



Corrections and Community Supervision

Medication Assisted Treatment Legislative Report

2023

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INTRODUCTION

In 2021, Section 626 was added to New York State Correction Law Article 22, establishing a medication assisted treatment (MAT) program for incarcerated individuals in state correctional facilities who were diagnosed with a substance use disorder (SUD). The law defines medication assisted treatment as “treatment of chemical dependence or abuse and concomitant conditions with medications requiring a prescription or order from an authorized prescribing professional.”¹ Although the law went into effect on October 7, 2022, the Department began implementing the program before the effective date. This report provides a summary of the implementation of this program, a description of participants, an overview of the impact of the MAT program on participants and safety, and recommendations to improve or enhance the program.

¹ NY Correction Law § 626 (2022) <https://www.nysenate.gov/legislation/laws/COR/626>

BACKGROUND

The New York State Department of Corrections and Community Supervision (DOCCS) has long provided methadone maintenance to pregnant females at Bedford Hills Correctional Facility. In September of 2018, in consultation with the Office of Addiction Services and Supports (OASAS), a project for parole violators was launched at Queensboro Correctional Facility: violators who were diagnosed with an SUD that were being treated with methadone and were returning to State custody with less than 120 days before their release date were maintained on methadone by DOCCS.

In early 2019, DOCCS began to gradually expand its MAT program, starting with providing methadone maintenance at Downstate and Elmira Correctional Facilities to individuals who were received from the county for the purposes of serving a State sentence that were already receiving methadone treatment. DOCCS contracted with Opioid Treatment Providers (OTPs) to provide methadone, which is picked up on a weekly basis and administered at the correctional facility by DOCCS nursing staff. At the conclusion of 2021, methadone was provided at 16 facilities through collaboration with several OTPs in the community.

DOCCS consulted with OASAS periodically through the planning and implementation of the MAT program. OASAS provided assistance with the Department's development of procedures for working with the contracted OTPs. Additionally, staff from OASAS provided trainings about MAT medications to the Department's primary care providers.

Throughout 2022, DOCCS secured contracts with additional OTPs to provide methadone to the remaining DOCCS facilities (currently methadone is offered at all facilities except for Sing Sing, as this contract is pending approvals). In addition to providing methadone maintenance and initiation through the OTP contracts, DOCCS began initiating incarcerated individuals on daily dose buprenorphine in 2022, and monthly injectable buprenorphine in January 2023. DOCCS also offers naltrexone as a MAT medication option.

As the legislation took effect on October 7, 2022, DOCCS developed a formal assessment process for the MAT program. DOCCS conducted individual interviews of the incarcerated population to determine who self-reported pre-arrest issues with opioids and developed screening tools to be utilized during the intake and reception process. Incarcerated individuals who self-reported opioid use were then prioritized for assessment by a clinician. Recognizing that individuals may not self-report the first time they are asked, DOCCS established a policy whereby an incarcerated individual may request an evaluation through the sick call process. Additionally, facility executive teams have the ability to refer individuals to medical for a MAT assessment.

DOCCS' providers complete assessments for opioid use disorder (OUD) and when an OUD diagnosis is made, treatment with a MAT medication is discussed with the incarcerated individual. If both the provider and incarcerated individual agree that a MAT medication is the preferred treatment course, the individual is started on the medication.

At the onset of the October 7, 2022 legislation, DOCCS had approximately 580 incarcerated individuals participating in the MAT program. In each subsequent month, the program has grown tremendously.

ACTIVE MAT PARTICIPANTS: JULY 1, 2022 COMPARED WITH JULY 1, 2023

Medication

Table 1 below presents the number of active participants and type of MAT medication for those incarcerated individuals under custody on July 1.

**Table 1.
Active MAT Participants by Medication:
July 1, 2022 Compared with July 1, 2023**

MEDICATION	7-1-2022 Active Participants		7-1-2023 Active Participants		Number Change	Percent Change
	#	%	#	%		
Methadone	225	49%	345	12%	120	53%
Daily Dose Buprenorphine	230	50%	2,314	77%	2,084	906%
Monthly Injectable Buprenorphine	0	0%	316	11%	316	100%
Naltrexone	5	1%	22	1%	17	340%
TOTAL PARTICIPANTS	460	100%	2,997	100%	2,537	552%

The 460 active MAT participants on July 1, 2022 represented 2% of the total under custody population of 30,832. In comparison, the 2,997 active MAT participants on July 1, 2023 constituted 9% of the total under custody population of 32,139. While the total under custody population increased by 4% from July 1, 2022 to July 1, 2023, the number of active MAT participants under custody increased by 552%.

Demographics

Table 2 presents demographic characteristics of the active MAT participants on July 1, 2022 compared with July 1, 2023.

**Table 2.
Demographic Characteristics of Active MAT Participants:
July 1, 2022 Compared with July 1, 2023 (Part I)**

DEMOGRAPHIC CHARACTERISTICS	7-1-2022 Active Participants		7-1-2023 Active Participants	
	#	%	#	%
<i>TOTAL PARTICIPANTS</i>	460		2,997	
SEX				
Male	400	87%	2,723	91%
Female	60	13%	274	9%
AGE				
20 and under	1	0%	1	0%
21-24 years	14	3%	65	2%
25-29 years	62	13%	327	11%
30-34 years	105	23%	629	21%
35-39 years	79	17%	612	20%
40-49 years	113	25%	799	27%
50-59 years	72	16%	429	14%
60 and older	14	3%	135	5%
Mean Age in Years	39.8		40.5	
Median Age in Years	37.9		38.9	
RACE/ETHNICITY				
Black	58	13%	303	10%
White	222	48%	1,843	61%
Hispanic	158	34%	704	23%
Asian	2	0%	14	0%
Native American	7	2%	45	2%
Other/Unknown	13	3%	88	3%
INITIATION STATUS				
Admitted with MAT	456	99%	1,308	44%
Initiated at DOCCS	4	1%	1,689	56%

**Table 2.
Demographic Characteristics among Active MAT Participants:
July 1, 2022 Compared with July 1, 2023 (Part II)**

DEMOGRAPHIC CHARACTERISTICS	7-1-2022 Active Participants		7-1-2023 Active Participants	
	#	%	#	%
<i>TOTAL PARTICIPANTS</i>	460		2,997	
MONTHS ON MAT MEDICATION¹				
3 months or Less	267	58%	1,414	47%
4-7 months	79	17%	1,180	39%
8-11 months	77	17%	223	7%
12 months or More	37	8%	180	6%
Mean Months on MAT	5.2		5.1	
Median Months on MAT	3.3		4.2	
SUBSTANCE ABUSE TREATMENT NEED²				
No	29	6%	123	4%
Yes	321	70%	2,693	90%
Unknown	110	24%	181	6%
SUBSTANCE ABUSE PROGRAM PARTICIPATION STATUS				
Satisfied	27	8%	402	15%
In Program	81	25%	505	19%
Incomplete Participation	26	8%	183	7%
Not Yet Participated	187	58%	1,603	60%
Total with a Substance Abuse Need	321	100%	2,693	100%

¹ Represents the continuous time on MAT medication(s) while under custody at DOCCS.

² An indicator of Substance Abuse treatment need does not represent an official diagnosis of a substance use disorder.

Compared with July 1, 2022, MAT participants, the MAT participants on July 1, 2023, were more likely to be male, were slightly older, were much more likely to have been initiated on MAT at DOCCS and were more likely to have an identified substance abuse treatment need.

MAT SCREENINGS

As explained previously, DOCCS has implemented a screening process for potential MAT participants, beginning with a provider examination to determine whether an individual has an OUD.

The screening activities of incarcerated individuals screened for and initiated on MAT medication between July 1, 2022 and June 30, 2023 are presented in *Table 3*.

Table 3.
MAT Screening Process at DOCCS:
July 1, 2022 through June 30, 2023

Screening Components	Number of Individuals
Opioid Use Disorder Diagnosis	3,003
MAT Criteria Not Met	280
Patient Offered, But Refused MAT	203
MAT Program Initiations	2,319

Between July 1, 2022 and June 30, 2023, DOCCS initiated 2,089 incarcerated individuals on a MAT medication. During that same one year period, there were 3,986 MAT participants, which constituted 10% of the dynamic population of 41,124.²

² The dynamic population is a measure of the number of different individuals who were under custody at any point between July 1, 2022 and June 30, 2023.

BEHAVIORAL ADJUSTMENT

MAT participants' behavioral adjustment was reviewed by examining the number of guilty Tier 2 and Tier 3 disciplinary infractions they received during the one-year period of this report. Among the 3,986 incarcerated individuals who participated in MAT between July 1, 2022 and June 30, 2023, 1,362 were found guilty of a Tier 2 or Tier 3 disciplinary infraction after their MAT participation began. These 1,362 individuals had a total of 2,906 total disciplinary incidents with guilty charges (2,283 Tier 2s; 623 Tier 3s).

**Table 4.
Program Impact: Behavioral Adjustment
Disciplinary Activity
Guilty Tier 2 or Guilty Tier 3 Infractions among MAT Participants**

	#	% of Total MAT
<i>TOTAL MAT PARTICIPANTS</i>	3,986	100%
# of MAT Participants with 0 Tier 2s and 0 Tier 3s After MAT	2,624	66%
# of MAT Participants with 1 or more Tier 2s After MAT*	1,171	29%
# of MAT Participants with 1 or more Tier 3s After MAT*	477	12%
# of MAT Participants with 1+ Tier 2s and 1+ Tier 3s After MAT*	286	7%
Mean Number of Tier 2s	0.6	
Maximum Number of Tier 2s	19	
Mean Number of Tier 3s	0.2	
Maximum Number of Tier 3s	6	

* Counts and percentages are not mutually exclusive because MAT participants with guilty incidents may be included in one or more categories.

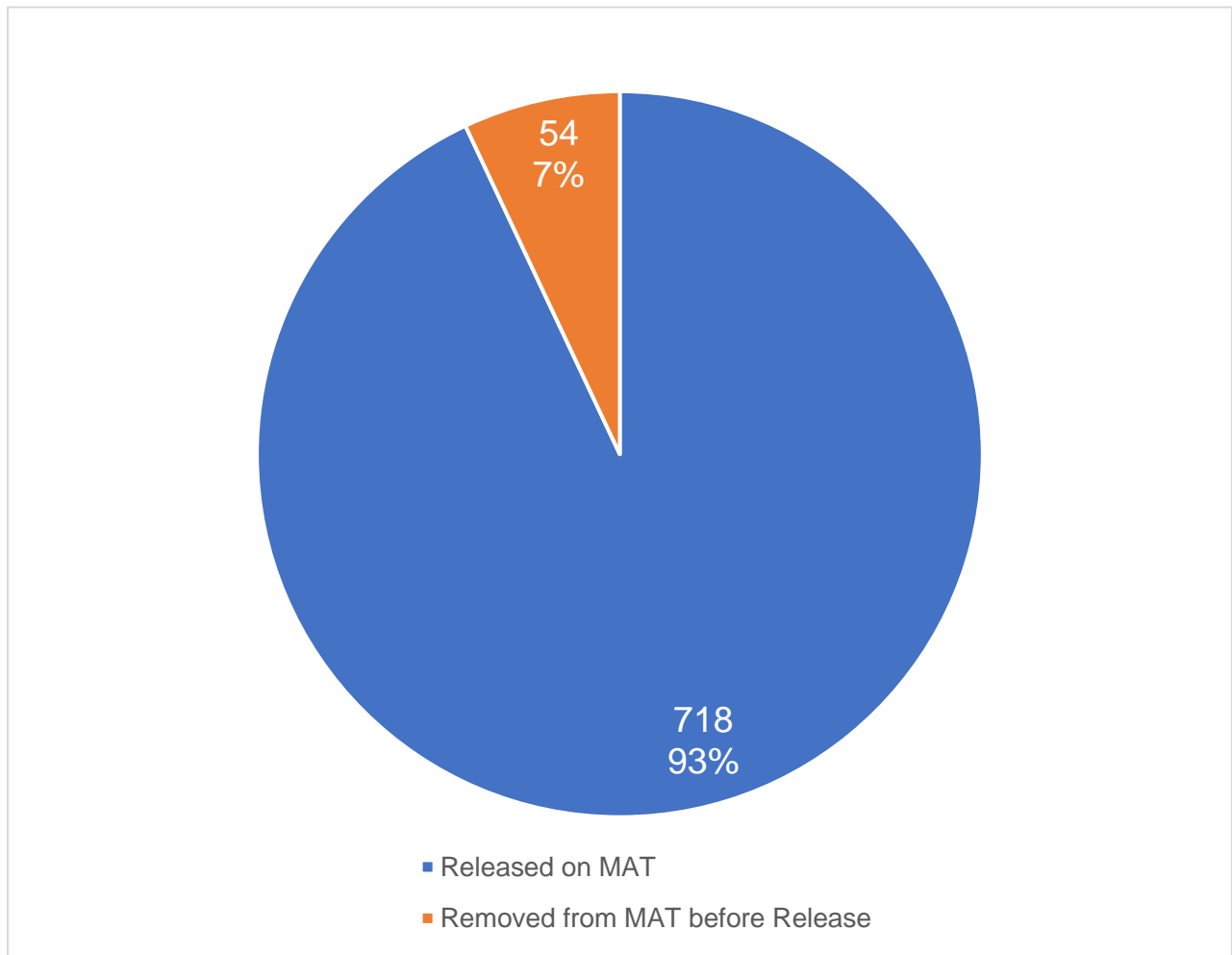
TREATMENT FOR OTHER MEDICAL CONDITIONS

In addition to receiving treatment for a diagnosis of OUD, some MAT participants also received treatment for additional medical conditions that can be related to drug use. Among the 3,986 MAT participants between July 1, 2022, and June 30, 2023, 46 received treatment for HIV/AIDS during their MAT participation, while 219 received treatment for Hepatitis C during their MAT participation.

MAT PARTICIPANTS RELEASED TO THE COMMUNITY

There were 772 MAT participants who had been released to the community between July 1, 2022, and June 30, 2023. As shown in *Figure 1*, the majority of MAT participants were released to the community while on a MAT medication.

Figure 1
MAT Status at Release among MAT Participants Released to the Community:
July 1, 2022 through June 30, 2023



Medicaid Enrollment

Table 5 displays the distribution of MAT participants with a Medicaid enrollment indicator at release. Regardless of MAT status at release, the majority of releases to the community had a Medicaid enrollment indicator.

**Table 5.
Program Impact: Re-Entry Rates:
Medicaid Enrollment at Release to the Community**

ENROLLED IN MEDICAID AT RELEASE	Total MAT Participants Released		MAT Status at Release			
			Released on MAT		Removed from MAT before Release	
	#	%	#	%	#	%
<i>TOTALS</i>	772	100%	718	100%	54	100%
Yes	645	84%	599	83%	46	85%
No	127	16%	119	17%	8	15%

Major Program Needs and Status at Release

The evaluation process to determine an incarcerated individual’s needs begins at DOCCS Reception Centers and continues in greater depth when the individual enters their first general confinement facility. Guidance and Counseling staff use a variety of measures to determine an incarcerated individual’s program needs in seven general areas to develop a program plan to address those needs. Once the incarcerated individual’s program plan is developed, an Offender Rehabilitation Coordinator monitors compliance with the plan and records the program status at least every three months in the Department’s electronic record.

Consistent with other Departmental reporting on program needs at release, program information is presented only for the 551 MAT participants released for the first time on the current sentence.

**Table 6.
Program Impact: Institutional Adjustment:
Program Needs and Statuses among MAT Participants
Released for the First Time on Their Sentence***

MAJOR PROGRAM NEEDS AND STATUSES	MAT Status at Release		Total Released MAT Participants
	Released on MAT	Removed from MAT before Release	
SUBSTANCE ABUSE TREATMENT			
Number of First Releases with Need Identified	502	32	534
% with Need Addressed	85%	81%	85%
% Completed Program/Still Participating	84%	81%	84%
ACADEMIC EDUCATION			
Number of First Releases with Need Identified	213	20	233
% with Need Addressed	82%	70%	81%
% Completed Program/Still Participating	38%	20%	36%
VOCATIONAL EDUCATION			
Number of First Releases with Need Identified	453	29	482
% with Need Addressed	71%	83%	72%
% Completed Program/Still Participating	69%	79%	70%
AGGRESSION PROGRAMMING			
Number of First Releases with Need Identified	355	27	382
% with Need Addressed	76%	81%	76%
% Completed Program/Still Participating	74%	81%	74%
SEX OFFENDER TREATMENT			
Number of First Releases with Need Identified	20	1	21
% with Need Addressed	85%	100%	86%
% Completed Program/Still Participating	85%	100%	86%
TRANSITIONAL SERVICES PHASE II			
Number of First Releases with Need Identified	466	32	498
% with Need Addressed	33%	19%	33%
% Completed Program/Still Participating	30%	19%	30%
TRANSITIONAL SERVICES PHASE III			
Number of First Releases with Need Identified	515	36	551
% with Need Addressed	65%	58%	65%
% Completed Program/Still Participating	62%	56%	62%

*Consistent with other reporting on major program needs, information is presented only for those new court commitments released for the first time on their sentence.

- Need Addressed includes those released with KGNC statuses of Present Participation Appropriate (PPA), Present Participation Unsatisfactory (PPU), Removal - Excessive Discipline (RED), Refusal (REF), Removal - Unacceptable Attendance (REU), Removal - No Fault (RNF), or Satisfied (SAT).

- Completed Program/Still Participating include those released with KGNC statuses of Satisfied (SAT) and Present Participation Acceptable (PPA).

RE-ENTRY PLANNING

DOCCS begins the re-entry process on the first day an individual is received into state custody and modifies such plan throughout an individual's incarceration. Once an incarcerated individual is within 120 days to release, the Department begins an intensive discharge planning process, which includes, but is not limited to, participation in Phase III of Transitional Services, discussions regarding housing, employment, and continuity of services in the community.

DOCCS provides each individual released from custody with a 30-day supply of any medication necessary, where permissible under federal and state law. For individuals enrolled in the MAT program that are prescribed methadone at the time of release, DOCCS works to identify an OTP in the community they are releasing to and schedules an appointment prior to release, in order to ensure a continuity of care. For individuals participating in the MAT program at the time of release who are receiving buprenorphine, the Department schedules an appointment with a community provider and releases them with sufficient medication until their first appointment, up to a 30-day supply.

For those individuals that are serving a period of community supervision, the information is relayed to their assigned parole officer, who meets with them upon release to review their conditions of parole and referrals to service providers in the community. The ongoing relationship between the releasee and assigned parole officer to support pro-social behaviors, necessary treatment, and services, and to deal with any relapse issues is critical in the individual's success.

SURVEY OF ACTIVE MAT PARTICIPANTS

Methodology

In August 2023, DOCCS' Health Services conducted a survey of incarcerated individuals who were actively participating on MAT to obtain feedback regarding the Department's MAT program. Over 400 surveys were completed and returned, which represented approximately 17% of the current MAT participants.

More than half of the survey respondents reported having participated in MAT prior to their most recent admission to DOCCS. Thirteen percent of survey respondents had been participating in MAT for less than three months at the time of the survey, compared to 34% who had been participating for 3-6 months, 35% who had been participating from 7-12 months, and 18% who had participated for more than a year.

Key Findings

Survey respondents reported a high degree of satisfaction with DOCCS' MAT program.

- 92% agreed or strongly agreed that participation in the MAT program has been beneficial to them.
- 93% agreed or strongly agreed that the MAT program has helped their ability to resist substance abuse.
- 87% agreed or strongly agreed that the MAT program has enhanced their quality of life.
- 81% agreed or strongly agreed that the MAT program has given them the ability to be successful in other programs.
- 96% agreed or strongly agreed that the MAT program is a good option for individuals needing help with substance abuse.

Feedback from Active MAT Participants

Survey respondents were asked to provide feedback about the MAT program. Here is some selected feedback:

It has stopped me from seeking drugs illegally, the medication is reliable in terms of I know what is in it. It also has the side effect of helping me with my mental state.

Able to focus more, less problems overall. It keeps me away from heroin. The time used in prison can be used to fight addiction instead of waiting until released, as addiction can progress while incarcerated.

It has enabled me to gain a serious amount of control over my drug problem.

If it was not for MAT I would seek out other drugs to self-medicate.

I have started to feel like myself again, I'm not constantly sick anymore. I'm not depressed or anxious as much.

I don't use anymore and no cravings or desire to use. Wish I had this 30 years ago!

I now go on without urges for drugs and I can focus on beneficial things. The MAT gives you the confidence to stay sober.

The MAT program helps me perform daily, avoid substance abuse, as well as function well in my other programs...

It almost completely eliminates any cravings I may have had in the past. This program will no doubt save my life.

I don't wake up in the morning sick or have the urge to use dope. It helps take your mind off dope and focus on the better things in life.

I have saved money and not lied to family about needing money. I am able to function normally. It is a safe way to deal with addiction, by allowing participants to receive a safe dosage without overdoses or ingesting unknown substances, such as fentanyl, or running up debts to dealers who resort to violence when they're not paid on time.

Helps me stay off other drugs. I have had no temptations or urges to use any more. Helps with anxiety depression and all around just thankful for it and the benefits it has. The MAT program has enabled me to become an even sharper positive model, and my GPA has gone up for college.

MAT is the best thing to ever happen to opiate addicts. It saved my life in a number of ways; not dying from overdose, owe people I don't want to owe, be able to focus on living. This is a miracle drug for real, thank you.

I have more energy and can focus on activities/programs. I can sleep and don't have to spend time looking for drugs in prison, and I don't have to use other substances.

I can focus more on what I need to focus on, instead of worrying about relapsing. It has saved my life, and I won't worry about overdosing. For the first time I have no cravings.

It keeps me calm and not wanting to get high.

It's helped give me a fighting chance when I was vulnerable. It gives people a healthier and safer alternative while dealing with the many problems of addiction.

I don't have the cravings to use. Without the MAT program we are unable to function. I no longer have the cravings or the thoughts of using. This and the CASAT program are the stepping stones to continued sobriety.

It has changed my life in a positive way significantly; I am a different person being in the MAT program. Since starting a month ago, I have remained drug free, I began working out 4 times a week, and I'm not spending money on drugs. I've even started sending money home to my little niece and nephew that I make working in the soap shop. My physical and mental health have improved significantly, and it feels great not to be addicted to opioids like fentanyl anymore. Suboxone completely takes away the urge to use illicit drugs. I am very thankful and appreciative of the MAT program. The MAT program has been a God send to me, thank you. I appreciate the supportive help of the medical staff as well.

Kept me from doing fentanyl, heroin as well as K-2. It gives you security knowing that you won't be sick at the same time as doing your program.

CONCLUSION AND RECOMMENDATIONS

The Department successfully implemented the MAT program in all facilities prior to the legislatively mandated effective date of October 7, 2022. Between July 1, 2022, and July 1, 2023, the MAT program expanded from 30 facilities to all 44 facilities, while the number of participants increased from 460 to 2,997. This was an increase from 1% of the DOCCS custody population participating in MAT on July 1, 2022, to 9% participating on July 1, 2023. DOCCS initiated over 2,000 individuals on MAT during this time period. The vast majority (93%) of MAT participants released from custody were still participating in MAT at the time of their release. Among the MAT participants responding to the program satisfaction survey, the feedback was overwhelmingly positive.

Recent changes at the federal level, such as removing the X-Waiver and the limit on patients that an individual clinician could provide treatment for has assisted greatly in the expansion of the program and DOCCS' compliance with the law. However, the regulatory construct around methadone continues to provide challenges, particularly in a correctional agency with 44 correctional facilities that are geographically dispersed throughout the State.

As the Department continues to implement the program to ensure that all incarcerated individuals who are diagnosed with OUD have an opportunity to participate, we will need to evaluate the cost of the program. This will be particularly important as we identify additional individuals who require monthly injectable buprenorphine, as the current cost is approximately \$1,750 per injection per month. To address this, DOCCS will continue to work with OASAS and the Opioid Settlement Fund Advisory Board, which was created via Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law Section 25.18, to identify additional allocations to support incarcerated individuals with OUD.

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