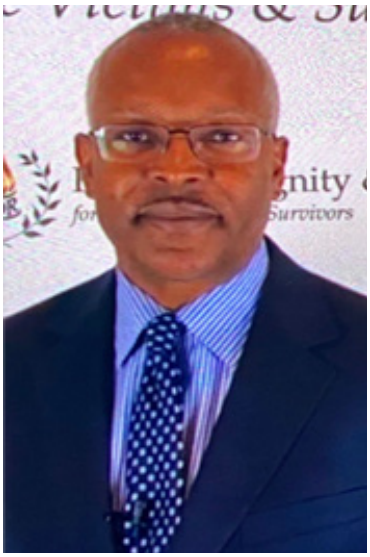
National Association of Probation Executives
Supporting Executives in Community Supervision Agencies

Monthly Newsletter June 2025



Mack Jenkins
NAPE Executive Director

Probation Supervision and the Missed Opportunity in Opioid Treatment

Across the United States, probation supervision represents a critical point of contact between individuals struggling with opioid use disorder (OUD) and the systems that could help them. Yet, this intersection can easily become a barrier rather than a bridge. Despite overwhelming evidence that medications for opioid use disorder (MOUD), methadone, buprenorphine, and extended release naltrexone, are safe, effective, and lifesaving, access remains limited for people on probation. This gap not only endangers the health of individuals under supervision but also undermines rehabilitation and consequently public safety.

Individuals under probation supervision in addition to chronic substance use, often live with a complex set of challenges: unstable housing, limited transportation, and untreated mental health conditions,, These challenges are recognized as responsivity factors , in the Risk Need Responsivity (RNR) model. The research behind the RNR model reveals that these factors must be addressed in order to improve outcomes, change behavior and reduce recidivism. For individuals with OUD, these challenges are compounded by siloed treatment and supervision systems that remain ill-prepared or, in some cases unwilling, to support evidence based, collaborative care.

Recent research highlights the magnitude of the problem. A statewide survey of probation department leaders in Illinois found that nearly two thirds perceived moderate to significant barriers to MOUD access. These included limited provider availability, high costs, and a lack of staff training. Only a fraction of probation officers had received meaningful education on any of the three FDA approved medications. While naltrexone was the most accepted among staff, methadone faced the most stigma, despite its strong clinical effectiveness.

This trend mirrors national findings. According to the National Academies of Sciences, Engineering, and Medicine, fewer than 35% of adults with OUD receive any treatment, and among those who do, access to MOUD is highly inequitable. Stigma remains pervasive not only among the public but also among healthcare and justice professionals. Misconceptions that MOUD simply replaces one drug with another persist, even in the face of data showing that MOUD cuts mortality rates in half and significantly improves quality of life.

Compounding the issue, many probation departments operate under abstinence only philosophies or lack formal protocols for collaborating with MOUD providers. Some jurisdictions go further, prohibiting

MOUD altogether. These policies are often driven by outdated ideologies, or uninformed leadership rather than medical science. As a result, individuals under probation supervision are routinely denied access to what is widely considered the gold standard of treatment for opioid addiction.

Research also points to a critical but often overlooked factor: trust. A 2022 study found that court personnel were far more likely to refer clients to MOUD when they viewed providers as trustworthy. Yet perceptions of provider trustworthiness were heavily influenced by beliefs about the medications themselves. If a court team member doubted the efficacy of methadone, they were unlikely to trust methadone providers, creating a self reinforcing loop of skepticism and under referral. In rural communities, where probation officers may be the only point of contact with the justice system, these barriers are magnified. A lack of providers, transportation difficulties, and geographic isolation all reduce access to care. While telehealth has the potential to bridge some of these gaps, its implementation remains uneven.

Another factor contributing to the barrier is the historical independence of the treatment and justice systems. Despite that fact a significant percentage of individuals in the criminal justice system , in particular those in the community under probation supervision, suffer from behavioral health disorders including OUD, the collaboration and coordination between the two systems is frequently inconsistent and not formalized.

So, where do we go from here?

First, we must invest in comprehensive training for probation officers on OUD and the medications used to treat it. Education reduces stigma and empowers officers to support appropriate treatment referrals. Second, probation departments should adopt clear, evidence based policies that support client access to all FDA approved medications—not just those that align with staff comfort levels. Third, building collaborative relationships with MOUD providers is essential. Trust and transparency between probation departments and treatment providers can facilitate consistent, client centered care. That must become the standard, not the exception.

The next phase of system evolution is needed,. Public and private insurers must reduce administrative hurdles such as prior authorization and medication limits. State and local policies must prohibit the blanket denial of MOUD in probation settings. And probation departments must be held accountable for providing access to the full continuum of care.

Probation is more than a sentence, when incorporating the latest research on effective approaches to behavior change and effectively collaborating with treatment providers it becomes a behavioral intervention for the justice involved with behavioral health issues The path to recovery and rehabilitation begins with recognizing OUD as a treatable medical condition and ensuring that every individual under supervision has access to the tools that can enhance and actually in some cases save their life.

Additional Resource:
http://bit.ly/3I2HjKZ

Help Shape the Conversation: APPA Judicial Roundtable Survey

Charles Robinson, APPA Mid-Atlantic Region; Deputy Chief of the Administrative Office of US Courts, Probation and Pretrial Services Office, Washington, DC

I'm honored to be facilitating a Judicial Roundtable at the upcoming APPA Annual Training Institute in New York, titled: "Leveraging the Leader and Judicial Officer Relationship for Impact."

As part of the session, I'm inviting chiefs and directors to share their experiences and insights through a brief, targeted survey. Your perspective will directly inform the session's discussion, which will include both judicial officers and probation leaders.

What's this about?
The goal is to explore how these key relationships function in the field—and how we might better leverage them to drive stronger outcomes for the individuals and communities we serve.

Why participate?
Your input will help ground the roundtable in real-world experience. Survey results will be shared only in summary form, and all individual responses will remain strictly confidential. Please take a few minutes to complete the survey by July 15, 2025.

Thank you in advance for your time, your candor, and your commitment to advancing the field. I look forward to elevating your voice in this important conversation.

Corporate Corner

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NAPE is dedicated to enhancing the professionalism and effectiveness in the field of community corrections by creating a national network for executives, bringing about positive change in the field, and making available a pool of experts in community corrections management, program development, training, and research.

Learn more: napehome.org

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