



# Department of Corrections and Community Supervision

## Medication Assisted Treatment Legislative Report

2024

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## INTRODUCTION

The opioid epidemic continues to pose significant challenges to public health and safety across the United States, with a particularly profound impact on correctional facilities. The New York State Department of Corrections and Community Supervision (DOCCS) is at the forefront of addressing this crisis within the carceral setting. Medicated Assisted Treatment (MAT) has emerged as a critical component in the comprehensive approach to treating opioid use disorder (OUD). This report examines the implementation, outcomes, and a description of participants, as well as the impact MAT has on institutional safety. It aims to provide an in-depth analysis of how MAT is being utilized to improve the health and well-being of the incarcerated individuals, reduce recidivism rates, and support broader public health goals.

## 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 a substance use disorder 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.

DOCCS currently has contracts with 14 OTPs to provide methadone to all 44 correctional facilities. In addition to providing methadone maintenance, DOCCS also offers daily dose buprenorphine, weekly/monthly injectable buprenorphine, and naltrexone as MAT medication options.

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. Individuals accepted into

DOCCS from county or Rikers jails that have already been on a MAT therapy will be continued on MAT therapy upon intake.

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. The program has grown significantly over the past two years and there are close to 4,000 incarcerated individuals participating.

**ACTIVE MAT PARTICIPANTS:  
JULY 1, 2023 COMPARED WITH JULY 1, 2024**

**Medication**

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

**Table 1a.  
Active MAT Participants by Medication:  
July 1, 2023 Compared with July 1, 2024**

MEDICATION	7-1-2023 Active Participants		7-1-2024 Active Participants		Number Change	Percent Change
	#	%	#	%		
Daily Dose Buprenorphine	2,314	77%	2,158	58%	-156	-7%
Injectable Buprenorphine	316	11%	1,013	27%	697	221%
Methadone	345	12%	500	13%	155	45%
Naltrexone	22	1%	60	2%	38	173%
<b>TOTAL PARTICIPANTS</b>	<b>2,997</b>	<b>100%</b>	<b>3,731</b>	<b>100%</b>	<b>734</b>	<b>24%</b>

The active MAT participants on July 1, 2023 represented 9% of the total under custody population of 32,139. In comparison, the 3,731 active MAT participants on July 1, 2024 constituted 11% of the total under custody population of 33,333. While the total under custody population increased by 4% from July 1, 2023 to July 1, 2024, the number of active MAT participants under custody increased by 24%.

As of July 1, 2024, there were active MAT participants at all 44 DOCCS facilities.

Table 1b on the next page presents the assigned facility by active MAT medication among the July 1, 2024 under custody population.

**Table 1b.  
July 1, 2024 Active MAT Participants  
Assigned Facility by Medication**

ASSIGNED FACILITY	MEDICATION				Total Participants
	Daily Dose Buprenorphine	Injectable Buprenorphine	Methadone	Naltrexone	
Adirondack	8	0	12	0	20
Albion	105	27	9	1	142
Altona	13	3	0	0	16
Attica	123	21	7	5	156
Auburn	49	32	18	2	101
Bare Hill	14	21	5	1	41
Bedford Hills	57	6	14	4	81
Cape Vincent	73	9	8	0	90
Cayuga	29	31	11	1	72
Clinton	63	43	8	2	116
Collins	75	17	13	5	110
Coxsackie	37	6	8	0	51
Eastern	35	14	0	0	49
Edgecombe	5	0	0	0	5
Elmira	145	21	35	6	207
Fishkill	106	22	20	0	148
Five Points	82	19	15	1	117
Franklin	58	100	15	0	173
Gouverneur	30	29	12	0	71
Great Meadow	25	7	4	0	36
Green Haven	84	33	12	2	131
Greene	91	29	16	4	140
Groveland	95	21	19	3	138
Hale Creek	10	11	4	1	26
Hudson	8	4	0	0	12
Lakeview	52	41	21	1	115
Marcy	57	59	11	7	134
Midstate	136	63	27	3	229
Mohawk	69	100	34	5	208
Orleans	37	12	15	0	64
Otisville	7	14	16	0	37
Queensboro	2	0	4	0	6
Riverview	20	50	12	0	82
Shawangunk	15	8	3	0	26
Sing Sing	50	9	1	0	60
Sullivan	29	1	2	1	33
Taconic	31	8	17	1	57
Ulster	22	3	20	0	45
Upstate	16	21	2	0	39
Wallkill	32	6	2	1	41
Washington	23	48	16	1	88
Wende	39	6	6	0	51
Woodbourne	32	24	14	1	71
Wyoming	69	14	12	1	96
<b>TOTAL PARTICIPANTS</b>	<b>2,158</b>	<b>1,013</b>	<b>500</b>	<b>60</b>	<b>3,731</b>

## Demographics

Tables 2a and 2b present demographic characteristics, program participation, and needs of active MAT participants on July 1, 2023 compared with July 1, 2024.

Among the July 1, 2024 MAT participants, 1,576 (42%) were also active MAT participants on July 1, 2023.

**Table 2a.**  
**Demographic Characteristics of Active MAT Participants**  
**July 1, 2023 Compared with July 1, 2024**

Program Participation and Needs	7-1-2023 Active Participants		7-1-2024 Active Participants	
	#	%	#	%
<i>TOTAL PARTICIPANTS</i>	2,997		3,731	
INITIATION STATUS				
Admitted with MAT	1,308	44%	1,972	53%
Initiated at DOCCS	1,689	56%	1,759	47%
MONTHS ON MAT MEDICATION <sup>1</sup>				
3 months or Less	1,414	47%	1,008	27%
4-7 months	1,180	39%	708	19%
8-11 months	223	7%	627	17%
12 months or More	180	6%	1,388	37%
Mean Months on MAT	5.1		9.7	
Median Months on MAT	4.2		8.9	
SUBSTANCE ABUSE TREATMENT NEED <sup>2</sup>				
No	123	4%	119	3%
Yes	2,693	90%	3,401	91%
Unknown	181	6%	211	6%
SUBSTANCE ABUSE PROGRAM PARTICIPATION STATUS				
Satisfied	402	15%	484	14%
In Program	505	19%	553	16%
Incomplete Participation	183	7%	238	7%
Not Yet Participated	1,603	60%	2,126	63%
Total with a Substance Abuse Need	2,693	100%	3,401	100%

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

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



**Table 2b.  
Program Participation and Needs of Active MAT Participants  
July 1, 2023 Compared with July 1, 2024**

Program Participation and Needs	7-1-2023 Active Participants		7-1-2024 Active Participants	
	#	%	#	%
<i>TOTAL PARTICIPANTS</i>	2,997		3,731	
<b>INITIATION STATUS</b>				
Admitted with MAT	1,308	44%	1,972	53%
Initiated at DOCCS	1,689	56%	1,759	47%
<b>MONTHS ON MAT MEDICATION<sup>1</sup></b>				
3 months or Less	1,414	47%	1,008	27%
4-7 months	1,180	39%	708	19%
8-11 months	223	7%	627	17%
12 months or More	180	6%	1,388	37%
Mean Months on MAT	5.1		9.7	
Median Months on MAT	4.2		8.9	
<b>SUBSTANCE ABUSE TREATMENT NEED<sup>2</sup></b>				
No	123	4%	119	3%
Yes	2,693	90%	3,401	91%
Unknown	181	6%	211	6%
<b>SUBSTANCE ABUSE PROGRAM PARTICIPATION STATUS</b>				
Completed Program Satisfactorily	402	15%	484	14%
In Program	505	19%	553	16%
Incomplete Participation	183	7%	238	7%
Not Yet Participated	1,603	60%	2,126	63%
<b>Total with a Substance Abuse Need</b>	2,693	100%	3,401	100%

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

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

## MAT SCREENING PROCESS AND PARTICIPATION

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, 2023 and June 30, 2024 are presented in *Table 3a*. Between July 1, 2023 and June 30, 2024, DOCCS initiated 1,192 incarcerated individuals on MAT medication.

**Table 3a.**  
**MAT Screening Process at DOCCS:**  
**July 1, 2023 through June 30, 2024**

<b>SCREENING COMPONENTS</b>	<b>Number of Individuals</b>
Opioid Use Disorder Diagnosis	1,410
MAT Criteria Not Met	61
Patient Offered, But Refused MAT	96
MAT Program Initiations	1,192

Between July 1, 2023 and June 30, 2024, there were 5,803 MAT participants, which constituted 14% of the dynamic population of 42,592.<sup>1</sup> *Table 3b* shows that while the dynamic population increased by only 4%, between the two reporting periods, MAT participation increased by 46%.

**Table 3b.**  
**MAT Participation\* among Dynamic Population**  
**July 1, 2022-June 30, 2023 Compared with July 1, 2023-June 30, 2024**

PARTICIPATION IN MAT	7/1/22-6/30/23		7/1/23-6/30/24		Number Change	Percent Change
	#	%	#	%		
MAT Participants	3,986	10%	5,803	14%	1,817	46%
Non-Participants	37,138	90%	36,789	86%	-349	-1%
<b>DYNAMIC POPULATION</b>	<b>41,124</b>	<b>100%</b>	<b>42,592</b>	<b>100%</b>	<b>1,468</b>	<b>4%</b>

\* Defined as having any MAT medication record during the relevant reporting year.

Of note, there were 509 incarcerated individuals under custody on July 1, 2024 who were not actively participating in the MAT program, but had participated in MAT at some point between July 1, 2023 and June 30, 2024.

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<sup>1</sup> The dynamic population is a measure of the number of different individuals who were under custody at any point between July 1, 2023 and June 30, 2024.

## BEHAVIORAL ADJUSTMENT

MAT participants' behavioral adjustment was first reviewed by examining the number of guilty Tier 2 and Tier 3 disciplinary infractions they received during the one-year period of this report. As shown in *Table 4a*, among the 5,803 incarcerated individuals who participated in MAT between July 1, 2023 and June 30, 2024, 60% were not found guilty of a Tier 2 or Tier 3 disciplinary infraction after their MAT participation began. The 2,349 individuals who did have a guilty disciplinary infraction had a total of 2,906 total disciplinary incidents with guilty charges (2,283 Tier 2s; 623 Tier 3s).

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

	#	% of Total MAT
<i>TOTAL MAT PARTICIPANTS</i>	5,803	100%
# of MAT Participants with 0 Tier 2s and 0 Tier 3s After MAT	3,454	60%
# of MAT Participants with 1 or more Tier 2s After MAT*	2,131	37%
# of MAT Participants with 1 or more Tier 3s After MAT*	821	14%
# of MAT Participants with 1+ Tier 2s and 1+ Tier 3s After MAT*	603	10%
Mean Number of Tier 2s	0.8	
Maximum Number of Tier 2s	0	
Mean Number of Tier 3s	0.2	
Maximum Number of Tier 3s	0	

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

DOCCS also examined the number of unusual incidents (UIs) during the one year period of this report where the participant identified as a perpetrator. As shown in *Table 4b*, among the 5,803 MAT participants, 14% were identified as the perpetrator of any UI after their MAT participation began, while 8% were identified as the perpetrator of violent UI after their MAT participation began.

**Table 4b.**  
**Program Impact: Behavioral Adjustment**  
**Unusual Incidents among MAT Participants**  
**between July 1, 2023 and June 30, 2024**

	#	% of Total MAT
<i>TOTAL MAT PARTICIPANTS</i>	5,803	100%
# of MAT participants who were not Perpetrators of UIs	5,002	86%
# of MAT participants who were Perpetrators of 1 or more UIs	801	14%
# of MAT participants who were not Perpetrators of Violent UIs*	5,318	92%
# of MAT participants who were Perpetrators of 1 or more Violent UIs*	485	8%
Average # of UIs (as Perpetrator)	0.2	
Median # of UIs (as Perpetrator)	0	
Average # of Violent UIs (as Perpetrator)	0.1	
Median # of Violent UIs (as Perpetrator)	0	

\* Violent unusual incidents include assaults, disruptive behavior, arson, I/I disturbance, sexual misconduct, and aggravated harassment.

## 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 5,803 MAT participants between July 1, 2023, and June 30, 2024, 17 received treatment for HIV/AIDS during their MAT participation, while 317 received treatment for Hepatitis C during their MAT participation. *Table 5* presents the number of MAT participants who received treatment compared with non-MAT participants who received treatment during the reporting year. A larger percentage of MAT participants (5%) than non-MAT participants (<1%) received treatment for Hepatitis C.

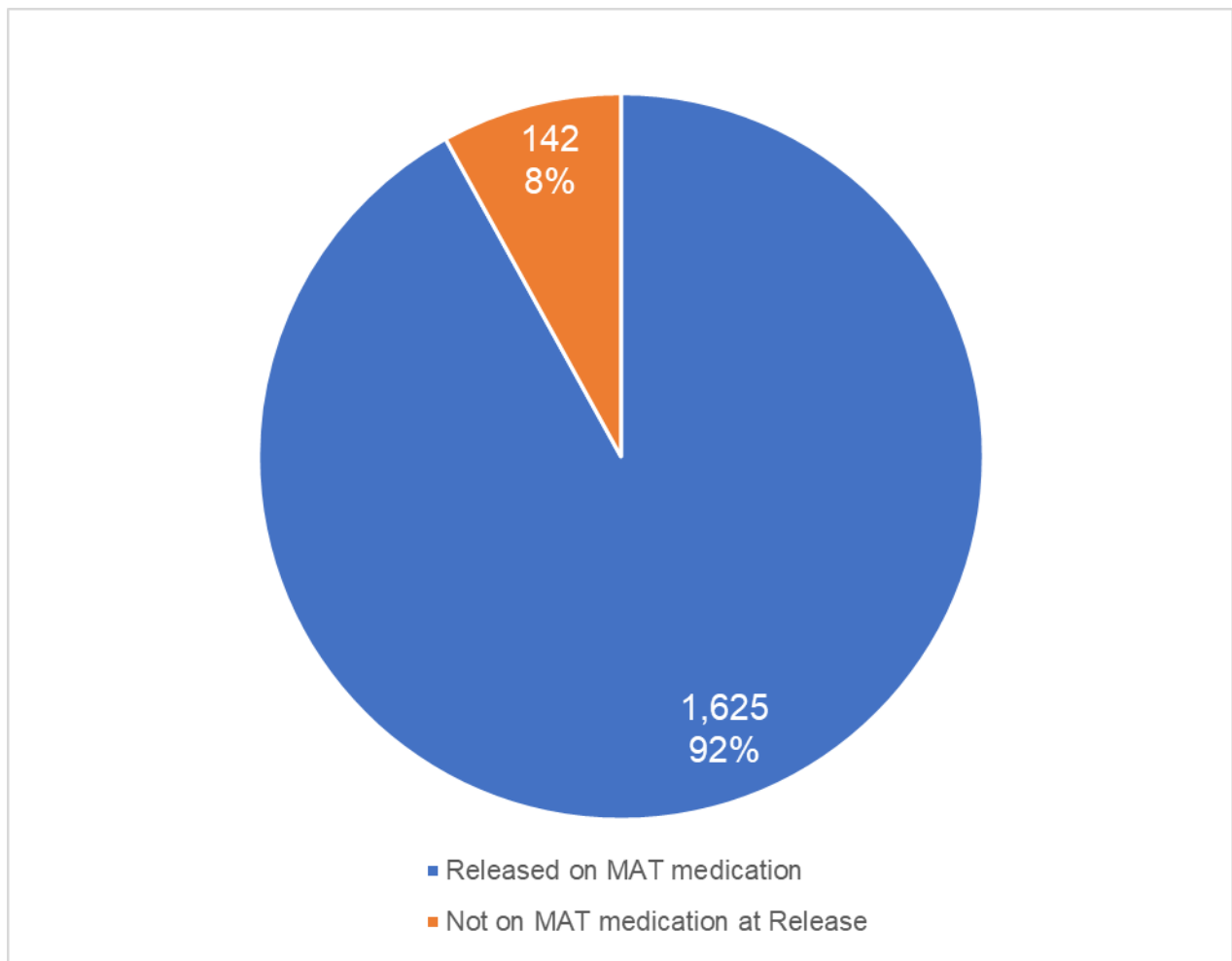
**Table 5.  
Program Impact:  
HIV/AIDS and Hepatitis C Treatment between July 1, 2023 and June 30, 2024**

TREATMENT PROVIDED	Number of Indiv. MAT participants	Percent of Total MAT Population	Number of Indiv. Not on MAT	Percent of Total Non-MAT Population
Received HIV/AIDS Treatment	17	<1%	59	<1%
Received Hepatitis C Treatment	317	5%	155	<1%

## MAT PARTICIPANTS RELEASED TO THE COMMUNITY

There were 1,767 MAT participants who had been released to the community between July 1, 2023, and June 30, 2024. 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, 2023 through June 30, 2024**



## **Medicaid Enrollment**

Table 6 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. MAT participants were more likely to have a Medicaid enrollment indicator (87%) than were the individuals released from DOCCS to the community during the reporting year who did not participate in MAT (77%).

**Table 6.**  
**Program Impact: Re-Entry Rates:**  
**Medicaid Enrollment at Release to the Community**

<b>ENROLLED IN MEDICAID AT RELEASE</b>	<b>Total Released MAT Participants</b>		<b>Total Non-MAT Releases</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<i>TOTALS</i>	1,767	100%	7,702	100%
Yes	1,533	87%	5,941	77%
No	234	13%	1,761	23%

## **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 in the Department's electronic record.



Consistent with other Departmental reporting on program needs at release, program information is presented only for the 1,337 MAT participants released for the first time on the current sentence.

**Table 7.  
Program Impact: Institutional Adjustment:  
Program Needs and Statuses among MAT Participants  
Released for the First Time on Their Sentence\***

<b>MAJOR PROGRAM NEEDS AND STATUSES</b>	<b>Total Released MAT Participants</b>
<b>SUBSTANCE ABUSE TREATMENT</b>	
Number of First Releases with Need Identified	1,309
% with Need Addressed	90%
% Completed Program/Still Participating	88%
<b>ACADEMIC EDUCATION</b>	
Number of First Releases with Need Identified	522
% with Need Addressed	81%
% Completed Program/Still Participating	41%
<b>VOCATIONAL EDUCATION</b>	
Number of First Releases with Need Identified	1,160
% with Need Addressed	77%
% Completed Program/Still Participating	75%
<b>AGGRESSION PROGRAMMING</b>	
Number of First Releases with Need Identified	978
% with Need Addressed	75%
% Completed Program/Still Participating	74%
<b>SEX OFFENDER TREATMENT</b>	
Number of First Releases with Need Identified	78
% with Need Addressed	81%
% Completed Program/Still Participating	76%
<b>TRANSITIONAL SERVICES PHASE II</b>	
Number of First Releases with Need Identified	1,199
% with Need Addressed	35%
% Completed Program/Still Participating	31%
<b>TRANSITIONAL SERVICES PHASE III</b>	
Number of First Releases with Need Identified	1,337
% with Need Addressed	68%
% Completed Program/Still Participating	64%

\*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).

## Returns to DOCCS' Custody

DOCCS also examined returns to custody within one year of release among the MAT participants who were released to the community between July 1, 2022 and June 30, 2023. Among the 695 MAT participants who had been released to the community, 8% were readmitted to DOCCS following conviction for a new felony or a return for violating the conditions of community supervision in an important respect. MAT participants were more likely to return to custody (8%) than were the individuals released from DOCCS to the community between July 1, 2022 and June 30, 2023 who did not participate in MAT (5%).

**Table 8.**  
**Program Impact: Re-Entry Rates**  
**Returns to DOCCS Custody within One Year of Release to the Community**  
**among MAT Participants Released between June 1, 2022 and July 30, 2023**

RETURNED TO DOCCS	Total Released MAT Participants		Total Non-MAT Releases	
	#	%	#	%
<i>TOTALS</i>	695	100%	7,796	100%
Not Returned	641	92%	7,435	95%
Returned to Custody	54	8%	361	5%

\*Consistent with other reporting on returns to custody, information is presented only for those released from custody for the first time during the reporting period.

## 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 of release, the Department begins an intensive discharge planning process, which includes, but is not limited to, participation in the Transitional Services Phase III program, and 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.

## CONCLUSION AND RECOMMENDATIONS

The implementation of Medicated Assisted Treatment within the New York State Department of Corrections and Community Supervision represents a pivotal step in addressing the opioid crisis among incarcerated populations. By integrating MAT into correctional healthcare, New York State has demonstrated a commitment to reducing opioid-related morbidity and mortality, enhancing public safety, and improving the long-term outcomes for individuals transitioning back into the community.

The findings of this report underscore the usefulness of MAT in supporting recovery among those struggling with opioid use disorder. However, the success of this initiative also highlights the ongoing need for continuous monitoring, resource allocation, and the adaptation of best practices to ensure that all individuals who can benefit from MAT have access to it. Moving forward, it is essential that DOCCS continues to collaborate with healthcare providers, community organizations, and policymakers to expand MAT access, address existing challenges, and promote the sustainability of these life-saving programs. By doing so, New York State can serve as a model for other states in utilizing MAT to improve public health and safety outcomes within the correctional system.

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. Transferring individuals who are on methadone requires collaboration across multiple departments throughout the agency and can take considerable resources.

As the Department continues to increase the number of individuals who are on injectable buprenorphine we will need to evaluate the cost of the program. As shown in Table 1a, the number of participants on injectable buprenorphine increased by 221% from July 1, 2023 to July 1, 2024. Among the active MAT participants on July 1, 2024, 27% were on injectable buprenorphine. The current cost is approximately \$1,750 per injection per month for Sublocade, \$415 per injection for weekly Brixadi, and \$1,630 per injection per

month for monthly Brixadi. 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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