Integrating Medication Assisted Treatment and Other Recovery Approaches into Community Correctional Practice

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half to two-thirds of individuals involved in the CJ system engaged in drug or alcohol use prior to their crime.

...nearly 60% of individuals involved in the CJ system test positive for illicit drugs upon arrest.

substance abuse treatment is effective and cost-neutral...

...but half of consumers will be lost to attrition.
improved treatment retention

improved functioning

reduced substance use

lower risk of overdose

reduced criminal activity

improved employment

204 prison inmates received counseling OR counseling and methadone treatment services (Kinlock et al., 2009)

2x as many inmates in the counseling only group screened positive for opioids at 1 year post-release

23 days in community treatment

166 days in community treatment

0 individuals remained in treatment at 1 year

1/3 of individuals remained in treatment at 1 year

(Kinlock, Gordon, Schwartz, Fitzgerald & Grady, 2009)

interim methadone treatment

% of urine analyses positive for illicit opioids

pre-treatment

post-treatment

90%

38%

90%

38%

762 patients

(Schwartz, Jaffe, Grady, Das, Highfield, & Wilson, 2009)
MAT can reduce criminal activity and reincarceration

Reductions in Recidivism

- 342 inmates with opioid dependence
- methadone maintenance while incarcerated; referral for methadone clinic upon release
- reincarceration rates were reduced by 70% while participants were enrolled in treatment
  (Dolan et al., 2004)

Reductions in Recidivism

- 300+ opiate dependent clients
- interim methadone treatment vs. no treatment/waiting list
- significant reductions in arrest
  (Schwartz, Jaffe, O'Grady, Kinlock, Gordon, Kelly, Wilson & Ahmed, 2009)
$27,802
average annual cost per offender for incarceration

$11,442
average cost per offender for one year of MAT services and standard probation supervision

$16,360
annual savings per year, per offender.

Patient Protection & Affordability Care Act of 2010

individuals involved in the CJ system
More individuals involved in the CJ system will be eligible (prior to and subsequent to incarceration) for affordable health insurance, either through the health insurance market exchange, or Medicaid.

Nearly unrestricted access to substance abuse and mental health outpatient and residential treatment will be available in the health plans available in AZ

correctional systems
MAT represents a new tool in the arsenal of correctional and CJ systems

Need to address the mis-perceptions and stigma regarding MAT among correctional and judicial personnel

Need to address how to make MAT accessible to incarcerated offenders (prison, jail)

Ensure that community-based treatment providers offer MAT as a condition of receiving CJ referrals
treatment systems

Correctional referrals represent a new and emergent market source for clients

Strategic emphasis by policymakers implementing affordability care act on health care of CJ transition populations

Focus on CJ systems mission, culture, and systems

Focus on creating "warm handoff" referrals and bi-directional communication

implementation issues

what are the barriers among CJ and judicial personnel and policies?

do the substance abuse treatment agencies that you refer your clients to provide MAT?

do the substance abuse treatment agencies that you refer your clients to accept AHCCCS and other forms of insurance?

are your referral and treatment feedback processes operating effectively?