



CHAIRMAN'S MEMORANDUM

NO: 1-2025

DATE: January 8, 2025

TO: SHERIFFS, COMMISSIONERS OF CORRECTION, JAIL ADMINISTRATORS, JAIL PHYSICIANS and FACILITY MEDICAL DIRECTORS

RE: Medication Assisted Treatment (MAT)-Related Annual Reporting

On October 7, 2022, in accordance with legislation requiring the availability of medication assisted treatment (MAT) programs in local jails, several amendments were made to the Commission of Correction's regulations for local correctional facilities, and detailed in [Chairman's Memorandum 5-2022: New Regulations to Establish Minimum Standards for a Program of Medication Assisted Treatment in Jails](#).

Pursuant to 9 NYCRR §7000.1(g), on or before the first day of February each year, each sheriff, superintendent, commissioner, or other officer in charge of a local correctional facility, in conjunction with the jail physician, shall submit a report to the Commission of Correction detailing the operation, function, and effectiveness of the facility's substance use disorder treatment and transition services program during the preceding calendar year. Such report shall be submitted in a form and manner prescribed by the Chair of the Commission.

Please be advised that the annual report for 2025 shall reflect the information below and shall be submitted using the attached form.

Information related to each incarcerated individual who entered the MAT program

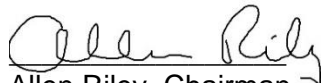
Facility Program Operation Annual Data

The total number of incarcerated individuals who were:

- (1) evaluated by a healthcare provider or substance abuse professional for consideration for diagnosis and admission to the program;
- (2) found eligible for the program;
- (3) found ineligible for the program;
- (4) admitted to the program;
- (5) found eligible but refused the program;
- (6) admitted to the program but opted out of the program;
- (7) admitted to the program but were discontinued in the program for medical reasons;
- (8) admitted to the program but were discontinued in the program for behavioral Reasons;
- (9) admitted to the program but were discontinued in the program for other reasons;
- (10) admitted to the program and then were released from custody;

- (11) started on medication;
- (12) continued on medication;
- (13) prescribed each type of medication;
- (14) released from the program with established transition services;
- (15) released from the program with established insurance;
- (16) provided treatment for certain medical conditions
- (17)The total number of misbehavior reports issued for MAT participants and non-Participants
- (18)The total number of misbehavior reports issued for assaults;
- (19)The total number of misbehavior reports issued for contraband.

All annual reports shall be forwarded to the Administration Unit (Administration@scoc.ny.gov) on or before February 1, 2025. Your anticipated cooperation is appreciated. Any questions shall also be directed to the Administration Unit.


Allen Riley, Chairman



Medication Assisted Therapy and Medication for Opiate Use Disorder Annual Report - Cumulative Program Data

General Information

Facility Name:

Facility County:

Reporting Year:

Facility Program Operations

1. Number of Incarcerated Individuals Screened for MAT Program.
2. Number of Incarcerated Individuals screened for MAT program but did not meet criteria.
3. Number of Incarcerated Individuals eligible for MAT Program.
4. Number of Incarcerated Individuals eligible but refused MAT Program.
5. Number of Incarcerated Individuals admitted to the MAT Program.
6. Number of MAT Participants started on a medication.
7. Number of MAT Participants who were continued on the same medications they entered the facility on.
8. Number of MAT Participants prescribed Buprenorphine and Naloxone.
9. Number of MAT Participants prescribed Buprenorphine Injectable.

10. Number of MAT Participants prescribed Buprenorphine Sublingual.
11. Number of MAT Participants prescribed Naltrexone.
12. Number of MAT Participants prescribed Methadone.
13. Number of MAT Participants who opted out of program prior to release/transfer to another facility.
14. Number of MAT Participants discontinued in program due to behavioral reasons.
15. Number of MAT Participants discontinued in program due to medical reasons.
16. Number of MAT Participants discontinued in program due to other reasons.
17. Number of Mat Participants released from custody while in program.
18. Number of MAT Participants who were provided transitional services upon release.
19. Number of MAT Participants who were provided insurance upon release.

20. Number of Misbehavior Reports (MBRs):

MAT Participants

Non-MAT Participants

21. Number of Assault MBRs:

MAT Participants

Non-MAT Participants

22. Number of Contraband tickets:

MAT Participants

Non-MAT Participants

23. Number of MAT Participants who are receiving HIV Treatment.

24. Number of MAT Participants who are receiving HepC Treatment.

Submission

Name of Person Completing Form:

Phone Number:

Email:

The submission of this report must be done using the submit button on this report, as the Commission relies on the extraction of data from this digital form. Prior to submission, please ensure that all applicable information is provided, and attachments are completed.

Any concerns relating to the submission of this document shall be addressed with an inquiry to administration@scoc.ny.gov



MEDICATION ASSISTED THERAPY AND TREATMENT
Annual Report - Individual Patient Data
County Jails and NYC Department of Correction

General Information

Facility Name:

Facility County:

Reporting Year:

Incarcerated Individual Entered into or in MAT

First Name:

Last Name:

County of Residence:

State of Residence if out of State:

Date Entered into Facility:

NYSID:

*If no NYSID available, please indicate 'None'

Under Substitute Jail Order (SJO):

If yes, date of SJO:

From (Facility):

Anticipated Release Date:

Release Date (if left facility):

Incarcerated Individual Demographics

Date of Birth:

Race:

Ethnicity:

Gender:

Type of Health Insurance:

Medicaid Number:

Opioid Use Disorder (OUD)

Known OUD Diagnosis at Admission:

Date of Medical Screening/Diagnosis for OUD in jail:

Continued medication for OUD from community:

If yes, specify medication:

Newly initiated medication for OUD in jail:

If yes, specify medication:

Discontinued medication for OUD in jail:

If yes, specific why treatment was discontinued:

If treatment was switched, specific what they were switched to:

Remained on medication for OUD until time of release:

If yes, specify medication:

Received medication for OUD at release:

If yes, specify medication:

Treated for overdose:

Received Naloxone at release:

Received transition plan at release:

Alcohol Use Disorder (AUD)

Known AUD Diagnosis at Admission:

Date of Medical Screening/Diagnosis for AUD in jail:

Continued medication for AUD from community:

If yes, specify medication:

Newly initiated medication for AUD in jail:

If yes, specify medication:

Discontinued medication for AUD in jail:

If yes, specific why treatment was discontinued:

If treatment was switched, specific what they were switched to:

Remained on medication for AUD until time of release:

If yes, specify medication:

Received medication for AUD at release:

If yes, specify medication:

Submission

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