From:	Messier, Theresa
To:	AHS - DOC CRCF FMT
Subject:	FW: Finalized MAT Conversion Timeline & Draft Implementation Plan
Date:	Thursday, February 6, 2025 1:36:57 PM
Attachments:	MAT Medline Normalization Timeline with DOC Final.docx Buprenorphine Medline Final Draft.docx

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Theresa Messier
Superintendent
Chittenden Regional Correctional Facility
7 Farrell Street
South Burlington, VT 05403
Phone: (802) 859-3207

From: Denton, Travis <Travis.Denton@vermont.gov>
Sent: Thursday, February 6, 2025 9:32 AM
To: AHS - DOC Superintendents <AHS.DOCSuperintendents@vermont.gov>
Cc: AHS - DOC Facility Operations Managers <AHS.DOCFacilityOperationsManagers@vermont.gov>; Cormier, Alan <Alan.Cormier@vermont.gov>; Tevah, Aviva <Aviva.Tevah@vermont.gov>; Dayno, Isaac <Isaac.Dayno@vermont.gov>; Sommer, Haley <Haley.Sommer@vermont.gov>
Subject: Finalized MAT Conversion Timeline & Draft Implementation Plan

Good morning, Superintendents,

Attached, you will find the finalized MAT Conversion timeline and the draft implementation plan.

As you review these documents, please take note of the following key dates:

- **02/14** – Finalized notification messages and FAQs will be sent to facility leadership by this date. We will make every effort to provide them sooner.
- **02/18** – A significant med-line day for Group A facilities, as it will include an added **face-to-face** conversation during the med-line. Formal messaging will first be shared with staff, followed by notices to the I/Is. This final push aims to reduce med-line times starting **02/19**.
- **02/20** – A significant med-line day for Group B facilities, following the same structure as Group A. Formal messaging will be sent to staff first, followed by notices to the I/Is. This will drive reduced med-line times beginning **02/21**.

For questions related to WellPath's preparedness, or if WP staff raise concerns, please direct them to Aviva for clarification.

For any operational questions, feel free to reach out to me.

Thanks,

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 6, 2025 8:34 AM
To: AHS - DOC Executive Leadership Staff <AHS.DOCExecutiveLeadershipStaff@vermont.gov>
Cc: Denton, Travis <Travis.Denton@vermont.gov>; Rutherford, Joshua <Joshua.Rutherford@vermont.gov>
Subject: MAT Normalization Timeline for Mid Feb - Final

Hi all,

Here's the final timeline for the MAT normalization. Full changes will go into effect on 2/19 and 2/21. People coming in (continued or inducted) will be prescribed the dual product starting on 2/11.

Also attaching Wellpath's detailed operations guide that is probably more detail than you need.

Please let me know if you have any questions or concerns!

Thanks,
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: Merrill, Michaela
To: Studebaker, James
Cc: Bovat, Dave; Jenkins, Kevin; Mcwayne, Milton
Subject: FW: Finalized MAT Conversion Timeline & Draft Implementation Plan
Date: Tuesday, April 29, 2025 12:53:33 PM
Attachments: SSCF05-15 Medication Control .doc
Medline Rules.docx
MEMO- MAT and Disciple FINAL.docx
MAT Normalization Staff Notice 2 18 25.pdf
MAT Normalization FAQ Final 2 18 25.pdf

Can you create a Matrix for an attachment for diversion to assist with writing DRs?

From: Studebaker, James <James.Studebaker@vermont.gov>
Sent: Thursday, February 13, 2025 2:54 PM
To: Merrill, Michaela <Michaela.Merrill@vermont.gov>; Bovat, Dave <Dave.Bovat@vermont.gov>; Jenkins, Kevin <Kevin.Jenkins@vermont.gov>
Subject: FW: Finalized MAT Conversion Timeline & Draft Implementation Plan

Attached is SSCF's updated local procedure (SSCF05-15 Medication Control).

1. Added section for MAT/MOUD Medication following the procedural guidelines.
2. Added section for Methadone.
3. Added #9 and 9a to Mouth Checks to reflect MOUD mouth checks.
4. Added section for Diabetic and Methadone under "SPECIAL MEDICATION

I have also attached verbiage for rules for med pass signage.

Thank you.

James R Studebaker
Security & Operations Supervisor
Southern State Correctional Facility
Office: 802 909-2594

From: Merrill, Michaela <Michaela.Merrill@vermont.gov>
Sent: Friday, February 7, 2025 10:48 AM
To: Studebaker, James <James.Studebaker@vermont.gov>
Subject: FW: Finalized MAT Conversion Timeline & Draft Implementation Plan

---

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

Sent: Thursday, February 6, 2025 9:32 AM
To: AHS - DOC Superintendents <AHS.DOCSuperintendents@vermont.gov>
Cc: AHS - DOC Facility Operations Managers <AHS.DOCFacilityOperationsManagers@vermont.gov>; Cormier, Alan <Alan.Cormier@vermont.gov>; Tevah, Aviva <Aviva.Tevah@vermont.gov>; Dayno, Isaac <Isaac.Dayno@vermont.gov>; Sommer, Haley <Haley.Sommer@vermont.gov>
Subject: Finalized MAT Conversion Timeline & Draft Implementation Plan

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As you review these documents, please take note of the following key dates:

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- **02/18** – A significant med-line day for Group A facilities, as it will include an added **face-to-face** conversation during the med-line. Formal messaging will first be shared with staff, followed by notices to the I/Is. This final push aims to reduce med-line times starting **02/19**.
- **02/20** – A significant med-line day for Group B facilities, following the same structure as Group A. Formal messaging will be sent to staff first, followed by notices to the I/Is. This will drive reduced med-line times beginning **02/21**.

For questions related to WellPath's preparedness, or if WP staff raise concerns, please direct them to Aviva for clarification.

For any operational questions, feel free to reach out to me.

Thanks,

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 6, 2025 8:34 AM
To: AHS - DOC Executive Leadership Staff <AHS.DOCExecutiveLeadershipStaff@vermont.gov>
Cc: Denton, Travis <Travis.Denton@vermont.gov>; Rutherford, Joshua <Joshua.Rutherford@vermont.gov>
Subject: MAT Normalization Timeline for Mid Feb - Final

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Here's the final timeline for the MAT normalization. Full changes will go into effect on 2/19 and 2/21. People coming in (continued or inducted) will be prescribed the dual product starting on 2/11.

Also attaching Wellpath's detailed operations guide that is probably more detail than you need.

Please let me know if you have any questions or concerns!

Thanks,
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: Denton, Travis
To: James, Alexander; Hale, Greg; Merrill, Michaela; Messier, Theresa
Cc: AHS - DOC Facility Operations Managers; Cormier, Alan; Tevah, Aviva
Subject: FW: MAT Normalization Docs- Group A
Date: Friday, February 14, 2025 8:10:22 AM
Attachments: MAT Normalization Staff Notice 2 18 25.pdf
MAT Normalization FAQ Final 2 18 25.pdf
MAT Normalization Notice for IIs 2 18 25.pdf
MAT Medline Normalization Timeline with DOC Final.docx

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:

- II 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

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From:	Byrne, Richard
To:	Faulkner Jr, James; Thomas, Daisy; Billy Baker (Billy.BakerJr@corecivic.com); Rosa Jr, Luis; Johnson, Debra; Brown, Tanya
Cc:	Kaman, Daniel
Subject:	FW: MAT Normalization Docs- Group A
Date:	Monday, February 17, 2025 10:53:57 AM
Attachments:	MAT Normalization Staff Notice 2 18 25.pdf MAT Normalization FAQ Final 2 18 25.pdf MAT Normalization Notice for IIs 2 18 25.pdf MAT Medline Normalization Timeline with DOC Final.docx

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Good morning,

Attached is some information on Vermont DOC plans regarding the changes in the MOUD/MAT program in Vermont.

As we mentioned before, it is your decision if you would like to adjust the MOUD/MAT program at TCCF-MS.

Rick

From: Turner, David <David.Turner@vermont.gov>
Sent: Friday, February 14, 2025 8:25 AM
To: Byrne, Richard <Richard.Byrne@vermont.gov>
Subject: FW: MAT Normalization Docs- Group A

Rick,

This is just informational for us. It is going out to our Superintendents. Not sure if this information would be helpful at some point if TCCF decides to switch.

Dave

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

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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.

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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>
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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: Steventon, Cheyenne
To: Cormier, Alan
Subject: FW: Strategic Plan Meeting Notes, Activity Answers & Deck Slides
Date: Monday, June 2, 2025 2:06:59 PM
Attachments: Strategic Plan Monthly Meeting Activity Notes.docx
Strategic Plan Monthly Meeting.docx
Strategic Planning Activity Presentation.pptx

Cheyenne Steventon (she/her)
Executive Services Supervisor &
Executive Assistant to the Commissioner
Office of the Commissioner
Vermont Department of Corrections
280 State Dr., Waterbury, VT 05671
1 (802) 585-9264

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

From: Bessette, Jenna <Jenna.Bessette@vermont.gov>
Sent: Tuesday, May 27, 2025 8:32 AM
To: Steventon, Cheyenne <Cheyenne.Steventon@vermont.gov>
Subject: Strategic Plan Meeting Notes, Activity Answers & Deck Slides

Hi Cheyenne,

Please see the attached Strategic Plan Monthly meeting notes, activity answers as well as a slide deck for the next monthly meeting to visually summaries attendees' answers.

Let me know if I can do anything else.

Best,

Jenna Bessette (she/her)
Administrative Services Coordinator IV
Vermont Department of Corrections
280 State Dr., Waterbury, VT 05671
1 (802) 760 - 0893

From: Crump, Desiree
To: AHS - DOC CRCF
Subject: MAT Changes 2/19
Date: Tuesday, February 18, 2025 4:02:15 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

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:

- [redacted]
- Distribution of MAT medication (other than methadone) [redacted]
- 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.

[redacted]

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

VERMONT

From: Koehler, Michael
To: AHS - DOC NECC
Subject: MAT Process Change
Date: Thursday, February 20, 2025 8:33:49 AM
Attachments: MAT Normalization Staff Notice 2 20 25.pdf
MAT Normalization FAQ Final 2 20 25.pdf
MEMO- MAT and Disciple FINAL.docx

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: Pecor, Matthew
To: AHS - DOC NECC
Subject: Med lines
Date: Wednesday, March 19, 2025 1:20:25 PM
Attachments: image001.png
Methadone Process.pdf
MAT Normalization Staff Notice 2 20 25.pdf

Good afternoon,
It has been discovered that we are falling in several areas regarding med passes in the facility, especially surrounding Special Med Pass.

Special Med Pass

- See attached document for Methadone med pass and how it is to be handled. This process has not changed.
- I have also attached the notification from central office last February when these changes took place for BUP.

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Diabetic Med Pass

- At no time should an incarcerated individual handle a sharp without security staff supervision. This must happen through the window and not inside of medical as well so that it is on camera.

-

General Reminders

- I/I's are required to wear socks outside of their cells if they are wearing shower shoes. This includes med line.
- I/I's are required to have their ID, on their wrist, to receive medications.
- I/I's should not be bringing any items from the units to med line with them, such as tablets.
- I/I's will receive their medications one at a time, in a single line, and quiet in the hallway.
- Proper mouth checks are not optional, to include use of a flashlight. If you are

confused on this process come see myself or your on duty shift supervisor.

- [redacted]
- [redacted]

Pecor, Matthew
Security and Operations Supervisor
Northeast Correctional Complex
Office – 802.751.1419

“Character is what you do when no one else is watching” – Nick Saban

From: Studebaker, James
To: Bovat, Dave
Subject: RE: Good evening
Date: Tuesday, March 11, 2025 11:53:00 PM
Attachments: FW Finalized MAT Conversion Timeline Draft Implementation Plan.msg
SSCF05-15 Medication Control .doc

Yes.

I've completed what she asked for and sent back to her on 2/13/25 (email attached).

James R Studebaker
Security & Operations Supervisor
Southern State Correctional Facility
Office: 802 909-2594

From: Bovat, Dave <Dave.Bovat@vermont.gov>
Sent: Tuesday, March 11, 2025 1:03 PM
To: Studebaker, James <James.Studebaker@vermont.gov>
Subject: Good evening

Where are we with the Medication Control policy? Are you still waiting for direction from Michaela?

From: Tevah, Aviva
To: Schmidt, Samantha; Trutor, Emily (she/her/hers)
Cc: Cormier, Alan; Calver, Kristin
Subject: Re: Justice-Involved Collaborative Monthly Progress Check-in
Date: Wednesday, February 19, 2025 10:30:13 AM

Hi Sam and Emily,

My attendance is tentative, I have a conflict I may be able to skip some or all of.

In case I am not able to join, providing a general update here. I have no updates on evidence-based models. For access to treatment, this week the DOC is implementing the MAT normalization initiative I shared at a previous meeting. We should be able to provide a substantive update at the next check in!

Thanks,
Aviva

Get Outlook for iOS

From: Schmidt, Samantha <Samantha.Schmidt@partner.vermont.gov>
Sent: Tuesday, February 18, 2025 2:21 PM
To: Klein, George <George.Klein@partner.vermont.gov>; Cormier, Alan <Alan.Cormier@vermont.gov>; Tevah, Aviva <Aviva.Tevah@vermont.gov>; Mitchell, Megan <Megan.Mitchell@vermont.gov>; Harrison, Julia <Julia.Harrison@vermont.gov>; Trutor, Emily (she/her/hers) <Emily.Trutor@vermont.gov>; Rau, Nicole (she/her) <Nicole.Rau@vermont.gov>; Beck, Stephanie <Stephanie.Beck@vermont.gov>; Dougherty, Kelly <Kelly.Dougherty@vermont.gov>; Neal, Clare <Clare.Neal@vermont.gov>; Briggs, Kristen (she/her) <Kristen.Briggs@vermont.gov>; DiStasio, Nicole <Nicole.DiStasio@vermont.gov>; Dayno, Isaac <Isaac.Dayno@vermont.gov>; Calver, Kristin <Kristin.Calver@vermont.gov>; Setrakian, Lisa <Lisa.Setrakian@partner.vermont.gov>; Sweet, Samantha (She/Her) <Samantha.Sweet@vermont.gov>; Folland, Anthony <Anthony.Folland@vermont.gov>; Crook, Dale <Dale.Crook@vermont.gov>; Singer, Patricia (she/her) <Patricia.Singer@vermont.gov>; Sanderson, Lisabeth <Lisabeth.Sanderson@vermont.gov>; Zink, Kana (they/them) <Kana.Zink@vermont.gov>
Cc: Fredette, Emily (she/her) <Emily.Fredette@vermont.gov>
Subject: Re: Justice-Involved Collaborative Monthly Progress Check-in

Hello all,

We are looking forward to the next Justice-Involved Collaborative Monthly Progress Check-in this Thursday, 2/20. As a reminder, this meeting will encompass both the January and February check-ins.

In advance of the meeting, we ask that **initiative leads once again prepare one-minute progress updates on their initiatives and share them with the group on Thursday. When prompted during**

the meeting, initiative leads will be asked *to share a written update in the meeting Microsoft Teams Chat and provide their update verbally*. Updates should include progress made since the last Monthly Progress Check-in, as well as any related risks, issues, and questions. For initiatives that are co-led, leads should connect between now and Thursday to determine who will be responsible for sharing out the initiative update. For leads who cannot attend on Thursday, please let us know and plan to identify a representative to share the update on your behalf or otherwise plan to send your written update via email.

Additionally, during the meeting, we will review an update for the Governor's Report about the Collaborative prepared by VDH-DSU, and we will ask for your feedback and questions. **Please see the following update and come to the call prepared to share your thoughts:**

The Departments of Health (VDH), Corrections (DOC), and Mental Health (DMH) have established the Justice-Involved Collaborative, comprised of Department representatives, to enhance access to treatment and recovery for individuals who are justice-involved and have co-occurring conditions. This Collaborative is advancing a core set of cross-cutting initiatives that collectively address barriers, deepen service integration, and smooth and promote pathways to receive individualized, evidence-based treatment and recovery services. The Departments recently presented to AHS Policy on progress to date and the timeline of planned activities for 2025. For more information, contact Emily Trutor (VDH) at Emily.Trutor@vermont.gov.

See the full agenda for the meeting below:

2/20 Agenda

- Meeting Kickoff & Agenda Review
    - Reminder of meeting structure moving forward
- Initiative Updates Since Last Monthly Check-In
    - Leads to share one-minute updates in Microsoft Teams Chat and verbally on initiative progress and any related risks, issues, and questions
- Overarching Collaborative Updates & Discussion
    - Discussion of legislative session's impacts and any related considerations
- Communications Updates
    - Review draft update for the Governor's Report and review process to submit such updates moving forward
- Ad Hoc Items
    - Discussion on ad hoc items related to the Collaborative, including potential new initiatives and regular meetings with AHS Central Office

Please let us know if you have any questions or feedback on the planned agenda. For planning purposes, we also ask that you accept or decline Thursday's meeting invite.

Best,

Sam

From: Klein, George
Sent: Wednesday, January 8, 2025 10:33 AM
To: Klein, George <George.Klein@partner.vermont.gov>; Cormier, Alan <Alan.Cormier@vermont.gov>; Tevah, Aviva <Aviva.Tevah@vermont.gov>; Mitchell, Megan <Megan.Mitchell@vermont.gov>; Harrison, Julia <Julia.Harrison@vermont.gov>; Trutor, Emily (she/her/hers) <Emily.Trutor@vermont.gov>; Rau, Nicole (she/her) <Nicole.Rau@vermont.gov>; Beck, Stephanie <Stephanie.Beck@vermont.gov>; Dougherty, Kelly <Kelly.Dougherty@vermont.gov>; Neal, Clare <Clare.Neal@vermont.gov>; Briggs, Kristen (she/her) <Kristen.Briggs@vermont.gov>; DiStasio, Nicole <Nicole.DiStasio@vermont.gov>; Dayno, Isaac <Isaac.Dayno@vermont.gov>; Calver, Kristin <Kristin.Calver@vermont.gov>; Setrakian, Lisa <Lisa.Setrakian@partner.vermont.gov>; Schmidt, Samantha <Samantha.Schmidt@partner.vermont.gov>; Sweet, Samantha (She/Her) <Samantha.Sweet@vermont.gov>; Folland, Anthony <Anthony.Folland@vermont.gov>; Crook, Dale <Dale.Crook@vermont.gov>; Singer, Patricia (she/her) <Patricia.Singer@vermont.gov>; Sanderson, Lisabeth <Lisabeth.Sanderson@vermont.gov>; Zink, Kana (they/them) <Kana.Zink@vermont.gov>
Cc: Fredette, Emily (she/her) <Emily.Fredette@vermont.gov>
Subject: Justice-Involved Collaborative Monthly Progress Check-in
When: Thursday, February 20, 2025 2:00 PM-2:45 PM.
Where: Microsoft Teams Meeting

Hello everyone,

As previously discussed, I am scheduling a new meeting time in mid-February to encompass both the January and February check-ins.

Thank you again for your patience.

Best,
George

Microsoft Teams Need help?

Join the meeting now

Meeting ID: 213 353 085 085

Passcode: cK9Zy9qq

Dial in by phone

+1 802-828-7667,,645218909# United States, Montpelier

Find a local number

Phone conference ID: 645 218 909#

For organizers: Meeting options | Reset dial-in PIN

From: Merrill, Michaela
To: James, Alexander; Denton, Travis; Messier, Theresa
Cc: AHS - DOC Facility Operations Managers; Cormier, Alan; Tevah, Aviva
Subject: RE: Upcoming Communications on Suboxone Changeover
Date: Tuesday, February 18, 2025 2:32:57 PM

Done for SSCF

From: James, Alexander <Alexander.James@vermont.gov>
Sent: Tuesday, February 18, 2025 2:19 PM
To: Denton, Travis <Travis.Denton@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: RE: Upcoming Communications on Suboxone Changeover

Done for MVRCF.

Thanks,

Alexander M. James
Interim Superintendent
Marble Valley Regional Correctional Facility
167 State Street
Rutland, VT 05701
(802) 342-3912

From: Denton, Travis <Travis.Denton@vermont.gov>
Sent: Tuesday, February 18, 2025 1:44 PM
To: James, Alexander <Alexander.James@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: RE: Upcoming Communications on Suboxone Changeover

Alex, Theresa, and Michaela… please confirm once the message has been sent.

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 <Travis.Denton@vermont.gov>
Sent: Tuesday, February 18, 2025 1:33 PM
To: Hale, Greg <Greg.Hale@vermont.gov>; James, Alexander <Alexander.James@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: RE: Upcoming Communications on Suboxone Changeover

That works for me, and is probably the better way for the message to go out.

Have others also sent the attached Notification and FAQ to you teams?

If not please send to your respective teams, with the addition of the DR Guidance meme, which was just finalized today. We will get the tablet messages out later today.

All are attached.

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: Hale, Greg <Greg.Hale@vermont.gov>
Sent: Tuesday, February 18, 2025 1:15 PM
To: Denton, Travis <Travis.Denton@vermont.gov>; James, Alexander <Alexander.James@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: RE: Upcoming Communications on Suboxone Changeover

I've already messaged my staff all of these things. We started doing forms with the II's this morning in preparation for tomorrow's med lines, and we had to plan how to do all of this late last week so I needed to tell them something.

That said.... okay, message away.

Greg Hale
Superintendent
Northwest State Correctional Facility

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.
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(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:

- II 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

From: James, Alexander
To: AHS - DOC MVRCF
Subject: Suboxone Changeover
Date: Tuesday, February 18, 2025 2:19:37 PM
Attachments: MEMO- MAT and Disciple FINAL.docx
MAT Normalization Staff Notice 2 18 25.pdf
MAT Normalization FAQ Final 2 18 25.pdf

Team,

Attached please find materials related to our Suboxone changeover that will take place tomorrow, 02/19/25. This is a huge win for staffing, as you are getting back hours of your day formally spent conducting this med. pass. If there are any questions, please reach out.

Thanks,

Alexander M. James
Interim Superintendent
Marble Valley Regional Correctional Facility
167 State Street
Rutland, VT 05701
(802) 342-3912

From: Merrill, Michaela
To: AHS - DOC SSCF
Cc: Denton, Travis
Subject: Suboxone Changeover- READ PLEASE
Date: Tuesday, February 18, 2025 2:31:59 PM
Attachments: MEMO- MAT and Disciple FINAL.docx
MAT Normalization Staff Notice 2 18 25.pdf
MAT Normalization FAQ Final 2 18 25.pdf

Good afternoon SSCF,

Many changes are coming to SSCF, and we have a major change starting tomorrow.

On Wednesday 2/19/2025 the Incarcerated population that takes Subutex will switch to Suboxone and will get their meds in the main med line.

Attached is the information on how we will conduct MAT med passes and how we will handle Suboxone diversion through the disciplinary process.

This is a lot of information, but it is beneficial to read ALL of the materials.

Thank you,

Supt. Merrill

Michaela Merrill
Superintendent
Southern State Correctional Facility
700 Charlestown Rd
Springfield, Vermont 05156
802-909-2569
michaela.merrill@vermont.gov

From: Jacobs, Amy
To: AHS - DOC Northern State Correctional Facility
Subject: Upcoming Communication on Suboxone Changeover
Date: Wednesday, February 19, 2025 9:44:18 PM
Attachments: MEMO- MAT and Disciple FINAL.docx
MAT Normalization FAQ Final 2 20 25.pdf
MAT Normalization Staff Notice 2 20 25.pdf

Good evening,

The above attachments were provided this afternoon regarding the changeover for the suboxone program within VTDOC.

Tomorrow, II on the program will be meeting with providers after they receive their subutex. The providers will be advising them that they will be switching over to suboxone on Friday.

Plan on tomorrow's med line being longer than usual.

Beginning on Friday Incarcerated Individuals will be receiving their suboxone dose in the same med line they receive their regular medication in.

They will first take their regular medication, the officer will perform a mouth check, the II will be instructed to drink a glass of water, then they will receive their suboxone it will go under their tongue, they will show the officer placement and then return to their unit.

Please see attachment regarding diversion DRs, they will receive a minor DR for any diversion. They will only receive a major DR if more than two doses of suboxone are found on their person or in their cell.

The suboxone pills will continue to be crushed and will be orange in color.

A message to the incarcerated population will be going out on the tablets in the morning.

Come see me if you have any questions.

Thanks,
Amy

From: Denton, Travis
To: Jacobs, Amy; Koehler, Michael
Cc: Rutherford, Joshua
Subject: Upcoming Communications on Suboxone Changeover
Date: Wednesday, February 19, 2025 2:50:18 PM
Attachments: MEMO- MAT and Disciple FINAL.docx
MAT Normalization FAQ Final 2 20 25.pdf
MAT Normalization Staff Notice 2 20 25.pdf

Amy and Mike,

You are both in group B, and the "flip" starts in earnest tomorrow, with Suboxone starting on Friday.

Please send the attached to your respective teams, with the addition of the DR Guidance memo (also attached), which was just finalized yesterday. Either later today, or first thing tomorrow.

We will get the tablet messages out later tomorrow.

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

State of Vermont
Department of Corrections
280 State Drive
Waterbury, VT 05671-1000

Agency of Human Services

TO: Correctional Facility Staff
FROM: Facilities and Health and Wellness Divisions
DATE: February 18, 2025
SUBJECT: Buprenorphine Medication Pass Changes
PRIORITY: High

The Vermont Department of Corrections led the country in the implementation of MAT distribution for incarcerated individuals. Yet, leadership and medical staff recognize growing burdens on staff with increasing numbers of individuals diagnosed with substance use disorder.

To both align MAT practices with community standards of care and maximize staff resources and time, the department will be making the following changes:

- Most MAT medication will now be administered in normal medication lines.
- 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.
- Individuals discovered diverting MAT medication (other than methadone) during medication pass, or otherwise in possession of more than or otherwise in possession of less than 2-doses of buprenorphine-based medication, will now be will now be subject to disciplinary action in the form of a Minor 1: passing or possession of contraband items instead of Major B20-B30.

This new process will begin effective **tomorrow.** Facility management teams and medical staff have prepared plans to implement this and selected notifying you today to minimize security risks, diversion of MAT medications, and grievances from incarcerated individuals.

Included with this document is an FAQ addressing why this change is occurring, safety and operational impacts, and other possible questions or concerns you may have.

The process for distribution will be as follows:

1. Distribution of MAT medications (other than methadone) will be completed in regular medication lines.
2. Individuals will receive all prescribed medications other than MAT first and complete a standard mouth check.
3. Individuals prescribed MAT will then receive their MAT medication. This medication must be deposited under the tongue.
4. The individual will then perform a mouth check ensuring the medication has been placed under the tongue.
5. The individual may then depart medication line.

6. Incarcerated individuals will be responsible to maintain the medication under their tongue until dissolved.
7. No disciplinary action will be initiated as long as the medication is not removed from the mouth.
8. Any individual who is found to be diverting buprenorphine-based medication during med-line, or otherwise in possession of less than 2-doses of buprenorphine-based medication will now be subject to a Minor DR #1. This updated facility rule does not apply to the diversion or unauthorized possession of amounts of buprenorphine-based medication in excess of 2 doses.

9. The Major DRs rules and process (B20 and A09) will still apply to diversion and unauthorized possession of buprenorphine-based medication in excess of two-doses.

10. Methadone is NOT a buprenorphine-based medication and the response to any unauthorized possession or diversion of this substance remains unchanged.

The Major B20 - 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 for any attempt to transfer or sell medication.

Methadone

1. While methadone is an important part of our MAT program, it does pose more significant safety risks if diverted or misused.

2. Each facility will operate a separate medication line for medications which due to safety concerns require a greater degree of observation and control in distribution.

3. Distribution of methadone shall be conducted at this higher observation medication pass consistent with current methadone distribution processes.

These changes align with all four initiatives of the Department's Strategic Plan by:

1. Streamlining processes and minimizing burden on Staff & Staffing
2. Redesigning Health & Wellness to improve outcomes for those we serve
3. Reducing stigma and creating more privacy for a more Equitable and Inclusion System
4. Evolve with best practices and Modernize Vermont's corrections system

State of Vermont
Department of Corrections
280 State Drive
Waterbury, VT 05671-1000

Agency of Human Services

TO: Incarcerated Individuals Receiving Medications for Opioid Use Disorder

FROM: DOC Facilities and Health Services Divisions

DATE: **February 18, 2025**

SUBJECT: Buprenorphine Medication Pass Changes

PRIORITY: High

Starting tomorrow, DOC and Wellpath will change the way buprenorphine (MAT) is given. If you are on buprenorphine, it will be given at the main morning medline with all other morning medications.

Starting tomorrow, your buprenorphine medication will also contain naloxone.

We are making these changes to MAT for a few reasons.

1. Buprenorphine with naloxone is the same medication as you would get in the community. DOC and Wellpath aim to give you the same healthcare in a correctional facility as you would get in the community.
2. Giving MAT in morning medlines will save you time because you will no longer have to wait in a separate MAT line.
3. Giving MAT in morning medlines also gives you more privacy and lessens stigma of taking MAT.

The new process will be:

1. Medication Assisted Treatment (MAT) medication (other than methadone) will be given in regular medication lines.
2. You will get all prescribed medications other than MAT first and complete a standard mouth check.
3. You will then get your MAT medication. This medication must be deposited under the tongue.
4. You will then perform a mouth check to make sure the medication has been placed under the tongue.
5. You may then leave medication line.
6. You are responsible to keep the medication under your tongue until it is dissolved.

7. No disciplinary action will be taken against you as long as the medication is not removed from your mouth.
8. Any individual who is found to be diverting buprenorphine-based medication during med-line, or otherwise in possession of less than 2-doses of buprenorphine-based medication will now be subject to a Minor DR #1. This updated facility rule does not apply to the diversion or unauthorized possession of amounts of buprenorphine-based medication in excess of 2 doses.
9. The Major DRs rules and process (B20 and A09) will still apply to diversion and unauthorized possession of buprenorphine-based medication in excess of two-doses.
10. Methadone is NOT a buprenorphine-based medication and the response to any unauthorized possession or diversion of this substance remains unchanged.

The Major B20 - B30 will still be used if you divert or try to divert other medications for unauthorized use of medications in an individual cell or other location, or if you try to transfer or sell medication.

Methadone

1. While methadone is an important part of our MAT program, it poses more safety risks if it is diverted or misused.
2. If you take Methadone, it will still be given to you in the same separate medication line.
3. Because methadone poses a bigger safety risk if diverted or misused, current disciplinary practice for diversion or misuse of authorized medication will stay the same.

State of Vermont
Department of Corrections
280 State Drive
Waterbury, VT 05671-1000

Agency of Human Services

DATE: February 18, 2025
SUBJECT: MAT FAQ
PRIORITY: Medium

Background

What is MAT and MOUD?

- MAT stands for Medication-Assisted Treatment. MOUD refers to Medication for Opioid Use Disorder. They are used interchangeably.

Why are we making these changes?

- Moving buprenorphine distribution into the standard med line will save you time, make the process more efficient, and allow you to focus on the core functions of your job.
- Using the buprenorphine/naloxone product more closely aligns with community standards of care and is safer than the monoproduct which does not contain naloxone.
- These changes also decrease the stigma of receiving MOUD and improve access to care by treating Opioid Use Disorder like any other chronic disease
- Combining buprenorphine/naloxone minimizes the risk of diversion by discouraging snorting or injecting (see below).

What is the difference between the current medication and the "dual product?"

- The dual product (Suboxone) contains naloxone in addition to buprenorphine.
- Naloxone is not absorbed under the tongue, but if a person snorts or injects the medication, naloxone will be absorbed and block opioid receptors, putting the individual into withdrawal.

Is it appropriate to prescribe these types of medications for individuals who have not shown a commitment to stopping drug use?

- While MAT can help many people avoid unprescribed/recreational opioid use altogether, there are several benefits even if individuals can't stop completely. Most importantly, mortality rate is significantly lower, especially for incarcerated people. Also, by controlling cravings, it is easier for individuals to make pro-social choices, such as engaging in employment, education, and working on the psychological aspects of their addiction.

Why don't we just taper individuals who misuse these drugs or who use other drugs?

- Substance misuse can be a sign that treatment is not going well. In many cases, tapering is the worst thing that can be done, because it could make it harder to make good decisions, and might increase the risk of further misuse. Research shows that in some cases, dosages might even need to be increased.
- We do have expectations that patients make responsible decisions and use their medication as intended. There are situations where it might be clinically appropriate to taper someone. For example, if it becomes apparent that someone doesn't meet the criteria of having an opioid use disorder. This is a clinical decision and needs to be made in a clinical setting.

- Tapering patients off MAT when inappropriate has been viewed by the courts as withholding medically necessary treatment and therefore an 8th amendment violation.

Why don't we require individuals on these medications to participate in therapy/groups?

- The American Society of Addiction Medicine, in their National Practice Guidelines for the Treatment of Opioid Use Disorder, strongly recommends participation in therapy (individual and/or group). However the same guidelines acknowledge the significant benefit of medication even for those who are not yet ready to participate in counseling, and therefore recommends against withholding medical treatment in that situation.
- Withholding MAT because someone refuses to participate in therapy/groups may be considered a violation of the 8th Amendment and Americans with Disabilities Act.

Safety of Buprenorphine/Naloxone

What happens if someone misuses the dual product, for instance by snorting it?

- The person would go into opiate withdrawal. If someone looks sick, respond like you normally would.

Can you overdose on the dual product?

- It is extremely difficult to 'overdose' on buprenorphine, and especially buprenorphine-naloxone. Buprenorphine is a partial opioid agonist with a 'ceiling effect'. This means that, after a certain dose, it stops stimulating the opioid receptor, and actually blocks the receptor from being stimulated by other opioids. Any suspected overdoses, while unlikely, should be addressed in the usual manner.
- Most overdose deaths in the community have occurred when individuals are also taking benzodiazepines, like Xanax. These medications are used very infrequently in the facilities. (Most often during acute alcohol withdrawal).

Methadone

What is the difference between the dual product and methadone?

- These are two separate drugs. The "dual product" is buprenorphine plus the blocking agent naloxone. Methadone is a different opioid with different properties. Most importantly, methadone does not have a 'ceiling effect' in stimulating opioid receptors, which is why currently methadone will remain in a separate medline.

What are the safety issues related to methadone?

- Methadone is an appropriate medication to use in many cases for Opioid Use Disorder, and recent court opinions have ruled that patients should have access to the full spectrum of medications for OUD (buprenorphine, methadone, and the full receptor blocker, naltrexone).
- Methadone has a slightly higher risk of cardiac complications in certain patients, and does not have the 'ceiling effect' of buprenorphine. Therefore, it is possible to overdose on methadone.

Why don't we use naltrexone to treat Opioid Use Disorder?

- We do! However, because it is a pure opioid receptor blocker, it only discourages use by negating the positive effects if someone misuses opioids. It does not address cravings or the desire to use. Therefore, its use is somewhat limited.

State of Vermont
Department of Corrections
280 State Drive
Waterbury, VT 05671-1000

Agency of Human Services

TO: All Facility Superintendents and Staff
FROM: Travis Denton, Facilities Division Director
DATE: **February 18, 2025**
SUBJECT: Memorandum: Directive 410.01, Facility Rules & Discipline: New Exceptions related to Buprenorphine-based medication

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In alignment with our ongoing commitment to support a more sustainable workload for our correctional staff, we are announcing a new facility rule that will carve out exceptions to the application of violations **Major A #9 (Code A19)** and **Major B #20 (Code B29)** in cases specifically involving Buprenorphine-based medication.

To ensure the smooth implementation of this initiative, the following change will be made to facility rules:

> *New Facility Rule – Any diversion and/or misuse of Buprenorphine-based medications, or any unauthorized possession of Buprenorphine-based medication in an amount that is **less than two standard doses**, shall be subject specifically to **Minor Disciplinary infraction** #**M16** (Engaging in minor disruptive behavior that interferes with normal facility operations or interferes with the program or living environment of other inmates) and its associated disciplinary sanction options.*

This rule will be implemented and effective on **February 19, 2025.**

The objective of this initiative is to significantly reduce the time and staff resources currently being devoted to Due Process hearings that are the result of small-scale diversion and simple possession of buprenorphine-based medication that is issued by our own medical staff, within the secure portion of the facility. This change also addresses the outsized impact that DRs connected to possession and diversion of this buprenorphine-based medication has on the custody-level and subsequent release prospects of Incarcerated Individuals.

Both changes closely align our practice with medical and legal/law enforcement community standards related to individuals who interact with buprenorphine-based medication.

This implementation will be simultaneous to, and complimentary of, the upcoming changes to the medication dispensing protocol being initiated by VT DOC's Health & Wellness Division and our healthcare provider, Well Path, as it relates to buprenorphine-based medications

This rule will be incorporated into future Facility Handbook updates.

MAT Medline Normalization Timeline

Monday	Tuesday	Wednesday	Thursday	Friday
3 Propose Timeline	4 Confirm timeline	5 Communicate timeline and final procedure to site leadership	6 Sites order initial stock suboxone	7 Finalize patient notice and submit for translation
10 All medical staff have received training from site leadership by this date. Finalize staff notice and FAQ doc Confirm with RDU how key data points being tracked	11 New Order entry (begin) New inductions start (or continue) on dual product Finalize grievance response and send policy change notice to CSU	12	13 New Order entry (complete)	14 Send II and staff notices and FAQ to facility leadership
17	18 Patient Ed Grp A Notices to II and staff Group A	19 New Medline Go-live Grp A	20 Patient Ed Grp B Notices to II and staff Group B	21 New Medline Go-live Grp B

Group A (approximate patients)
Marble Valley 60
Southern State 140
Northwest 70
CRCF 75
Group B (approximate patients)
NE 100
Northern State 290

Buprenorphine Medline Normalization and Conversion to Buprenorphine/Naloxone Dual Product
Vermont Depart of Corrections
Implementation Plan

1. What: Patients currently being treated in the Vermont Department of Corrections with buprenorphine for Opioid Use Disorder
    a. will be transitioned to buprenorphine/naloxone
    b. will receive buprenorphine in the main morning medline along with any other medications they currently receive, if any, in the main medline
    c. Patients on methadone will still get methadone in the dedicated MOUD medline
2. When
    a. Planned go-live date at all facilities is per the go-live schedule.
3. Why – This change, initiated by VT DOC and supported by Wellpath Vermont Clinical Leadership, is intended to:
    a. Move closer to community standard of care.
    b. Decrease stigma of receiving MOUD, and to increase privacy for patients, for whom going to a specific medline is equivalent to revealing to security and other incarcerated individuals that they are on MOUD.
    c. Improve access to care, by treating OUD like any other chronic disease, while minimizing incentive for diversion with dual product medication
    d. Make the most efficient use of staff time, both on the healthcare and security side.
4. How
    a. Patient notification
        i. Each site will provide a private space to discuss the medication transition with patients on buprenorphine during MAT medline.
        ii. In medline the day prior to the change, the providers will
            1. hold a brief discussion with each patient in a private space provided by DOC, that along with the new MAT medication distribution process, that the medication will be changing from buprenorphine to the buprenorphine/naloxone combination product
            2. Have the patient sign a new informed consent. (for timeliness's sake, this could be given to the patient to sign and collected by staff at an exit station).
            3. Providers will sign a short paper statement that the patient was informed of the change, making any additional notations as needed, which will be scanned into the chart.
    b. Medication ordering
        i. In anticipation of the go-live date, providers at all sites will order buprenorphine/naloxone for all patients on buprenorphine, as outlined in the go-live schedule.
        ii. Given the anticipated volume of medication changes, nursing can assist by entering verbal orders at the direction of the site provider.
    c. Reported naloxone allergy/side effect process

i. All sites will review charts of MAT patients for documented naloxone allergy and report allergies 2 weeks prior to transition date, along with any available supporting documentation.
ii. Patients noted to have possible medication allergies/intolerances will be identified prior to notification (see "patient notification", above), for discussion with the provider at the notification visit. If any supporting documentation is determined to be needed, staff will be prepared to help the patient complete an ROI at the time of the brief visit.
iii. Patients will also be identified as having possible allergy/side effect if they report it to the provider during the information visit.
iv. For patients reporting mild to moderate intolerance (such as nausea), symptom management measures will be ordered at the provider's discretion (such as anti-nausea medication).
v. In the case reported severe intolerance (such as anaphylaxis), if a reaction can be confirmed (in the record or by outside records, etc), patients will continue on buprenorphine. If the reaction cannot be confirmed, given the rarity of such a reaction being due to a true naloxone allergy, and the reasonableness of a medication challenge to determine true allergy, patients will be observed by medical for 30 minutes after each dose administration for the first week, with epinephrine and diphenhydramine available should a reaction occur. Should such an event occur, further medication options will be determined on a case-by-case basis.
vi. Incidents of epinephrine or other emergency medication use will be monitored via the Critical Clinical Events system.
vii. Cases in which continuation of buprenorphine monoproduct will be approved prior to the above change
    1. Patients with a confirmed, documented history of anaphylaxis
    2. Patients who were on the monoproduct prior to entering the facility due to a dual product intolerance.

d. Medline Process
    i. Patients will arrive at morning medline
    ii. Patients receiving multiple medications will receive and swallow non-MOUD medications first.
    iii. Security will perform a mouth check.
    iv. Patients will then receive crushed buprenorphine/naloxone(or buprenorphine as ordered) sublingually. Security will perform another mouth check, with the understanding that the medication will still be present, and it should be under the tongue.
    v. The patient will then exit the dosing area. S/he does not need to wait for the medication to dissolve, but it is the patient's responsibility to ensure that the medication does dissolve.
e. Grievance Process
    i. If patients grieve the medication change, medical/DOC will respond as follows, unless otherwise appropriate on a case-by-case basis:

ii. “Thank you for expressing concern of the recent change from buprenorphine to buprenorphine/naloxone. This change has been made to bring care closer to community standard, and to support medication safety in the context of distributing MAT medications during the regular medline.”
iii. Patients grieving for medication intolerance should be encouraged to put in a sick slip for management of persistent symptoms attributed to MAT medication.
iv. Patients who grieves are escalated or are not appropriate for the above response will be addressed on a case-by-case basis.

5. Monitoring and Outcomes
    a. The following outcomes and safety indicators will be monitored:
        i. Number of diversion related DR’s.
        ii. Narcan use
        iii. Substance related ED send-outs
        iv. Staff time for medline (security and nursing)
    b. Any modest increase in diversion will be noted and monitored. If significant diversion occurs, appropriate additional safety measures will be considered by DOC and Wellpath as appropriate.

Patient notification of change form buprenorphine to buprenorphine/naloxone

Patient Name: _____

Date of Birth: _____

Date: _____

On the above date, I met with the patient to notify them that their medication would be changing from buprenorphine to burprenorphine/naloxone. They were given the opportunity to ask questions. A new consent form was signed (see scanned copy). Any additional specifics of the conversation were as follows:

Provider signature: _____

Provider Printed Name: _____

Date: _____

State of Vermont
Department of Corrections
280 State Drive
Waterbury, VT 05671-1000

Agency of Human Services

DATE: February 20, 2025
SUBJECT: MAT FAQ
PRIORITY: Medium

Background

What is MAT and MOUD?

- MAT stands for Medication-Assisted Treatment. MOUD refers to Medication for Opioid Use Disorder. They are used interchangeably.

Why are we making these changes?

- Moving buprenorphine distribution into the standard med line will save you time, make the process more efficient, and allow you to focus on the core functions of your job.
- Using the buprenorphine/naloxone product more closely aligns with community standards of care and is safer than the monoproduct which does not contain naloxone.
- These changes also decrease the stigma of receiving MOUD and improve access to care by treating Opioid Use Disorder like any other chronic disease
- Combining buprenorphine/naloxone minimizes the risk of diversion by discouraging snorting or injecting (see below).

What is the difference between the current medication and the "dual product?"

- The dual product (Suboxone) contains naloxone in addition to buprenorphine.
- Naloxone is not absorbed under the tongue, but if a person snorts or injects the medication, naloxone will be absorbed and block opioid receptors, putting the individual into withdrawal.

Is it appropriate to prescribe these types of medications for individuals who have not shown a commitment to stopping drug use?

- While MAT can help many people avoid unprescribed/recreational opioid use altogether, there are several benefits even if individuals can't stop completely. Most importantly, mortality rate is significantly lower, especially for incarcerated people. Also, by controlling cravings, it is easier for individuals to make pro-social choices, such as engaging in employment, education, and working on the psychological aspects of their addiction.

Why don't we just taper individuals who misuse these drugs or who use other drugs?

- Substance misuse can be a sign that treatment is not going well. In many cases, tapering is the worst thing that can be done, because it could make it harder to make good decisions, and might increase the risk of further misuse. Research shows that in some cases, dosages might even need to be increased.
- We do have expectations that patients make responsible decisions and use their medication as intended. There are situations where it might be clinically appropriate to taper someone. For example, if it becomes apparent that someone doesn't meet the criteria of having an opioid use disorder. This is a clinical decision and needs to be made in a clinical setting.

- Tapering patients off MAT when inappropriate has been viewed by the courts as withholding medically necessary treatment and therefore an 8th amendment violation.

Why don't we require individuals on these medications to participate in therapy/groups?

- The American Society of Addiction Medicine, in their National Practice Guidelines for the Treatment of Opioid Use Disorder, strongly recommends participation in therapy (individual and/or group). However the same guidelines acknowledge the significant benefit of medication even for those who are not yet ready to participate in counseling, and therefore recommends against withholding medical treatment in that situation.
- Withholding MAT because someone refuses to participate in therapy/groups may be considered a violation of the 8th Amendment and Americans with Disabilities Act.

Safety of Buprenorphine/Naloxone

What happens if someone misuses the dual product, for instance by snorting it?

- The person would go into opiate withdrawal. If someone looks sick, respond like you normally would.

Can you overdose on the dual product?

- It is extremely difficult to 'overdose' on buprenorphine, and especially buprenorphine-naloxone. Buprenorphine is a partial opioid agonist with a 'ceiling effect'. This means that, after a certain dose, it stops stimulating the opioid receptor, and actually blocks the receptor from being stimulated by other opioids. Any suspected overdoses, while unlikely, should be addressed in the usual manner.
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Agency of Human Services

TO: Correctional Facility Staff
FROM: Facilities and Health and Wellness Divisions
DATE: February 20, 2025
SUBJECT: Buprenorphine Medication Pass Changes
PRIORITY: High

The Vermont Department of Corrections led the country in the implementation of MAT distribution for incarcerated individuals. Yet, leadership and medical staff recognize growing burdens on staff with increasing numbers of individuals diagnosed with substance use disorder.

To both align MAT practices with community standards of care and maximize staff resources and time, the department will be making the following changes:

- Most MAT medication will now be administered in normal medication lines.
- 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.
- Individuals discovered diverting MAT medication (other than methadone) during medication pass, or otherwise in possession of more than or otherwise in possession of less than 2-doses of buprenorphine-based medication, will now be will now be subject to disciplinary action in the form of a Minor 1: passing or possession of contraband items instead of Major B20-B30.

This new process will begin effective **tomorrow.** Facility management teams and medical staff have prepared plans to implement this and selected notifying you today to minimize security risks, diversion of MAT medications, and grievances from incarcerated individuals.

Included with this document is an FAQ addressing why this change is occurring, safety and operational impacts, and other possible questions or concerns you may have.

The process for distribution will be as follows:

1. Distribution of MAT medications (other than methadone) will be completed in regular medication lines.
2. Individuals will receive all prescribed medications other than MAT first and complete a standard mouth check.
3. Individuals prescribed MAT will then receive their MAT medication. This medication must be deposited under the tongue.
4. The individual will then perform a mouth check ensuring the medication has been placed under the tongue.
5. The individual may then depart medication line.

6. Incarcerated individuals will be responsible to maintain the medication under their tongue until dissolved.
7. No disciplinary action will be initiated as long as the medication is not removed from the mouth.
8. Any individual who is found to be diverting buprenorphine-based medication during med-line, or otherwise in possession of less than 2-doses of buprenorphine-based medication will now be subject to a Minor DR #1. This updated facility rule does not apply to the diversion or unauthorized possession of amounts of buprenorphine-based medication in excess of 2 doses.

9. The Major DRs rules and process (B20 and A09) will still apply to diversion and unauthorized possession of buprenorphine-based medication in excess of two-doses.

10. Methadone is NOT a buprenorphine-based medication and the response to any unauthorized possession or diversion of this substance remains unchanged.

The Major B20 - 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 for any attempt to transfer or sell medication.

Methadone

1. While methadone is an important part of our MAT program, it does pose more significant safety risks if diverted or misused.

2. Each facility will operate a separate medication line for medications which due to safety concerns require a greater degree of observation and control in distribution.

3. Distribution of methadone shall be conducted at this higher observation medication pass consistent with current methadone distribution processes.

These changes align with all four initiatives of the Department's Strategic Plan by:

1. Streamlining processes and minimizing burden on Staff & Staffing
2. Redesigning Health & Wellness to improve outcomes for those we serve
3. Reducing stigma and creating more privacy for a more Equitable and Inclusion System
4. Evolve with best practices and Modernize Vermont's corrections system

Strategic Plan Monthly Meeting

Date: May 22nd, 2025 **Time:** 1PM to 2:30PM

Location: Central Office - Dogwood

Attendees:

- Jessica King Mohr
- Dale Crook
- Jim Rice
- Travis Denton
- Michael Koehler
- Amy Jacobs
- Kristin Calver
- Emily Carr
- Kathy Astemborski
- Jen Sprafke
- Kayla Williford
- Michaela Merrill
- Colleen Nilsen
- Cheyenne Steventon
- Haley Sommer
- Nick Deml
- Aviva Tevah
- Jordan Pasha
- Nick Fortier
- Meredith Pelkey
- Jodey Rasulo
- Mila Brunet
- Chrysta Murray
- Issac Dayno
- Jenna Bessette

Meeting Minutes -

Steering Committee Updates

<u>Staff & Staffing Updates:</u>

- Working on goals 1-5
- DOC Podcast has had the most progress!
    - The executive team has seen a short version of podcast

    - Worked out some issues that have come up
- Q&A session with COM, DC, and leadership
    - Was an opportunity for staff and families to meet an executive team
    - Not a lot of staff showed up but recommend continuing the sessions
    - Key take away: Jim wanted to keep doing it in hopes it will take off
- COS team expansion
- R&R
    - 12 departures and 1 transfer (internal promotion)
    - The Dashboard gives real time information regarding employees
    - Family advisory council
        - Com panel made up of DOC family members goal is to provide family perspective to the department to increase holistic wellness and positive impact on retention
- Min. Quals overhaul
    - Travis is putting together a work group to begin meetings mid-May 22, 2025
- Mentorship program
    - Mentee/Mentor Application form has been made fillable
    - Women's mentorship has increased and continues to develop
    - Uptick on the mentor program as well as interest in shadowing
- Space for nursing mothers is undergone and being discussed
- Comfort K9 Program
    - Working with BGS

<u>DEIJ Updates:</u>

- Working on all goals and objectives
- Most recent is developing questions for staff engagement survey
- Meredith and Sam have been working on questions to understand how staff are chosen for training.
- Gender diverse training has been put on hold
- The grid is very close to completion and will be incorporated into a new 410; finalized date is 5/1
- Jacq Rose has been working to improve and expand language access
    - New FAQ in multi-language
    - Remote interpreter App also has over 100 languages
    - Jess brings up a point that the interpreter can go directly to the computers
        - Jen states that most computers do not have speakers therefore they have to see the screen.
- Facilities directives are almost finalized
- Discuss that need to be with Executive leadership regarding JEDI consultant

- JEDI and DEIJ Roles presented in a Venn diagram for Internal Stakeholders
- Have not decommissioned anything yet
- KPI have been met and continuing to go

Modernization Updates:

- A lot of existential questions as there are broad meeting modernizations
- Project Management Team
    - should be focusing on implementing current projects
- Think Tank is part of what this group should be used for
- Working towards analysis tool and data later
    - Data quality improvement
- Provide a roadmap for staff seeking to modernize their work
- Development of framework for DOC
- $300K to help fund the internal layer

Health & Wellness:

- Members Changes - Jordan Pasha
- Mapping out projects and their details
    - Which projects are most important vs least important
- Need to develop the majority of KPIs
- Created questions for staff survey to create a baseline for staff related KPS
- Apply and model best practice in SUD treatment for II people
    - Monitoring MAT normalization in late Feb
- Facilitate comprehensive reentry and release planning
    - 1115 wavier reentry project
- Restructure division of health and wellness
    - Hiring 1115 project director
    - Engagement and wellness division director
    - Nutritional Services Management
- Increased access to health resources including health and wellness communication services and provides
    - Standards / process improvements related to sick calls, grievances and backlogs
    - Health and wellness quarterly newsletter
- Develop capabilities to track and monitor the health of vulnerable marginalized population and implement targeted strategies to improve health outcome
    - Monthly health metrics dashboard and patient level data dashboard in program
- Aligning in facility programming and actives with health and wellness
    - Inventories of programs, sercvies, and activities in each facility and spaced used
- Processes decommissioned:

    - Separate MAT lines
    - Major B20-B30s for diversion of 2 doses or less of buprenorphine medication
- New KPIs
    - New MAT normalization Changes
    - Patient satisfaction
- **Question asked:** When ZIPCALLS goes on tablets, will medical be able to respond right away to the II?
    - **Answer:** Medical can respond but there is not back and forth conversing between II & Medical.

Walkthrough of Strategic Plan Decommissioning Tracker

- To help track some of the work, we have created a form to help track KPIs, communication, etc.
- Once you click your answers to the question, more questions will populate based on what answer you clicked.
- The form has been created with RDU
- Any edits or questions should be directed to RDU and Haley
- It is beneficial to go back and submit a form for ALL decommissioned KPIs

JEDI Workgroups - Goup Discussion

- DEIJ - one outstanding issue was Facility directive is going to have guidance about when a local procedure should go through equity review
- For each facility - they should be creating their own DEIJ to handle the issues / procedures
    - Tabitha could be that person
- Travis expresses concern on each site interprets the JEDI differently
- Think about a centralized group - consistent, from facilities
    - Not 6 different groups for 6 different facilities
- Designated people who are DEJI, at the facilities, who are impactful and have interest who then can work directly with the DEJI SP group

SharePoint Updates

- SharePoint is up!
    - Quick links are set up
- If you cannot access SharePoint, email RDU
- Project trackers = Microsoft Link

- RDU people on each committees are the liaisons
- Kayla is in the process of making the SharePoint project tracker currently for all committees

Feedback Activity

- Answers and data regarding activity will be part of next month's meeting agenda.