half to two-thirds of offenders engaged in drug or alcohol use prior to their crime...

...nearly 60% of offenders 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

employment

improved treatment retention

23 days in community treatment

0 offenders remained in treatment at 1 year

166 days in community treatment

1/3 of offenders remained in treatment at 1 year

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

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

762 patients

90%

38%

interim methadone treatment

(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 Arrests

- 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

Offenders
More offenders 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

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