

From: [Anderson, William](#)
To: [Grady, Michelle](#)
Subject: FW: MAT Changes 2/19
Date: Wednesday, August 13, 2025 5:50:48 PM
Attachments: [image001.png](#)
[MAT Normalization FAQ Final 2 18 25.pdf](#)
[MAT Normalization Staff Notice 2 18 25.pdf](#)
[MEMO- MAT and Disciple FINAL.docx](#)
Importance: High

From: Crump, Desiree <Desiree.Crump@vermont.gov>
Sent: Tuesday, February 18, 2025 4:02 PM
To: AHS - DOC CRCF <AHS.DOCCRCF@vermont.gov>
Subject: MAT Changes 2/19
Importance: High

Good afternoon,

As we have discussed in rolls calls recently, starting tomorrow 2/19 there will be a change in the MAT process. Most MAT medication will now be administered in normal medication lines. For CRCF, this will occur at the morning medcart. All incarcerated individuals were notified in person of this change today by the provider. The current MAT medication, which consists only of buprenorphine will be replaced with a dual-product containing buprenorphine and naloxone. This is sometimes known as the brand name Suboxone.

What this means for staff:

- There will no longer be the 0330 MAT medication pass effective tomorrow 2/19
- Distribution of MAT medication (other than methadone) will be completed at morning medcart
- Individuals will receive all prescribed medications other than MAT first and complete a standard mouth check
- Individuals prescribed MAT will then receive their MAT medication. This medication must be dispensed under the tongue
- The individual will then perform a mouth check ensuring the medication has been placed under the tongue
- The individual may then depart the medication line. They will no longer be required to sit for 10 minutes
- Incarcerated individuals will be responsible to maintain the medication under their tongue until dissolved
- No disciplinary action will be initiated as long as the medication is not removed from the mouth
- Any individual who is found to be diverting Suboxone during medcart, or otherwise in possession of less than 2 doses of Suboxone will now be subject to a minor DR (M#16). This updated facility rule does not apply to the diversion or unauthorized possession of amounts of

Suboxone in excess of 2 doses

- The major DR rules and process (B30 and A19) will still apply to diversion and unauthorized possession of Suboxone medication in excess of 2 doses
- Methadone is not a buprenorphine-based medication and the response to any unauthorized possession or diversion of this substance remains unchanged.
- The major B30 will still be used for diversion or attempted diversion of other medications, for unauthorized possession of medications in an individual cell or other location, or any attempt to transfer or sell medication.
- For those incarcerated individuals who reported that they may have a reaction to this medication change, they will be observed for 30 minutes after receiving their medication tomorrow by nursing staff. This will occur in the training room. Abby and Taylor will be present to escort these I/Is to the training room so that the officer supervising medcart can focus their attention of medication distribution.

Methadone will still have a separate medication pass line. For this week ONLY, this should occur at 0430 (it does not need to be earlier than this) before breakfast starts. This will occur in the receiving hallway at dental. Please do not facilitate this in the gym as the goal is to reduce staff time. There are approximately 10-12 I/Is on methadone and since they don't need to sit after receiving their dose this should not be very time consuming. If someone is in Alpha or restricted in Foxtrot then they will not come to the receiving hallway. The medical supervisors have provided the same direction to their staff. Starting on Monday 2/24, methadone med line will occur before the start of morning med line.

Attached to this email are FAQs and staff guidance as to why this change is taking place. I've also included some of this information below.

A few other things to highlight with this change is that if incarcerated individuals are snorting their diverted suboxone, you will start to see withdrawal symptoms with 15-60 minutes. Symptoms that you may see include sweating, vomiting, shaking, muscle twitching, restlessness, runny nose, and goosebumps. These symptoms are often accompanied by subjective sensations such as anxiety, nausea and irritability. The symptoms that you see will be similar to what you see of those detoxing in Alpha. However, the key difference lies in the rapid onset and intensified nature of these symptoms due to the condensed timeframe in which they occur. This is one of the reasons why the change in medication was made (it will be easier to see who is diverting based on these symptoms). Please also note that this medication is orange so if you find crushed orange powder it is likely suboxone. This is important since we are not supposed to test any white powder substances. If you see any of these symptoms, please notify the S1. They will notify medical. However, if someone appears in extreme medical distress then please call for medical assistance by calling a 10-25 or 10-33. Regular detox symptoms are not an emergency unless someone is in apparent distress.

Please let me know if there are any questions or concerns. If any changes are needed or issues come up, I will send out additional direction.

Thank you,

Desiree Crump
Assistant Superintendent
Vermont Department of Corrections
Chittenden Regional Correctional Facility
7 Farrell St.
South Burlington, VT 05403
Office: 802-859-3204
Cell: 802-798-2851



From: [Heywood, Tina](#)
To: [Heywood, Tina](#)
Subject: FW: MAT Process Change
Date: Friday, August 29, 2025 2:23:53 PM
Attachments: [MAT Normalization Staff Notice 2 20 25.pdf](#)
[MAT Normalization FAQ Final 2 20 25.pdf](#)
[MEMO- MAT and Disciple FINAL.docx](#)

From: Koehler, Michael <Michael.Koehler@vermont.gov>
Sent: Thursday, February 20, 2025 8:34 AM
To: AHS - DOC NECC <AHS.DOCNECC@vermont.gov>
Subject: MAT Process Change

Good Morning All,

Please see the attached plan and notification being implemented tomorrow for MAT medication lines. As with any new process, we expect a few hiccups but hopefully in the end this new streamlined process will free up staff time and resources to lower the burden on staff here at NECC and across the state. If any further changes or updates are received we will make sure to get them out to staff as soon as received.

Thank you all.

Michael Koehler
Superintendent
Northeast Correctional Complex
1270 US Route 5
St. Johnsbury, VT 05819

“If you don’t take the time to do it right, you’ll find the time to do it twice.”

From: [Heywood, Tina](#)
To: [Larose, Jacob](#); [Buck, John C.](#); [Porter, Jonathan](#); [Macomber, Jeremy](#); [Reynolds, Jeffrey](#); [Chaplain, Warner](#)
Subject: FW: Med lines
Date: Wednesday, September 10, 2025 10:06:31 AM
Attachments: [Methadone Process.pdf](#)
[MAT Normalization Staff Notice 2 20 25.pdf](#)

It is apparent that both buildings are not conducting Methadone pass the same. Today, I was Leader 1 and conducted Methadone pass and had a bunch of unhappy incarcerated individuals. Unless we have changed the process....the I/I's are required to after the initial drink and mouth check, take water and crackers with them when they sit as they are supposed to consume the crackers and additional water before the final mouth check after sitting for 10 minutes. The other unwritten rules have always been, once you have taken your dose and sat down, there is no talking, your sleeves need to be rolled up, your hands need to be visible at all times and out in front of you, and your head needs to be up and not rolled down like you are attempt to spit into your shirt or something like that. You are not allowed to bring anything with you, no books, no anything.

If something has changed please let me know,

Tina



MAT Program Methadone Dosing Procedure

1. Patients must have ID band on wrist.
2. Patients called to designated dosing area by units, as determined by DOC.
3. Patient drinks 8 ounces of water, and mouth check performed by DOC officer.
4. Patient presents to cart with ID, one patient at a time.
5. Nurse must check patient ID band.
6. Nurse pulls up patient's methadone medication order.
7. Nurse checks the ID#, name, **dosing date**, and dose written on methadone bottle. Nurse verifies that the dosing date written on the bottle corresponds with today's date, and verifies dose with patient.
8. Nurse and patient sign the Chain of Custody form.
9. Nurse hands methadone bottle to the patient. While directly facing the nurse, the patient breaks the seal, opens the bottle, and drinks the entire contents of the bottle. The empty bottle is handed back to the nurse.
10. Patient is asked to speak to the nurse, and after doing so leaves cart.
11. The patient eats crackers and drinks 8 ounces of water. A final mouth check is done by a DOC officer; security reserves the right to implement additional security procedures. *

* For instances of suspected or documented methadone diversion, please notify the DOC Shift Supervisor and the MAT Medical Director.

From: [Abigail Crocker \(she/her\)](#)
To: [Tevah, Aviva](#)
Subject: Fw: PRIN Summer Program 2025
Date: Monday, July 21, 2025 6:22:35 AM

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Hi Aviva,

I received the below email inquiry about the MAT program — I was going to share the public PRIN data reports with him, but I think he would like to connect with someone about the program details....should I suggest he reach out to you? Or is there a different contact I could share with him? I don't know who he is or what type of research he is doing.

Thanks!

Abby

From: Andrew Johnson <a@johnson.org>
Sent: Sunday, July 20, 2025 11:01 AM
To: Abigail Crocker (she/her) <Abigail.Crocker@uvm.edu>
Cc: Graham Sherriff (he/him) <Graham.Sherriff@uvm.edu>
Subject: Re: PRIN Summer Program 2025

Hello Professor Crocker,
I am circling back to learn about the relationship of PRIN/PRII research to MAT Normalization at Vermont DOC; please advise whether no relationship exists. The research I am doing is specific to MAT normalization in prisons, which is a subset of prison normalization. I would be grateful to connect with someone who is knowledgeable about MAT Normalization at Vermont DOC. Thank you for your time.

Sincerely,
Andrew Johnson
(802) 825 7661

On 2025-07-05 20:41, Andrew Johnson wrote:

Hello Professor Crocker,
I was referred to you by Graham Sherriff; I have been researching the MAT dispensing practices of state departments of correction and was recently surprised to learn Vermont DOC has a very transparent MAT Normalization program. Are any additional insights about the attached policy memo available? I am particularly interested whether PRIN measures any data points on MAT normalization such as overdoses, mortality, and recidivism.

Sincerely,
Andrew Johnson RN
(802) 825 7661

On 2025-07-04 11:09, Graham Sherriff (he/him) wrote:

Hello Andrew,

Thank you for your interest in UVM's PRIN Summer Program. Yes, this program is part of a prison research project.

Some information is available here: <https://doc.vermont.gov/PRIN>

If you would like more information or if you would like to connect with UVM's PRIN Summer Program, I encourage you to contact Prof. Abby Crocker, who is a PRIN Research Partner and the program's coordinator. Abby's email is cc'ed.

Best,

- Graham

From: Andrew Johnson <a@johnson.org>

Sent: Thursday, July 3, 2025 2:31 PM

To: Graham Sherriff (he/him) <Graham.Sherriff@uvm.edu>

Subject: PRIN Summer Program 2025

Hello Mr. Sherriff

I am interested in the efforts of the Prison Research and Innovation Network. Is the PRIN Summer Program 2025 related to prison research? Thank you

Andrew Johnson
(802) 825 7661

From: [Tevah, Aviva](#)
To: [Murad, Jon](#)
Cc: [Calver, Kristin](#)
Subject: Health and Wellness Strategic Planning Overview
Date: Thursday, September 4, 2025 4:09:30 PM
Attachments: [Health and Wellness Strategic Planning Fall 2025.pptx](#)

Good afternoon Commissioner,

I'm attaching an overview of the Health and Wellness Strategic Planning committee in advance of our meeting on it tomorrow.

Best,
Aviva

Aviva Tevah (She/Her)

Executive Director of Health, Wellness, and Engagement
Department of Corrections | State of Vermont
Email: aviva.tevah@vermont.gov
Mobile: 802-760-9610

My working hours may not be your working hours. Please do not feel obligated to reply outside of your normal work schedule.

From: [Heywood, Tina](#)
To: [Smith-EXT, Debra](#)
Date: Wednesday, July 16, 2025 1:55:00 PM
Attachments: [Methadone Process.pdf](#)
[MAT Normalization Staff Notice 2 20 25.pdf](#)

This is where I get confused....it makes it seem like a medical process. You see where I'm coming from?

Tina

From: [Tevah, Aviva](#)
To: [James Ulager](#); [Shattuck, Brenda](#); [Nilsen, Colleen](#); [Rutherford, Joshua](#)
Cc: [Gregg Bennett](#); [Rodgers-EXT, Shannon](#)
Subject: RE: Monoproduct/dual product
Date: Monday, July 21, 2025 12:57:17 PM

Great. Let me know if/when you need me/us.

From: James Ulager <JUlager@Wellpath.us>
Sent: Monday, July 21, 2025 12:39 PM
To: Tevah, Aviva <Aviva.Tevah@vermont.gov>; Shattuck, Brenda <Brenda.Shattuck@vermont.gov>; Nilsen, Colleen <Colleen.Nilsen@vermont.gov>; Rutherford, Joshua <Joshua.Rutherford@vermont.gov>
Cc: Gregg Bennett <GBennett@wellpath.us>; Rodgers-EXT, Shannon <ShaRodgers@Wellpath.us>
Subject: Re: Monoproduct/dual product

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Yes! that was my plan also. Thank you for copying

From: Tevah, Aviva <Aviva.Tevah@vermont.gov>
Sent: Monday, July 21, 2025 12:24 PM
To: Brenda Shattuck <Brenda.Shattuck@vermont.gov>; James Ulager <JUlager@Wellpath.us>; Colleen Nilsen <Colleen.Nilsen@vermont.gov>; Joshua Rutherford <Joshua.Rutherford@vermont.gov>
Cc: Gregg Bennett <GBennett@wellpath.us>; Shannon Rodgers <ShaRodgers@Wellpath.us>
Subject: [EXT] RE: Monoproduct/dual product

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Would the folks from CORA at UVM be helpful? Attaching a thread with the folks we met with before we made the MAT normalization changes.

From: Shattuck, Brenda <Brenda.Shattuck@vermont.gov>
Sent: Monday, July 21, 2025 11:56 AM
To: James Ulager <JUlager@Wellpath.us>; Tevah, Aviva <Aviva.Tevah@vermont.gov>; Nilsen, Colleen <Colleen.Nilsen@vermont.gov>; Rutherford, Joshua <Joshua.Rutherford@vermont.gov>
Cc: Gregg Bennett <GBennett@wellpath.us>; Rodgers-EXT, Shannon <ShaRodgers@Wellpath.us>
Subject: RE: Monoproduct/dual product

Thank you.

Brenda Shattuck, DNP, MSN, RN
VT DOC Director of Nursing Services
280 State Drive
Waterbury, VT 05671
Phone: 8027989600

“My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style,” Maya Angelou.

From: James Ulager <JUlager@Wellpath.us>
Sent: Monday, July 21, 2025 11:20 AM
To: Tevah, Aviva <Aviva.Tevah@vermont.gov>; Nilsen, Colleen <Colleen.Nilsen@vermont.gov>; Rutherford, Joshua <Joshua.Rutherford@vermont.gov>; Shattuck, Brenda <Brenda.Shattuck@vermont.gov>
Cc: Gregg Bennett <GBennett@wellpath.us>; Rodgers-EXT, Shannon <ShaRodgers@Wellpath.us>
Subject: Re: Monoproduct/dual product

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Thanks for that Brenda. It's from patient intolerance.

Let me think about how the DOC could help, but this is really on a medication criteria question.

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From: Shattuck, Brenda <Brenda.Shattuck@vermont.gov>
Sent: Monday, July 21, 2025 11:09:29 AM
To: James Ulager <JUlager@Wellpath.us>; Aviva Tevah <Aviva.Tevah@vermont.gov>; Colleen Nilsen <Colleen.Nilsen@vermont.gov>; Joshua Rutherford <Joshua.Rutherford@vermont.gov>
Cc: Gregg Bennett <GBennett@wellpath.us>; Shannon Rodgers <ShaRodgers@Wellpath.us>
Subject: [EXT] RE: Monoproduct/dual product

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*Thank you, Ulager,
I am curious if this is because of patient's allergic reactions, pt refusals, or treatment ineffective, or change for providers? How could DOC support this initiative in addition to DOH support?*

Brenda Shattuck, DNP, MSN, RN

VT DOC Director of Nursing Services
280 State Drive
Waterbury, VT 05671
Phone: 8027989600

“My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style,” Maya Angelou.

From: James Ulager <JUlager@Wellpath.us>
Sent: Monday, July 21, 2025 11:04 AM
To: Tevah, Aviva <Aviva.Tevah@vermont.gov>; Nilsen, Colleen <Colleen.Nilsen@vermont.gov>; Shattuck, Brenda <Brenda.Shattuck@vermont.gov>; Rutherford, Joshua <Joshua.Rutherford@vermont.gov>
Cc: Gregg Bennett <GBennett@wellpath.us>; Rodgers-EXT, Shannon <ShaRodgers@Wellpath.us>
Subject: Fw: Monoproduct/dual product

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Dear DOC Colleagues,

I wanted to let you all know the providers are expressing some frustration navigating the dual product/monoproduct issue with patients. They are admirably trying to provide community standard of care but also keep pretty tight criteria. I am reaching out to some of our community partners, starting with the DOH, as I think this is an important one to get right in threading the needle. Please let me know if you have any questions or concerns. Happy to chat.

Best,

Jim

From: James Ulager <JUlager@Wellpath.us>
Sent: Monday, July 21, 2025 10:54 AM
To: Lukonis, Christopher <christopher.lukonis@vermont.gov>
Subject: Monoproduct/dual product

Hi Chris,

I hope you are having a nice summer.

I'm reaching out because our providers are having some challenges navigating the bup monoproduct/dual product criteria and I'm hoping you could provide us some input.

It is a bit challenging to explain all of the nuance, but we're trying to keep pretty strict criteria for the monoproduct while providing community standard of care. A few months ago I looked into what our community partners are doing for this question, and there seems to be a fair amount of variation. I would appreciate your input.

If it is easier, I would be happy to chat at your convenience.

Thank you!

Jim

From: [Longtin, Bruce](#)
To: [Groner, Michael](#)
Subject: RE: Upcoming Communications on Suboxone Changeover
Date: Monday, August 4, 2025 2:21:02 PM

10-4

Bruce Longtin
Assistant Superintendent
Marble Valley Regional
Correctional Facility
167 State Street
Rutland, VT 05701
802-747-4600
802-786-5096 CELL

From: Groner, Michael <Michael.Groner@vermont.gov>
Sent: Monday, August 4, 2025 2:20 PM
To: Longtin, Bruce <Bruce.Longtin@vermont.gov>
Subject: Re: Upcoming Communications on Suboxone Changeover

Actually, reading it more closely, it does state that medication must be placed under the tongue. But it also states that if the medication does not leave their mouth then no disciplinary action is to be taken.

So I guess a minor could still be written for failing to abide by directions given, just not for diversion of medication.

Michael Groner
Facility & Operations Manager
Vermont Department of Corrections
NOB 2 South, 280 State Dr.
Waterbury VT 05671-2000
(802) 793-5066- cell

From: Longtin, Bruce <Bruce.Longtin@vermont.gov>
Sent: Monday, August 4, 2025 2:06 PM
To: Groner, Michael <Michael.Groner@vermont.gov>

Subject: RE: Upcoming Communications on Suboxone Changeover

Thanks for the heads up. I will share accordingly.

Bruce Longtin
Assistant Superintendent
Marble Valley Regional
Correctional Facility
167 State Street
Rutland, VT 05701
802-747-4600
802-786-5096 CELL

From: Groner, Michael <Michael.Groner@vermont.gov>
Sent: Monday, August 4, 2025 1:52 PM
To: Longtin, Bruce <Bruce.Longtin@vermont.gov>
Subject: Fw: Upcoming Communications on Suboxone Changeover

Hi Bruce,

I'm resolving a grievance submitted by I/I Daniel Guyette. He states he received a Minor DR for having his buprenorphine dose on top of his tongue.

The attached memos were issued before I was an Ops Manager and before you were in your current role, so we both missed them at the time.

In short, if the medication stays in their mouth, no disciplinary action is to be taken.

I know with new hires and the turnover, it's difficult to keep all staff up to date on ever changing directions and memos.

Feel free to share those attached memos with any staff you feel appropriate, including medical if you feel the need.

Michael Groner
Facility & Operations Manager
Vermont Department of Corrections
NOB 2 South, 280 State Dr.

Waterbury VT 05671-2000
(802) 793-5066- cell

From: Rutherford, Joshua <Joshua.Rutherford@vermont.gov>
Sent: Monday, August 4, 2025 1:30 PM
To: Groner, Michael <Michael.Groner@vermont.gov>
Subject: FW: Upcoming Communications on Suboxone Changeover

From: Denton, Travis <Travis.Denton@vermont.gov>
Sent: Tuesday, February 18, 2025 1:10 PM
To: James, Alexander <Alexander.James@vermont.gov>; Hale, Greg <Greg.Hale@vermont.gov>;
Merrill, Michaela <Michaela.Merrill@vermont.gov>; Messier, Theresa
<Theresa.Messier@vermont.gov>
Cc: AHS - DOC Facility Operations Managers <AHS.DOCFacilityOperationsManagers@vermont.gov>;
Cormier, Alan <Alan.Cormier@vermont.gov>; Tevah, Aviva <Aviva.Tevah@vermont.gov>
Subject: Upcoming Communications on Suboxone Changeover

Good afternoon, Superintendents,

I wanted to give you a quick heads-up regarding our transition to Suboxone. Within the next hour, I will be sending messages to your teams, along with the stand-alone guidance memo on the DR rule change.

Later today, after staff have received these messages, we will release the tablet messages to your population.

Please let me know if you have any questions.

Travis M. Denton

Facilities Division Director
Vermont Department of Corrections
NOB 2 South, 280 State Dr.
Waterbury VT 05671-2000
(802) 595-4435 -cell

travis.denton@vermont.gov

From: Denton, Travis

Sent: Friday, February 14, 2025 8:10 AM

To: James, Alexander <Alexander.James@vermont.gov>; Hale, Greg <Greg.Hale@vermont.gov>; Merrill, Michaela <Michaela.Merrill@vermont.gov>; Messier, Theresa <Theresa.Messier@vermont.gov>

Cc: AHS - DOC Facility Operations Managers <AHS.DOCFacilityOperationsManagers@vermont.gov>; Cormier, Alan <Alan.Cormier@vermont.gov>; Tevah, Aviva <Aviva.Tevah@vermont.gov>

Subject: FW: MAT Normalization Docs- Group A

Good morning, Supt. James, Supt. Hale, Supt. Merrill, and Supt. Messier,

As you know, your facilities are part of “Group A” in the MAT Timeline, which outlines the department-wide transition to Suboxone, and the implementation of a standardized medication pass for Suboxone-based treatment.

For your reference, I have attached finalized messages that will be strategically distributed to staff and I/Is at your sites on 02/18/2025. This initiative aims to mitigate diversion attempts of the more widely sought-after Subutex as the population becomes aware of the shift to the safer, yet less preferred, Suboxone.

Please let me know if you have any questions.

Travis M. Denton

Facilities Division Director

Vermont Department of Corrections

NOB 2 South, 280 State Dr.

Waterbury VT 05671-2000

(802) 595-4435 -cell

travis.denton@vermont.gov

From: Tevah, Aviva <Aviva.Tevah@vermont.gov>

Sent: Thursday, February 13, 2025 11:08 AM

To: Denton, Travis <Travis.Denton@vermont.gov>

Subject: MAT Normalization Docs- Group A

Attached:

- Il notice for tablets- Feb 18
- Staff notice and FAQ – Feb 18

Included below:

- **Internal** Talking Points and Messaging

MOUD Changes Talking Points for Facility Leadership

Communicating ‘The Why’ to your staff:

Modernizing the Process - Bottom Line: New process applies and models best practices in Substance Abuse Disorder Treatment, aligning our MOUD procedures with community standards of care.

- Buprenorphine/naloxone is community standard treatment over buprenorphine mono-product.
 - The mono-product was initially chosen due to cost differences in various medication formulations, which are no longer in place.
- Decreases stigma of receiving MOUD, and increases privacy for patients
 - Going to a specific medline is equivalent to revealing to security and other incarcerated individuals that they are on MOUD.
- Improves access to care by treating OUD like any other chronic disease, while minimizing risk of diversion with dual product medication.
- Treats diversion (*not selling) as a public health issue rather than a security/disciplinary one.

Staff Resources - Bottom Line: Hundreds of hours of staff time will be saved, eradicating hours-long MAT lines and allowing security staff to focus on security operations and work aligning with DOC Vision, Mission, and Values

- Makes most effective use of both medical and security staff time
 - Reduces time Officers and Nurses spend in Med Line.
- Increases the percentage of time staff spend engage in rehabilitative work
- Addresses a common point of contention between staff and incarcerated people
 - Reduces conflict and unnecessary disciplinary actions that are not creating safety (preventing diversion) nor responding to SUD as a chronic disease
 - Reduces grievances related to MAT med line conflicts
- Re-purposes staff time saved in the above two steps to where it does make a difference:
 - Floats in buildings/units
 - CFSSs on the floor
 - Nurses for work like sick calls
- MAT Med Line is a consistent source of conflict between staff and IIs, reduce that, the

attendant grievances, DRs, and behavioral issues.

Changes to DR Process - Bottom Line: Issuing Minor DRs for MOUD diversion is a more appropriate response to the security threat posed by this behavior and will save staff administrative time.

- The Major B 20 is THE most common DR issued in facilities, roughly 1/3rd of all DRs. This represents a commitment of a lot of hours, writing DRs, issuing, investigating, and holding them. This does not appear to be impacting behavior. Reduce the amount of time we're investing.

Impacts to Safety – Bottom Line: Changing from the buprenorphine mono-product to the buprenorphine/naloxone dual-product is safer and decreases risk for diversion.

- Unlike traditional opioids, buprenorphine has a 'ceiling effect.' This means that above a certain dose, it stops having an effect and actually blocks opioids from having an impact. This makes it much safer than substances like heroin or fentanyl.
- The dual product adds naloxone, the drug used in Narcan. If the product is snorted or injected, it activates the naloxone. This may produce opiate withdrawal with symptoms like chills, tremors, muscle aches, runny nose, and diarrhea. Severe cases should be evaluated by medical.
- It is extremely difficult to overdose on buprenorphine and even more difficult with the dual product.
- Extremely difficult does not mean impossible and, as we know, people sometimes use multiple drugs at the same time. A suspected overdose is a medical emergency and should be treated as such.

Aviva Tevah (She/Her)

Executive Director of Health, Wellness, and Engagement


Department of Corrections | State of Vermont

Email: aviva.tevah@vermont.gov

Mobile: 802-760-9610

My working hours may not be your working hours. Please do not feel obligated to reply outside of your normal work schedule.

From: [Nilsen, Colleen](#)
To: [Shattuck, Brenda](#)
Subject: Strategic Planning Presentation Health and Wellness 5 22 25.pptx
Date: Monday, August 18, 2025 3:39:18 PM
Attachments: [Strategic Planning Presentation Health and Wellness 5 22 25.pptx](#)



Updates and Q and A with Medical

January 2025 Medication Assisted Treatment
Operational and Medical Adjustments

Implementation Update

- Postponing from next week until later in the month due to a few speed bumps
 - Before the change goes into effect:
 - Engaging some additional external stakeholders for awareness
 - Providing the appropriate patient engagement about the change

Process Changes

Distribute MAT Meds except Methadone in regular med line

Dose and Go – No wait time.

Switch from Monoproduct (Subutex) to Dual Product (Suboxone) Tablets

Modified Disciplinary Response

Distribute MAT Meds except Methadone in regular med line:

Save security and medical staff time, de-stigmatize MAT

Switch to Suboxone Tablets:

Less potential for misuse or abuse, Align with what is prescribed in the community

Dose and Go – No wait time, show under tongue:

Save security staff time; fewer opportunities for conflict; patient responsibility to let dissolve aligns with MAT administration in the community

Modified Disciplinary Response:

Treat diversion as a public health/medical issue to be responded to by medical staff, instead of a disciplinary issue for security staff.

Implementation Plan:

- Facilities staggered over a few days
- Notice to staff and incarcerated individuals 1 day in advance
- Day before providers will be integrated into med line to engage patients about the change face-to-face and have the necessary consent forms signed

Q and A with Medical

Operationalizing the Face to Face Notice

Reference Slides

MAT Medication Lines

Time-consuming

Draws resources (Floats) away from support of living units and other tasks

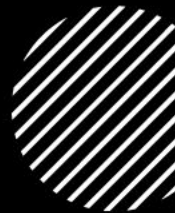
Common point of contention between staff and incarcerated individuals

Is not preventing diversion

Generates repeated grievances



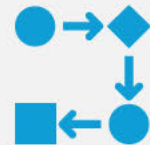
Impact



What is our time investment in the above two processes?



What are we getting for that investment?



What else could we be doing with that time?

Disciplinary Reports

Roughly 1/3rd of Major Disciplinary Reports are for diversion of medication- the vast majority of these for MAT meds



Communicating the “Why” to your staff

Modernizing the Process: New process applies and models best practices in Substance Abuse Disorder Treatment, aligning our MOUD procedures with community standards of care.

Staff Resources: Hundreds of hours of staff time will be saved, eradicating hours-long MAT lines and allowing security staff to focus on security operations and work aligning with DOC Vision, Mission, and Values

Changes to DR Process: Issuing Minor DRs for MOUD diversion is a more appropriate response to the security threat posed by this behavior and will save staff administrative time.

Impacts to Safety: Changing from the buprenorphine mono-product to the buprenorphine/naloxone dual-product is safer and decreases risk for diversion.



Medication –Assisted Treatment

Vermont DOC

Operational and Medical Adjustments, Winter 2025

Vermont DOC's Strategic Plan

- Committed to:
 - Operating efficient and effective health and wellness systems
 - Improving access to health resources
 - Implementing strategies to improve health outcomes
 - Applying and modeling best practices in Substance Use Disorder Treatment
 - Re-examining our processes for efficiency
 - Making effective use of staff time
 - Increasing the percentage of time staff spend engage in rehabilitative work

MAT in VT DOC

- **MAT program created via Act 176 in 2018**
- **Vermont was the 2nd state after Rhode Island to offer buprenorphine across correctional facilities**
- **Fewer than half of state prisons today provide medication for OUD**
- **In Feb 2025 around 50% of people in custody were on MAT**
- **729 MAT patients as of 4/2/25**
 - **85% on Buprenorphine**
 - **14% on Methadone**
 - **1% on Naltrexone**

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Improvements to How We Administer MAT

February 2025



Medication changed from Mono (Buprenorphine) to Dual Product (Buprenorphine/Naloxone) Tablets:

Less potential for misuse or abuse, Align with what is prescribed in the community



Distribute MAT Meds except Methadone in regular med line:

Save security and medical staff time, de-stigmatize MAT



Dose and Go – No wait time, show under tongue:

Fewer opportunities for conflict; Wait time was not significantly reducing diversion; patient responsibility to let dissolve aligns with MAT administration in the community



Modified Disciplinary Response:

Treating diversion of 2 doses or less as a public health/medical issue to be responded to by medical staff, instead of a disciplinary issue for security staff

Monitoring the Changes

6 weeks into implementation

Resistance from Patients to Medication Change

- Clear process for responding to alleged naloxone allergies
- Very few people still prescribed monoproduct

Diversion

- Decrease in major disciplinary reports for medication misuse
- Overall reduction in major and minor disciplinary reports related to medication misuse

Efficiency and Access

- Preliminary assessment of medication pass times suggests less time spent passing medications
 - Reductions of over 40%, equivalent to more than an hour a day per facility on average.
-

Format of Sublingual Buprenorphine Tablet

VT DOC is interested in not crushing the buprenorphine/naloxone tablet, for better identification when diverted, additional efficiency of administration, and potentially fewer side effects for oral health.

We have not identified another correctional system that administers buprenorphine as a tablet, without a supervision period, and does not crush the tablet.

We also have not identified any clear medical reason we need to continue to crush the tablet.