

A light gray map of Michigan with white county boundaries is visible in the background. A semi-transparent green rectangular box is overlaid on the map, containing the title and subtitle text.

# Treatment Episode Data Set

## Criminal Justice-Related Treatment Episodes

Michigan 2022

**What are TEDS data?** The Treatment Episode Data Set (TEDS) contains data that explore substance use disorder (SUD) treatment admissions and discharges among publicly funded facilities across the United States. State law requires SUD treatment programs to report client-level data into their state agency data system and then this is reported to Substance Abuse and Mental Health Services Administration (SAMHSA). See this website for more information on the TEDS dataset.

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**Who is this data brief about?** This brief covers people who were referred to treatment in Michigan while involved in the criminal justice system (CJS). According to TEDS, there were a total of **17,850 publicly funded SUD treatment admissions** in 2022 and **6,928 (39%) of those stemmed from a CJS referral**. The referrals came from probation (62%), parolee from a state or federal correctional facility (24%), jail (6%), pre-sentencing/pre-disposition (3%), pre-trial/preliminary hearing (2%), tether (1%), juvenile detention center (<1%), booking diversion (<1%), post-booking diversion (<1%) and prison (<1%). These data include people who were residents of Michigan, over 12 years of age, whose substance of use was not limited to alcohol and received treatment in 2022. Data are limited to admission intakes and excludes discharge data.

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**Why was this population selected?** The population involved in the CJS remains one of the most vulnerable groups in the United States for fatal overdose. A 2020 study, working with four Michigan jails over three months, found 14% of individuals screened positive for an Opioid Use Disorder (OUD).<sup>1</sup> Individuals are at an increased risk of overdose upon release, especially in the first two weeks.<sup>2</sup> This may be due to several factors, such as low tolerance, little social support, relapse into substance use and lack of financial resources.<sup>3</sup>

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**What topics are covered in this data brief?** Topics include demographics, employment, location of residence, veteran status, mental health treatment, current treatment details, past treatment details and substance(s) of use.

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**What are the limitations of the data?** These data are based on each individual admission, not each individual. These data only cover publicly funded treatment centers; privately funded treatment is not included. Approximately 638,000 Michigan residents experience an SUD but only 20% (127,600) receive treatment, public or private. Treatment episode volume is based on availability and funding; data are therefore not representative of the demand for substance use treatment nor the prevalence of substance use in Michigan.

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**What are the biggest take-aways?** The majority of people who received treatment via a CJS referral were male, white and between the ages of 25 and 34. Even though a majority were at a prime workforce age, most individuals receiving treatment were unemployed and did not have a source of income. While most people received treatment within two weeks, only 28% of individuals eligible for Medication Assisted Therapy/Medication for Opioid Use Disorder (MAT/MOUD) received it; 84% had not been involved in a self-help group, suggesting a possible barrier to accessing such programs. Overall, heroin and methamphetamine were most commonly cited as the primary substance used. Injection and smoking were common routes of use, suggesting an opportunity for engagement via Syringe Service Programs (SSPs), who offer a wide range of harm reduction services. The Michigan Overdose Data to Action (MODA) surveillance team will discuss these findings with public health professionals working on SUD prevention activities and will identify areas for continued investigation and analysis.

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**Technical notes** The data were pulled from the MiLogin Behavioral Health - Treatment Episode Data Set (BH-TEDS) application by performing an "Admission Extract" for 2022. Data are from the Michigan Department of Health and Human Services (MDHHS); Behavioral and Physical Health and Aging Services Administration (BPHASA). Accessed April 5, 2023. This dataset was filtered on the *referral source* variable to those encounters labeled *court/criminal justice referral/DUI/DWI*. The filtered dataset was used to create frequencies across demographic and treatment categories, from which the counts and percentages included herein were derived.

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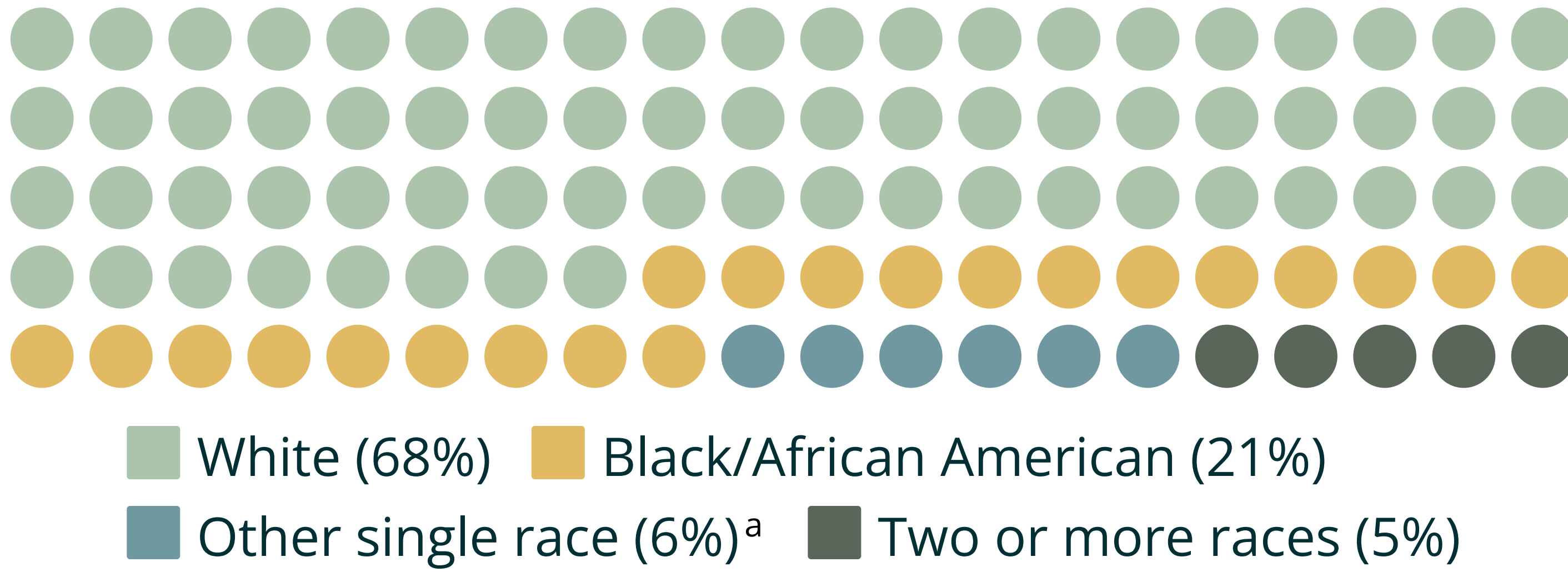
## References

<sup>1</sup> Wayne State University School of Social Work Center for Behavioral Health and Justice. Opioid use disorder in Michigan jails. 2021. [https://behaviorhealthjustice.wayne.edu/oud-mi-jails/oud\\_in\\_michigan\\_jails\\_cbhj-11\\_17\\_21.pdf](https://behaviorhealthjustice.wayne.edu/oud-mi-jails/oud_in_michigan_jails_cbhj-11_17_21.pdf)

<sup>2</sup> Binswanger IA, Nowels C, Corsi KF, et al. Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors. *Addiction Science and Clinical Practice* 2012;7(1):1-9. doi.org/10.1186/1940-0640-7-3/TABLES/1

<sup>3</sup> Rhyan, C., Turner, A., Ehrlich, E., & Stanik, C. Access to behavioral health care in Michigan. Ann Arbor, MI: Altarum Solutions to Advance Health. 2019. Retrieved from [https://altarum.org/sites/default/files/uploaded-publication-files/Altarum\\_Behavioral-Health-Access\\_Final-Report.pdf](https://altarum.org/sites/default/files/uploaded-publication-files/Altarum_Behavioral-Health-Access_Final-Report.pdf).

## Race



<sup>a</sup>Other single race include Alaskan Native, American Indian, Asian, Native Hawaiian or other Pacific Islander.

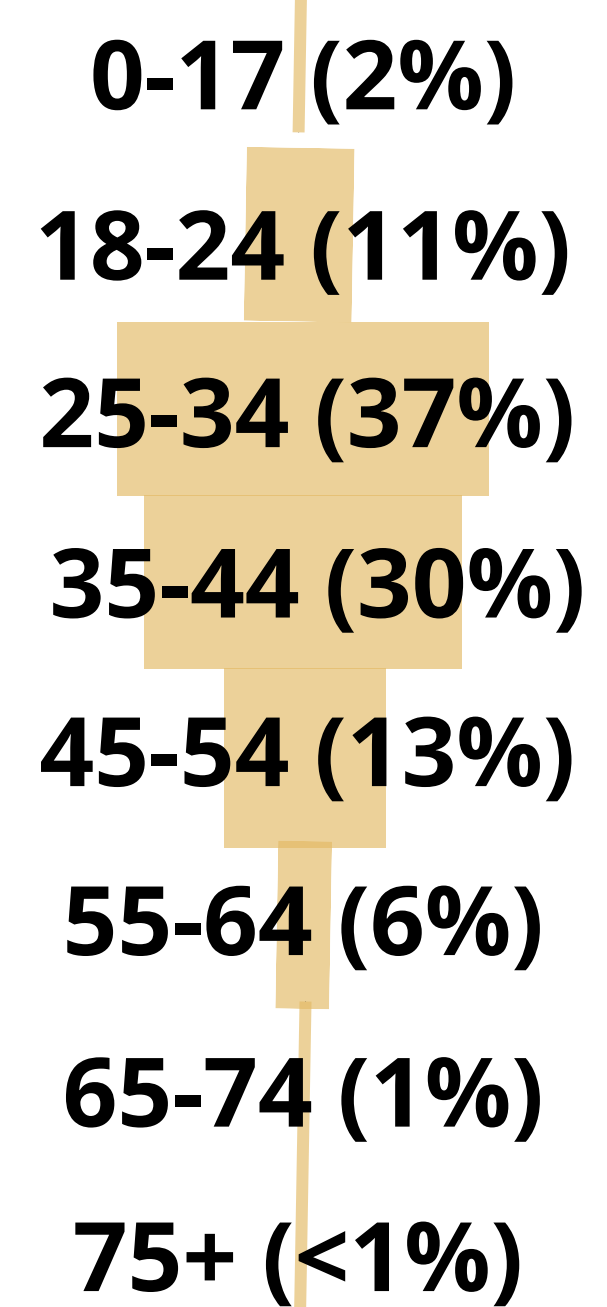
According to Michigan Census Data from 2022: white (74%), Black/African American (14%), other single race (6%) and two or more races (6%).<sup>b</sup>

## Ethnicity

Hispanic or Latino	6%
Other/Unspecified	58%
Mexican	37%
Puerto Rican	4%
Cuban	1%

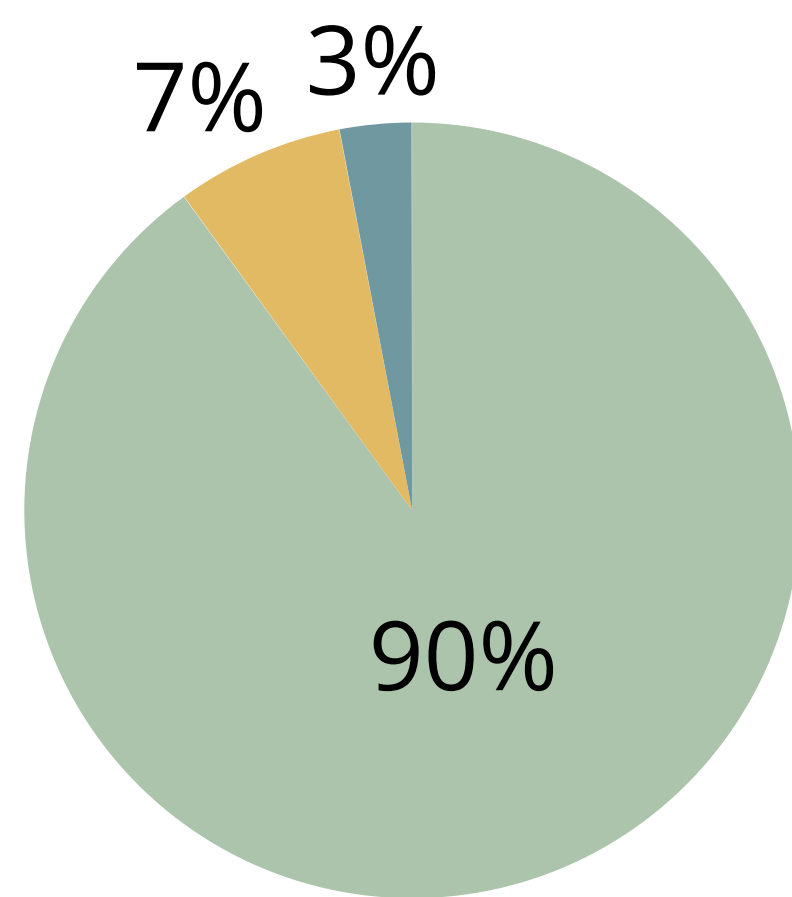
According to Michigan Census Data from 2022: Hispanic or Latino (6%).<sup>b</sup>

## Age at time of treatment (in years)



According to Michigan Census Data from 2022: 0-17 (21%), 18-24 (10%), 25-34 (13%), 35-44 (12%), 45-54 (12%), 55-64 (14%), 65-74 (11%) and 75+ (7%).<sup>b</sup>

## Highest level of education



- Less than high school diploma (90%)
- High school diploma/GED (7%)
- Some college, college degree, vocational school (3%)

According to Michigan Census Data from 2022 for population over 25 years of age: less than high school diploma (8%), high school diploma/GED (28%) and some college, college degree, vocational school (64%).<sup>b</sup>

## Sex & gender identity

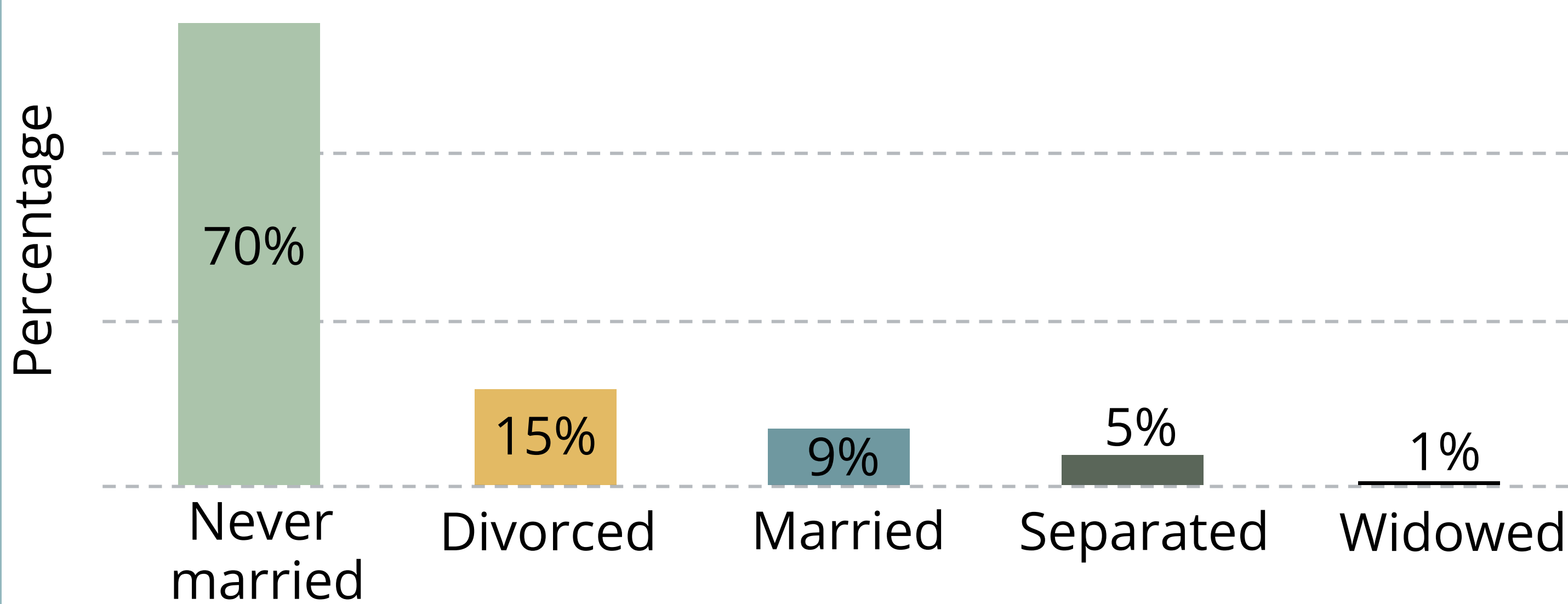


<sup>c</sup> 99% of males identified as man/cis-gender man.

<sup>d</sup> 98% of females identified as woman/cis-gender woman.

According to Michigan Census Data from 2022: male (50%), female (50%).<sup>b</sup>

## Marital status



According to Michigan Census Data from 2022: never married (34%), divorced (12%), married (48%), separated (1%) and widowed (6%).<sup>b</sup>

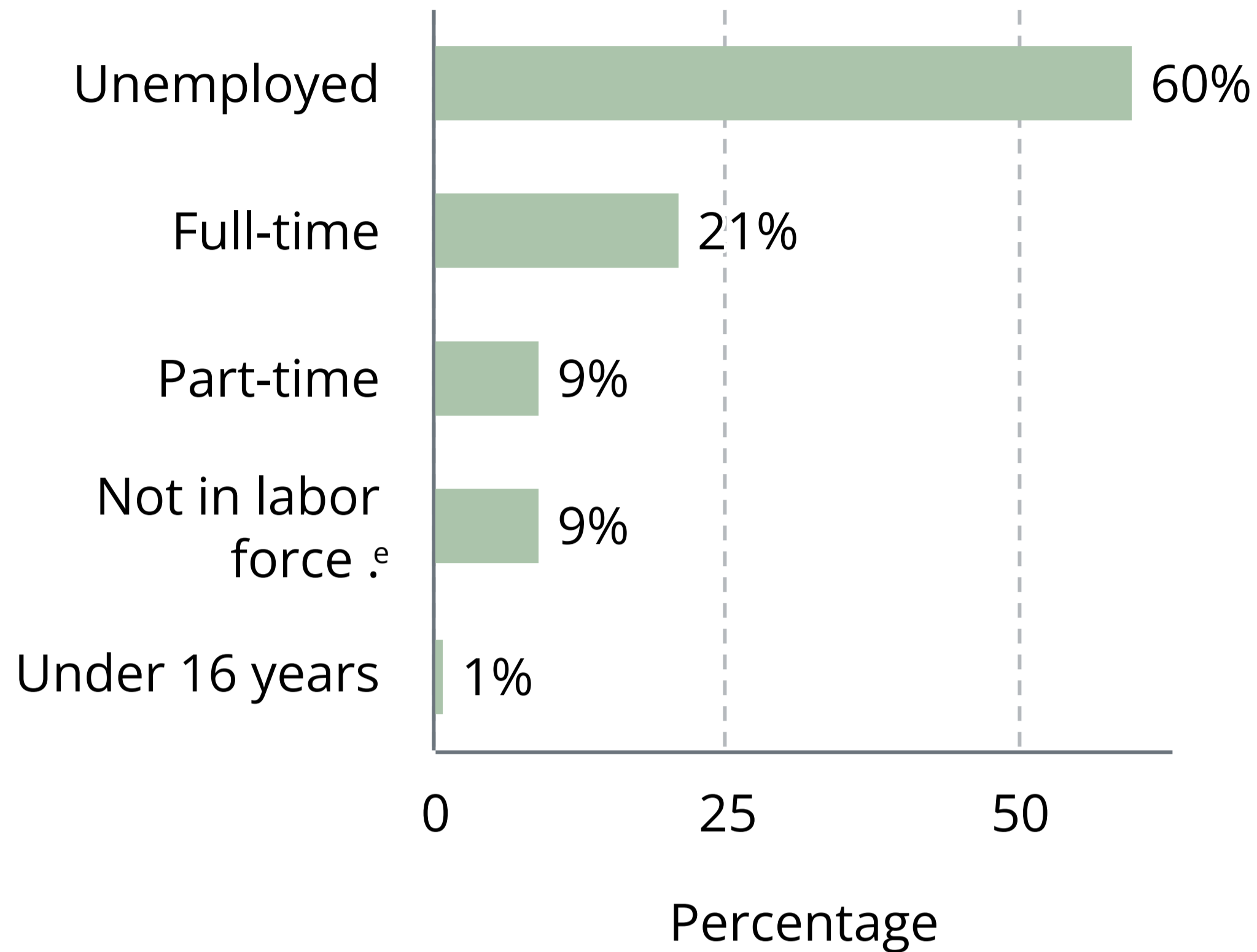
**Takeaway** The majority of people who received treatment via a CJS referral were male, white, between the ages of 25 and 34, never married and had less than a high school diploma.

<sup>b</sup> United States Census Bureau. 2022. Michigan Data. Retrieved from <https://data.census.gov/profile/Michigan?g=040XX00US26>

# Employment<sup>1</sup>

<sup>1</sup>Employment variables are based on working status as of entering treatment.

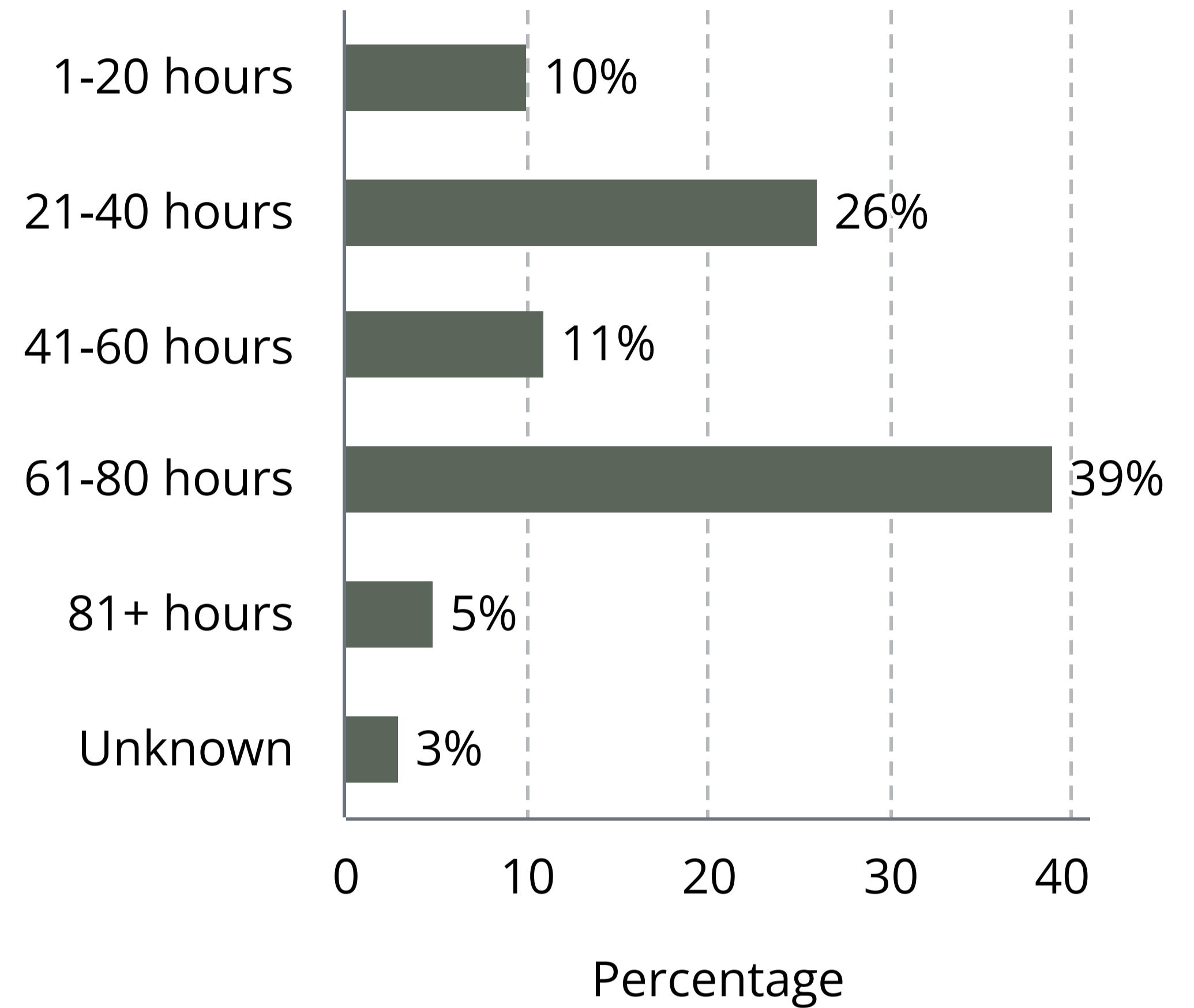
## Employment status



<sup>e</sup> Not in Competitive, Integrated Labor Force: An individual: a) who has not looked for work in the past 30 days; b) whose current disability symptoms prevent him/her from competitively or non-competitively working; c) who is primarily a student, homemaker, retired, inmate of an institution; or d) who works in a non-competitive or non-integrated environment.

According to Michigan Census Data from 2022: Employed (59%).<sup>b</sup>

## Hours worked in the last two weeks<sup>f</sup>



<sup>f</sup> Among those who were employed part-time or full-time.

According to Michigan Census Data from 2022: Mean hours worked (77 hours).<sup>b</sup>

## Total annual income

61%  
\$0

9%  
\$1-9,999

17%  
\$10,000-24,999

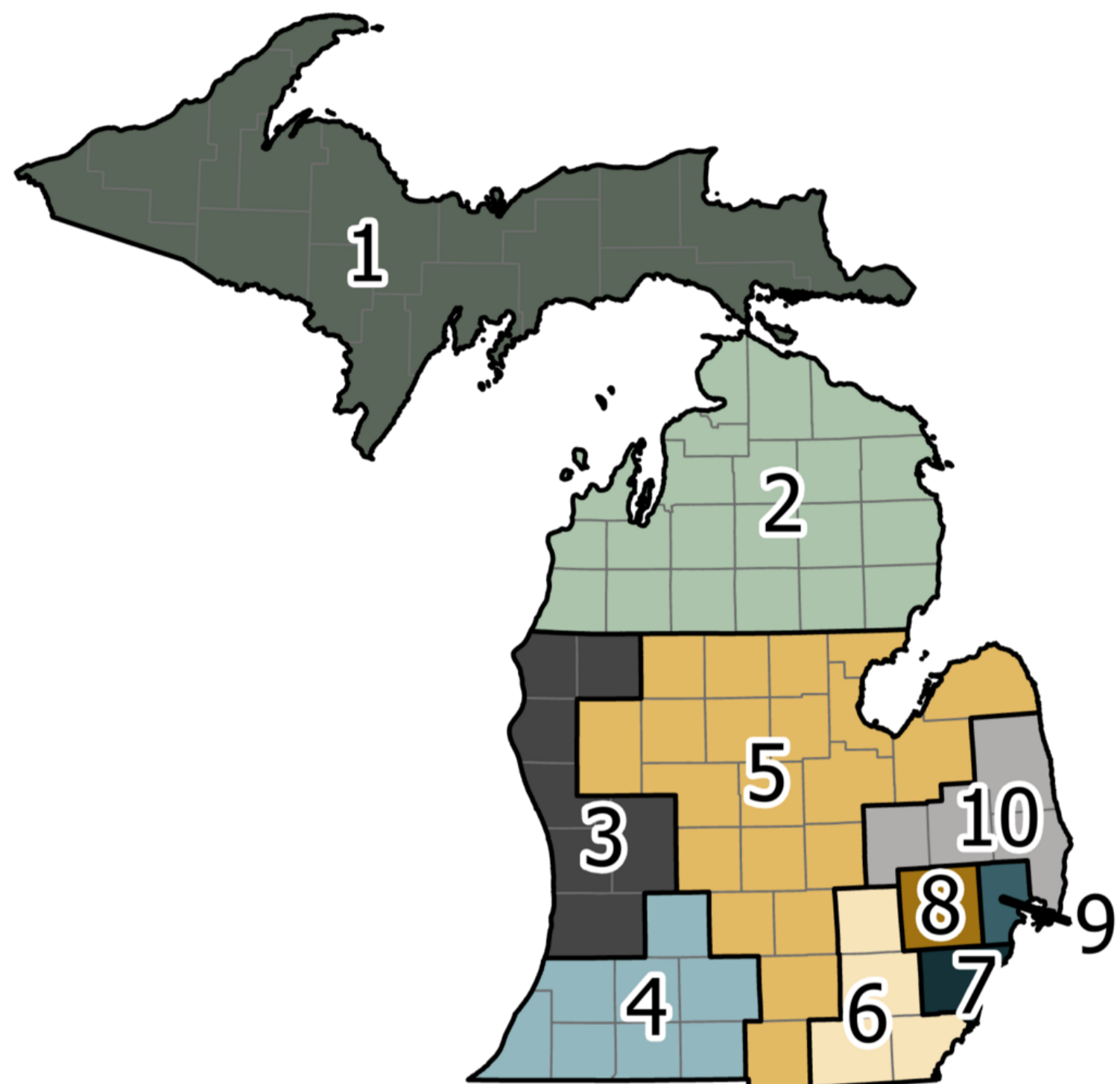
11%  
\$25,000-44,999

2%  
\$45,000+

**Takeaway.** The majority of people who received treatment via a CJS referral were unemployed and did not have income. Of those who were employed, most worked over 40 hours per two weeks.

<sup>b</sup> United States Census Bureau. 2022. Michigan Data. Retrieved from <https://data.census.gov/profile/Michigan?g=040XX00US26>

## Residence by PHIP<sup>g</sup> region

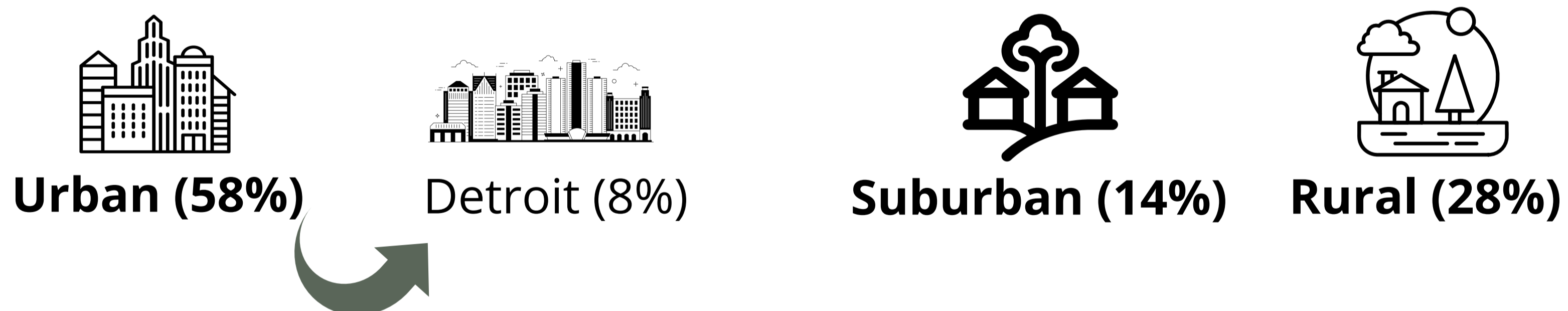


- 1: NorthCare Network (5%)
- 2: Northern Michigan Regional Entity (7%)
- 3: Lakeshore Regional Entity (11%)
- 4: Southwest Michigan Behavioral Health (18%)
- 5: Mid-State Health Network (30%)
- 6: CMH Partnership of Southeast Michigan (5%)
- 7: Detroit Wayne Integrated Health Network (10%)
- 8: Oakland Community Health Network (3%)
- 9: Macomb County Mental Health Services (2%)
- 10: Region 10 (10%)

<sup>g</sup> PHIP = Prepaid Inpatient Health Plan; A PHIP is an organization that manages the Medicaid mental health, developmental disabilities and substance abuse services in their geographic area under contract with the State.

## Residence by urbanicity<sup>h</sup>

for those with stable housing (93%)

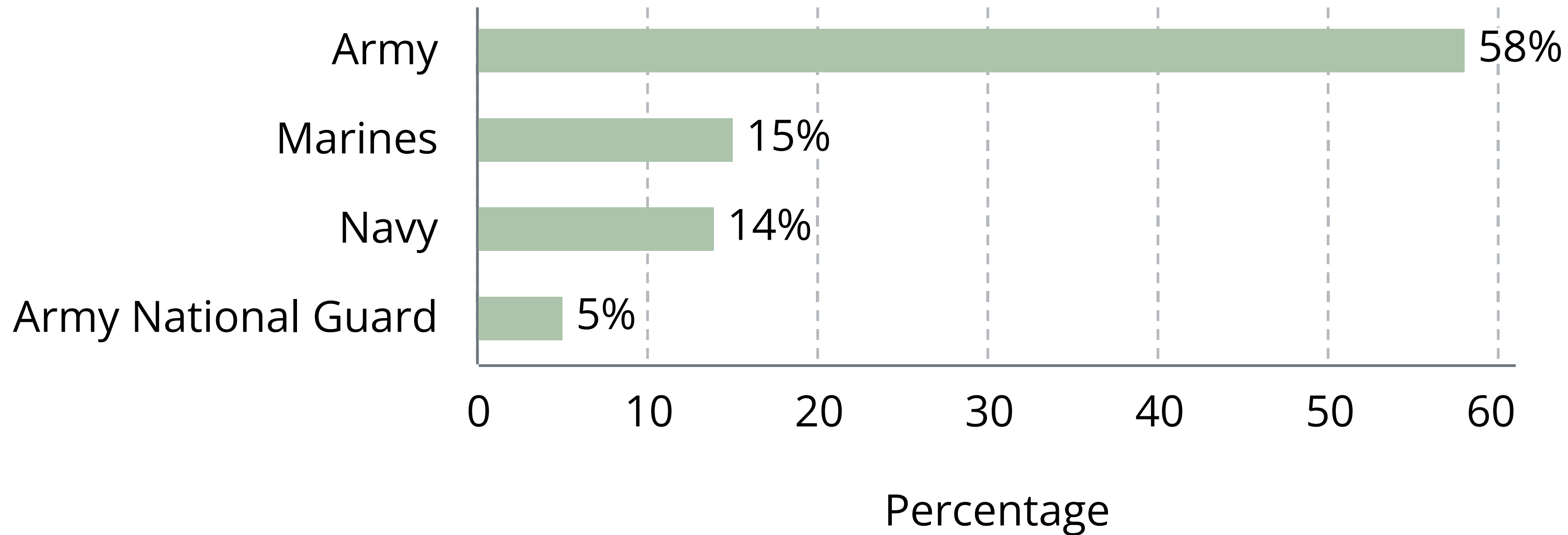


<sup>h</sup> The urbanicity categories are based on the National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties. The NCHS scheme classifies counties into six levels of urbanicity: large central metro, medium metro, small metro, large fringe metro, micropolitan and noncore. For ease of interpretation, these categories were combined into three levels: Urban (large central metro, medium metro, small metro), Suburban (large fringe metro) and Rural (micropolitan, noncore).

**Takeaway.** The majority of people who received treatment via a CJS referral had residency in the Mid-State Health Network PHIP region and were from an urban city. Approximately 8% of the urban population had residency in Detroit.

# Veteran

## Branch of military



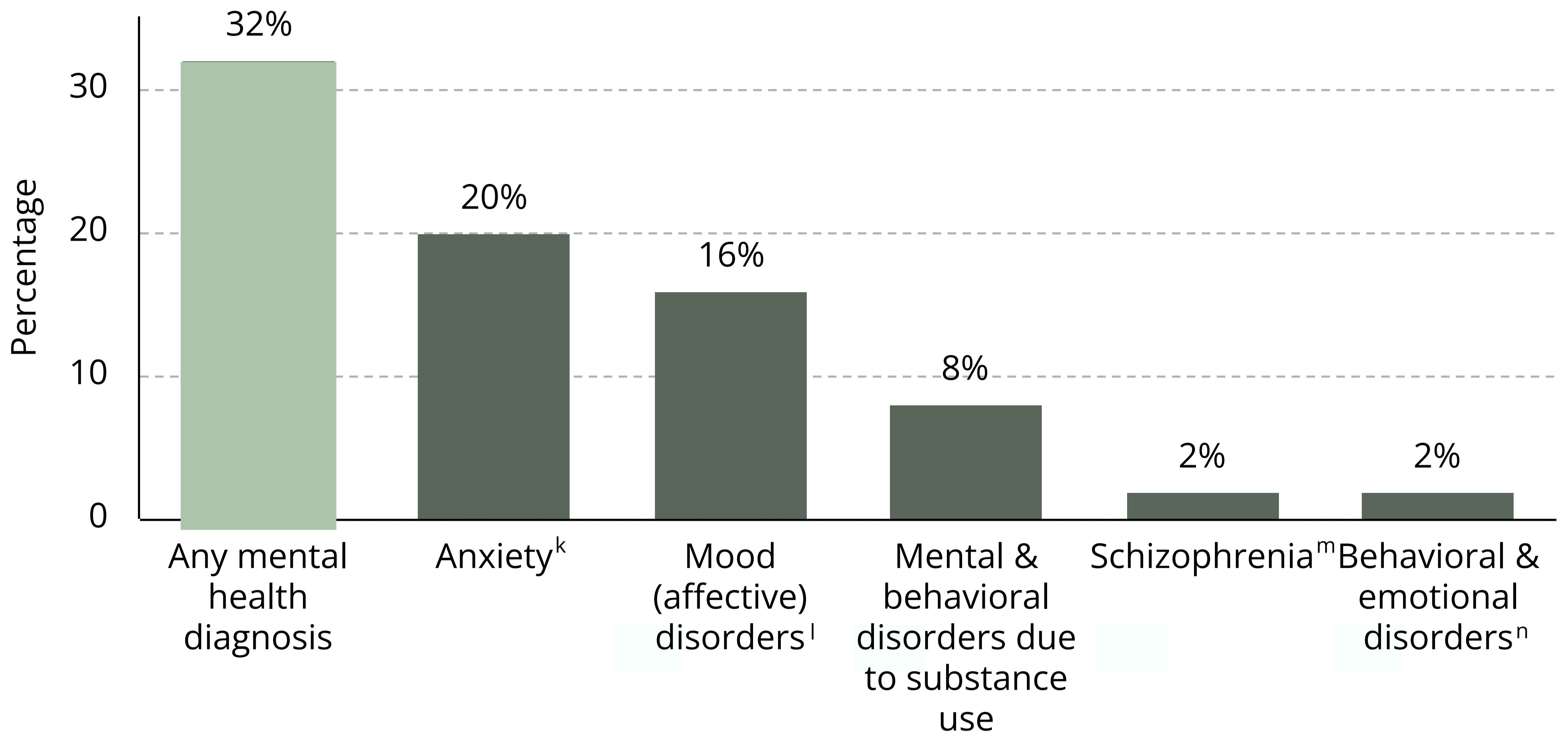
1%: Air Force, Air Force National Guard



**79%**  
of veterans  
receive support  
from the VA

**Takeaway.** Only 2% of individuals who received treatment via a CJS referral were veterans. The majority of veterans were receiving support from the VA. Over half of veterans served in the Army.

## Diagnosis/diagnoses<sup>ij</sup>



<sup>i</sup> A client can be represented in more than one diagnosis.

<sup>j</sup> Two diagnostic categories not on the chart include:

1%: Disorders of adult personality and behavior

<1%: Pervasive and specific developmental disorders; Mental disorder due to known physiological conditions; Intellectual Disabilities; Behavioral syndromes associated with physiological disturbances and physical factors.

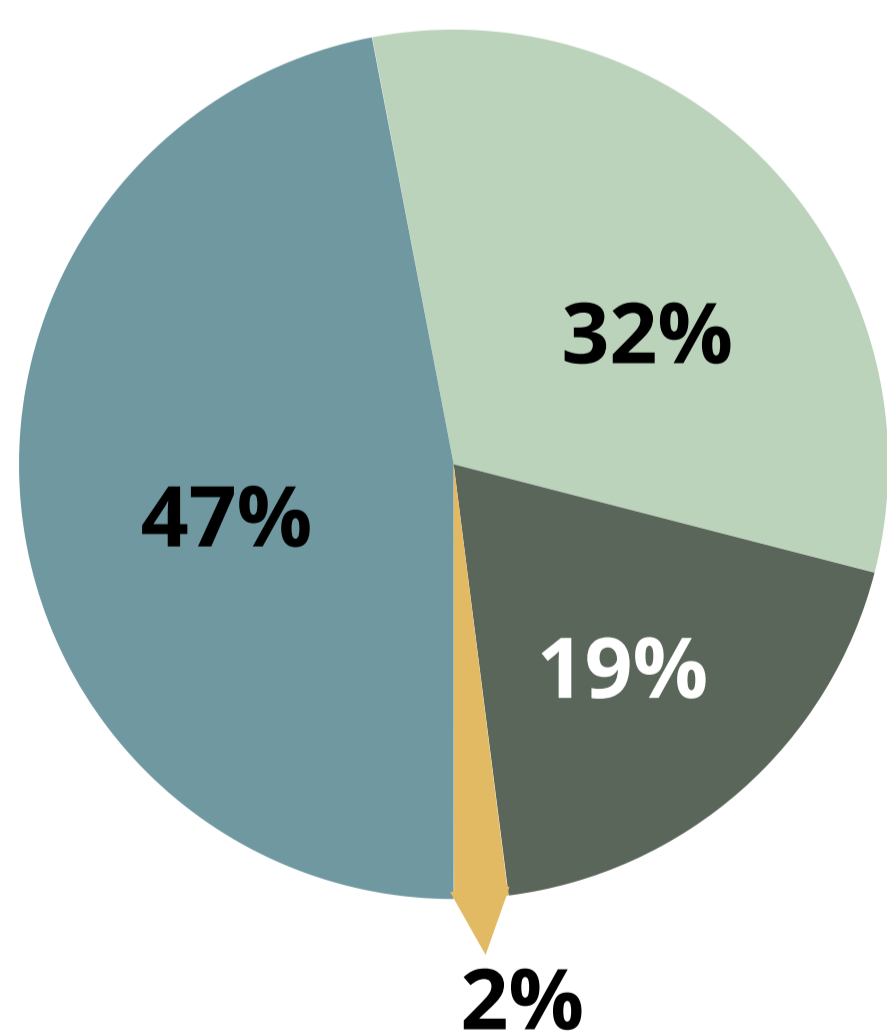
<sup>k</sup> Includes anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders.

<sup>l</sup> Mental & behavioral disorders due to psychoactive substance use.

<sup>m</sup> Includes schizophrenia, schizotypal, delusional and other non-mood psychotic disorders.

<sup>n</sup> Includes behavioral & emotional disorders: onset usually occurring in childhood and adolescence.

## Integrated mental health treatment<sup>o</sup>

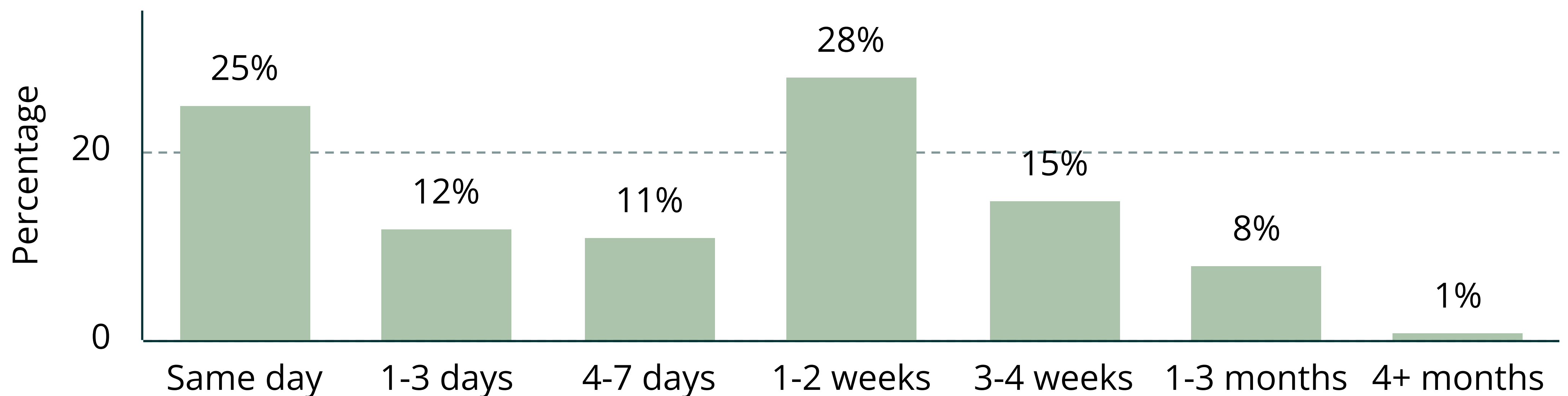


- Client does NOT have a co-occurring substance use and mental health condition.
- Client with co-occurring substance use and mental health conditions **are not currently receiving integrated treatment.**
- Client with co-occurring substance use and mental health conditions **is being treated with an integrated treatment plan.**
- Unknown

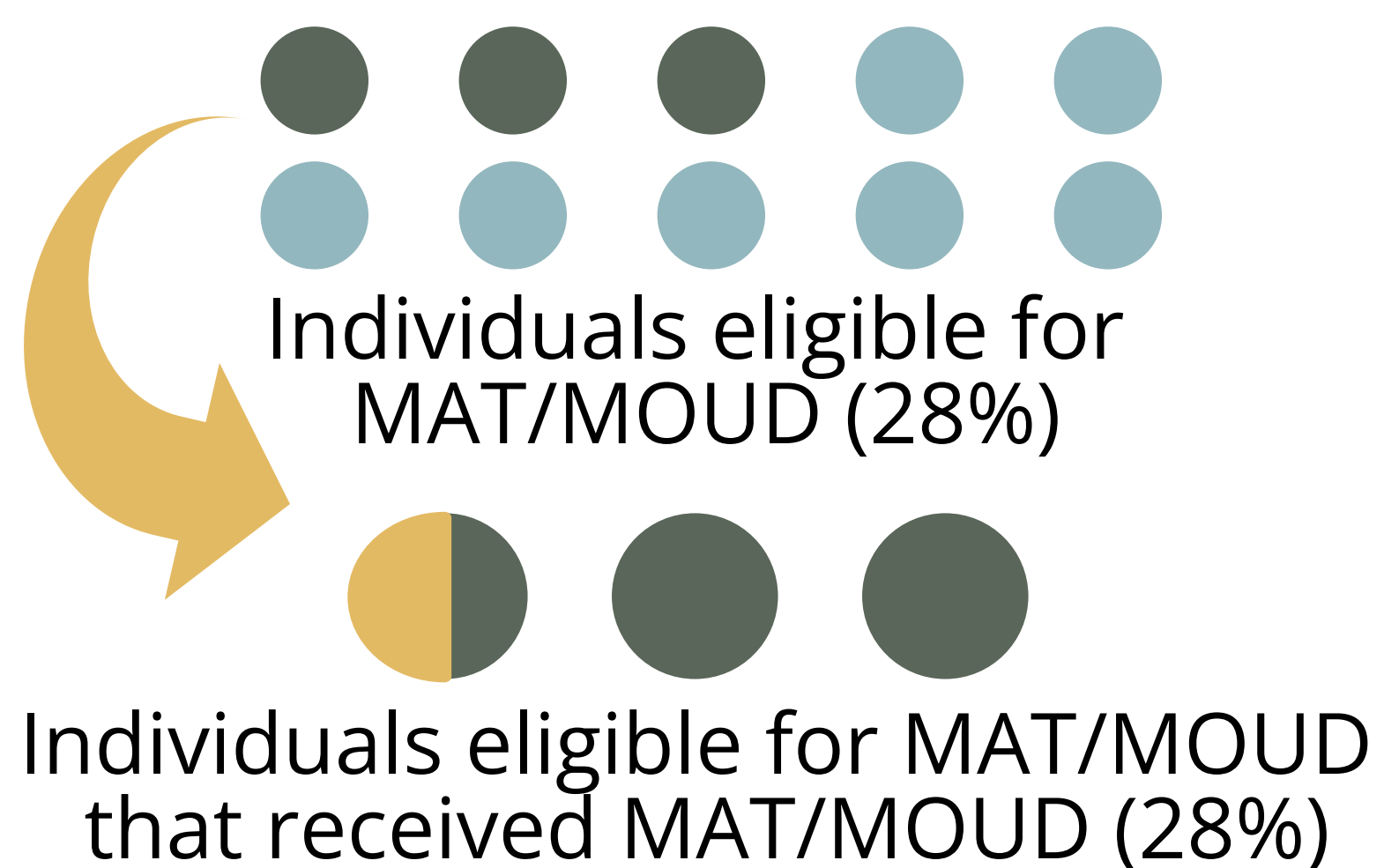
<sup>o</sup> Integrated mental health treatment: when an individual receives MH and SUD treatment managed by a single entity under an integrated treatment plan.

**Takeaway** Approximately one-third of people who received treatment via a CJS referral had at least one diagnosed mental illness. Anxiety was the most common mental health diagnosis, followed closely by mood (affective) disorders. While almost half of individuals did not have a co-occurring substance use and mental health condition, about one-third were not receiving integrated treatment for their co-occurring substance use and mental health condition.

## Time to treatment from first contact/request for service



### MAT/MOUD<sup>p</sup>



<sup>p</sup>Medication assisted treatment/ medication for opioid use disorder

### Treatment type

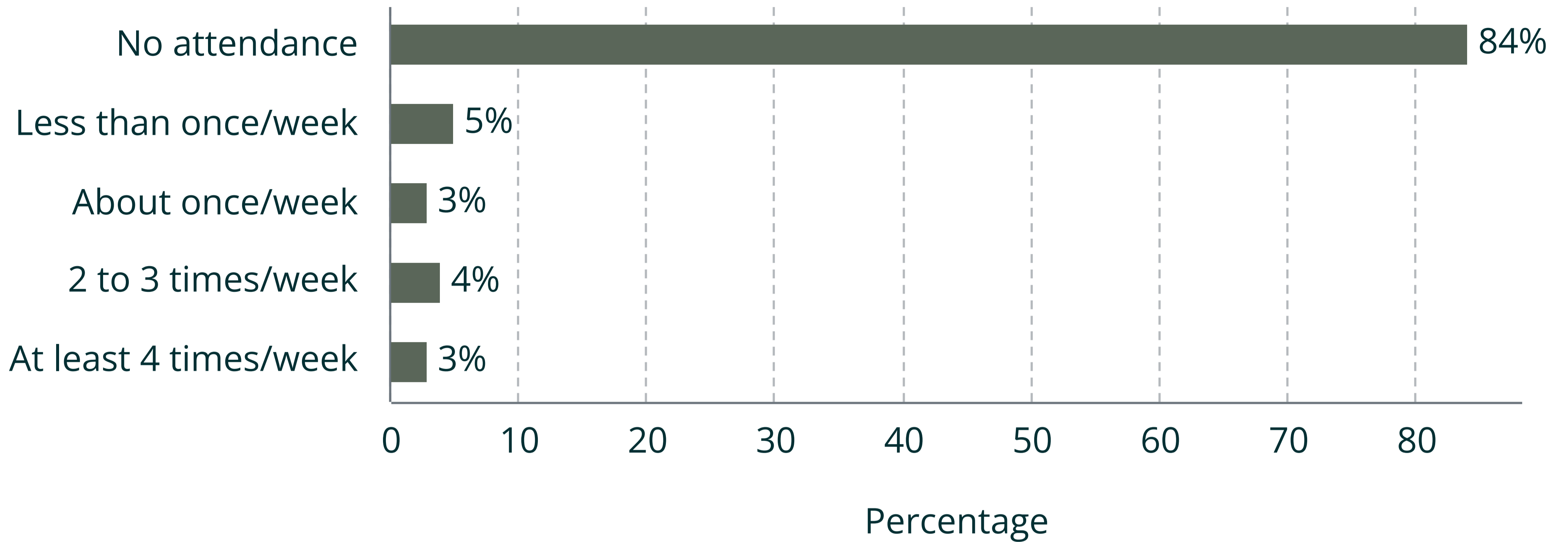
### Percentage

Outpatient - non-intensive outpatient	75%
Outpatient - intensive outpatient	12%
Rehabilitation/residential - short term (</=30 days)	6%
Rehabilitation/residential - long term (30+ days)	6%

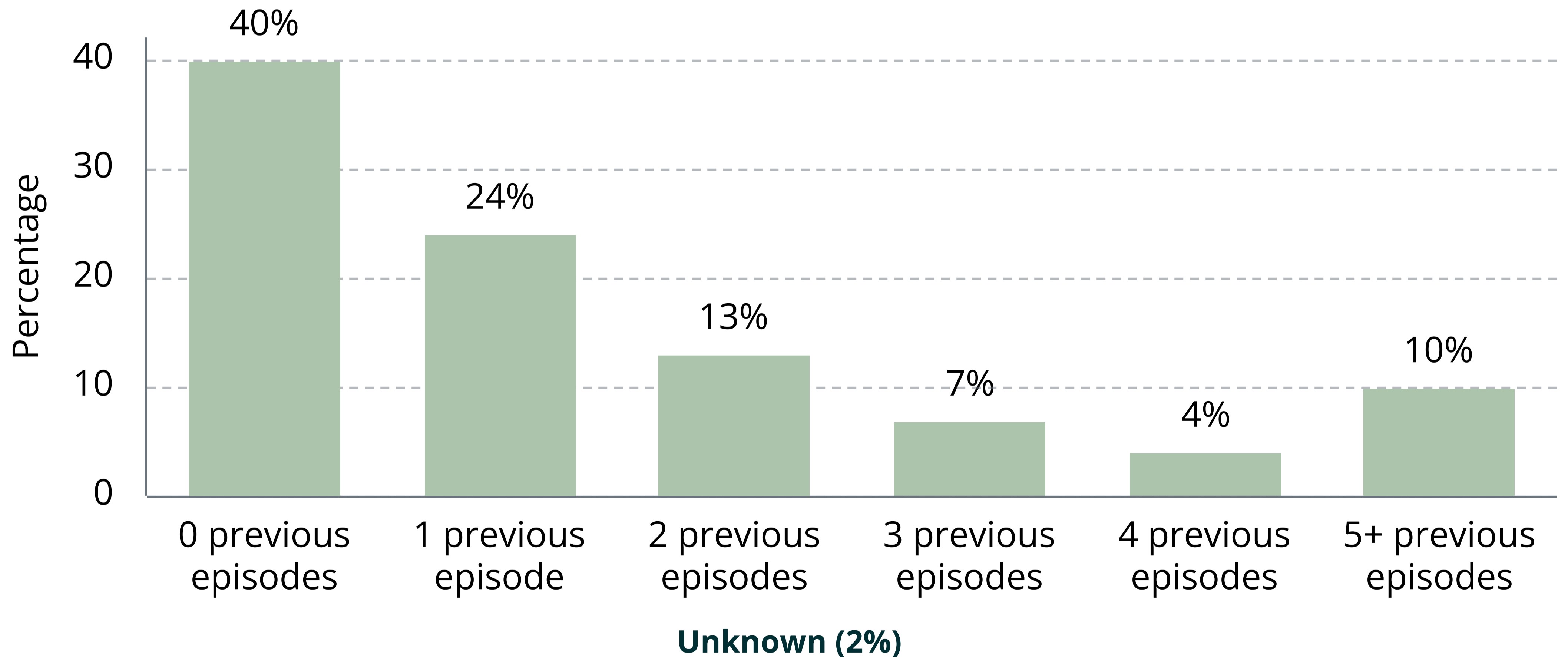
<1%: Outpatient- detoxification;  
<1%: Detoxification, 24 hour service, free-standing residential

**Takeaway.** The majority of people who received treatment via a CJS referral started within two weeks from the date of referral. Non-intensive outpatient treatment was the most common form of treatment. About a quarter of individuals were eligible for MAT/MOUD; among them, only about a quarter actually received it.

## Attendance in the last 30 days in self-help groups

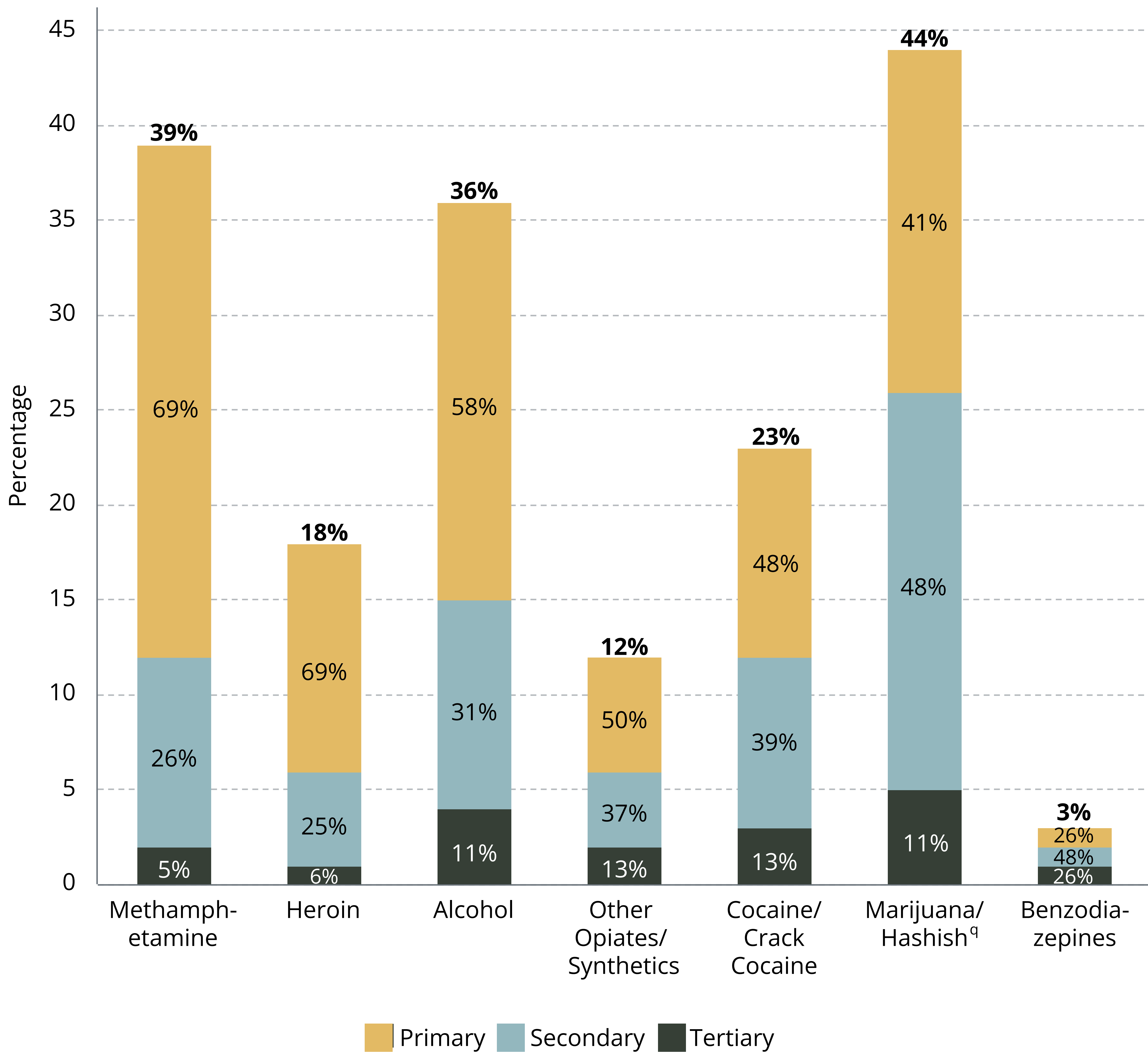


## Previous treatment



**Takeaway.** Almost everyone who received treatment via a CJS referral had not attended a self-help group in the last 30 days. Over half of people received treatment previously.

## Substance(s) of use



<sup>q</sup>10% of people cited marijuana/hashish as their ONLY substance of use.

**Takeaway.** Methamphetamine, heroin and alcohol were the most cited primary substances of use. Marijuana/hashish was the most used substance and benzodiazepines were the least used substances.

# Substances of Use

## Methamphetamine

**39%** Treatment episode where methamphetamine use was listed

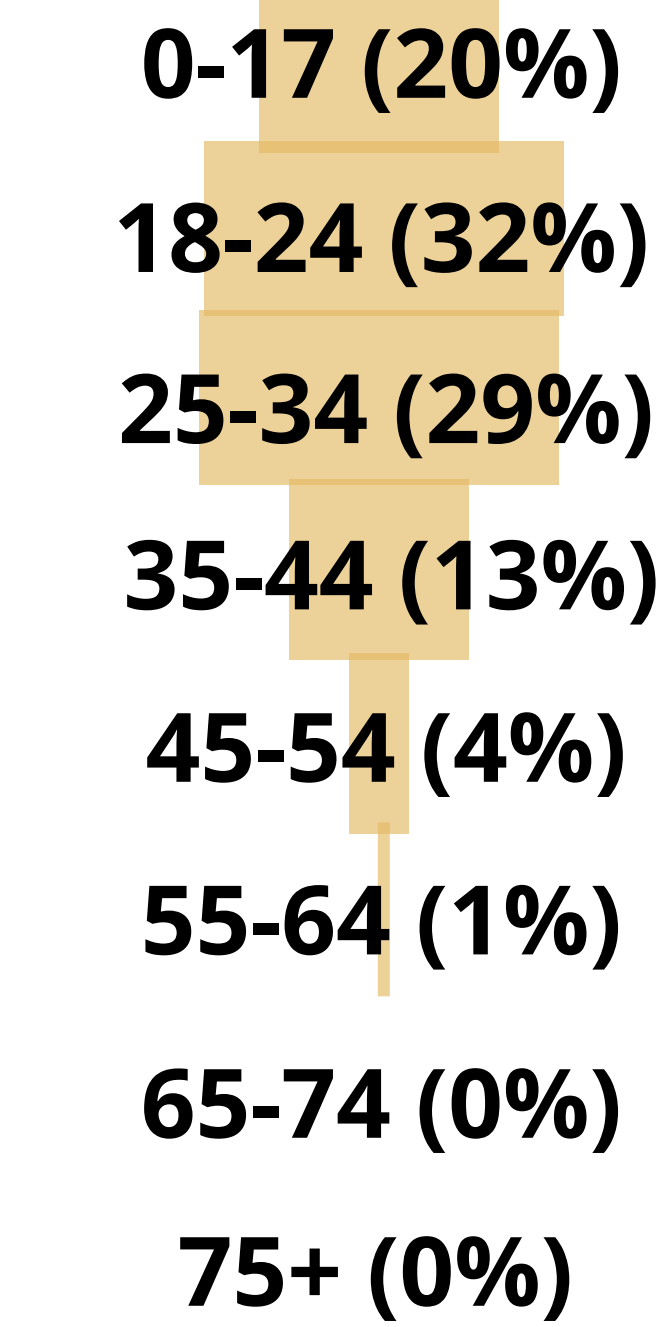
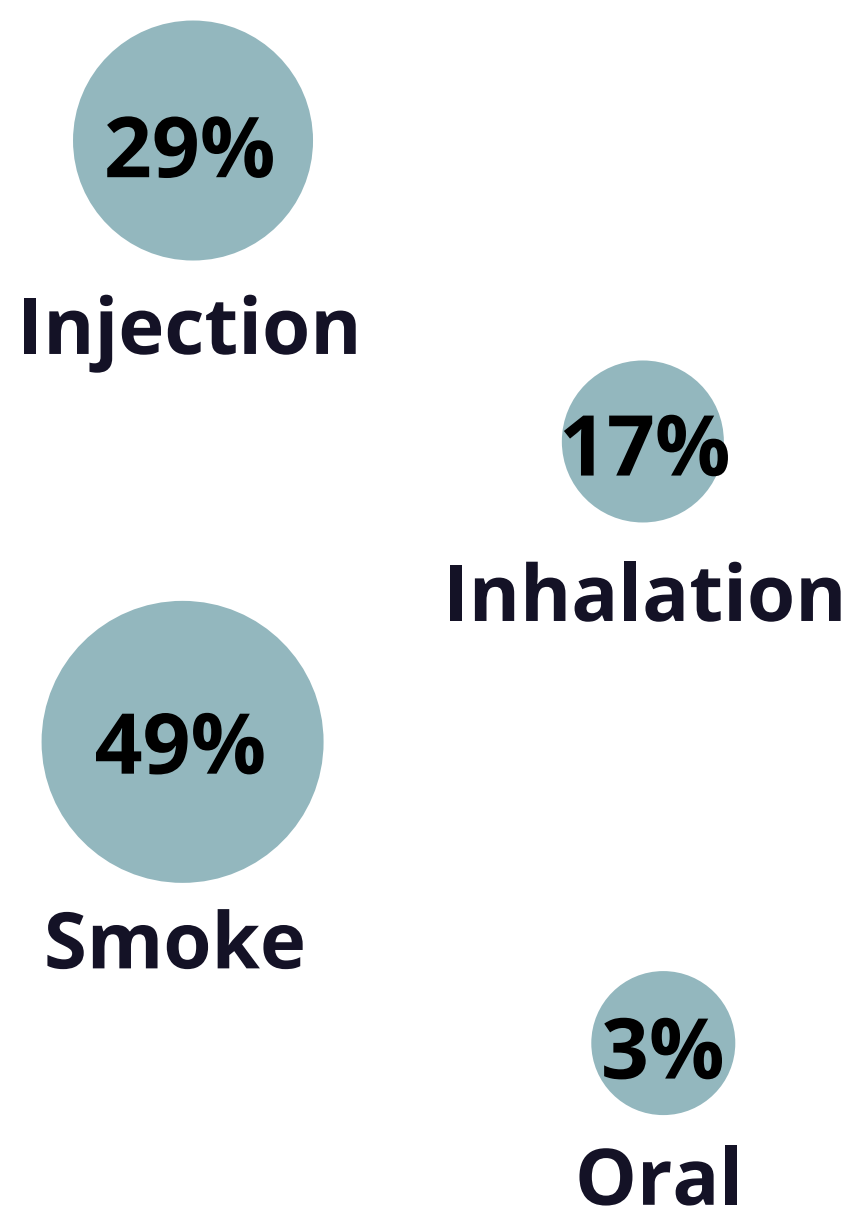
**69%** Primary substance used

**26%** Secondary substance used

**5%** Tertiary substance used

### Route of administration<sup>r</sup>

### Age at first use



## Heroin

**18%** Treatment episode where heroin use was listed

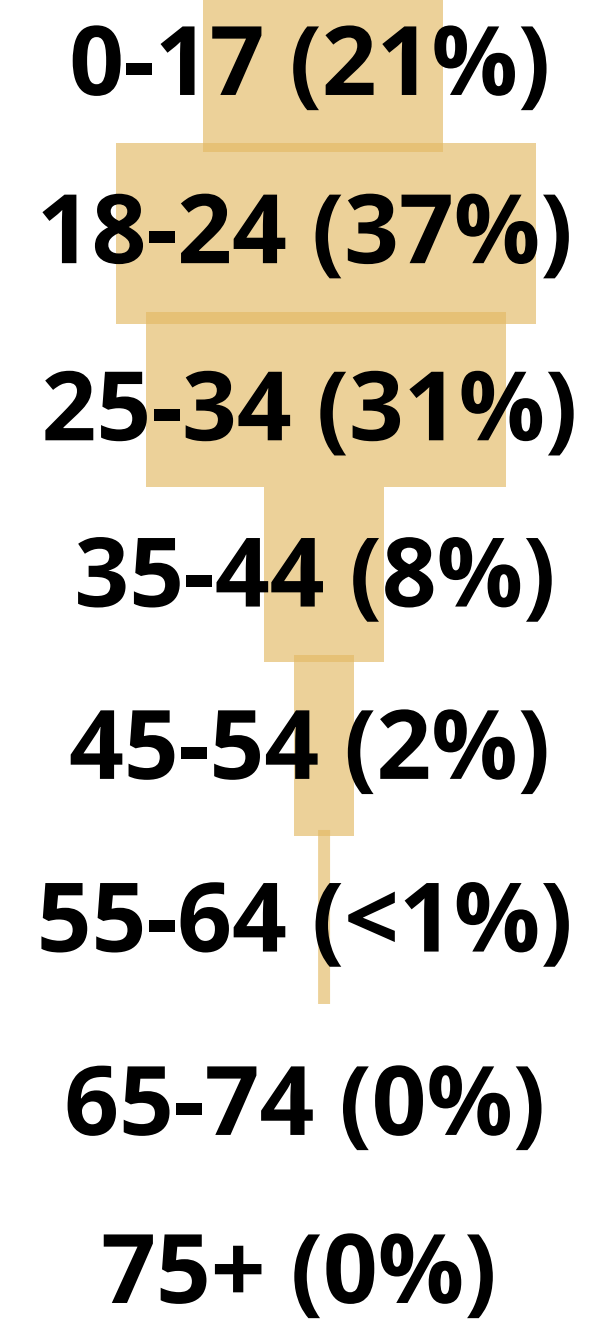
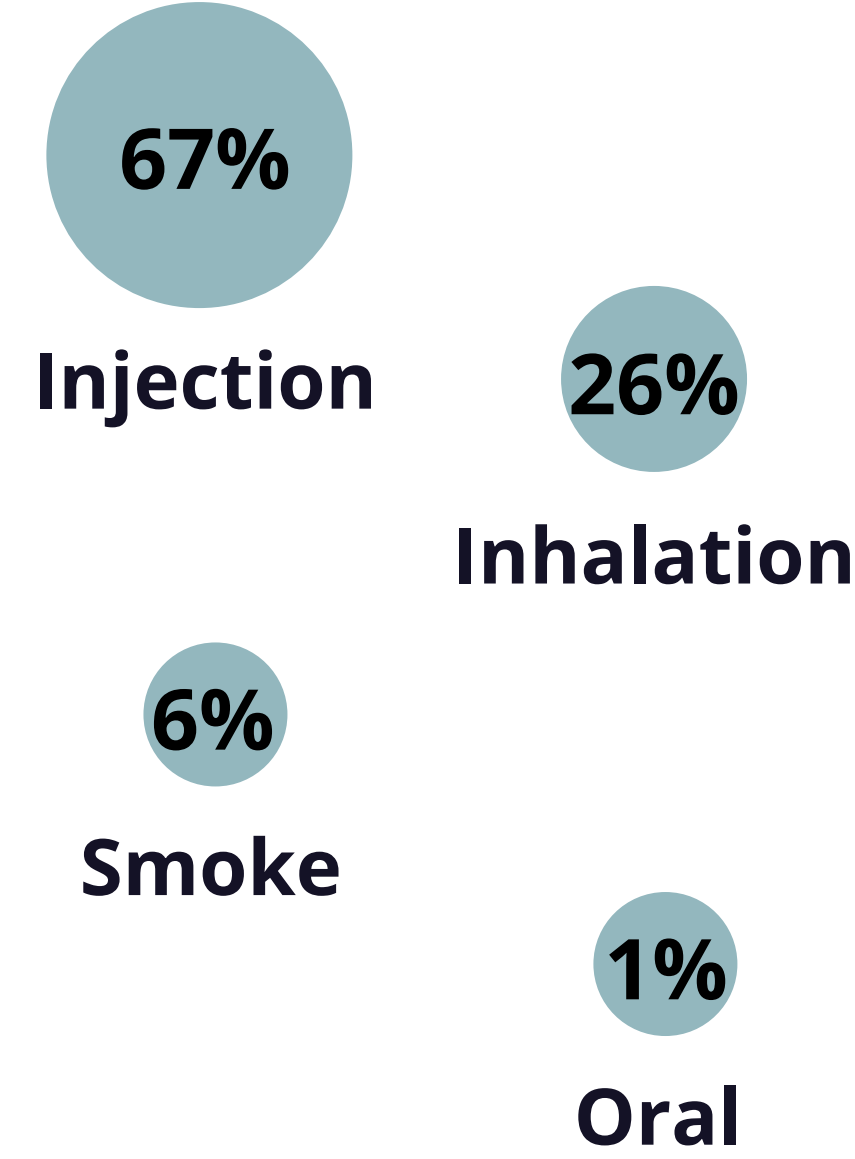
**69%** Primary substance used

**25%** Secondary substance used

**6%** Tertiary substance used

### Route of administration<sup>r</sup>

### Age at first use



## Alcohol<sup>s</sup>

**36%** Treatment episode where alcohol use was listed

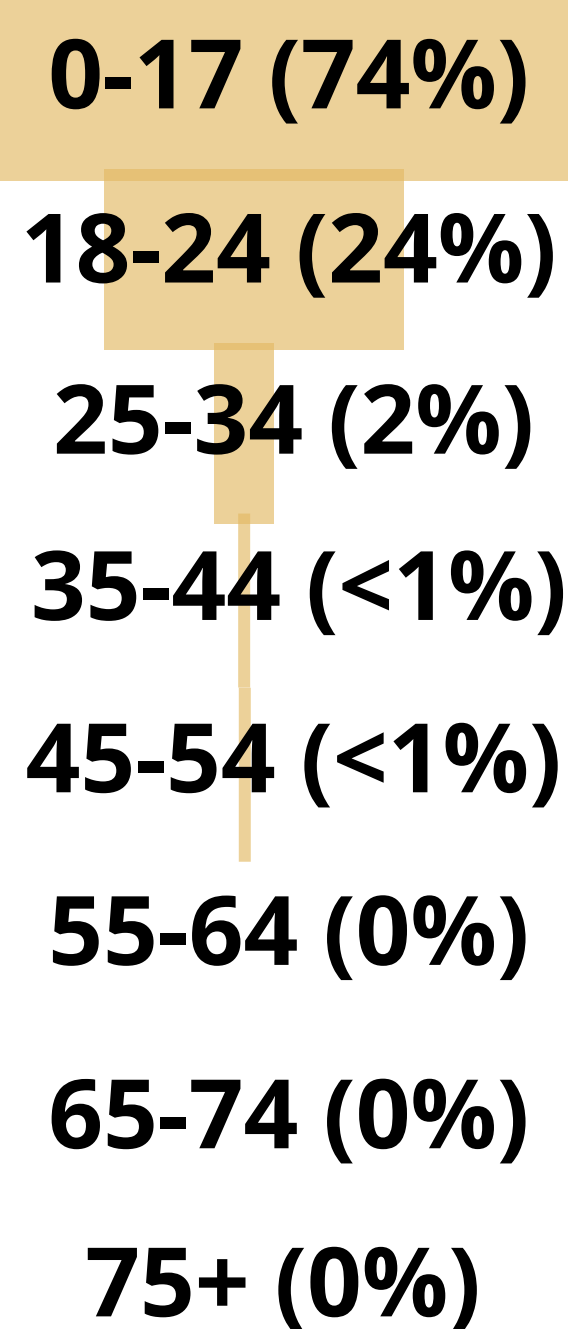
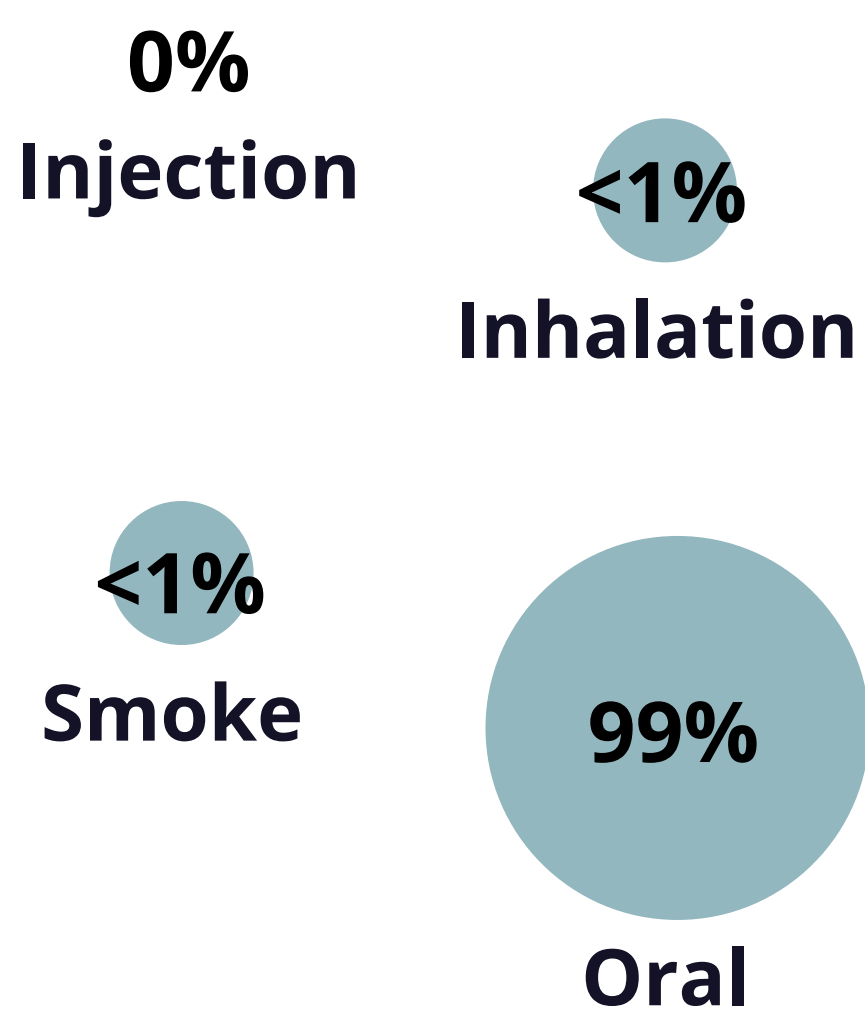
**58%** Primary substance used

**31%** Secondary substance used

**11%** Tertiary substance used

### Route of administration<sup>r</sup>

### Age at first use



## Other Opiates/Synthetics<sup>t</sup>

**12%** Treatment episode where other opiate/synthetic use was listed

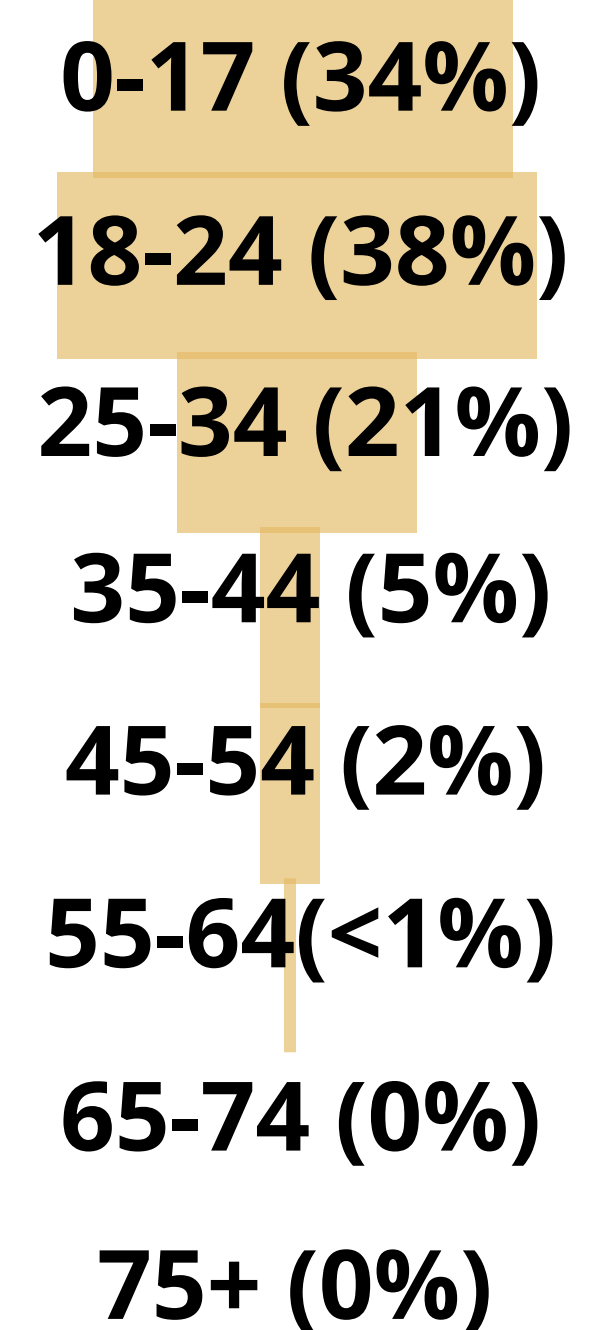
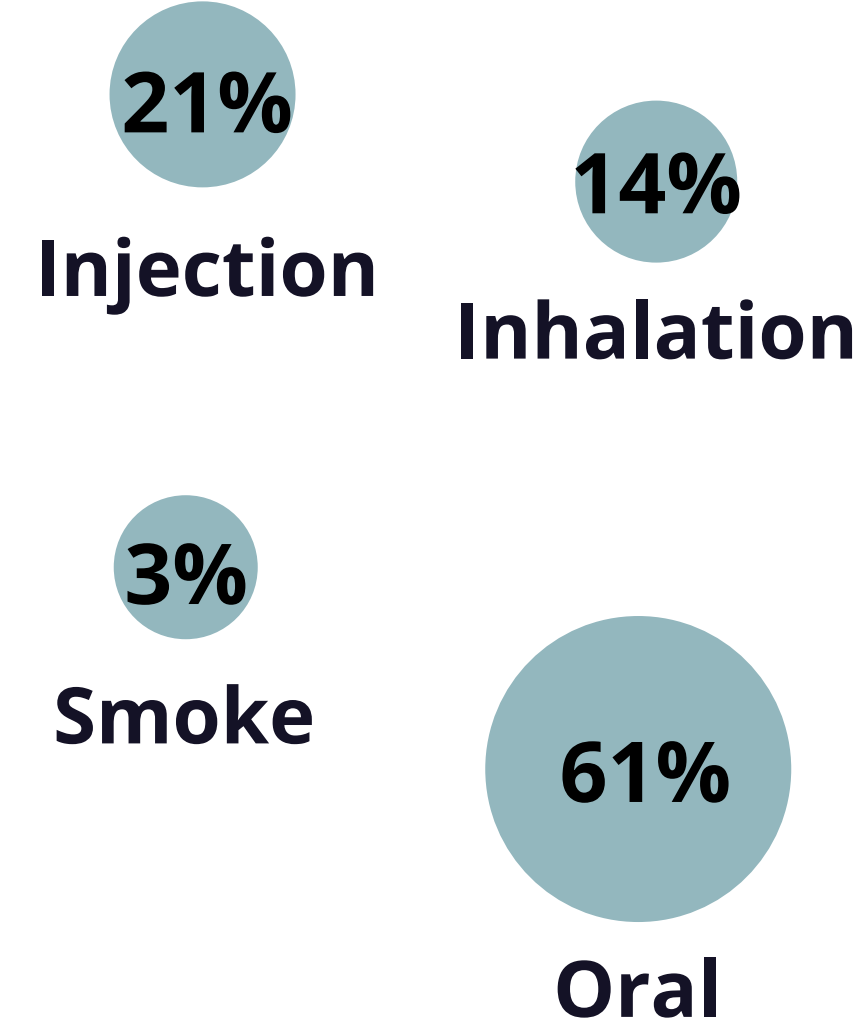
**50%** Primary substance used

**37%** Secondary substance used

**13%** Tertiary substance used

### Route of administration<sup>r</sup>

### Age at first use



<sup>s</sup>This group includes individuals who cited alcohol as part of their reason for treatment along with at least one other substance.

<sup>t</sup>Excludes heroin.

<sup>r</sup>Route of administration is self-reported and chosen from the categories included here. No detail on interpretation of each category is provided in TEDS.

## Cocaine/Crack Cocaine

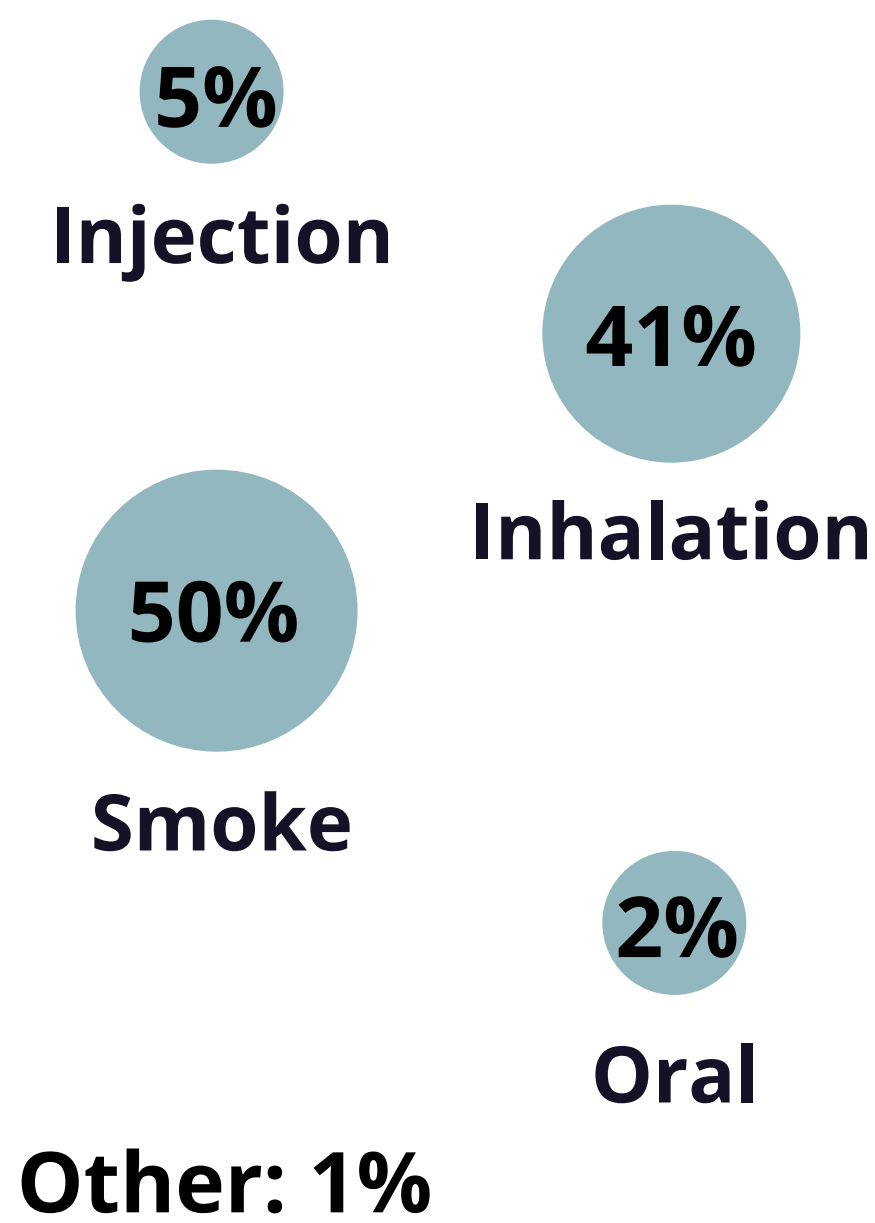
**23%** Treatment episode where cocaine/crack cocaine use was listed

**48%** Primary substance used

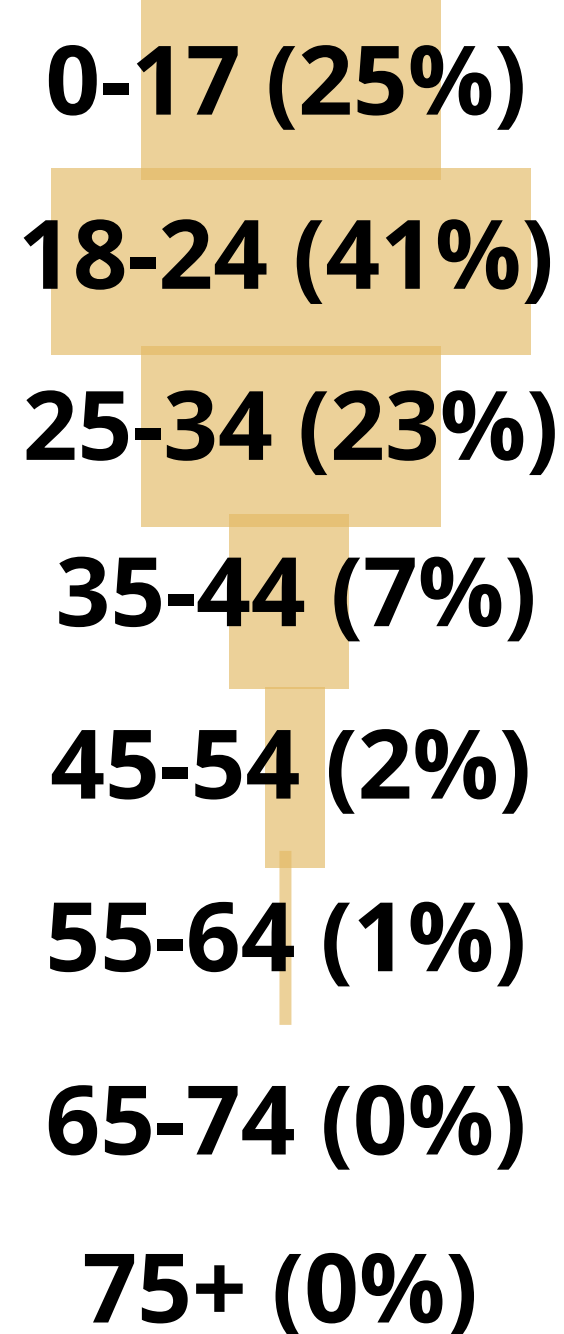
**39%** Secondary substance used

**13%** Tertiary substance used

### Route of administration<sup>r</sup>



### Age at first use



## Marijuana/Hashish

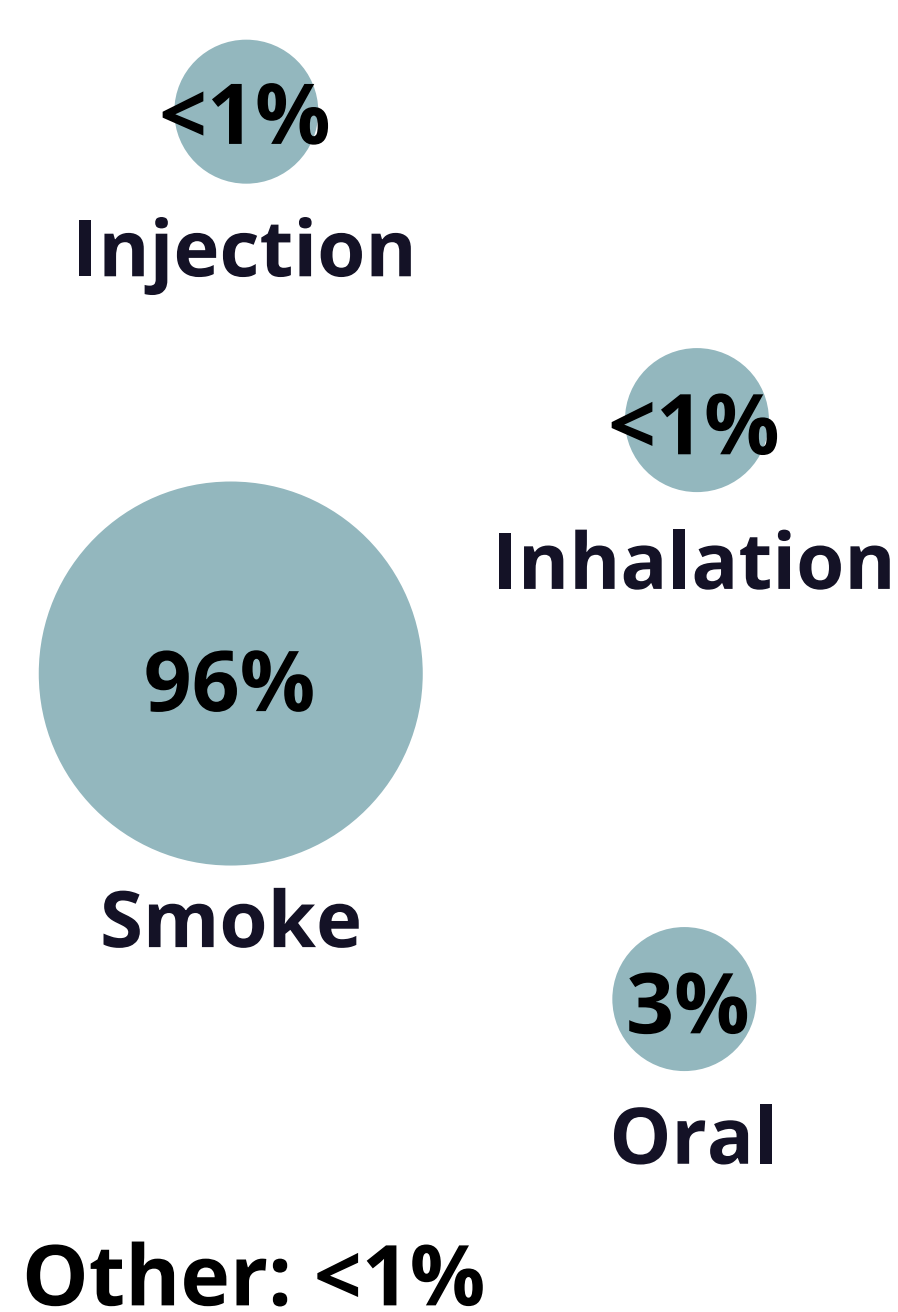
**44%** Treatment episode where marijuana/hashish use was listed

**41%** Primary substance used

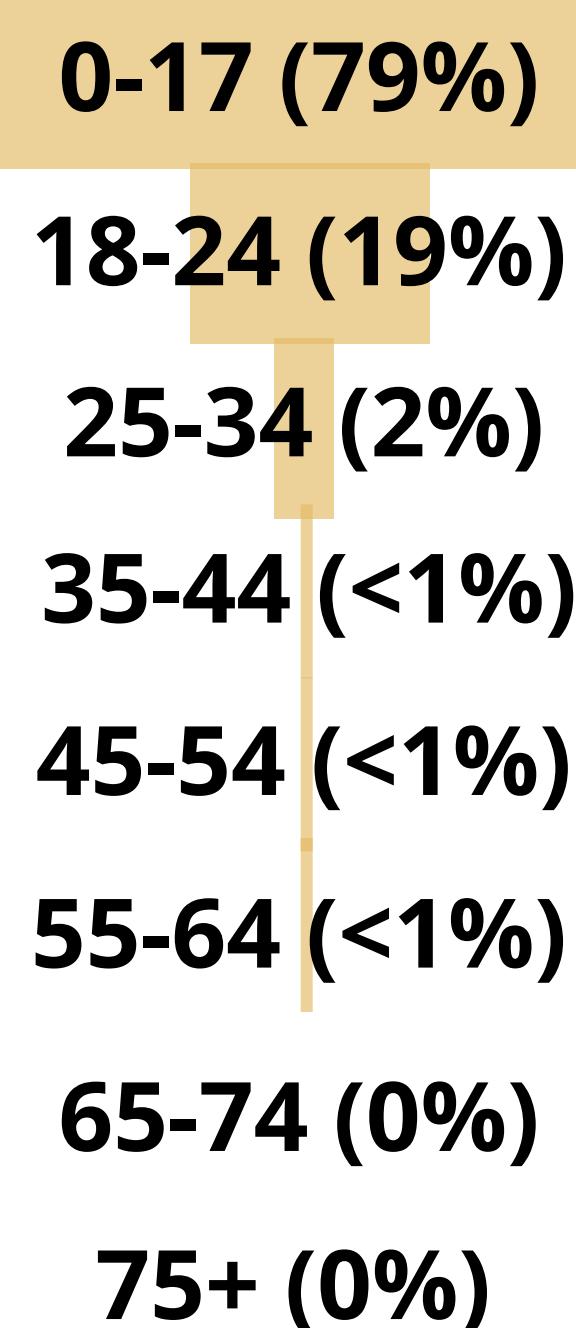
**48%** Secondary substance used

**11%** Tertiary substance used

### Route of administration<sup>r</sup>



### Age at first use



## Benzodiazepines

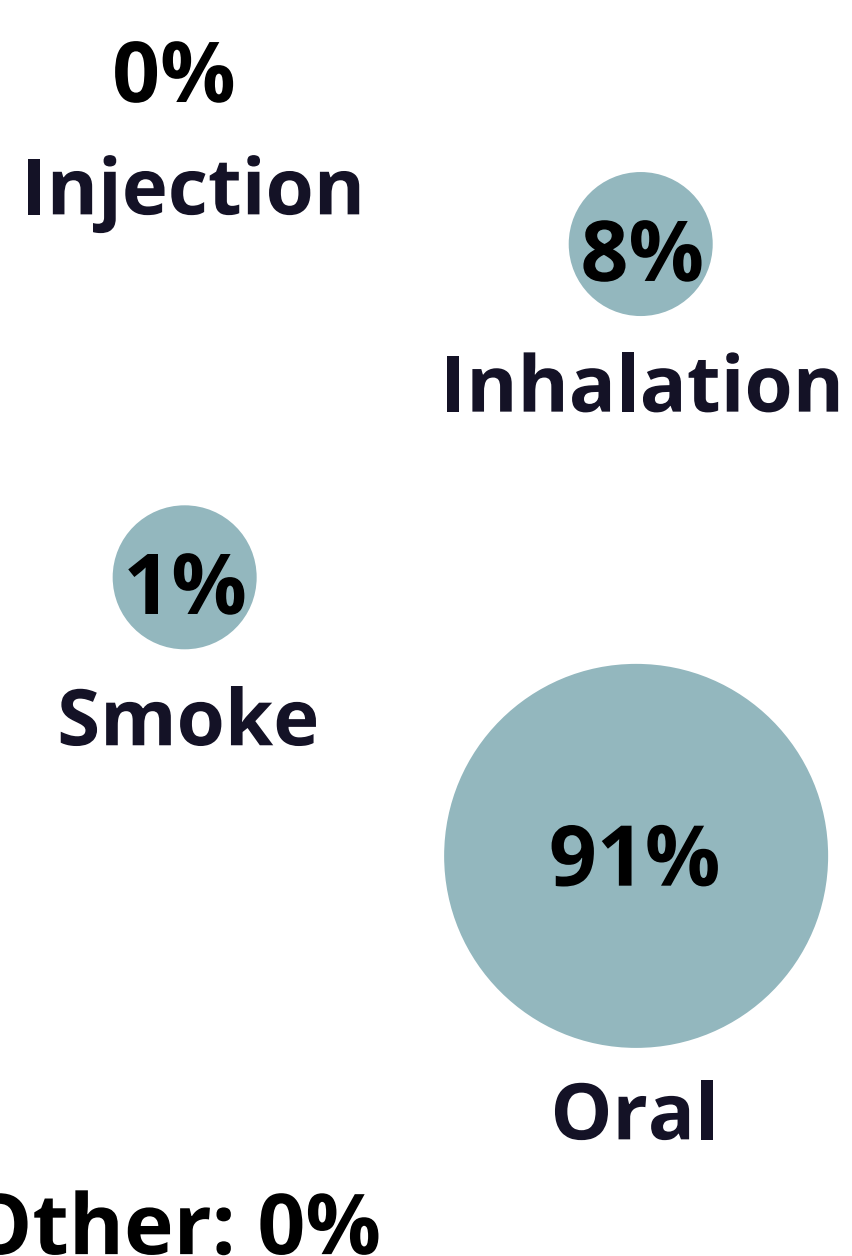
**3%** Treatment episode where benzodiazepine use was listed

**26%** Primary substance used

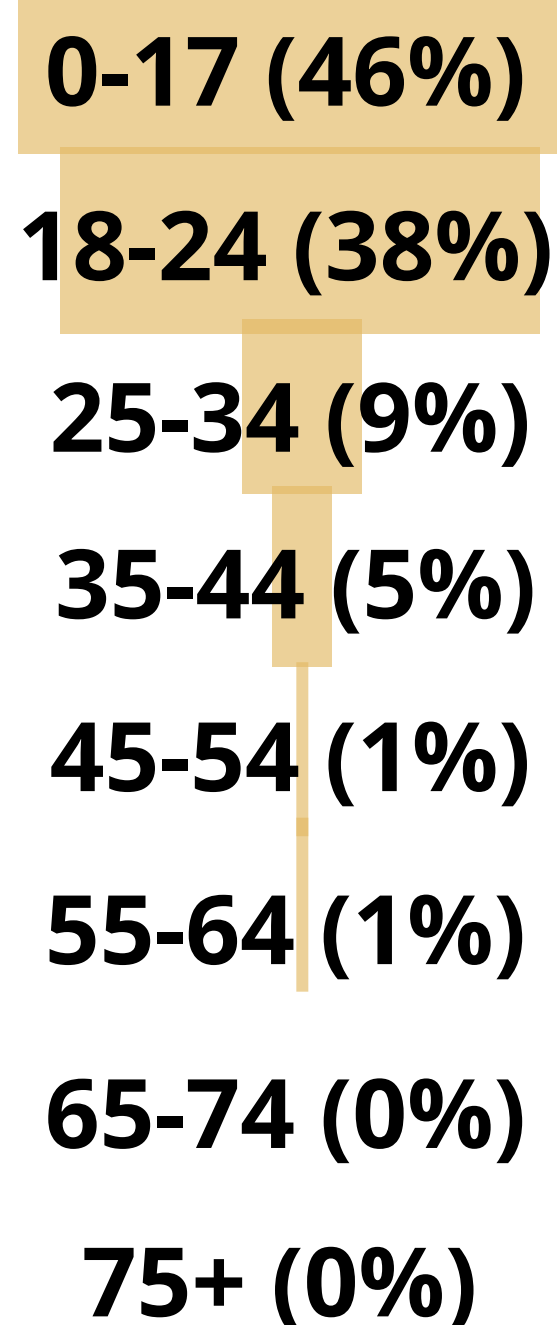
**47%** Secondary substance used

**27%** Tertiary substance used

### Route of administration<sup>r</sup>



### Age at first use



**Takeaway.** Methamphetamine and heroin were the second and fifth most commonly reported substances, respectively, but when reported they were the most likely to be indicated as the primary substance used. Marijuana/hashish was the most commonly reported substance used overall but was most often cited as a secondary or tertiary substance used.

Smoking was the most common route of administration for marijuana/hashish, methamphetamine and cocaine/crack cocaine. Injection was most common for heroin. Lastly, oral ingestion was most common for alcohol, other opiates/synthetics and benzodiazepines.

Marijuana/hashish and alcohol use typically started during teenage years compared to other substances that typically started in older teens to 30s. Very few individuals cited their first use of any substance being over the age of 50 years.

<sup>r</sup> Route of administration is self-reported and chosen from the categories included here. No detail on interpretation of each category is provided in TEDS.