment for criminal justice populations: A research–based guide*. Bethesda, MD: Author.
16. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2014). *Integrating substance abuse treatment and vocational services* (HHS Publication No. SMA 12–4216; Treatment Improvement Protocol [TIP] Series 38). Rockville, MD: Author.
17. Harlow, C. W. (1999). Bureau of Justice Statistics selected findings: Prior abuse reported by inmates and probationers (NCJ Publication No. 172879). Washington, DC: Department of Justice, Bureau of Justice Statistics.
18. Cuellar, A. E., & Cheema, J. (2012). As roughly 700,000 prisoners are released annually, about half will gain health coverage and care under federal laws. *Health Affairs*, 31(5), 931–938.
19. Bainbridge, A. A. (2012). *The Affordable Care Act and criminal justice: Intersections and implications* (NCJ Publication No. 241740). Washington, DC: Department of Justice, Bureau of Justice Assistance.

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## SUGGESTED CITATION

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Smith, K. and Strashny, A. Characteristics of criminal justice system referrals discharged from substance abuse treatment and facilities with specially designed criminal justice programs. The CBHSQ Report: April 26, 2016. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

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## SUMMARY

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**Background:** Persons referred to treatment through the criminal justice system face many challenges upon treatment discharge. **Method:** This report compares treatment discharges among those referred to treatment by the criminal justice system to other types of discharges using 2011 Treatment Episode Data Set–Discharges (TEDS–D) data. In addition, the report examines specialized services offered by substance abuse treatment facilities to criminal justice clients using 2012 National Survey of Substance Abuse Treatment Services (N–SSATS) data.

**Results:** Compared to other discharges, criminal justice discharges had higher proportions of lacking health insurance and of marijuana and methamphetamine/ amphetamine use. Over one–third of criminal justice discharges were unemployed at treatment discharge. About half of facilities that offered specially designed programs or groups for criminal justice clients provided assistance in obtaining social services and employment counseling. **Conclusion:** Criminal justice discharges differed from other types of discharges with respect to health insurance coverage and some drugs of abuse. Substance abuse treatment facilities that offer specially designed programs or groups for criminal justice clients offered services that are known to support the recovery and stabilization of criminal justice clients.

**Keywords:** Substance abuse treatment, substance abuse, TEDS, N–SSATS, criminal justice, treatment discharge, health insurance, marijuana, methamphetamine, amphetamines, transitional services

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## KEYWORDS

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Age Group, Gender, Race or Ethnicity, Short Report, Client–Level Data, Substance Abuse Facility Data, 2011, 2012, Health Insurance Providers, HHS Staff, Law Enforcement, Legal Community, Media, Policymakers, Public Health Professionals, Public Officials, Researchers, Co–Occurring Disorders, Substance Abuse, Black or African American, Females, Government Assistance Recipients, Hispanic or Latino, Males, Native Hawaiians and Other Pacific Islanders, People in the Criminal Justice System, People with Co–Occurring Disorders, Racial and Ethnic Groups, Some Other Race, Unemployed, Uninsured or Underinsured, White, Admissions and Discharges, Health Insurance, Alcohol, Amphetamines, Cocaine, Heroin, Marijuana, Methamphetamine, Opiate or Opioid, Housing Services, All US States Only, Employment Status, Insurance Coverage Status

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Treatment Episode Data Set – Discharges (TEDS–D) data are collected through state administrative systems and then are submitted to SAMHSA. They include information on admissions and discharges to substance abuse treatment primarily from facilities that receive some public funding. The 2011 TEDS–D data presented in this report are based on data received through October 17, 2013, and include data from 1.7 million linked admission–discharge records.

TEDS–D records represent discharges rather than individuals, as a person may be admitted and discharged from treatment more than once.

The National Survey of Substance Abuse Treatment Services (N–SSATS) is an annual census of all known substance abuse treatment facilities in the United States. On the survey reference date of March 30, 2012, there were 1.2 million clients in 14,311 facilities. Facilities responded to the survey via mail, Internet, or telephone.

The CBHSQ Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA; Synectics for Management Decisions, Inc., Arlington, VA; and RTI International in Research Triangle Park, NC. (RTI International is a trade name of Research Triangle Institute.)

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<http://www.samhsa.gov/data/client-level-data-teds>

Latest N–SSATS Reports:

<http://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>

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