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Abstract

Objective. This report presents data on mental and substance use disorders among adult males on correctional supervised release–parole or probation–from local, state and federal prisons and jails. It examines issues that have grown increasingly salient with the rising costs associated with managing the growing community- and facility-based criminal justice population.

Methods. Data were drawn from two key sources: (1) the Department of Justice's Bureau of Justice Statistics (BJS) data collected from probation and parole agencies for year-end reports, and (2) the National Survey on Drug Use and Health (NSDUH). The NDSUH is an annual data set based on a national probability sample of the civilian noninstitutionalized population, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. Changes over time in substance abuse and mental health measures among males age 18 to 49 were studied by comparing 2009 estimates to estimates from each prior year (2002 to 2008). Estimates for probationers and parolees were compared with non-probationers and non-parolees based on several years of pooled NSDUH data.

Results. The analysis reveals several significant findings. First, rates of substance dependence or abuse among probationers and parolees were found to be significantly lower than rates in prior years. Second, the percentage of parolees who reported receiving substance use treatment was significantly higher in 2009 than in 2005. Third, significantly lower percentages of probationers and parolees had an unmet need for substance use treatment in 2009 than in previous years. Overall, from 2002 to 2009, illegal drug use among people on probation and parole remained a persistent challenge, with rates of drug abuse and dependence remaining two to three times as high as rates among non-probationers and non-parolees. Similarly, rates of any mental illness, serious mental illness, serious psychological distress and depression during the past year were two to three times higher among probationers and parolees than among other respondents. The data also show a significant gap between need for treatment and the receipt of services. Probationers and parolees were more likely than others to have received some mental health services in the past year, but they were also more likely to report an unmet need for mental health services. In 2009, the percentages of probationers and parolees with mental disorders accessing services or reporting an unmet need for mental health services remained unchanged. Thus, while probationers and parolees report increasing access to substance use treatment and decreasing prevalence of substance abuse symptoms, important substance abuse/dependence and mental health problems persist. The mental health treatment gap among probationers and parolees has yet to be narrowed, let alone closed. These data have important implications for reducing the behavioral health treatment gap overall and for national efforts to improve effective community reentry for offenders with these disorders. Significant attention should be focused on the large numbers of adults on parole or probation who experience mental or substance use disorders, or both.

Conclusions. The number of probationers and parolees with mental or substance use disorders whose treatment needs are not being met by community treatment and supportive services is significant. As a result, they are placed at greater risk for parole or probation failure leading to reincarceration. The findings suggest the ongoing need for broader implementation of effective treatment and reentry services for this high-risk, mostly nonviolent population, such as those provided under ongoing federal grant programs focused on reentering offenders. The ability to promote community reentry and reintegration for parolees and probationers with mental or substance use disorders requires a release plan that includes timely and readily accessible community-based treatment and appropriate support services.

Mental and Substance Use Disorders among Adult Men on Probation or Parole: Some Success against a Persistent Challenge

Authors

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Introduction

The number of people under criminal justice supervision has grown significantly over the past three decades. In the 1980s, one in 77 adults was incarcerated or on supervised release (i.e., probation or parole). Today, some 25 years later, that figure has risen to one in 31 adults, representing 3.2 percent of the adult U.S. population, around 2.3 million individuals (Pew Trusts, 2009). Among these persist a growing numbers of individuals with mental or substance use disorders who are involved with the criminal justice system (James and Glaze, 2006).

Drug use among the offender population is much higher than in the general U.S. population. Today, between 60 and 80 percent of individuals under the supervision of the criminal justice system have a

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substance use-related issue. This includes individuals who committed a crime to support a substance use disorder, those charged with a drug-related crime and others who simply use drugs illegally or abuse alcohol regularly. About 80 percent of adult jail and prison inmates have at least one substance use problem (Sabol and Couture, 2008)

Similarly, rates of mental illness among adults in the correctional system are high. In fact, the prevalence of serious mental illness among people entering jails alone is estimated to be 16.9 percent, a rate three to six times higher than in the general population (Steadman et al., 2009). Sabol and Minton (2008) suggest that this figure translates to more than two million annual criminal justice bookings of individuals with serious mental illness. Many people with mental illness and substance use disorders housed in jails or prisons are there as the result of nonviolent minor crimes, often a consequence of their untreated behavioral disorder. Complicating the picture is the significant levels of co-occurring mental and substance use disorders that can influence and aggravate each other when left untreated (James and Glaze, 2006).

America's jails and prisons need improved services for inmates with mental or substance use disorders. (The Los Angeles County Jail, which houses 1400 inmates who have mental illness, is reputed to be the largest facility housing people with mental illness in the U.S.; see Montagne, 2008.) Yet, despite the size of the incarcerated population, the greatest growth in the criminal justice system—and the greatest need for treatment and supportive services—lies the most significant need for treatment and supportive services—and the greatest growth in the criminal justice system—lies outside jails and prisons, beyond the incarcerated population, among sentenced offenders living under supervised release, most often probation or parole. The number of people on probation or parole, many of whom have mental or substance use disorders, or both, rose to more than 5 million, up from 1.6 million just 25 years ago. Data for 2009 show that about 4.2 million adults are on probation with another 819,000 on parole (Glaze and Bonczar, 2010). The population of adults under community supervision is dynamic. For example, BJS reports that in 2008, there were 2.4 million entrants into probation and about 2.3 million exits. Similarly, entries to parole outpaced exits, although the gap has narrowed slightly over previous years as parole exits rates increase (Glaze and Bonczar, 2009).[3]

Spending for corrections across all sectors of government has risen 336 percent since 1986, reaching an estimated $68 billion a year (Bureau of Justice Statistics, 2009). However, most spending has been devoted to capital construction and infrastructure development for jails and prisons. Fewer new resources are available to help ensure successful completion of parole or probation by those at high risk for reincarceration, such as individuals with mental and substance use disorders. In challenging economic times, when states face the grim reality of substantial budget shortfalls, it is increasingly difficult to secure adequate resources to fund effective reentry programs and services.

The stakes for effective offender reentry are high. More than half of all state prison inmates are re-incarcerated within three years of release (Langan and Levin, 2002). About two-thirds of the estimated 600,000 new incarcerations annually are people who have failed on probation or parole (Pew Charitable Trusts, 2007). A California study found that a third of parolees with mental disorders were returned to prison for parole violations, compared to one-fifth of those without mental disorders (Louden and Skeem, in press).

The following analysis further amplifies why mental and substance use disorders—including co-occurring disorders—are implicated in many cases of failed probation or parole. It also briefly suggests factors that may contribute to or help curb this trend.

Methods

Data Sources

Data for this report are drawn from SAMHSA's annual National Surveys on Drug Use and Health (NSDUH), a national probability sample of the civilian noninstitutionalized population age 12 and older. These data are supplemented with data from the Department of Justice's Bureau of Justice Statistics annual year-end reports on probation and parole agencies. (See Appendix B for more information about SAMHSA's NSDUH data.)

[3] These numbers include some but not all of a smaller group of offenders under community supervision: those supervised by specialized courts, such as drug or mental health courts (Taxman et al., 2007).

Analytic Strategy

This report focuses on males ages 18 to 49. Trends (2002-2009) in rates of mental illness or serious psychological distress and substance use and substance use disorders among parolees and probationers, are analyzed using data from the NSDUH survey. Substance disorders include dependence on or abuse of alcohol or illicit drugs, based on DSM-IV criteria. Estimates of treatment receipt and "unmet treatment need" are also analyzed. Trend analysis is based on statistical comparisons between 2009 estimates and estimates for each previous year. Estimates for males 18-49 on probation or parole are compared with rates among 18-49 year -old males not on probation or parole by combining several years of NSDUH data. The findings are examined within the context of services and strategies that provide successful release programs for people with mental and substance use disorders within the criminal justice system.

The NSDUH survey asked respondents whether they were on probation or on parole or supervised release *at any time* in the prior 12 months. In 2009, the survey estimated 5,109,000 adults (males and females age 18 and older) on probation and 1,723,000 on parole or supervised release (Office of Applied Studies, SAMHSA, 2010).[4] As noted earlier, the population of adults under community supervision is dynamic. Each day, offenders enter probation or parole, while others complete and are released from supervision or are returned to jail or prison due to a release violation. Because mental and substance use disorders are among the reasons some people fail during community supervision, the NSDUH data provide a valuable view into this key segment of the offender population. The interview collects a wide range of health behavior data from respondents including not only drug use, abuse and dependence, but also parole or probation status, mental health, employment and other measures.[5] Focusing solely on community-based populations (and therefore excluding those in jails, prisons and hospitals), the survey is an important adjunct to other criminal justice data.

Using NSDUH data to examine successive samples of parolees and probationers can reveal whether there are persistent problems or significant changes in certain behaviors among people under community supervision. Changes—as well as persistent patterns —in behavior across cohorts of reentering offenders must not be confused with longitudinal changes in behaviors or outcomes for individual offenders over time. Still, analysis of data from successive samples of probationers and parolees, like those in the cross-sectional NSDUH data, can reveal a great deal about the overall progress being made. It also shows the treatment resources still needed to ensure successful reintegration of offenders.

Results

Trends in the Number of Probationers and Parolees

Table 1 shows NSDUH annual estimates from 2002 through 2009 of the number of all adults (male and female) age 18 and over who reported being on probation or parole in the U.S. in the prior 12 months. BJS data, drawn from end-of year population counts collected from corrections agencies, are provided for comparison. (See Appendix A for more discussion on comparing BJS and NSDUH estimates of the number of probationers and parolees.) The two annual estimates differ slightly, yet both show a general upward trend in the number of individuals under criminal justice community supervision, with some slight decrease in 2009.

Table 2 shows trend data from NSDUH 2002 through 2009 on the number of males ages 18-49 who reported being on probation or parole during the 12 months before the interview. The data suggest that, over those 8 years, only slight variations have occurred in levels of community-based supervision, holding relatively constant at about 4 percent—or 1 in 25—of all males, ages 18-49.

Substance Use, Dependence and Abuse and Unmet Treatment Need among Probationers

Tables 3 and 4 show use of illicit drugs and dependence or abuse of alcohol or illicit drugs among male probationers and parolees age 18-49. In 2009,

[4] The total figure of individuals on parole and/or probation must be interpreted carefully. In any given year, about 25 percent of those on probation (about one percent of NSDUH survey respondents) say they were on both probation and parole at some point during the prior 12 months. The number of probationers and parolees presented here are not adjusted for this overlap; instead, they are reported independently, in the same manner in which BJS data for probation and parole would be combined.

[5] While NSDUH includes individuals of both sexes, ages 12 and over, this analysis focuses solely on male probationers and parolees ages 18-49,

Table 1. Total Number of Persons Age 18 and Over on Probation and Parole, 2002-2009[15]
[in 1000s]

	2002	2003	2004	2005	2006	2007	2008	2009
Probation, NSDUH	4774	4757	4729	4686	4598	5072	5210	5109
Probation BJS	*4024*	*4120*	*4144*	*4167*	*4215*	*4234*	*4244*	*4204*
Parole, NSDUH	1798	1439	1479	1564	1602	1612	1612	1723
Parole, BJS	*751*	*770*	*772*	*781*	*800*	*821*	*825*	*819*
Total, NSDUH[16]	**6572**	**6196**	**6208**	**6250**	**6200**	**6684**	**6822**	**6832**
Total, BJS	***4775***	***4890***	***4916***	***4947***	***5015***	***5052***	***5065***	***5019***

Source: NSDUH Detailed tables, 2002 – 2007; Glaze and Bonczar, 2010

Table 2. Number of Male Probationers and Parolees, Ages 18-49, 2002-2009
[in 1000s]

	2002	2003	2004	2005	2006	2007	2008	2009
On probation, past 12 months	3244	3103	3084	2961	3071	3267	3062	3199
On parole/supervised release, past 12 months	1182	990	1130	1034	1169	1137	1088	1179
Total on probation and/or parole[3]	4426	4093	4214	3995	4240	4404	4150	4378

Source: NSDUH, 2002 through 2009

the percentage of probationers with illicit drug dependence or abuse in the past year is significantly lower than in several of the previous years. The rate of alcohol dependence or abuse in 2009 was similar to the rate in prior years. The rates of overall substance use disorder (illicit drug or alcohol dependence or abuse) was also significantly lower in 2009 than in 2003, when the highest rate was reported. Despite the recent declines, rates of use, and abuse or dependence remain roughly two to three times higher than rates among non-probationers. (Among non-probationers, rates of illicit drug use remained unchanged from 2002 through 2009, and illicit drug abuse or dependence remained largely unchanged as well.)

Data for parolees shows similar high levels of illicit drug use, abuse, and dependence—two to three times the rates for non-parolees. The percentage of parolees with alcohol dependence or abuse decreased significantly from 2002 to 2009, as did the percentage of parolees reporting either alcohol or illicit drug dependence or abuse. Although the rate of illicit drug dependence or abuse was only 13.3 percent in 2009 versus more than 17 percent in prior years, the differences are not statistically significant. Rates of use and dependence or abuse among non-parolees remained unchanged from 2002 to 2009. Nevertheless, rates were significantly higher among parolees than non-parolees throughout the decade.

Table 5 shows data on treatment and need for treatment for substance abuse among male probationers age 18-49; Table 6 shows similar data for males age 18-49 who are on parole. The tables include measures of treatment use (including receipt of treatment in a prison or jail), reports of current participation in treatment and a measure of unmet need for treatment.[6]

The data for probationers show no significant changes or trends in treatment use or current

[15] NSDUH data in Tables 1 and 2 are population estimates based on sample data.

[16] To provide data more comparable to BJS probation and parole data, any respondent who was on both probation and parole in the past 12 months is counted in each category and thus is counted twice in the total (probation plus parole).

Table 3. Past Month Illicit Drug Use, Past Year Illicit Drug Dependence or Abuse, Past Year Alcohol Dependence or Abuse, and Past Year Illicit Drug or Alcohol Dependence or Abuse among Males Aged 18 to 49, by Probation Status: Percentages, 2002-2009

Illicit Drug Use/Substance Dependence or Abuse	2002	2003	2004	2005	2006	2007	2008	2009	2006-2009	2002-2009
ON PROBATION ANY TIME IN THE PAST YEAR										
Illicit drug use in past month	33.5	30.9	28.8	30.0	35.4	32.2	28.1	30.2[y]	31.5[y]	31.1[y]
Illicit drug dependence or abuse in past year	18.3	21.7[b]	19.6[a]	16.2	21.9[b]	18.8[a]	16.4	14.1[y]	17.8[y]	18.4[y]
Alcohol dependence or abuse in past year	33.8	37.1	35.2	31.5	32.3	33.5	33.6	33.1[y]	33.1[y]	33.8[y]
Illicit drug or alcohol dependence or abuse in past year	42.5	45.5[a]	43.9	38.8	42.6	41.9	39.8	38.6[y]	40.7[y]	41.7[y]
NOT ON PROBATION ANY TIME IN THE PAST YEAR										
Illicit drug use in past month	13.3	13.2	13.3	13.6	13.9	13.6	13.2	13.9	13.7	13.5
Illicit drug dependence or abuse in past year	4.7	4.3[a]	4.9	4.5	4.4	4.7	4.5	5.0	4.6	4.6
Alcohol dependence or abuse in past year	14.0	13.3	14.2	13.6	13.6	14.0	13.1	13.2	13.5	13.6
Illicit drug or alcohol dependence or abuse in past year	16.3	15.5	16.6	15.7	15.7	16.3	15.6	15.8	15.8	15.9

*Low precision; no estimate reported.

NOTE: Respondents with unknown probation status were excluded.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2009 estimate is statistically significant at the 0.05 level.

[b] Difference between estimate and 2009 estimate is statistically significant at the 0.01 level.

[x] Difference between "on probation" estimate and "not on probation" estimate is statistically significant at the 0.05 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

[y] Difference between "on probation" estimate and "not on probation" estimate is statistically significant at the 0.01 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2009.

participation in treatment. In 2009, a significantly lower percentage of probationers—28 percent—had an unmet need for treatment for alcohol or illicit drug abuse or dependence (in contrast to 2003, when the rate of unmet need among probationers was 35 percent).

With surprising persistence from 2002 to 2009, nearly half of male probationers age 18-49 needed treatment. This is about three times the treatment need found among males of the same age who were not on probation. While about half needed treatment for alcohol or illicit drug use, only about a quarter had received some treatment in the past year; most of these reported receiving treatment at a specialty substance use treatment facility. In any given year, about 10 percent reported that they were currently (at the time of the interview) receiving treatment. Only about 4 to 5 percent reported receiving treatment in prison or jail within the past year.

Results for parolees (Table 6) show several important changes for 2009. In 2009, the percentage of parolees who reported receiving some form

[6] NSDUH respondents are determined to have an unmet need for treatment for alcohol or illicit drug use if they were classified as needing treatment but had not received treatment at a specialty facility. Respondents are defined as needing treatment if they met at least one of three criteria during the past year: dependence on alcohol or illicit drugs; abuse of alcohol or illicit drugs; or received treatment at a specialty facility.

Table 4. Past Month Illicit Drug Use, Past Year Illicit Drug Dependence or Abuse, Past Year Alcohol Dependence or Abuse, and Past Year Illicit Drug or Alcohol Dependence or Abuse among Males Aged 18 to 49, by Parole/Supervised Release Status: Percentages, 2002-2009

Illicit Drug Use/Substance Dependence or Abuse	2002	2003	2004	2005	2006	2007	2008	2009	2006-2009	2002-2009
ON PAROLE/SUPERVISED RELEASE IN THE PAST YEAR										
Illicit drug use in past month	35.4	24.3	28.5	24.0	32.1	28.8	19.3	26.5[y]	26.8[y]	27.5[y]
Illicit drug dependence or abuse in past year	20.8	17.5	20.4	19.1	18.8	17.1	17.1	13.3[y]	16.6[y]	18.0[y]
Alcohol dependence or abuse in past year	33.0[a]	36.0[b]	33.6[b]	26.1	34.2[b]	32.1[a]	24.5	20.6[x]	27.9[y]	30.0[y]
Illicit drug or alcohol dependence or abuse in past year	42.2[b]	39.3[a]	43.6[b]	36.0	39.3[a]	41.0[a]	32.0	26.4[y]	34.6[y]	37.5[y]
NOT ON PAROLE/SUPERVISED RELEASE IN THE PAST YEAR										
Illicit drug use in past month	13.9	13.9	13.8	14.2	14.6	14.3	13.8	14.5	14.3	14.1
Illicit drug dependence or abuse in past year	5.1	4.9	5.3	4.8	4.9	5.2	4.9	5.3	5.1	5.1
Alcohol dependence or abuse in past year	14.6	14.1	14.9	14.3	14.1	14.7	13.9	14.1	14.2	14.3
Illicit drug or alcohol dependence or abuse in past year	17.2	16.6	17.4	16.5	16.5	17.2	16.5	16.7	16.7	16.8

*Low precision; no estimate reported.

NOTE: Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year. Those with unknown parole/supervised release status were excluded.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and 2009 estimate is statistically significant at the 0.05 level.

[b] Difference between estimate and 2009 estimate is statistically significant at the 0.01 level.

[x] Difference between "on parole/supervised release" estimate and "not on parole/supervised release " estimate is statistically significant at the 0.05 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

[y] Difference between "on parole/supervised release" estimate and "not on parole/supervised release " estimate is statistically significant at the 0.01 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2009.

of substance use treatment in the past year was significantly higher than in 2005, as was the percent who reported that they were currently in treatment. In 2009, 33 percent of 18-49 year old male parolees reported receiving treatment in the past year, and 15 percent were in treatment at the time of the survey. The data suggest that an increasing portion of this treatment was provided in prison or jail.

Finally, the percent with an unmet need for services was significantly lower in 2009 than the rate for almost every previous year. In 2009, only 16 percent reported an unmet need for services compared to rates in previous years of 24 percent and higher.

Rates of Mental Disorders among Parolees and Probationers over Time

Table 7 presents mental health outcomes, mental health services, and measures of unmet need for mental health services for probationers; comparable data for parolees is shown in Table 8. Each year, about a fifth of 18-49 year old male probationers reported serious psychological distress (SPD) in the past year.[7] About 16 percent reported having received some mental health services or counseling in the past year. These levels are about twice the rate among males age 18-49 who were not on probation. No significant differences between 2009 and prior years were found

Table 5. Past Year Treatment for an Alcohol or Illicit Drug Use Problem among Males Aged 18 to 49, by Probation Status: Percentages, 2002-2009

Illicit Drug Use/Substance Dependence or Abuse	2002	2003	2004	2005	2006	2007	2008	2009	2006-2009	2002-2009
ON PROBATION ANY TIME IN THE PAST YEAR										
Received treatment for an alcohol/illicit drug use problem[1]	25.1	25.9	25.8	23.7	25.7	25.2	25.1	27.2[y]	25.8[y]	25.5[y]
Received treatment at a specialty substance use facility[2]	17.1	15.9	18.5	14.8	17.0	17.3	16.3	18.0[y]	17.2[y]	16.9[y]
Received substance use treatment at prison/jail	3.4	3.1	4.1	4.3	6.9	4.5	5.2	4.9[y]	5.3[y]	4.5[y]
Currently in treatment for an alcohol or illicit drug use problem	11.1	8.2	9.5	9.2	10.9	11.7	10.3	11.1[y]	11.0[y]	10.3[y]
Needed treatment for an alcohol or drug use problem[3]	48.0	51.0	50.8	44.2	47.6	46.7	45.7	46.0[y]	46.5[y]	47.5[y]
Perceived need for alcohol or illicit drug treatment[4]	6.5	4.7	5.1	3.9	3.9	6.2	4.8	4.5[y]	4.9[y]	5.0[y]
Unmet need for alcohol or illicit drug use treatment[5]	30.9	35.1[a]	32.4	29.4	30.6	29.4	29.4	28.0[y]	29.3[y]	30.6[y]
NOT ON PROBATION ANY TIME IN THE PAST YEAR										
Received treatment for an alcohol/illicit drug use problem[1]	1.6[b]	1.6[b]	1.9	1.8	2.0	2.0	1.9	2.3	2.0	1.9
Received treatment at a specialty substance use facility[2]	1.0	0.9[b]	1.2	1.1	1.2	1.1	1.0[a]	1.4	1.2	1.1
Received substance use treatment at prison/jail	0.1	0.1	0.1	0.2	0.1[a]	0.1	0.1	0.2	0.1	0.1
Currently in treatment for an alcohol or illicit drug use problem	0.7[a]	0.6[a]	0.7	0.6[a]	0.7	0.7	0.7	1.0	0.8	0.7
Needed treatment for an alcohol or drug use problem[3]	16.6	15.9	17.1	16.3	16.2	16.6	15.9	16.3	16.2	16.4
Perceived need for alcohol or illicit drug treatment[4]	1.0	0.8	1.0	0.9	0.9	1.2	0.7	1.0	1.0	0.9
Unmet need for alcohol or illicit drug use treatment[5]	15.6	15.0	15.9	15.2	15.0	15.6	14.8	14.9	15.1	15.2

*Low precision; no estimate reported.

NOTE: Respondents with unknown probation status were excluded.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

[a] Difference between estimate and 2009 estimate is statistically significant at the 0.05 level.

[b] Difference between estimate and 2009 estimate is statistically significant at the 0.01 level.

[x] Difference between "on probation" estimate and "not on probation" estimate is statistically significant at the 0.05 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

[y] Difference between "on probation" estimate and "not on probation" estimate is statistically significant at the 0.01 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

[1] Received Substance Use Treatment refers to treatment received in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. It includes treatment received at any location, such as a hospital, rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use.

[3] Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2009.

Table 6. Past Year Treatment for an Alcohol or Illicit Drug Use Problem among Males Aged 18 to 49, by Parole/Supervised Release Status: Percentages, 2002-2009

Illicit Drug Use/Substance Dependence or Abuse	2002	2003	2004	2005	2006	2007	2008	2009	2006-2009	2002-2009
ON PAROLE/SUPERVISED RELEASE IN THE PAST YEAR										
Received treatment for an alcohol/illicit drug use problem[1]	25.7	26.2	26.7	19.2[b]	25.2	26.3	26.1	33.2[y]	27.7[y]	26.2[y]
Received treatment at a specialty substance use facility[2]	16.7	17.5	20.6	13.3[a]	16.2	17.8	16.7	26.3[y]	19.3[y]	18.2[y]
Received substance use treatment at prison/jail	7.1	6.9	9.3	9.1	9·4	11.7	10.6	14.6[y]	11.6[y]	9.9[y]
Currently in treatment for an alcohol or illicit drug use problem	11.3	8.2	10.7	6.4[b]	11.6	14.3	14.2	15.3[y]	13.8[y]	11.6[y]
Needed treatment for an alcohol or drug use problem[3]	47.6	43.9	52.1	42.8	43.4	44.8	40.7	42.2[y]	42.8[y]	44.8[y]
Perceived need for alcohol or illicit drug treatment[4]	9.6	6.9	6.4	4.8	6.1	*	6.0	3.6	6.6[y]	6.8[y]
Unmet need for alcohol or illicit drug use treatment[5]	30.9[b]	26.4[a]	31.6[b]	29.5[b]	27.2[a]	27.0[a]	24.0	15.9	23.5[y]	26.5[y]
NOT ON PAROLE/SUPERVISED RELEASE IN THE PAST YEAR										
Received treatment for an alcohol/illicit drug use problem[1]	2.3[a]	2.3[a]	2.6	2.6	2.7	2.7	2.6	2.9	2.7	2.6
Received treatment at a specialty substance use facility[2]	1.6	1.4[a]	1.7	1.5	1.6	1.6	1.5	1.7	1.6	1.6
Received substance use treatment at prison/jail	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Currently in treatment for an alcohol or illicit drug use problem	1.0	0.8[a]	0.9	0.9	0.9	1.0	1.0	1.2	1.0	1.0
Needed treatment for an alcohol or drug use problem[3]	17.7	17.1	18.1	17.1	17.2	17.7	16.8	17.3	17.2	17.4
Perceived need for alcohol or illicit drug treatment[4]	1.1	0.8	1.1	1.0	0.9	1.3	0.9	1.1	1.0	1.0
Unmet need for alcohol or illicit drug use treatment[5]	16.1	15.8	16.4	15.6	15.5	16.1	15.4	15.6	15.6	15.8

*Low precision; no estimate reported.

NOTE: Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year. Those with unknown parole/supervised release status were excluded.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

[a] Difference between estimate and 2009 estimate is statistically significant at the 0.05 level.

[b] Difference between estimate and 2009 estimate is statistically significant at the 0.01 level.

[x] Difference between "on parole/supervised release" estimate and "not on parole/supervised release " estimate is statistically significant at the 0.05 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

[y] Difference between "on parole/supervised release" estimate and "not on parole/supervised release " estimate is statistically significant at the 0.01 level. (Differences reported for 2009, combined 2006-2009 data, and combined 2002-2009 data only.)

[1] Received Substance Use Treatment refers to treatment received in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. It includes treatment received at any location, such as a hospital, rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use.

[3] Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

[4] Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug or alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

[5] Unmet Need for Alcohol or Illicit Drug Use Treatment refers to respondents classified as needing treatment for illicit drugs or alcohol, but have not received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2009.

Table 7. Past Year Serious Psychological Distress (SPD), Major Depressive Episode (MDE), Any Mental Illness (AMI), Serious Mental Illness (SMI), Mental Health Services/Counseling, and Unmet Need for Mental Health Services/Counseling in the Past Year among Males Aged 18 to 49 by Probation Status: Percentages, 2002-2009

Mental Health and Treatment Measures	2002	2003	2004	2005	2006	2007	2008	2009	2005-2009	2006-2009	2008-2009	2002-2009
ON PROBATION ANY TIME IN THE PAST YEAR												
SPD[1]	--	--	--	18.5	18.5	21.6	22.7	20.0[x]	20.3[x]	20.7[x]	NR	--
Had at least one MDE[2]	--	--	--	10.0	9.6	12.1	10.4	9.6[x]	10.4[x]	10.4[x]	NR	--
AMI[3]	--	--	--	--	--	--	36.5	33.3[x]	--	--	34.9[x]	--
SMI[4]	--	--	--	--	--	--	9.9	7.9[x]	--	--	8.9[x]	--
Received mental health services/ counseling[5]	14.8	15.6	15.0	15.3	18.2	19.4	17.0	15.5[x]	17.1[x]	17.5[x]	NR	16.4[x]
Unmet need for mental health services/ counseling[6]	10.6	9.8	10.1	9.1	9.7	12.0	11.1	8.4[x]	10.1[x]	10.3[x]	NR	10.1[x]
NOT ON PROBATION ANY TIME IN THE PAST YEAR												
SPD[1]	--	--	--	9.7	10.2	9.4	9.2	9.7	9.6	9.6	NR	--
Had at least one MDE[2]	--	--	--	5.5	5.4	5.0	5.3	5.3	5.3	5.3	NR	--
AMI[3]	--	--	--	--	--	--	17.9	18.8	--	--	18.3	--
SMI[4]	--	--	--	--	--	--	3.7	3.9	--	--	3.8	--
Received mental health services/ counseling[5]	8.6	8.3	8.6	8.5	8.7	8.3	8.5	8.7	8.6	8.6	NR	8.5
Unmet need for mental health services/ counseling[6]	4.4	4.0	4.6	4.2	3.8[a]	3.7[a]	3.8[a]	4.4	4.0	3.9	NR	4.1

*Low precision; no estimate reported.

-- Not available.

NR=Not Requested.

NOTE: Respondents with unknown probation status were excluded.

[a] Difference between estimate and 2009 estimate is statistically significant at the 0.05 level.

[b] Difference between estimate and 2009 estimate is statistically significant at the 0.01 level.

[x] Difference between "on probation" estimate and "not on probation" estimate is statistically significant at the 0.05 level. (Differences reported for 2009, combined 2005-2009 data, combined 2006-2009 data, combined 2008-2009 data, and combined 2002-2009 data only.)

[y] Difference between "on probation" estimate and "not on probation" estimate is statistically significant at the 0.01 level. (Differences reported for 2009, combined 2005-2009 data, combined 2006-2009 data, combined 2008-2009 data, and combined 2002-2009 data only.)

[1] Serious Psychological Distress (SPD) is defined for this table as having a score of 13 or higher on the K6 scale during the past year. The 2008 NSDUH employed a different module of K6 questions, which captured distress levels in the past month as well as during the worst month of the past 12 months. Because of this change adjusted SPD data were used for years 2005-2007 to be comparable with 2008 and 2009 estimates. The 2005-2007 SPD estimates in this table are not comparable with previously published SPD estimates. For details on the effects of 2008 questionnaire changes, see Section B.4.4 in Appendix B of the *Results from the 2008 National Survey on Drug Use and Health.*

[2] Major depressive episode (MDE) is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Because of question changes preceding the 2008 adult MDE module, adjusted MDE data were used for years 2005-2008 to be comparable with 2009 estimates. The 2005-2008 MDE estimates in this table are not comparable with previously published MDE estimates. For details on the effects of 2008 questionnaire changes, see Section B.4.4 in Appendix B of the Results from the 2008 *National Survey on Drug Use and Health.*

[3] Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). In 2008, a split-sample design assigned adults aged 18 or older randomly to one of two impairment scales, the World Health Organization Disability Assessment Schedule (WHODAS) or the Sheehan Disability Scale (SDS). For comparability purposes, estimates for Any Mental Illness for 2008 are based only on the WHODAS half-sample. For details, see Section B.4.3 in Appendix B of the *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings.*

[4] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in serious functional impairment. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings.*

[5] Mental Health Services/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

[6] Unmet Need for Mental Health Services/Counseling is defined as a perceived need for treatment that was not received. Respondents with unknown unmet need information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2009.

in the prevalence of SPD, major depressive episode (MDE), or in engagement in mental health services.

Table 8 shows similar results among parolees: no significant changes were detected in prevalence of mental health symptoms or receiving services. Rates were persistently about twice as high as levels among young males not on parole.

Data in Tables 7 and 8 also show a persistent "treatment gap" for mental health services among probationers and parolees. About 10 percent of probationers and parolees reported an unmet need for mental health services in the past year. This unmet need for mental health services persists unabated from 2002 through 2009. These rates are about twice as high as unmet treatment need among young males not on probation or parole. (The data in Table 7 also suggest that unmet treatment need among non-probationers actually increased significantly in 2009.)[8]

Discussion

Surveys like NSDUH that assess issues such as substance use and mental disorders provide important information bearing on the likelihood of successful completion of community supervision by individuals on parole or probation. Examining successive samples of parolees and probationers can help reveal whether there are persistent problems or significant changes in certain behaviors in the population of persons under community supervision. These data reveal a great deal about both overall progress and resources still needed to ensure successful reintegration of offenders and to make programs of supervised community release more effective. With states facing the grim reality of enormous budget shortfalls, these data can help assess the need for additional resources to ensure effective transition strategies.

Eight-year NSDUH trend data show persistent high levels of mental and substance use disorders among parolees and probationers—rates two to three times higher than rates among those not on probation or parole. While these rates remain high, some significant changes are evident in 2009 data. These changes suggest that recent targeted efforts to address substance use, abuse, and dependence among probationers and parolees may finally be meeting with measurable success. Mental health problems, however, persist largely unchanged in these criminal justice populations, and no measurable progress has been achieved in reducing need for mental health services among probationers and parolees.

Even while the most recent NSDUH data signal some hope for success, these data confirm a need for continued efforts to close the unmet need for treatment for drug or alcohol use and mental health problems that persists among offenders under community supervision. The data confirm the need to continue building on recent efforts that may have contributed to the recent significant improvements among probationers and parolees.

One recent effort, the Serious and Violent Offender Reentry Initiative (SVORI), was launched in 2003 as a collaboration among the Departments of Justice, Health and Human Services, and Housing and Urban Development. The SVORI program signaled a renewed focus at the federal, state, and local levels on providing resources to aid offenders released from prison into supervised community living. SVORI made more than $100 million available to programs in all 50 states and the District of Columbia to help in the reentry of the more than 600,000 inmates released from prison each year. Parolees at the 45 adult SVORI grant sites received services post-release, including drug treatment and mental health services. Five sites focused specifically on improving reentering offender mental health services, demonstrating the recognized need for mental health and substance use treatment that extends beyond release from prison.

Evaluation findings from SVORI show that reentering offenders enrolled in the program received more services (e.g., mental health services, substance use treatment, job training) than other reentering offenders. However, evaluation results are more muted in demonstrating whether reentering offenders in SVORI programs were better or worse off, or were

[7] SPD is an overall indicator of nonspecific psychological distress. NSDUH measures past year SPD using the K6 distress questions. The K6 questions measure symptoms of psychological distress during the 1 month in the past 12 months when respondents were at their worst emotionally. With the exception of a change in the measure for SPD in 2004 (see note in Table 8), this general indicator of significant mental health problems provide an opportunity to compare measures across successive samples of respondents. For more information on the K6, see Kessler et al. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry, 60,* 184-189.

[8] SAMHSA states that "unmet need for treatment for mental health problems is defined as a perceived need for treatment for mental health problems in the past 12 months that was not received. This measure also includes persons who received some treatment for mental health problems in the past 12 months but also reported that they perceived a need for treatment they did not receive." See "Results from the 2006 National Survey on Drug Use and Health: National Findings," p180 for more information; http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf

Table 8. Past Year Serious Psychological Distress (SPD), Major Depressive Episode (MDE), Any Mental Illness (AMI), Serious Mental Illness (SMI), Mental Health Services/Counseling, and Unmet Need for Mental Health Services/Counseling in the Past Year among Males Aged 18 to 49 by Probation Status: Percentages, 2002-2009

Mental Health and Treatment Measures	2002	2003	2004	2005	2006	2007	2008	2009	2005-2009	2006-2009	2008-2009	2002-2009
ON PAROLE/SUPERVISED RELEASE ANY TIME IN THE PAST YEAR												
SPD[1]	--	--	--	18.9	15.1	25.9	22.7	16.8[x]	19.8[y]	20.0[y]	NR	--
Had at least one MDE[2]	--	--	--	11.1	4.6	12.1	9.0	7.9	8.9[y]	8.4[x]	NR	--
AMI[3]	--	--	--	--	--	--	*	29.0[y]	--	--	33.9[y]	--
SMI[4]	--	--	--	--	--	--	8.2	7.0	--	--	7.6[y]	--
Received mental health services/ counseling[5]	16.2	15.7	18.1	12.1	15.2	19.1	19.9	11.3	15.5[y]	16.3[y]	NR	15.9[y]
Unmet need for mental health services/ counseling[6]	12.2	6.8	11.4	8.3	8.4	12.2	9.5	8.7[x]	9.4[y]	9.7[y]	NR	9.7[y]
NOT ON PAROLE/SUPERVISED RELEASE ANY TIME IN THE PAST YEAR												
SPD[1]	--	--	--	9.9	10.5	9.7	9.6	10.1	10.0	10.0	NR	--
Had at least one MDE[2]	--	--	--	5.6	5.6	5.2	5.5	5.5	5.5	5.5	NR	--
AMI[3]	--	--	--	--	--	--	18.4	19.3	--	--	18.9	--
SMI[4]	--	--	--	--	--	--	3.9	4.1	--	--	4.0	--
Received mental health services/ counseling[5]	8.7	8.6	8.7	8.7	9.1	8.7	8.7	9.0	8.8	8.9	NR	8.8
Unmet need for mental health services/ counseling[6]	4.5	4.3	4.8	4.4	4.0	3.9	4.0	4.6	4.2	4.1	NR	4.3

*Low precision; no estimate reported.

-- Not available.

NR=Not Requested.

NOTE: Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year. Those with unknown parole/supervised release status were excluded.

[a] Difference between estimate and 2009 estimate is statistically significant at the 0.05 level.

[b] Difference between estimate and 2009 estimate is statistically significant at the 0.01 level.

[x] Difference between "on parole/supervised release" estimate and "not on parole/supervised release" estimate is statistically significant at the 0.05 level. (Differences reported for 2009, combined 2005-2009 data, combined 2006-2009 data, combined 2008-2009 data, and combined 2002-2009 data only.)

[y] Difference between "on parole/supervised release" estimate and "not on parole/supervised release" estimate is statistically significant at the 0.01 level. (Differences reported for 2009, combined 2005-2009 data, combined 2006-2009 data, combined 2008-2009 data, and combined 2002-2009 data only.)

[1] Serious Psychological Distress (SPD) is defined for this table as having a score of 13 or higher on the K6 scale during the past year. The 2008 NSDUH employed a different module of K6 questions, which captured distress levels in the past month as well as during the worst month of the past 12 months. Because of this change adjusted SPD data were used for years 2005-2007 to be comparable with 2008 and 2009 estimates. The 2005-2007 SPD estimates in this table are not comparable with previously published SPD estimates. For details on the effects of 2008 questionnaire changes, see Section B.4.4 in Appendix B of the *Results from the 2008 National Survey on Drug Use and Health.*

[2] Major depressive episode (MDE) is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Because of question changes preceding the 2008 adult MDE module, adjusted MDE data were used for years 2005-2008 to be comparable with 2009 estimates. The 2005-2008 MDE estimates in this table are not comparable with previously published MDE estimates. For details on the effects of 2008 questionnaire changes, see Section B.4.4 in Appendix B of the *Results from the 2008 National Survey on Drug Use and Health.*

[3] Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). In 2008, a split-sample design assigned adults aged 18 or older randomly to one of two impairment scales, the World Health Organization Disability Assessment Schedule (WHODAS) or the Sheehan Disability Scale (SDS). For comparability purposes, estimates for Any Mental Illness for 2008 are based only on the WHODAS half-sample. For details, see Section B.4.3 in Appendix B of the *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings.*

[4] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in serious functional impairment. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings.*

[5] Mental Health Services/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

[6] Unmet Need for Mental Health Services/Counseling is defined as a perceived need for treatment that was not received. Respondents with unknown unmet need information were excluded.

Source: SAMHSA,Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2009.

more likely to fulfill their conditions of release, and avoid re-offending.[9]

Congress has continued to be attentive to the issue of reentry, particularly for people with mental and substance use disorders. It passed the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) in 2004 to help states and counties design and carry out collaborative efforts between criminal justice and mental health systems. Reauthorized in 2008, the program continues to attract applications from communities seeking to set up evidence-based interventions. These include specialized police-based responses, mental health courts, jail interventions that provide continuity of care, training for community correction officers to break the cycle of re-incarceration, and providing specialized reentry services and supports.

Also in 2008, Congress authorized the Second Chance Act (SCA). Congress has continued to fund the program to support and test strategies designed to reduce recidivism and the financial burden of corrections on state and local governments, while increasing public safety. The SCA program makes grant awards to state and local government agencies and community organizations. It provides employment and housing assistance, substance use treatment, family programming, mentoring, victim support, and other services to help people returning from prison and jail avoid criminal activity and succeed in their communities. Mental health services, a critical component of the Second Chance Act, are helping to reduce the revolving doors of jail and prison that are too often experienced by people with mental illnesses.

As these and other criminal justice release and diversion initiatives for people with mental or substance use disorders move forward, survey data like NSDUH, and evaluation data from programs like the SVORI can shed more light on the results of these efforts. Offenders under community supervision present the alcohol and drug treatment system with a persistent challenge. These most recent data reveal that they also represent an important opportunity to achieve significant improvements in treatment outcomes.

The number of offenders under supervision in the community is likely to grow as states struggle with rising costs of imprisonment and seek effective alternatives to incarceration. As states become more aggressive in their use of community supervision, we can expect that the population of probationers and parolees will include growing numbers of persons with serious drug and mental health problems. Unfortunately, even now, the number of probationers and parolees with mental or substance use disorders whose needs are not met by community treatment and supportive services is significant. While some progress can be claimed in meeting substance use treatment needs among these individuals, the data show that the unmet need for mental health services persists unabated. These deficits place the offenders at greater than average risk for parole or probation failure, too often leading to re-incarceration; they also place at risk the communities in which the offenders are supervised and in which they are likely to re-offend. More and more, the success of offender reentry efforts will hinge on the availability of effective and readily accessible treatments for mental and substance use disorders for those probationers and parolees who, in increasing numbers, need these services.

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Appendix A

Estimating the Number of Probationers and Parolees—A Caveat

Counting the number of adults who are under community correctional supervision (i.e., on probation or parole) is complicated by several factors. First, although together they comprise nearly the whole of "offenders on community supervision" (the small number of offenders in court-supervised diversion programs who may not be counted among those concurrently serving probation are not included in the counts of probation or parole), probation and parole are distinct systems with different entry and exit pathways, different offender trajectories, and different dynamics. The number of persons on probation far exceeds the number of parolees in the U.S.

Second, overlapping correctional jurisdictions (local, state, and federal) require the use of a composite approach in our calculations. For instance, probation is highly decentralized, and most data on probationers resides with counties, though data are typically reported to a single state agency. (In some states, probation is managed at the state level.) There is a separate federal probation system as well. Parole constitutes a more concise system of agencies albeit with similar overlapping jurisdictions. Like prisons, parole is typically managed at the state level, with a single authority operating in most states. (A separate federal parole system exists for offenders sentenced for crime committed before November, 1987).

A third complicating factor is that both probation and parole are highly transitory states in the justice system. Persons can enter and exit from probation in the span of just a few months; some individuals could conceivably enter and exit probation (but not likely parole) more than once in a 12-month period. The numbers of annual entries to and exits from probation are not trivial. In 2006, BJS estimated a total end-of-year probation population of 4,237,023 with 2.3 million entries and 2.2 million exits in the preceding 12-month period.

A fourth complication results from the differences in estimation methods. Data assembled by BJS represent an "end-of-year" headcount: numbers of probationers and parolees reported by BJS are annual estimates at year's end rather than of the total number of persons who may have been on probation or parole at any time during the year. In contrast, NSDUH data are designed to estimate the number of persons on probation or parole at any time during a 12-month period. Thus, NSDUH estimates can be reasonably expected to be higher than BJS numbers. Finally, it is entirely possible for an individual to be on both probation and parole within, say, a 12-month period; as we will see, how these "double-counts" are handled affects the estimate obtained.

This paper presents data from two primary sources for probation and parole: BJS data assembled for year-end reports collected from probation and parole agencies; and NSDUH survey data collected from a national probability sample of adults. Each approach has advantages and drawbacks.

One of the unique contributions of the NSDUH survey data is that they provide a means to examine the overlap between probation and parole. For purposes of this analysis, it is useful to examine probation and parole for all adults (males plus females), age 18 and older. The cross tabulation below of probation by parole/supervised release was computed using the 2006 NSDUH public use data file available on SAMHSA's website.

Based on sample survey responses, of the estimated 220,028,550 adults in the U.S., 97.8 percent were neither on probation nor on parole at any time during the 12 months prior to the interview. Of the remainder, most reported having been on probation: 4,440,481, or 2.0 percent overall. Among these probationers, 1,164,552 reported they had also been on parole at some time the past 12 months. This "double-supervised" segment constitutes 26.2 percent of all probationers and 0.5 percent of the total. The NSDUH estimate of the total number of adults involved in either probation or parole in 2006 is 4,898,931.[10]

Estimating the aggregate number of probation and parole "episodes" renders a different sum: 6,063,483.[11] The NSDUH interview does not ask about multiple entries and exits within the past 12 months. Probation terms can be as short as several months, and it is possible for a single individual to serve multiple terms within a single year. As a result, this calculation may underestimate the actual number of episodes in a 12-month period (particularly for probation). This figure is more comparable to BJS's 2006 year-end estimate of probation (4,237,023) plus parole (798,202), a total of 5,035,225.

The gap between the NSDUH estimate and the BJS estimate may be attributable to a number of factors, among them:

- **Missing or erroneous data:** Some probation and parole agencies do not report to BJS, and the interpolations for these missing data may be wrong. There are missing or invalid responses for a small number of NSDUH respondents, also. NSDUH respondents may also misunderstand or misreport probation and parole status.
- **Year-end estimation versus "past 12 months":** NSDUH probationers and parolees include persons who have been on probation or parole but who may not currently be on probation or parole. BJS year-end estimates are a static snapshot of the number on probation or parole on a specific date, December 31, 2006.

[10] 3,275,930 were on probation but not parole; 458,449 reported being on parole but not probation; and 1,164,552 reported having been on both probation and parole during the past 12 months.

[11] The 1,164,552 persons who reported being on both probation and parole are added to the sum twice. The sum, which can be calculated using the table cells or the table marginals, is imprecise due to rounding error of the projected population Ns.

Appendix B

About SAMHSA's National Survey on Drug Use and Health (NSDUH)

NSDUH is the primary source of statistical information on the use of illegal drugs by the U.S. population. Conducted by the federal government since 1971, the survey collects data by administering questionnaires to a representative sample of the civilian noninstitutionalized population age 12 and older through face-to-face interviews at the respondent's place of residence. The survey, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, is planned and managed by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ), formerly the Office of Applied Studies (OAS).

NSDUH collects information from residents of households and non-institutional group quarters (e.g., shelters, rooming houses, dormitories) and from civilians living on military bases. The survey excludes homeless persons who do not use shelters, military personnel on active duty, and residents of institutional group quarters, such as jails and hospitals.

Since 1999, the NSDUH interview has been carried out using computer-assisted interviewing (CAI). Most of the questions are administered with audio computer-assisted self-interviewing (ACASI). Less sensitive items are administered by interviewers using computer-assisted personal interviewing (CAPI).

The 2007 NSDUH sample is illustrative of the survey approach. It employed a state-based design with an independent, multistage area probability sample within each state and the District of Columbia. The eight states with the largest population (which together account for 48 percent of the total U.S. population aged 12 or older) were designated as large sample states (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas) with target sample sizes of 3,600. For the remaining 42 states and the District of Columbia, the target sample size was 900. This approach ensures that there is sufficient sample in every state to support small area estimation (SAE) while also maintaining efficiency for national estimates. The design over-sampled youths and young adults, so that each state's sample was approximately equally distributed among three age groups: 12 to 17 years, 18 to 25 years, and 26 years or older.

Probation by Parole, NSDUH, 2006				
All Adults 18 and Older				
		Probation		
	N row % col % total %	**Yes**	**No**	**Total**
Parole	Yes	1,164,552	458,449	1,623,001
		71.8	28.2	100.0
		26.2	0.2	0.7
		0.5	0.2	0.7
	No	3,275,930	215,129,619	218,405,549
		1.5	98.5	100.0
		73.8	99.8	99.3
		1.5	97.8	99.3
Total		4,440,481	215,588,069	220,028,550
		2.0	98.0	100.0
		100.0	100.0	100.0
		2.0	98.0	100.0

Nationally, 141,487 addresses were screened for the 2007 survey, and 67,870 completed interviews were obtained. The survey was conducted from January through December 2007. Weighted response rates for household screening and for interviewing were 89.5 and 73.9 percent, respectively.

For a complete description of the interview instrument and coding for NSDUH variables, see "2007 National Survey on Drug Use and Health: CAI Specifications for Programming," SAMHSA http://oas.samhsa.gov/nsduh/2k7MRB/2k7Q.pdf . Additional information on NSDUH, including data available for on-line analysis or downloading, can be found at the NSDUH website, http://oas.samhsa.gov/nsduh.htm

Appendix C

Definitions

- **Community Corrections:** Community corrections refers to the supervision of criminal offenders in the resident population, as opposed to confining them in secure correctional facilities. The two main types of community corrections supervision are probation and parole. Community corrections is also referred to as community supervision.[12]
- **Jail:** A facility for short-term incarceration, usually administered by a local law enforcement agency. Jails are usually used for those serving a sentence of less than 24 months, though in some states, longer sentences may also be served in a jail. Jails are also used to hold people pending trial or sentencing or awaiting transfer to another facility following sentencing.
- **Mental Disorders:** Also referred to as "mental health problems" or "mental illness," the term describes a broad range of mental and emotional conditions that can significantly interfere with the performance of major life activities, such as learning, working and communicating, among others. The type, intensity and duration of symptoms vary from person to person. Some people with mental illness need only minimal support; others may require more substantial, ongoing support.
- **Parole:** Parole is a conditional release from prison in which offenders serve the remaining portion of their sentence in the community. Prisoners may be released to parole either by a parole board decision (discretionary release/discretionary parole) or according to provisions of a statute (mandatory release/mandatory parole). Parolees are typically required to fulfill certain conditions and adhere to specific rules of conduct while in the community. Failure to comply with any of the conditions can result in a return to incarceration.[13]
- **Prison:** A facility within a state or federal correctional system that houses people tried and convicted of crimes. Most prison systems comprise maximum, medium, and minimum security facilities, reflecting the level of security threat and length of sentence.
- **Probation:** Probation refers to offenders whom courts have placed on supervision in the community, generally in lieu of incarceration. Some jurisdictions do sentence probationers to a combined short-term incarceration sentence immediately followed by probation, which is called a split sentence. In many instances, while on probation, offenders are required to fulfill certain conditions of their supervision (e.g., payment of

[12] BJS, http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=11#terms_def
[13] BJS, http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=11#data_collections

fines, fees or court costs, participation in treatment programs) and adhere to specific rules of conduct while in the community. Failure to comply with these conditions may result in incarceration.[14]

- **Serious Psychological Distress:** An indicator used in the NSDUH that measures symptoms of psychological distress during the one month in the past 12 when respondents were at their worst emotionally.
- **Supervised Release:** A legal status in which an offender is either conditionally allowed to remain in the community in lieu of incarceration or conditionally released to the community following incarceration. Parole and probation are the most well known types of supervised release. More recently, however, the rise of drug and mental health courts and other specialized dockets has given rise to another supervised release status for some offenders. These offenders, often described as "diverted," may or may not be counted among probationers, depending on the jurisdiction.
- **Substance Abuse Disorder:** Includes both abuse and dependence on an illegal drug or an illicitly used legal medication. As specified in the *Diagnostic and Statistical Manual for Mental Disorders*, 4th Edition (DSM-IV), substance dependence is characterized by continued use of a substance even after the user has experienced serious substance-related problems. The dependent user also experiences withdrawal symptoms when the substance is not used. Less severe than dependence, substance abuse refers to continued use of an illicit substance or the inappropriate use of a legal substance without regard to the social, interpersonal or environment problems it may cause for the individual.
- **Unmet Need for Alcohol or Illicit Drug Use Treatment:** NSDUH respondents are determined to have an unmet need for substance use treatment if they were classified as needing treatment (i.e., had a substance disorder) but had not received care at a specialty facility in the past 12 months.
- **Unmet Need for Mental Health Services/ Counseling:** For this report, NSDUH respondents are determined to have an unmet need for treatment if they reported that they perceived an unmet need for care in the past 12 months.

[14] BJS, http://bjs.ojp.usdoj.gov/index.cfm?ty=tdtp&tid=11

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