

MAT: Making a Difference in Upstate New York

Catching Up With COSSAP, October 2020

Program Background

The 5 percent recidivism rate among participants of the medication-assisted treatment (MAT) program at the Albany County Corrections and Rehabilitative Services Center (ACCRSC)¹ in New York State did not happen overnight. It is the result of a longstanding commitment to inmates' well-being, the persistence and hard work of advocates within and outside of the facility, and intense collaboration with community partners.

For years, ACCRSC made methadone treatment available to its inmates through a contract with a provider in the community. In 2015, Albany County Sheriff Craig Apple, swayed by research demonstrating the effectiveness of medication for treating opioid and other substance use disorders when combined with behavioral counseling, expanded addiction services in the facility by launching the Sheriff's Heroin Addiction Recovery Program (SHARP), which included Vivitrol among its offerings.

SHARP reduced reincarceration among those who participated by 28 percent. In January 2019, this success, combined with encouragement from local advocate Keith Brown of the [Katal Center for Health, Equity, and Justice](#), led to ACCRSC becoming, one of the first correctional facilities in upstate New York to offer all three U.S. Food and Drug Administration-approved medications for treating opioid use disorder (OUD): buprenorphine, methadone, and naltrexone.

Three Phases of Implementation

Implementing the full MAT program involved reaching out to the roots of ACCRSC's addiction services. Jill Harrington, Health Services Administrator for [CFG Health Systems, LLC](#) and head of the medical unit at ACCRSC, recalls, "I contacted Joe LaCoppola, who worked with the agency we contracted to provide methadone services in the early 2000s—the Whitney M. Young, Jr. Health Center. He really helped get the ball rolling in terms of what we needed to do." This preparation resulted in a three-phase plan for implementing the MAT program:

- **Phase 1**, launched in January 2019, allowed incoming inmates already receiving buprenorphine, methadone, and/or naltrexone treatment to continue their regimens.



Albany County Sheriff Craig Apple

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- **Phase 2** was initiated two months later and included buprenorphine inductions for individuals with OUD who were sentenced and had expected release dates.
- **Phase 3** made available buprenorphine inductions for all individuals with OUD who chose to participate in the program. This final phase of implementation started in October 2019.

This thoughtful approach enabled program administrators, medical staff members, and correctional officers to overcome challenges along the way. The road to implementation has not been without its bumps.

“There was a significant amount of skepticism, of fear, about bringing controlled substances into the facility,” recounts Harrington. “And we did, in fact, have some difficulty with diversion, particularly when the COVID pandemic hit. But we identified the issues and addressed them.”

As a result, protocols were updated to include a medication pass (the process by which medications are administered) specific to MAT, separate from other medications. Switching from tablets to sublingual films (applied beneath the tongue) helped to prevent inmates from spitting medication down their shirts for later diversion. Medication recipients are required to keep their shirts untucked and their hands by their sides during the medication pass, two procedures that supplemented mouth and hand checks before and after medication administration.

For input on its diversion policy, ACCRSC again reached out, this time to New York City’s Rikers Island Correctional Facility, which has operated an opioid treatment program since 1987. The resulting policy stipulates that inmates who violate the diversion policy receive counseling. Additional violations may result in violators being tapered off the drug, although treatment will be restarted prior to release to facilitate the recovery process and to help prevent relapse, which often occurs upon transition back to the community.



Albany County Corrections and Rehabilitative Services Center in Albany, New York

In the 18 months of MAT program operation at ACCRSC, there have only been two incidents of violators being tapered off medication.

Overcoming Resistance

So few transgressions, combined with a noticeable reduction in the trafficking of contraband and fewer incidents of violence in the facility, promoted correctional staff buy-in to the MAT program. Professional development provided by the New York State Department of Health and New York State Office of Addiction Services and Supports,² as well as by Dr. Kimberly Sue of the [Harm Reduction Coalition](#), was also critical to the onboarding process. Harrington notes, “In the beginning, medical staff and corrections staff needed to change their way of thinking about MAT. We needed to

[This program] has saved my life, and now that [I] am on the medication and will have my own script when released and home, I can assure myself that I will not use heroin. I can thank [ACCRSC] Medical for giving me a second chance and saving my life.

—Program participant

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recognize and appreciate that MAT is not simply substituting one drug for another. Rather, it's a way to help individuals take control of their addiction, secure care on the outside, and live productive lives.”

Reentry Into Community

Planning for community services is an integral part of the discharge planning associated with the MAT program. [Project Safe Point](#), a program of [Catholic Charities Care Coordination Services](#), provides in-reach services during incarceration as well as post-discharge services (continuity of care, follow-up, and reporting). Service providers in the community include the [Whitney M. Young, Jr. Health Center](#), [Conifer Park](#), and [Camino Nuevo](#), all located near ACCRSC. Provisions, such as scripts for 30 days' supply of medication instead of the usual 14, are made for individuals who exit the facility to the surrounding rural areas. “Bridge” scripts—one quarter of which were issued to residents reentering a nearby rural county—allow the 50 percent of MAT program participants who are eligible for Medicaid to obtain medication while waiting for those benefits to start.

For more information on ACCRSC's MAT program, contact Jill Harrington at jiharrington@cfgpc.com or (518) 869-2767.

For more information on the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), including technical assistance opportunities, go to <https://www.cossapresources.org/>.

Endnotes

¹Formerly known as the Albany County Correctional Facility.

²Formerly known as the Office of Alcoholism and Substance Abuse Services.



SHARP logo painted by a patient as a mural in the Albany County Corrections and Rehabilitative Services Center housing unit