Department of Corrections and Community Supervision

Medication-Assisted Treatment

2026 Legislative Report

September 2026

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INTRODUCTION

The New York State Department of Corrections and Community Supervision (DOCCS) remains committed to advancing public health and safety through evidence-based approaches to substance use treatment. Medication-Assisted Treatment (MAT) is a critical component of this commitment, providing incarcerated individuals with access to FDA-approved medications, to treat opioid use disorder (OUD).

This report provides a comprehensive overview of DOCCS' implementation and expansion of MAT across the 41 correctional facilities statewide. It highlights key program structure, clinical protocols, and outcomes achieved since the program's inception. As part of a broader strategy aligned with state and federal initiatives to combat the opioid crisis, DOCCS' MAT program plays a vital role in working to reduce overdose deaths, support sustained recovery, and improve re-entry outcomes.

The information presented herein reflects the Department's ongoing efforts to ensure that incarcerated individuals receive the same standard of care afforded in the community, in accordance with best practices and statutory mandates. Through continued collaboration with state agencies, community providers, and stakeholders, DOCCS strives to build a seamless continuum of care for individuals during incarceration and after release.

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 county jails 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 seven OTPs to provide methadone to all 41 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 Health Services for a MAT assessment. Individuals accepted

into DOCCS from local 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. On July 1, 2026, there were over 3,700 incarcerated individuals participating.

ACTIVE MAT PARTICIPANTS:
JULY 1, 2025 COMPARED WITH JULY 1, 2026

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, 2025 Compared with July 1, 2026

MEDICATION	7-1-2025 Active Participants		7-1-2026 Active Participants		Number Change	Percent Change
	#	%	#	%		
Daily Dose Buprenorphine	1,746	53%	1,911	51%	165	9%
Injectable Buprenorphine	1,010	31%	1,056	28%	46	5%
Methadone	449	14%	698	19%	249	55%
Naltrexone	72	2%	98	3%	26	36%
TOTAL PARTICIPANTS	**3,277**	**100%**	**3,763**	**100%**	**486**	**15%**

The 3,763 active MAT participants on July 1, 2026 constituted 11% of the total under custody population of 34,047. In comparison, the active MAT participants on July 1, 2025 represented about 10% of the population. Between July 1, 2025 and July 1, 2026, the number of active MAT participants under custody increased by 15%. The total under custody population increased by 9% during this same time period. The largest increase in MAT participants was among those being treated with methadone.

As of July 1, 2026, there were active MAT participants at all 41 DOCCS facilities.

Table 1b on the next page presents the assigned facility by active MAT medication for the July 1, 2026 MAT participants.

Table 1b.
July 1, 2026 Active MAT Participants
Assigned Facility by Medication

ASSIGNED FACILITY	MEDICATION				Total Participants
	Daily Dose Buprenorphine	Injectable Buprenorphine	Methadone	Naltrexone	
Adirondack	31	14	17	0	62
Albion	103	59	25	7	194
Altona	1	10	0	0	11
Attica	114	30	23	6	173
Auburn	48	25	19	2	94
Bedford Hills	40	14	12	5	71
Cape Vincent	36	8	21	0	65
Cayuga	28	16	13	0	57
Clinton	67	56	20	5	148
Collins	25	21	14	2	62
Coxsackie	31	13	10	0	54
Eastern	51	13	2	2	68
Edgecombe	5	1	0	0	6
Elmira	119	21	37	7	184
Fishkill	97	39	30	6	172
Five Points	67	9	20	3	99
Franklin	52	106	31	4	193
Gouverneur	22	17	24	1	64
Green Haven	91	19	11	2	123
Greene	60	63	31	3	157
Groveland	93	13	18	4	128
Hale Creek	22	7	7	1	37
Hudson	14	12	0	0	26
Lakeview	63	28	35	5	131
Marcy	55	47	19	5	126
Midstate	81	49	30	9	169
Mohawk	38	89	35	6	168
Orleans	35	26	16	1	78
Otisville	24	13	14	0	51
Queensboro	2	1	3	0	6
Riverview	46	32	27	1	106
Shawangunk	11	14	3	0	28
Sing Sing	62	19	7	2	90
Taconic	26	7	19	0	52
Ulster	27	4	24	2	57
Upstate	4	33	5	0	42
Wallkill	28	17	14	0	59
Washington	26	28	17	3	74
Wende	36	14	4	0	54
Woodbourne	55	25	24	4	108
Wyoming	75	24	17	0	116
TOTAL PARTICIPANTS	**1,911**	**1,056**	**698**	**98**	**3,763**

Demographics

Tables 2a and *2b* present demographic characteristics, program participation, and program needs statuses of active MAT participants on July 1, 2025 compared with July 1, 2026.

Among the July 1, 2026 MAT participants, 1,830 (48%) were also active MAT participants on July 1, 2025. Forty-five percent of the July 1, 2026 MAT participants had been continuously receiving MAT medication for at least one year, with an average participation of over 15 months.

Table 2a.
Demographic Characteristics of Active MAT Participants
July 1, 2025 Compared with July 1, 2026

DEMOGRAPHIC CHARACTERISTICS	7-1-2025 Active Participants		7-1-2026 Active Participants	
	#	%	#	%
TOTAL PARTICIPANTS	*3,277*		*3,763*	
SEX				
Male	2,954	90%	3,404	90%
Female	323	10%	359	10%
AGE				
20 and under	6	<1%	5	<1%
21-24 years	61	2%	59	2%
25-29 years	284	9%	265	7%
30-34 years	537	16%	601	16%
35-39 years	730	22%	834	22%
40-49 years	1,012	31%	1,238	33%
50-59 years	471	14%	530	14%
60 and older	176	5%	231	6%
Mean Age in Years	41.6		42.2	
Median Age in Years	40.1		40.8	
SELF-REPORTED RACE				
White	2,266	69%	2,647	70%
Black	497	15%	568	15%
Native American	74	2%	84	2%
Asian	17	1%	19	1%
Other	389	12%	413	11%
Unknown	34	1%	32	1%
SELF-REPORTED ETHNICITY				
Hispanic	734	22%	845	26%
Non-Hispanic	2,523	77%	2,903	77%
Unknown	20	1%	15	<1%

Table 2b.
Program Participation and Program Needs of Active MAT Participants
July 1, 2025 Compared with July 1, 2026

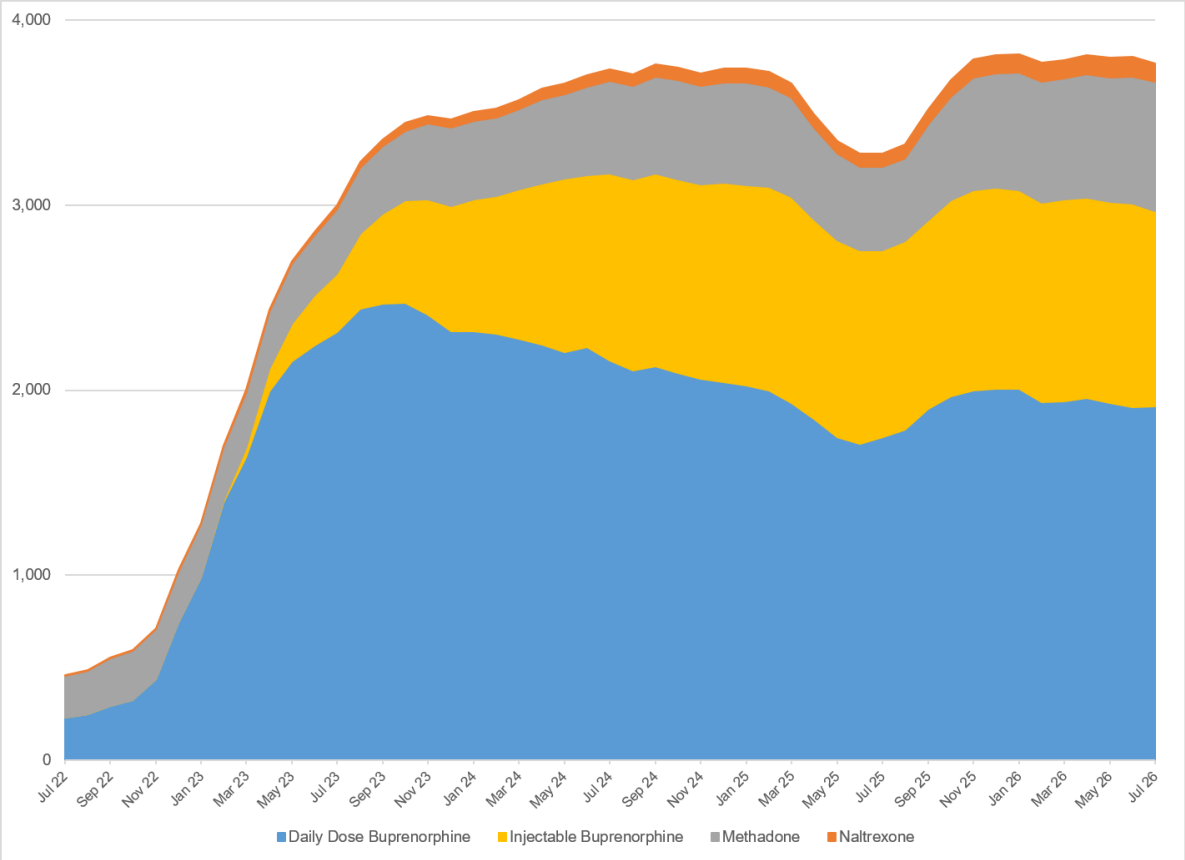
PROGRAM PARTICIPATION AND NEEDS	7-1-2025 Active Participants		7-1-2026 Active Participants	
	#	%	#	%
TOTAL PARTICIPANTS	*3,277*		*3,763*	
INITIATION STATUS				
Admitted with MAT	1,840	56%	2,491	66%
Initiated at DOCCS	1,437	44%	1,272	34%
MONTHS ON MAT MEDICATION[1]				
3 months or Less	488	15%	815	22%
4-7 months	574	18%	639	17%
8-11 months	432	13%	619	16%
12 months or More	1,783	54%	1,690	45%
Mean Months on MAT	14.8		15.6	
Median Months on MAT	13.3		10.6	
SUBSTANCE USE TREATMENT NEED[2]				
No	95	3%	132	4%
Yes	3,043	93%	3,441	91%
Unknown	139	4%	190	5%
SUBSTANCE USE PROGRAM PARTICIPATION STATUS				
Completed Program Satisfactorily	431	14%	399	12%
In Program	432	14%	450	13%
Incomplete Participation	181	6%	179	5%
Not Yet Participated	1,999	66%	2,413	70%
Total with a Substance Use Need	3,043	100%	3,441	100%

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

[2] An indicator of Substance Use Treatment need does not represent an official diagnosis of a substance use disorder.

Figure 1, based on monthly snapshots of active MAT participants, illustrates how the prescribed medications have changed over time.

Figure 1.
Active MAT Participants by Medication:
July 1, 2022 through July 1, 2026



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, 2025 and June 30, 2026 are presented in *Table 3a*. Between July 1, 2025 and June 30, 2026, DOCCS initiated 296 incarcerated individuals on MAT medication.

Table 3a.
MAT Screening Process at DOCCS:
July 1, 2025 through June 30, 2026

SCREENING COMPONENTS	Number of Individuals
Opioid Use Disorder Diagnosis	466
MAT Criteria Not Met	24
Patient Offered, But Refused MAT	65
MAT Program Initiations	296

* Individuals may have been counted in more than one screening component and may have been diagnosed with OUD in a previous year.

Between July 1, 2025 and June 30, 2026, there were 6,086 MAT participants, which constituted 14% of the dynamic population, consistent with the prior year.[1] *Table 3b* shows that the dynamic population increased by 7% between the two reporting periods, while the number of MAT participants increased by 9%.

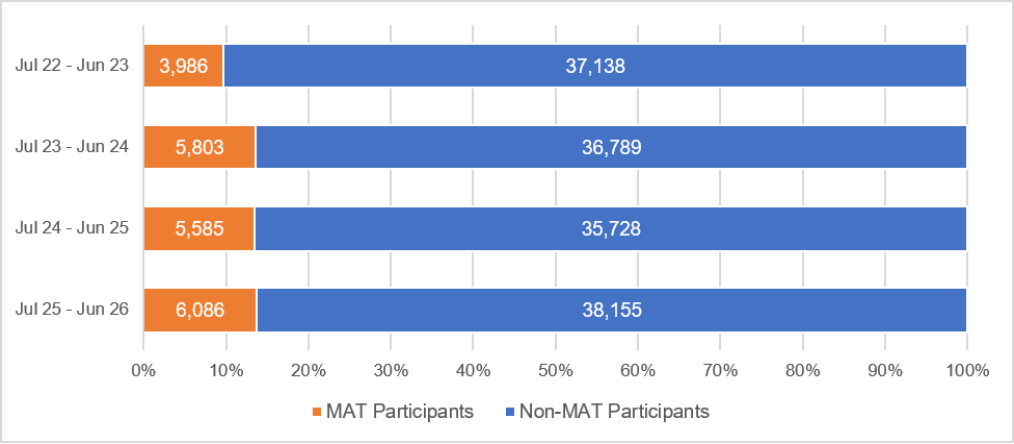
Table 3b.
MAT Participation* among Dynamic Population
July 1, 2024-June 30, 2025 Compared with July 1, 2025-June 30, 2026

PARTICIPATION IN MAT	7/1/24-6/30/25		7/1/25-6/30/26		Number Change	Percent Change
	#	%	#	%		
MAT Participants	5,585	14%	6,086	14%	501	9%
Non-Participants	35,728	86%	38,155	86%	2,427	7%
DYNAMIC POPULATION	**41,313**	**100%**	**44,241**	**100%**	**2,928**	**7%**

* Defined as having any MAT medication record during the relevant year. Some individuals participating in MAT discontinued participation prior to the end of the reporting period.

Figure 2 presents the distribution of MAT participants compared with non-MAT participants among the dynamic populations for each reporting period.

Figure 2.
MAT Participants Compared with Non-Participants among the Dynamic Populations by Reporting Period



[1] The dynamic population is a measure of the number of different individuals who were under custody at any point between July 1, 2025 and June 30, 2026.

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 6,086 incarcerated individuals who participated in MAT between July 1, 2025 and June 30, 2026, 58% did not have a Tier 2 or Tier 3 disciplinary infraction after their MAT participation began. The 2,567 individuals who did have a guilty disciplinary infraction had a total of 4,208 total disciplinary incidents with guilty charges (3,105 Tier 2s; 1,103 Tier 3s).

Table 4a.
Program Impact: Behavioral Adjustment
Disciplinary Activity
Guilty Tier 2 or Guilty Tier 3 Incidents among MAT Participants
between July 1, 2025 and June 30, 2026

	#	% of Total MAT
TOTAL MAT PARTICIPANTS	*6,086*	*100%*
# of MAT Participants with 0 Tier 2s and 0 Tier 3s After MAT	3,519	58%
# of MAT Participants with 1 or more Tier 2s After MAT*	1,937	32%
# of MAT Participants with 1 or more Tier 3s After MAT*	588	10%
# of MAT Participants with 1+ Tier 2s and 1+ Tier 3s After MAT*	535	9%
Mean Number of Tier 2s	2.8	
Median Number of Tier 2s	2	
Mean Number of Tier 3s	1.5	
Median Number of Tier 3s	1	

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

Note: Means and medians are computed among those participants with at least one incident.

DOCCS also examined the number of unusual incidents (UIs) during the one year period of this report where a MAT participant was identified as a perpetrator. As shown in *Table 4b*, among the 6,086 MAT participants, 13% were identified as the perpetrator of any UI after their MAT participation began, while 6% were identified as the perpetrator of a violent UI after their MAT participation began.

Table 4b.
Program Impact: Behavioral Adjustment
Unusual Incidents among MAT Participants
between July 1, 2025 and June 30, 2026

	#	% of Total MAT
TOTAL MAT PARTICIPANTS	*6,086*	*100%*
# of MAT participants who were not perpetrators of UIs	5,317	87%
# of MAT participants who were perpetrators of 1 or more UIs	769	13%
# of MAT participants who were not perpetrators of Violent UIs	5,729	94%
# of MAT participants who were perpetrators of 1 or more Violent UIs	357	6%
Average # of Unusual Incidents (as perpetrator)	1.9	
Median # of Unusual Incidents (as perpetrator)	1	
Average # of Violent Unusual Incidents (as perpetrator)	1.2	
Median # of Violent Unusual Incidents (as perpetrator)	1	

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

Note: Means and medians are computed among those participants with at least one incident.

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 substance use. The use of naltrexone, for instance, not only treats OUD but it can also treat alcohol use disorder. DOCCS also offers various forms of nicotine replacement therapy and prescription medications to help bolster treatment success, i.e., bupropion and varenicline. Among the 6,086 MAT participants between July 1, 2025, and June 30, 2026, 22 received treatment for HIV/AIDS during their MAT participation, while 275 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.

Among the 131 incarcerated individuals who received treatment for HIV/AIDS between July 2025 and June 2026, 17% participated in MAT. Among the 385 individuals who received treatment for Hepatitis C, 71% participated in MAT.

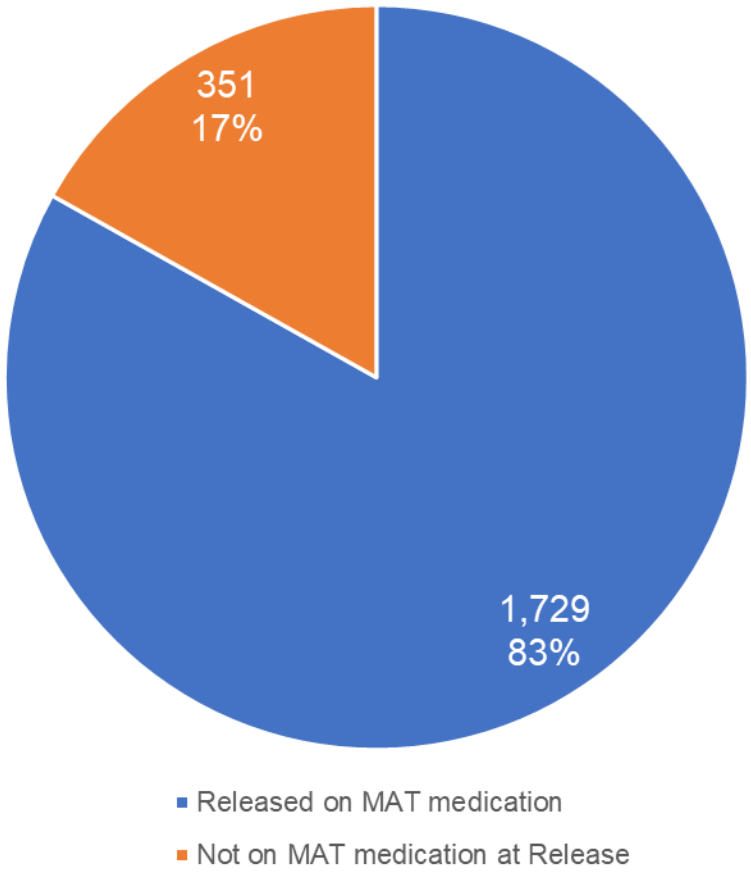
Table 5.
Program Impact: Other Medical Conditions
HIV/AIDS and Hepatitis C Treatment by MAT Status
between July 1, 2025 and June 30, 2026

	MAT Participants		Individuals Not on MAT	
	#	%	#	%
TOTALS	*6,086*	*100%*	*38,155*	*100%*
# who did not received HIV/AIDS Treatment	6,064	100%	38,046	100%
# who Received HIV/AIDS Treatment	22	<1%	109	<1%
# who did not received Hepatitis C Treatment	5,811	95%	38,045	100%
# who received Hepatitis C Treatment	275	5%	110	<1%

MAT PARTICIPANTS RELEASED TO THE COMMUNITY

There were 2,080 MAT participants released to the community between July 1, 2025 and June 30, 2026. As shown in *Figure 3*, the majority of MAT participants were released to the community while on a MAT medication.

Figure 3.
MAT Status at Release among MAT Participants Released to the Community: July 1, 2025 through June 30, 2026



Medicaid Enrollment

The Department tracks Medicaid suspension among the incarcerated individual population. Individuals with an indicator that their Medicaid enrollment was suspended are expected to be re-enrolled in Medicaid at the time of release. *Table 6* displays the distribution of MAT participants with a Medicaid enrollment indicator at release. Among all releases to the community, 20% were MAT participants. 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 (81%) than were the individuals released from DOCCS to the community during the reporting year who did not participate in MAT (76%).

Table 6.
Program Impact: Re-Entry Rates:
Expected Medicaid Enrollment at Release to the Community by MAT Status
Released July 1, 2025 to June 30, 2026

EXPECTED ENROLLMENT IN MEDICAID AT RELEASE	Total MAT Releases		Total Non-MAT Releases	
	#	%	#	%
TOTALS	*2,080*	*100%*	*8,113*	*100%*
Yes	1,690	81%	6,160	76%
No	390	19%	1,953	24%

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 six 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 records.

Consistent with other Departmental reporting on program needs at release, program information is presented only for the 1,431 MAT participants released to the community 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*
July 1, 2025 to June 30, 2026

MAJOR PROGRAM NEEDS AND STATUSES AT RELEASE	Total MAT Releases
SUBSTANCE USE TREATMENT	
Number of First Releases with Need Identified	1,387
% with Need Addressed	82%
% Completed Program/Still Participating	81%
ACADEMIC EDUCATION	
Number of First Releases with Need Identified	587
% with Need Addressed	73%
% Completed Program/Still Participating	32%
VOCATIONAL EDUCATION	
Number of First Releases with Need Identified	1,272
% with Need Addressed	74%
% Completed Program/Still Participating	72%
AGGRESSION PROGRAMMING	
Number of First Releases with Need Identified	1,067
% with Need Addressed	59%
% Completed Program/Still Participating	57%
SEX OFFENDER TREATMENT	
Number of First Releases with Need Identified	70
% with Need Addressed	84%
% Completed Program/Still Participating	76%
TRANSITIONAL SERVICES PHASE III	
Number of First Releases with Need Identified	1,431
% with Need Addressed	56%
% Completed Program/Still Participating	52%

*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

Return to custody rates were compared between MAT participants and non-MAT participants who were released to the community. Releases were followed for one, two, and three years following release. Returns for new convictions and parole violations were analyzed.

As shown in *Table 8*, MAT participants were more likely to return to custody (11%) within one year of release than the individuals released from DOCCS to the community during the same period who did not participate in MAT (5%). MAT participants were also more likely to return to custody (22%) within two years of release than the individuals released from DOCCS to the community during the same period who did not participate in MAT (13%). Finally, within three years of release, MAT participants were more likely to return to custody (27%) than the individuals released from DOCCS to the community during the same period who did not participate in MAT (19%).

Table 8.
Program Impact: Re-Entry Rates
Returns to DOCCS Custody within One Year, Two, and Three Years of Release* among MAT Participants and Non-MAT Participants

RELEASE COHORT & MAT PARTICIPATION INDICATOR	Total Releases	Not Returned	Returned [4]
One Year in the Community [1]			
MAT Releases	4,487	4,015	472
(% return/release)		*89%*	*11%*
Non-MAT Releases	23,109	21,950	1,159
(% return/release)		*95%*	*5%*
Two Years in the Community [2]			
MAT Releases	*2,460*	1,929	531
(% return/release)		*78%*	*22%*
Non-MAT Releases	*15,249*	13,265	1,984
(% return/release)		*87%*	*13%*
Three Years in the Community [3]			
MAT Releases	*695*	509	186
(% return/release)		*73%*	*27%*
Non-MAT Releases	*7,796*	6,288	1,508
(% return/release)		*81%*	*19%*

*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. There may be important differences between the MAT releases and the comparison group(s), including demographic characteristics, criminal history, time under custody, identified program needs, and/or behavioral adjustment.

[1] Releases to the community July 1, 2022 to June 30, 2025.

[2] Releases to the community July 1, 2022 to June 30, 2024.

[3] Releases to the community July 1, 2022 to June 30, 2023.

[4] Returns include returns for new felony convictions and returns for violating the conditions of parole.

RE-ENTRY PLANNING

DOCCS begins the re-entry process on the first day an individual is received into state custody and modifies the re-entry 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 up to a 30-day supply of any medication necessary, where permissible under federal and state law. For individuals enrolled in the MAT program who are prescribed methadone at the time of release, DOCCS works collaboratively with their assigned OTP to identify an OTP in the community to which they are releasing and schedules an appointment prior to release, to ensure continuity of care. For individuals who are receiving buprenorphine through the MAT program at the time of release, the Department schedules an appointment with a community provider and releases them with sufficient medication until their first appointment.

For incarcerated individuals who are undomiciled, are not subject to post-release supervision, or are otherwise uncertain of their post-release residence, DOCCS discharge planners will provide information regarding how to access medication-assisted treatment (MAT) services through a telehealth MAT provider utilizing the NY Matters platform.

The NY Matters platform may also be utilized for individuals who plan to reside in rural or geographically underserved areas and who may experience transportation barriers that would impede their ability to attend in-person MAT appointments. In such circumstances, the individual will be provided with information regarding accessing MAT services through telehealth to facilitate continuity of treatment following release.

For those individuals that are serving a period of community supervision, the information regarding MAT participants 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 Medication-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 41 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.

An additional area identified for improvement is the standardization and streamlining of consent and intake documentation required by the Opioid Treatment Programs (OTPs) providing methadone services for the incarcerated population. The volume of required documentation can present a significant administrative and operational barrier, particularly given the frequency with which the incarcerated individuals are transferred between facilities. Moving forward, DOCCS would like to explore opportunities to

streamline and standardize these requirements, in collaboration with the OTPs, and OASAS, while maintaining compliance with applicable regulatory and clinical requirements. Reducing duplicative administrative processes has the potential to improve efficiency, minimize delays, and further strengthen continuity of methadone treatment across the DOCCS system.

As shown in *Table 1a*, among the active MAT participants on July 1, 2026, 28% were on injectable buprenorphine. The current cost when ordered from its vendor pharmacy is approximately $1,746.81 per injection per month for Sublocade, $427.54 per injection for weekly Brixadi, and $1,710.14 per injection per month for monthly Brixadi. In 2025, DOCCS began stocking injectable buprenorphine products at 18 of our 19 registered pharmacies. In doing do, we have been able to lower medication costs to $1,535 per month for Sublocade, $374.99 for weekly Bixaldi, and $1,499.97 for monthly Bixaldi. 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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