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Factors Associated with Community Corrections Involvement among Formerly Incarcerated People in Recovery

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Abstract

The current study examined whether current community supervision status was associated with differences in demographic characteristics, lifetime substance use patterns, and criminal history among a sample of formerly incarcerated individuals with a history of substance use problems. Results of multivariate analyses revealed participants on community supervision were more likely to have graduated from high school or earned a GED (OR = 1.60; 95% CI [0.15, 17.24]) and were less likely to have a history of psychiatric hospitalization (OR = .88; 95% CI = [0.08, 9.35]). These characteristics may be proxies for social and emotional functioning that influence eligibility for community supervision. Despite these apparent advantages, the community supervision group did not significantly differ from the formerly incarcerated group without current justice involvement on lifetime substance use patterns or criminal history, suggesting formerly incarcerated individuals with substance use disorders may require more intensive interventions to promote existing strengths.

Keywords

community corrections; drug offenders; crime reduction; mental health; education

Community supervision serves several functions: to assist former inmates in the reentry process; to detect early criminal activity of those recently released from correctional facilities to enhance public safety; and as a form of punishment in lieu of incarceration (Piehl & LoBuglio, 2005). This sector of the criminal justice system oversees individuals in the community through probation or parole, with the former typically used in lieu of incarceration for low-risk offenders (or in cases of split sentencing, to ensure a period of supervision following incarceration) and the latter for offenders leaving correctional facilities to serve the remaining portion of their sentence in the community. Although federal parole was abolished in the 1980s, inmates housed in state prisons have the opportunity for early release through two mechanisms. States with indeterminate sentencing often employ parole boards who grant discretionary release based on evidence of rehabilitation. In contrast, states with determinate sentencing do not have a decision-making process; rather, eligibility is in accordance to the provisions of a statute that allows inmates to earn “good

behavior” credit that can be applied toward early release (Solomon, Kachnowski, & Bhati, 2005).

People on community supervision account for nearly 70% of the correctional population (Glaze & Kaeble, 2014), however the vast majority of corrections funding and research has focused on incarcerated individuals (Teague, 2011). Although there is a considerable literature base examining formerly incarcerated populations, those studies rarely distinguish the subset currently on community supervision. Despite the fact that most people involved in the justice system will cycle in and out of all these groups at some point in their lives, the groups are not necessarily representative of one another and need to be examined separately. Visser and Travis (2011) point out that on any given day, people released from correctional facilities are usually serving shorter sentences than those who remain incarcerated and likely differ on certain characteristics. In other words, when examining these subgroups at a given point in time, differences that affect the likelihood of being at a specific juncture within the justice cycle will likely become apparent (e.g., serving a longer sentence makes someone more likely to be at the incarceration point rather than the released point at any given time compared to someone with a shorter sentence; people who commit more serious offenses tend to have longer sentences and are more likely to be incarcerated than those who commit minor offenses). Whether people within community corrections demonstrate a distinct pattern of characteristics compared to similar others along the justice continuum remains an empirical question and underscores the necessity for future research.

The bulk of community corrections research has been dedicated to estimating and reducing recidivism risk by profiling the heterogeneity within the group without a firm grasp of general population characteristics. Several studies have identified factors associated with community supervision outcomes, including age, race, gender, marital status, education history, criminal history, marital status, and employment, in order to target high risk people (Grattet, Petersilia, & Lin, 2009; Morgan, 1994; Olson & Lurigio, 2000; Sims & Jones, 1997). Many of these risk factors have been incorporated into risk assessment instruments, such as those based on the widely adopted Risk-Needs-Responsivity (RNR) model (Andrews, Bonta, & Hoge, 1990; Andrews & Bonta 2010), to match the intensity of supervision and type of intervention to the criminogenic needs of individuals (Bonta et al., 2008; Caudy, Durso, & Taxman, 2013). Although the RNR model has received empirical support for its effective evaluation of offender treatment programs and its recidivism reduction (Andrews & Bonta, 1998; Andrews & Bonta, 2006), implementation of the core principles remains a challenge (Bonta et al, 2008; Polaschek, 2012; Ward & Maruna, 2007). Systemic barriers including fewer resources, large caseloads, a lack of training in behavioral change methods and the navigation of social service systems, and limited access to service directories have reduced the ability and incentive for community corrections officers to focus on service delivery (Belenko, 2006; Bonta et al., 2008). A study of prisoner reentry in Chicago found that only half of participants on parole stated their community corrections officer had been helpful in the reintegration process (Visser & Farrell, 2005). Community residents and policymakers interviewed in the same study echoed a similar sentiment, stating smaller caseloads and the provision of supportive services would be beneficial for those on parole.

In addition to the training and funding deficits impacting reentry programming and treatment implementation, group-level characteristics may also influence service delivery and treatment response. Relying on within-group comparisons neglects population vulnerabilities that may impact responsivity, which is the least developed principle in the RNR model (Andrews & Bonta, 2010; Polascheck, 2012), or result in missed opportunities for those who may benefit from interventions but are considered at low risk compared to their peers. Moreover, examining group characteristics could uncover strengths from which to build upon to facilitate successful community reintegration. Although many risk assessments evaluate strengths, they are often overlooked because the primary objective of the assessment is to reduce risk and target criminogenic needs (Ward, Melser, & Yates, 2007).

To our knowledge, no studies have compared the community corrections population to other correctional or community populations to characterize this group. To address this gap in the literature, the current exploratory study used a sample of formerly incarcerated individuals with a history of substance use problems to compare those currently on probation or parole to those without current justice involvement (i.e., not on community supervision) across several sociodemographic characteristics and risk indicators that have been associated recurrent criminal activity including mental health, substance use history, and criminal history (MacKenzie & DeLi, 2002; Wilson et al, 2011). This point-in-time comparison provided the opportunity to investigate whether the community corrections population represented a distinct subgroup among other justice populations that warrants further inquiry. Additionally, the identification of unique characteristics in comparison to others living in the community without current justice involvement could lend novel insights into intervention implementation and response.

Method

Participants

Baseline data were pooled from two separate longitudinal studies (Jason et al., 2013; Jason, Olson, & Harvey, 2015) conducted by the same research group in Chicago to obtain a broad range of justice involvement. Both studies used similar sampling and recruitment methods, which spanned from March 2008 to January 2012 and occurred in inpatient substance abuse treatment facilities and correctional reentry/case management service agencies. The studies examined the impact of living in self-governed recovery homes on recovery and well-being. Inclusion criteria for both studies were similar: (a) over the age of 18, (b) in recovery from a substance use disorder, (c) interest in living in a self-governed recovery home. Differences in inclusion criteria between the parent studies resulted in an unequal distribution of ethnic composition between the community supervision group and the non-community supervision group. One study (Jason et al., 2015) required participants to have been incarcerated within the past two years and consisted primarily of European and African Americans (n = 255), whereas the other study (Jason et al., 2013) did not have an incarceration criterion and consisted solely of Latino/as (n = 111). Therefore, the larger proportion of European Americans and African Americans who were on community supervision compared to Latinos was reflective of sampling differences rather than true prevalence estimates.

Additionally, the Jason et al. (2015) study excluded participants who refused random condition assignment or had been convicted of violent crimes or sex offenses, as one of the conditions of the study did not accept those types of clients. Once pooled, the current study excluded participants who did not have a history of incarceration or did not provide information about current status of community supervision involvement. The participant selection for the current study resulted in a sample size of 366. We were unable to distinguish whether participants were on probation or parole. Due to study sampling, however, we know at least 84.8% were incarcerated within the last two years and thus more likely to be on parole.

Measures

Demographics—A demographic questionnaire gathered information on participant age, gender, ethnicity, number of times incarcerated, and participation in alcohol or drug treatment (*yes/no*).

Substance use, mental health, and criminal history—The Addiction Severity Index Lite-CF (ASI-lite), adapted from the Addiction Severity Index 5th Edition (ASI; McLellan et al., 1992), is a reliable and valid structured interview that assesses seven areas commonly impacted by substance use including medical status, employment, substance use, illegal activity, family and social relations, and psychiatric conditions. The ASI has been used extensively in substance abuse studies and demonstrates excellent test-retest reliability (.83; McLellan et al., 1992). Latinos with low English proficiency were administered the Spanish version of the ASI (Butler, Redondo, Fernandez, & Villapiano, 2009). The present study focused on specific items pertaining to marital status, education, mental health, criminal history, and lifetime substance use.

The variable for marital status was categorical and had three response options (*never been married; married; and divorced, widowed, or separated*). Few participants reported being married, with a similar proportion across both groups (5.7%). As such, the item was collapsed to create a dichotomous variable that distinguished participants who have never been married from those who were married, divorced, widowed, or separated. Level of education was dichotomized to distinguish participants without a high school diploma/GED from those with high school or college education. Mental health was assessed using two items that indicated the presence or absence of a history of inpatient or outpatient psychiatric treatment.

Criminal history included lifetime months of incarceration, current parole/probation status (“Are you on parole or probation?”), and history of criminal charges (e.g., “How many times in your life were you charged with shoplifting?”). Items assessing criminal charges were transformed from continuous to dichotomous variables to identify participants who had ever been charged with each particular crime. To compare criminal charges by type of crime, superordinate dichotomous variables were created that indicated whether any criminal charge was endorsed within a particular category (i.e., violent crime, property crime, public order crime). Criminal charges are organized by type in Table 1, with the exception of drug charges, which remained in its own category.

Lifetime substance use for alcohol and illicit substances was reported in years. To obtain an estimate of overall years of illicit substance use, a variable was created that captured the highest number of years reported of any illicit substance. Although the ASI captured current and lifetime history of substance use, reported *current* use was likely an underestimation of typical patterns of use for a large portion of the study sample that was in an institutional setting (i.e., correctional facility or substance use treatment facility) in the 30 days prior to the interview; thus, only lifetime use was examined. Participants also reported on the number of times they had sought treatment for alcohol and drugs.

Procedure

For both studies, data were collected through in-person interviews composed of several questionnaires assessing multiple domains including psychosocial history, general health, demographic information, lifetime substance use, and criminal history. Telephone interviews were conducted when in-person interviews were not possible. Data from both studies were combined and participants were divided into two groups: community supervision ($n = 269$) and non-community supervision ($n = 97$).

We compared participants currently on community supervision to those not on community supervision through bivariate and multivariate analyses. Pairwise deletion was used to handle missing data. Bivariate associations were examined using chi-square tests for categorical variables; t-tests and Wilcoxon-Mann-Whitney tests were employed for continuous variables. A binomial logistic regression was selected for the multivariate analysis due to the binary outcome variable. Variables were selected for the multivariate analysis based on statistically significant group differences identified through bivariate associations. As ethnicity was confounded with sample due to differences in ethnic distribution between the two parent studies, (i.e., European and African Americans were more likely than Latinos to be on community supervision because of recent incarceration), ethnicity was treated as a covariate that controlled for sampling bias. To increase parsimony, only statistically significant differences in the superordinate categories of charged offenses (i.e. violent, property, and public order) were considered for the multivariate model. For the same reason, the superordinate category of years of illicit substance use was considered for inclusion into the multivariate model rather than differences for each illicit substance.

The covariate (ethnicity) and study variables (education, marital status, inpatient hospitalization, outpatient treatment, alcohol treatment, lifetime illicit substance use, months incarcerated, number of convictions, drug charge, property crime) were entered into Model 1 in one step. Model 2 included the significant predictors with the addition of interaction terms between the independent variables and ethnicity. Although the effect of ethnicity was controlled as a covariate, the inclusion of interaction terms provided another avenue to examine whether the predictability of the study variables was partially influenced by the disproportionate distribution of ethnicity between the outcome groups. Bivariate and multivariate analyses were conducted using the statistical package SPSS version 21.

Results

Descriptive statistics and bivariate associations are displayed in Table 1. Of the 366 participants in our study sample, 52% were African American, 15% were European American, and 33% were Latino. The majority of the participants were male (82%), never married (70%), with a mean age of 39.32 ($SD = 9.80$) years. More than half of participants had a high school diploma or GED (55%). Nearly three quarters (72%) reported drug charges with a similar percentage of participants on community supervision (either probation or parole). Most participants had nonviolent criminal charges, including property (64%) and public order (88%) crimes. Less than half of the participants (39%) had been charged with a violent crime, consisting mainly of robbery (27%) and assault (18%). The average years using alcohol was 15.57 ($SD = 12.02$) and illicit drugs was 16.79 ($SD = 9.75$). Participants had a median of 5 times being incarcerated during their lifetime and had a median time of 3 years in prison. The percentage of participants who had received outpatient and inpatient services for psychiatric problems was 23% and 29%, respectively.

The community supervision and non-community supervision groups were similar in terms of age, gender, number of drug treatments, and number of times incarcerated. Those on community supervision reported significantly less alcohol treatment (0.68 versus 1.83, $p = <.001$) and more years of overall illicit substance use (17.79 versus 13.97, $p = .004$) than the non-community supervision group. Additionally, participants on community supervision were less likely to have ever been married (74% versus 60%, $p = .007$) and had a more extensive criminal history, with more months incarcerated (75.21 versus 41.17, $p < .001$), a higher number of convictions (5.56 versus 3.34, $p = .001$), and more drug-related (75% versus 62%, $p = .013$), and property crime charges (68% versus 51%, $p = .002$). However, they were more likely to have graduated high school (59% versus 43%, $p = .008$) and less likely to have had any lifetime psychiatric hospitalization (23% versus 46%, $p < .001$).

Results for the multivariate analyses are presented in Table 2. Model 1 was statistically significant, $\chi^2(12) = 105.95$, $p = <.001$. The model explained 40.3% (Nagelkerke R^2) of the variance for community supervision and correctly classified 82.2% of cases. Inpatient psychiatric hospitalization (OR = 0.43; 95% CI [.21, .91]) and high school diploma or GED (OR = 2.18; 95% CI [1.18, 4.04]) were the only statistically significant predictors of group membership. Specifically, participants on community supervision were less than half as likely to have been psychiatrically hospitalized and over two times as likely to have graduated high school.

Finally, we tested a model examining the interactions between ethnicity and the previous significant associations to rule out the possibility that the significant main effects were an artifact of sampling bias, as ethnicity was confounded with dataset. Model 2 was statistically significant, $\chi^2(8) = 101.77$, $p = <.001$. The model explained 36.0% (Nagelkerke R^2) of the variance for community supervision and correctly classified 80.8% of cases. Results from this analysis showed that the high school diploma x ethnicity and the inpatient psychiatric services x ethnicity interactions were nonsignificant, demonstrating the main effects of education and psychiatric status persisted when indirectly controlling for sample.

Discussion

The purpose of the current study was to explore differences in sociodemographic characteristics and risk indicators between individuals on community supervision and individuals without current justice involvement in a sample of formerly incarcerated individuals with a history of substance use problems. Compared to those without current justice involvement, those on community supervision are more likely to have graduated high school and less likely to have ever been married or psychiatrically hospitalized. They also have a more extensive substance use and criminal history, including more years of illicit substance use, more criminal convictions, and more months spent incarcerated. However, these bivariate associations should be interpreted with caution due to sampling differences between the two parent studies that resulted in an inequivalent distribution of ethnicity between groups. This may be confounding ethnic group characteristics with community supervision characteristics. For example, Latinos represent a large proportion of the non-community supervision group, thus characteristics associated with the non-community supervision group may be driven in part by their association with Latinos rather than true differences in the population.

Multivariate analyses reveal people on community supervision are more likely to have graduated high school and less likely to have been hospitalized for psychiatric problems, even after controlling for the effect of ethnicity. Taken together, this combination of characteristics suggests the individuals on community supervision may be more stable and higher functioning relative to the formerly incarcerated group without current justice involvement. Although these results may seem counterintuitive, they likely reflect the characteristics of people most likely to be eligible for early release or placed on probation in lieu of incarceration.

In addition to the influence of educational attainment and mental illness on judicial and parole board decision-making (Caplan, 2007; Feder, 1994; Proctor, 1999; Hannah-Moffat, 2004), research has demonstrated indirect effects on parole outcomes through institutional behavior. Indirect mechanisms are particularly salient for our sample for two reasons: most of the sample was recently incarcerated, thus more likely to be on parole rather than probation; participants were recruited from Illinois, which abolished discretionary parole in the 1970s. Several studies have shown an inverse association between level of educational and disciplinary infractions, including violent misconduct (Cunningham, Sorensen, & Reidy, 2005; Cunningham & Sorensen, 2006; Felson, Silver, & Remster, 2012; Harer & Langan, 2001; Toch & Adams, 1986). Education may be an indicator of pre-confinement stability or community support (Cunningham & Sorensen, 2006; Feder, 1994); alternatively, it can be an indicator of rehabilitation if an inmate participated in education programs during imprisonment. Conversely, mentally ill prisoners are more likely to be charged with rule violations and receive disciplinary actions (James & Glaze, 2006; Matejkowski, Caplan, & Cullen 2010; O'Keefe, 2007). A study with a nationally representative sample of over 16,000 inmates found psychosis, depression, and paranoia were associated with both violent and nonviolent infractions while controlling for potential confounders such as prior violence and substance use (Felson et al., 2012). The connection between severe mental illness and misconduct may be due to the inmates' inability to fully understand the rules and regulations

of prisons (Turner, 2007) and behavioral disinhibition associated with the mental disorders (Felson et al., 2012).

There is also evidence that severe mental illness and low educational attainment are associated with poor post-incarceration outcomes and higher rates of recidivism (Cloyes, Wong, Latimer, & Abarca, 2010; Harlow, 2003; Lovell, Gagliardi, & Peterson, 2002, O'Keefe & Schnell, 2007) due in large part to their association with indicators of social disadvantage, such as living in violent neighborhoods, poverty, and unemployment (Barranger & Draine, 2013; Draine, Salzer, Culhane, & Hadley, 2002; Fisher & Drake, 2007; Wilson & Wood, 2014). However, the absence of significant differences in lifetime substance use or criminal involvement between study groups in our multivariate analysis suggests education and mental health do not provide much of an advantage within our sample. This surprising finding may be due to our sample consisting of people with substance use disorders; the potential benefits associated with higher education and better mental health may be outweighed by the risks associated with substance use. The positive association between substance use and criminal justice involvement is well established in the literature, with substance use being one of the strongest predictors of recidivism (Gendreau, Little, & Goggin, 1996; Håkansson & Berglund, 2012; Karberg & James, 2005; Visher, Yahner, & La Vigne, 2010). In addition to the burden substance use disorders pose on functional stability (e.g., maintaining legitimate employment and safe, stable housing), they also increase the likelihood of engaging in illegal, drug-related behaviors. A survey of inmates in 2004 found that nearly a third of state and a quarter of federal inmates committed their offense under the influence of drugs and nearly 20% of the inmates committed their crime to obtain money for drugs (Mumola & Karberg, 2006). This same study indicated that less than half of the prisoners who met the DSM-IV-TR criteria for substance dependence or abuse the year before they were incarcerated reported participating in any drug abuse program since their admission to prison. Even if prisoners are able to obtain treatment, most will participate in self-help and drug education programs (Mitchell, Wilson, & MacKenzie, 2007), which have not been associated with reductions in recidivism (Lipton, Falkin, Wexler, 1992; Pearson & Lipton, 1999). Unless substance use problems are adequately addressed for correctional populations, treatment gains made through in-prison rehabilitation programs or existing strengths may not have much of an effect on long-term outcomes.

There is reason to believe that transitional aftercare may be a critical component of the rehabilitation process that can promote the existing strengths of former prisoners on community supervision. Transitional aftercare has been shown to be associated with positive long term outcomes for correctional populations with substance use and psychiatric disorders (Bahr, Masters, & Taylor, 2012; Hiller, Knight, & Simpson, 1999; Inciardi, Martin, & Butzin, 2004; Johnson et al., 2013; Ventura, Cassel, Jacoby, & Huang, 1998). Given the fiscal constraints that often limit the funding to implement large scale, costly types of transitional care (e.g., professional treatment, case management), researchers and policymakers have become increasingly interested in the potential of self-sustaining recovery homes. Oxford House is one type of democratically-run abstinent recovery home that provides independent living and peer support within a safe, structured environment. Houses are single-sex and do not have professional staff. Rules are minimal, including paying one's share of living expenses, remaining abstinent, not being disruptive, and making

decisions democratically. Although residents do not have to engage in treatment, they are encouraged to stay connected with 12-step support groups. Research on the Oxford House model has demonstrated several positive outcomes, including reduced relapse and recidivism rates and increased employment and income (Jason, Olson, Ferarri, & LoSasso, 2006; Jason et al., 2015; Jason et al., 2007). Oxford Houses can be particularly beneficial for correctional populations; residential stability is the linchpin of successful community integration, allowing people to focus on obtaining employment, participating in treatment, and complying with community supervision (Lutze, Rosky, & Hamilton, 2014). Furthermore, the Oxford House network of homes has been listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices (2011). Given the multifaceted benefits of self-run recovery homes, future research should examine whether they could be an effective complement to community corrections that could provide functional and peer support integral to community reintegration.

Several limitations impacted the interpretability of study findings. Generalizability is limited to formerly incarcerated people with a history of substance use problems in Chicago, Illinois. Similar associations may be observed in other large, urban areas; however, differences across local and state policies and regulations governing community corrections agencies may impact outcomes. The cross-sectional design limits the ability to draw causal inferences between study variables and community supervision. Data were obtained through self-report, which increases the likelihood that information regarding substance use, psychiatric, and criminal history may have been under-reported. The pooling of two samples precluded the interpretation of ethnicity as a study variable. Nevertheless, this apparent drawback provided the opportunity to identify other important characteristics in the cycle of criminal justice involvement over and above the impact of ethnicity that warrant further inquiry. Moreover, it has been suggested that ethnicity is a social marker for poverty that has no unique predictive validity and may serve to further perpetuate stereotypes and stigma when examined in the absence of material resources (Lovell et al., 2002; Silver, Mulvey, & Monahan, 1999). Other limitations from the use of secondary data sources include unavailable information regarding type and duration of current community supervision involvement and length of time since most recent incarceration. Although the inability to distinguish between parole and probation status may mask important differences between these groups (e.g., probationers may have committed a new crime post incarceration, level of risk differences), in recent years the probation division has been supervising higher risk offenders, due in part to split sentencing or having to complete probation for another crime committed prior to incarceration (DeMichele & Payne, 2007). Furthermore, taking into account that most of the participants on community supervision are likely on parole, and the criminal and substance use histories between the community supervision and non-community supervision groups are similar, it is reasonable to presume that differences in criminality between probationers and parolees would be minimal. The conditions of supervision are also quite similar across probation and parole, with the revocation process representing the most significant difference between the two departments (Piehl & LoBuglio, 2005). Future research should examine people on community supervision as the primary population of inquiry with more detailed information about their current and past supervision involvement collected.

Despite these limitations, our study provides valuable information that is lacking in the literature about community corrections populations. Specifically, our study calls attention to the impact certain characteristics have on internal mechanisms of release that can place individuals at a disadvantage despite the intended purpose of determinate sentencing, which is to eliminate sentencing disparities. Furthermore, study findings indicate existing strengths of formerly incarcerated individuals are not being utilized and promoted to an extent that will overcompensate for weaknesses. Considering that community corrections will oversee most people who come into contact with the justice system, it is important to continue investigating how to use these agencies as a point of intervention to promote strengths and reduce risks to improve long-term outcomes. With resource deficiencies limiting the ability of community corrections to provide more supportive services to those they supervise, additional consideration should be given to identifying community-based resources to fill the service gap.

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Table 1

Means, standard deviations, and percentages of sociodemographic, substance use, and justice involvement characteristics by study group

	Community Supervision		Sample (n = 366)	p
	Yes (n = 269)	No (n = 97)		
	M (SD)	M (SD)	M (SD)	
Age	39.85 (10.06)	37.87 (8.95)	39.32 (9.80)	
Number of alcohol treatments	0.68 (1.89)	1.83 (3.45)	0.99 (2.46)	***
Number of drug treatments	2.87 (3.48)	3.76 (4.72)	3.11 (3.86)	
Substance use ¹				
Alcohol	15.91 (12.21)	14.68 (11.51)	15.57 (12.02)	
Alcohol consume to intoxication	13.38 (12.27)	11.28 (10.34)	12.77 (11.77)	
Illicit substances ²	17.79 (9.78)	13.97 (9.15)	16.79 (9.75)	**
Heroin	8.34 (10.92)	6.78 (9.37)	7.92 (10.54)	
Methadone	0.22 (1.21)	0.63 (2.90)	0.32 (1.82)	**
Other opiates/analgesics	0.41 (2.14)	0.80 (2.79)	0.51 (2.33)	*
Barbiturates	0.08 (1.00)	0.11 (.61)	0.09 (0.91)	
Sedative/hypnotics/tranquilizers	0.36 (1.51)	1.08 (3.48)	0.55 (2.23)	*
Cocaine	10.33 (9.97)	9.73 (8.76)	10.17 (9.65)	
Amphetamines	0.14 (1.17)	0.11 (0.59)	0.13 (1.04)	
Cannabis	7.86 (10.30)	7.31 (8.82)	7.72 (9.92)	
Hallucinogens	0.57 (2.15)	0.32 (1.09)	0.51 (1.93)	
Inhalants	0.09 (0.66)	0.27 (1.04)	0.14 (.78)	**
More than 1 substance	10.94 (9.34)	10.67 (9.43)	10.87 (9.37)	
Legal status				
Number of times incarcerated	9.59 (17.15)	7.05 (8.84)	8.91 (15.40)	
Months incarcerated	75.21 (77.42)	42.17 (65.60)	66.25 (75.75)	***
Number of convictions	5.56 (5.56)	3.34 (4.86)	4.96 (5.46)	**
	% (n)	% (n)	% (n)	p
Gender				
Male	85.9 (231)	83.5 (81)	85.2 (312)	
Female	14.1 (38)	16.5 (16)	14.8 (54)	
Education				
Graduated high school/GED	59.0 (157)	43.3 (42)	54.8 (199)	**
Marital Status				
Never married	74.3 (197)	59.8 (58)	70.4 (255)	**
Ethnicity				***
European American	19.3 (52)	4.1 (4)	15.3 (56)	*
African American	62.1 (167)	23.7 (23)	51.9 (190)	*
Hispanic/Latino	18.6 (50)	72.2 (70)	32.8 (120)	*

	Community Supervision			<i>p</i>
	Yes (n = 269)	No (n = 97)	Sample (n = 366)	
	M (SD)	M (SD)	M (SD)	
Psychiatric Status				
Inpatient treatment	23.1 (62)	46.3 (44)	29.2 (106)	***
Outpatient treatment	19.5 (52)	31.2 (29)	22.6 (81)	*
Charged offense				
Drug	75.2 (200)	61.9 (60)	71.6 (260)	*
Violent	39.8 (106)	37.1 (36)	39.1 (142)	
Homicide or manslaughter	3.0 (8)	3.1 (3)	3.0 (11)	
Robbery	27.4 (73)	25.8 (25)	27.0 (98)	
Rape	0.8 (2)	0 (0)	0.6 (2)	
Assault	18.4 (49)	16.5 (16)	17.9 (65)	
Property	68.2 (182)	50.5 (49)	63.5 (231)	**
Shoplifting	49.1 (131)	41.2 (40)	47.0 (171)	
Burglary/larceny/breaking & entering	36.8 (98)	19.6 (19)	32.2 (117)	**
Forgery	7.5 (20)	7.2 (7)	7.4 (27)	
Arson	0.4 (1)	2.1 (2)	0.8 (3)	
Public Order	88.0 (235)	87.6 (85)	87.9 (320)	
Parole/probation violation	68.5 (183)	49.5 (48)	63.5 (231)	**
Weapons	20.7 (55)	24.7 (24)	21.8 (79)	
Prostitution	5.6 (15)	9.3 (9)	6.6 (24)	
Contempt of court	5.7 (15)	13.4 (13)	7.7 (28)	*
Disorderly conduct, public intoxication	44.4 (118)	37.1 (36)	42.4 (154)	
Driving while intoxicated (DWI)	17.7 (47)	26.8 (26)	20.1 (73)	
Major driving violations	29.1 (77)	43.3 (42)	32.9 (119)	*

Note. Valid percentages; lifetime data.

¹In years.

²Most number of years reported of any illicit substance use

* p < .05,

** p < .01,

*** p < .001

Table 2

Multiple Logistic Regression Models Predicting Group Membership

Predictor	Model 1		Model 2	
	<i>b</i> (SE)	OR	<i>b</i> (SE)	OR
African American	−0.48 (0.68)	0.62	0.23 (1.14)	1.02
Latino	−2.51 (0.65)**	0.08	−2.83 (1.13)*	0.06
High School Graduate	0.78 (0.31)*	2.18	0.47 (1.21)	1.60
Never Married	0.42 (0.34)	1.53		
Inpatient	−0.84 (0.38)*	0.43	−0.12 (1.20)	0.88
Outpatient	0.40 (0.43)	1.49		
Alcohol Treatment	−0.13 (0.09)	0.88		
Illicit Substance Use	0.02 (0.02)	1.02		
Months Incarcerated	−0.00 (0.01)	1.00		
Number Convictions	0.36 (0.36)	1.04		
Drug Charge	−0.03 (0.35)	0.97		
Property Crime	0.25 (0.33)	1.29		
African American X HS Graduate			−0.32 (1.30)	0.73
Latino X HS Graduate			0.53 (1.27)	1.70
African American X Inpatient			−1.07 (1.29)	0.34
Latino X Inpatient			−0.41 (1.27)	0.67

Note. Illicit Substance Use = years of illicit substance use; OR = odds ratio.

**
p < .01;

*
p < .05.