



**NEW YORK STATE ASSEMBLY**

**EXAMINING THE EFFECTIVENESS OF MEDICATION ASSISTED TREATMENT (MAT) PROGRAMS  
IN STATE AND LOCAL CORRECTIONAL FACILITIES**

**ASSEMBLY COMMITTEE ON ALCOHOL AND DRUG ABUSE**

**ASSEMBLY COMMITTEE ON HEALTH**

**ASSEMBLY COMMITTEE ON CORRECTION**

**WRITTEN TESTIMONY BY**

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**NYC HEALTH + HOSPITALS**

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Chairpersons Rosenthal, Gottfried, and Weprin, and members of the Committee on Alcohol and Drug Abuse, Committee on Health and the Committee on Correction, we greatly appreciate your interest in examining the effectiveness of medication assisted treatment (MAT) in New York City's jails and apologize that we could not attend in person.

### Overview of Correctional Health Services (CHS)

NYC Health + Hospitals/Correctional Health Services (CHS) is one of the nation's largest correctional health providers and is a division of NYC Health + Hospitals, the nation's largest and oldest public health care delivery system. CHS provides medical and mental health care, substance use treatment, dental care, social work services, discharge planning and re-entry services 24 hours a day, 7 days a week. With approximately 43,000 admissions per year and an average daily population of 8,900 in 11 jails across the city – eight of which are located on Rikers Island – the NYC jail system is among the largest in the nation.

We believe jail is a critical point of intervention to improve community public health. CHS delivers health care to patients from pre-arraignment through discharge, and we believe we deliver the high quality level of care that you find in the community. We recognize both our opportunity and obligation to engage people who might not have strong connections to the health system. Through our work, we try to cushion the impact of incarceration while addressing health needs so that our patients have their best chance of doing well in the communities in which they live.

### Substance Use Treatment Program Overview

CHS believes that every person who enters New York City's jail system with a substance use disorder represents an opportunity for engagement, harm reduction and treatment. This process begins at point of admission to jail. CHS performs a comprehensive medical intake for every patient entering the jail system, including screening for a variety of substance use disorders in order to provide timely medical interventions and referrals. The majority of patients entering the jail system use substances, and approximately 45% of our current patients have been diagnosed with a substance use disorder. Of that group, nearly half have a diagnosed opioid use disorder. This diagnosis is of particular health concern given associated health risks, which include overdose, infection with HIV or Hepatitis C, and social isolation. Incarceration has been shown to potentiate overdose risk, which is particularly high during the post-release period. In fact, a 2007 *New England Journal of Medicine* study found incarcerated patients to be 129 times more likely than the general population to die of an overdose in the two weeks following their release to the community.

In City Fiscal Year 2018, 6,709 patients were admitted to the NYC jail-system with an opioid use disorder. The most effective way to reduce health risks for patients with an opioid use disorder is to ensure timely access to opioid agonist therapy (OAT) with methadone or buprenorphine.

OAT is considered the gold-standard treatment for opioid use disorder, along with counseling and recovery support as needed. Several studies have shown that exposure to methadone and buprenorphine while incarcerated has been associated with a 75% decrease in the risk of death during the post-release period. In addition to reducing overdose death risk, access to medication while incarcerated prevents traumatic forced opioid withdrawal and disrupted community treatment.

CHS is part of a small, but growing, number of jail-based health services initiating or continuing methadone and buprenorphine for incarcerated patients. Established in 1987, CHS' Key Extended Entry Program (KEEP) is the nation's oldest and largest program of its kind, and served nearly 4,000 patients in Fiscal Year 2018. In our most recent quarter, 74% of all patients admitted with an opioid use disorder were maintained on methadone or buprenorphine during their incarceration – with two-thirds of those being newly initiated on treatment. All patients in KEEP receive re-entry support and a community referral for continued treatment.

In addition to KEEP, CHS operates A Road Not Taken, a diversion program in seven housing areas on Rikers Island. Modeled after a therapeutic community, services include substance use counseling, case-management, health education, and daily support groups. Additionally, approximately 40% of patients with substance use disorder are also followed by CHS' mental health service. In addition to mental health care, these patients are eligible for court services and comprehensive re-entry planning.

### HealingNYC

To address the opioid epidemic, the de Blasio Administration is undertaking a number of new and expanded initiatives that focus on both the geographic areas and populations most severely affected. In March 2017, the Mayor launched HealingNYC, a comprehensive response to the opioid overdose epidemic which aims to reduce opioid-related overdose death citywide by 35 percent over five years by focusing efforts on four goals. These are:

- Prevent opioid overdose deaths by distributing naloxone – a life-saving drug that can reverse opioid overdose – to communities and social networks where risk of drug overdose is highest;
- Prevent opioid misuse and addiction by investing in prevention and education, as well as by providing counseling and linkages to care for individuals who use opioids or who recently experienced an overdose;
- Protect New Yorkers with effective drug treatment by making investments into our health care system in order to increase capacity to provide medications for addiction treatment, which are the most effective form of opioid use disorder treatments; and
- Protect New Yorkers by reducing the supply of dangerous opioids through data-driven law enforcement strategies.

CHS plays a pivotal role in HealingNYC. With increased funding from the City, CHS has been able to expand substance use services for patients with opioid use disorder. As part of HealingNYC, CHS has committed to double the number of daily patients treated with methadone to 600 and triple the number of daily patients treated with buprenorphine to 150. We already have exceeded these goals. Last month, we had 877 patients being treated with methadone and 165 treated with buprenorphine, compared to approximately 300 and 50, respectively, in early 2017.

This expansion was largely due to expanded eligibility for treatment. In September 2017, KEEP adopted universal eligibility for program enrollment. Any patient entering the jail on community treatment or with an opioid use disorder diagnosis, is now eligible to enroll in the program regardless of the criminal charge. Previously, arraignment charges influenced eligibility. The change was motivated by our analysis of 2016 admissions that showed a felony arraignment charge to be a poor predictor of state transfer (only 28% of patients with felony charges served State time), and led to many patients being unnecessarily denied access to treatment.

In addition, CHS established a naloxone distribution program that offers training and naloxone kits to those visiting loved ones in jail. In a six-month follow-up of 300 people whom CHS had trained in the use of naloxone, survey participants had witnessed 70 overdose events and used naloxone from CHS in 50 of those cases to save someone's life. This suggests that naloxone kits are getting into the hands of people likely to witness an overdose.

### Discharge Planning

Risk identification and reduction are integral to our work. Through the Substance Use Re-Entry Enhancement (SURE) program, CHS offers comprehensive re-entry planning, including harm reduction screening, overdose prevention counseling, naloxone training, Medicaid application assistance, community referrals and transitional care services, discharge medication, naloxone e-prescriptions and outreach in the event of an unplanned release. Approximately 75% of our patients leave jail on medication to manage their substance use disorder.

We also support patients who are being transferred to the New York State prison system to serve a sentence on a felony conviction or a time-assessment for a violation of parole. State-run correctional facilities are largely unable to receive patients who are managing their opioid use disorder with methadone or buprenorphine. To help prepare patients for transfer to a State facility, CHS provides a humane methadone or buprenorphine taper to avoid the abrupt discontinuation of opioids, which can be an uncomfortable and destabilizing experience for our patients. While this doesn't eliminate the subsequent overdose risk inherent to having treatment discontinued, a humane taper does reduce patient suffering.

In September 2018, the New York State Department of Corrections and Community Supervision (DOCCS) – with support from the New York State Office of Alcoholism and Substance Abuse

Services (OASAS) and CHS – began a pilot program at Queensboro Correctional Facility for patients on parole and on methadone maintenance who need to return to State custody. Through this pilot, Queensboro accepts select patients from NYC jail on methadone maintenance who were granted a time assessment of less than four months. CHS refers patients to Samaritan Village, which provides methadone to be administered by DOCCS medical staff to patients while in DOCCS custody. This has allowed a subset of our patients with opioid use disorder to be transferred out of City custody without disrupting medical treatment. We applaud DOCCS for taking this important step.

Lastly, we are proud to collaborate with The Fortune Society on the new Connections to Care program. This program aims to improve re-entry for patients with an opioid use disorder by offering them 90 days of transitional care services post-release. Starting while the patient is still in jail, this program offers transportation, case-management and facilitated linkage to community treatment settings, which include NYC Health + Hospitals/Gotham Health ambulatory care sites, opioid treatment programs, and residential treatment settings. This program is being evaluated and will hopefully be shown to improve linkage to care with reduced emergency health services and criminal justice exposure for this high-risk patient population.

### Conclusion

As the City, the State, and our nation work to address the opioid crisis, CHS will continue to ensure substance use treatment is available to any patient who needs it. We are grateful for the unwavering support of Mayor Bill de Blasio, the NYC Health + Hospitals' Board, and NYC Health + Hospitals' President and CEO Dr. Mitchell Katz in this mission.