

# VT DOC: Medication Assisted Treatment (MAT) Longitudinal Report

## 9/1/2018 - 3/31/2023

This report contains longitudinal MAT information since September 2018 after Act 176 was fully implemented in Vermont in-state correctional facilities. Pages 1-5 deliver context and explanation for the data included.

[Act 176 \(hyperlinked here\)](#), effective July 1, 2018, directs Vermont correctional facilities to provide medication-assisted treatment (MAT) to incarcerated individuals receiving MAT prior to entering a correctional facility for as long as medically necessary. Additionally, the law requires that Vermont correctional facilities assess and commence buprenorphine-specific MAT if it is deemed medically necessary by a provider authorized to prescribe buprenorphine. That the incarcerated individual shall be authorized to receive the medication as soon as possible and for as long as medically necessary. Lastly, the law requires correctional facilities to transfer incarcerated individuals from buprenorphine to methadone if methadone is determined to be medically necessary by a provider authorized to prescribe methadone and the individual elects to do so.

The Vermont Department of Corrections' (VT DOC) contract with Tallahatchie County Correctional Facility (TCCF) has not included an MAT program. The current contract with TCCF has an end date of 9/30/2023. Thus, those placed out of state at TCCF are not included in this report as they would not receive MAT while out of state.

Prior to being sent out of state, the VT DOC conducts a comprehensive physical, mental and substance use disorder screening and assessment of each potential out-of-state candidate. Those who, by statute, are screened positive for MAT are not eligible to be sent out of state.

If anyone who is housed out of state requests to be assessed for opioid use disorder (OUD) and medical necessity for MAT, their medical records are reviewed. If clinically indicated, they are returned to Vermont for assessment and could receive MAT based on the results of the assessment.

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An individual may receive MAT upon entering a correctional facility via the following clinical determinations:

- 1) Upon intake, having a verified community prescription and electing to continue the medication (Community Prescriber).
- 2) At any time, requesting assessment and consideration of MAT, and being found medically eligible and consenting to treatment (DOC Inducted).

In this report, "MAT Treatment Type" is presented as follows:

- 1) "Community Prescriber": Newly incarcerated individuals who, upon intake, have a verified community prescription and elect to continue the medication.
- 2) "DOC Inducted": Incarcerated individuals who request assessment and consideration of MAT and who are found medically eligible and consent to treatment.
- 3) "Maintained in the Facility (Community Prescriber)": Incarcerated individual from group 1 ("Community Prescriber") who continue receiving treatment initiated through a verified community prescription.
- 4) "Maintained in the Facility (DOC Inducted)": Incarcerated individual from group 2 ("DOC Inducted") who continue receiving treatment.

Individuals can receive MAT at some point each month, but this *does not* mean they had received MAT throughout the entire month or throughout the entire reporting period.

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### The VT DOC provides access to the following Food and Drug Administration (FDA)-approved medications:

- [Buprenorphine](#): medication approved by the FDA to treat Opioid Use Disorder (OUD) as MAT. Buprenorphine is an opioid partial agonist. It produces effects such as euphoria or respiratory depression at low to moderate doses. With buprenorphine, however, these effects are weaker than full opioid agonists such as methadone and heroin. When taken as prescribed, buprenorphine is safe and effective. Buprenorphine has unique pharmacological properties that help diminish the effects of physical dependency to opioids (e.g., withdrawal symptoms, cravings), increase safety in cases of overdose, and lower the potential for misuse.
- [Methadone](#): medication approved by the FDA to treat OUD as a MAT, as well as for pain management. Methadone is a long-acting full opioid agonist, and a Schedule II-controlled medication. When taken as prescribed, methadone is safe and effective. Methadone, a long-acting opioid agonist, reduces opioid craving and withdrawal and blunts or blocks the effects of opioids.
- [Naltrexone](#): medication approved by the FDA to treat both Alcohol Use Disorder (AUD) and OUD. Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors and reduces and suppresses opioid cravings.

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### Discontinuing or Tapering MAT:

The DOC Healthcare Contractor has medical autonomy and would only choose to discontinue or taper a patient for medical necessity. When a patient requests a discontinuation or taper of MAT, they are provided counseling about health risks. See below for definitions of discontinuation, taper, and reasons for discontinuing or tapering MAT.

*Note: Beginning July 2022, reasons for discontinuing or tapering MAT were recorded as required dropdown fields in the electronic health record. Prior to July 2022, these fields were recorded as an open text field, so the data were not able to be categorized to the extent described below (hence the need for the "Other" category).*

**Discontinuation:** The prescription for MAT is terminated or suspended either by the provider or the patient themselves for one of the reasons listed below. If the patient wants to be re-assessed at a later date, meets criteria, and elects to participate, they can re-engage in MAT.

**Taper:** The gradual reduction of the dose of MAT for one of the reasons listed below without the intent to completely terminate medication.

### Reason for Discontinuation or Taper:

**Medical Necessity:** The provider may taper or discontinue a patient for their safety and wellbeing because of contraindications (other than diversion or sedation/impairment).

**Sedation/Impairment:** The provider becomes aware of drug-induced sedation and impaired function and tapers the patient's dose because of medical necessity (taper only).

**Diversion:** The misuse of MAT either by providing it to another person or holding/hoarding medication and the provider has determined, based on medical necessity, to discontinue or taper their medication.

**Patient Request:** The patient makes a verbal or written request to taper or discontinue MAT.

**Other:** This is used when there is insufficient/unclear documentation to categorize the reason the patient discontinued or tapered MAT (prior to July 2022).



# VT DOC: MAT Longitudinal Report 9/1/2018 - 3/31/2023

This report contains longitudinal MAT information since September 2018 after Act 176 was fully implemented in Vermont in-state correctional facilities. Pages 1-5 deliver context and explanation for the data included.

## Race/Ethnicity Data:

In this report, race data are categorized as follows:

- American Indian/Alaskan Native: "AmerIndian/ AlaskanNative"
- Asian/ Pacific Islander: "Asian/ Paclslander"
- Black or African American: "Black"
- White: "White"
- Some Other Race: "Other"

Some race categories are combined due to the low number of individuals who identify with these races. In some instances, individuals who identify as American Indian/Alaskan Native, Asian, Black or African American, Pacific Islander, and/or Some Other Race were combined and indicated by the acronym "BIPOC", which means Black, Indigenous, and people of color.

Hispanic, Latinx, or Spanish Identification is captured with a separate yes/no response.

Both Race and Hispanic, Latinx, or Spanish Identification require a selection.

## Gender Data:

In this report, gender data are categorized as follows:

- Cisgender Female: Sex female, identifies female ("Female")
- Cisgender Male: Sex male, identifies male ("Male")
- Transgender Female: Sex male, identifies female ("Transgender")
- Transgender Male: Sex female, identifies male ("Transgender")
- Intersex: A term referring to people who have physical markers that differ from the medical definitions of male or female ("Intersex")
- Other: Individuals who do not identify with any of the above gender categories ("Other")

NOTE: Transgender Female, Transgender Male, Intersex, and Other were combined into one category: "Transgender/Other" for this report due to low numbers of individuals who identify with these genders. For more information regarding Gender Identification, Care, and Custody for all Vermont incarcerated individuals (in-state and out-of-state), see [DOC Directive 423.01: Gender Identification, Care, and Custody \(hyperlinked here\)](#).

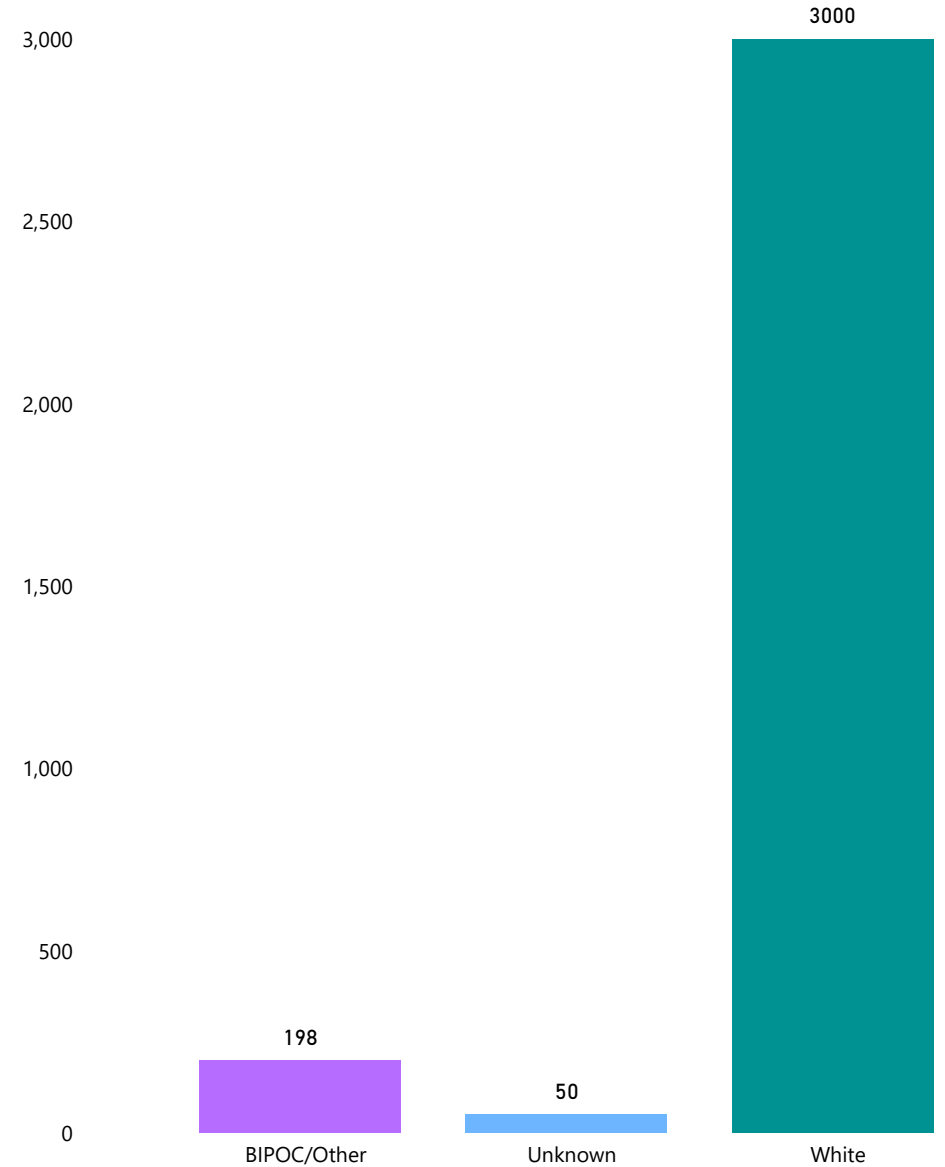
# VT DOC MAT Longitudinal Report:

9/1/2018 - 3/31/2023

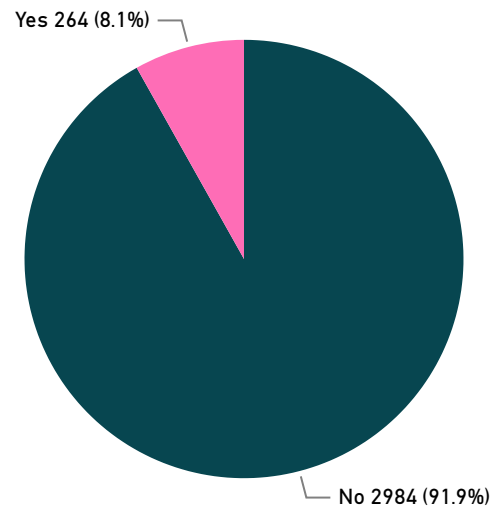
**3248**

unique incarcerated individuals have received MAT since September 1, 2018

MAT Longitudinal: Unique Incarcerated Individuals Race Information | N = 3248



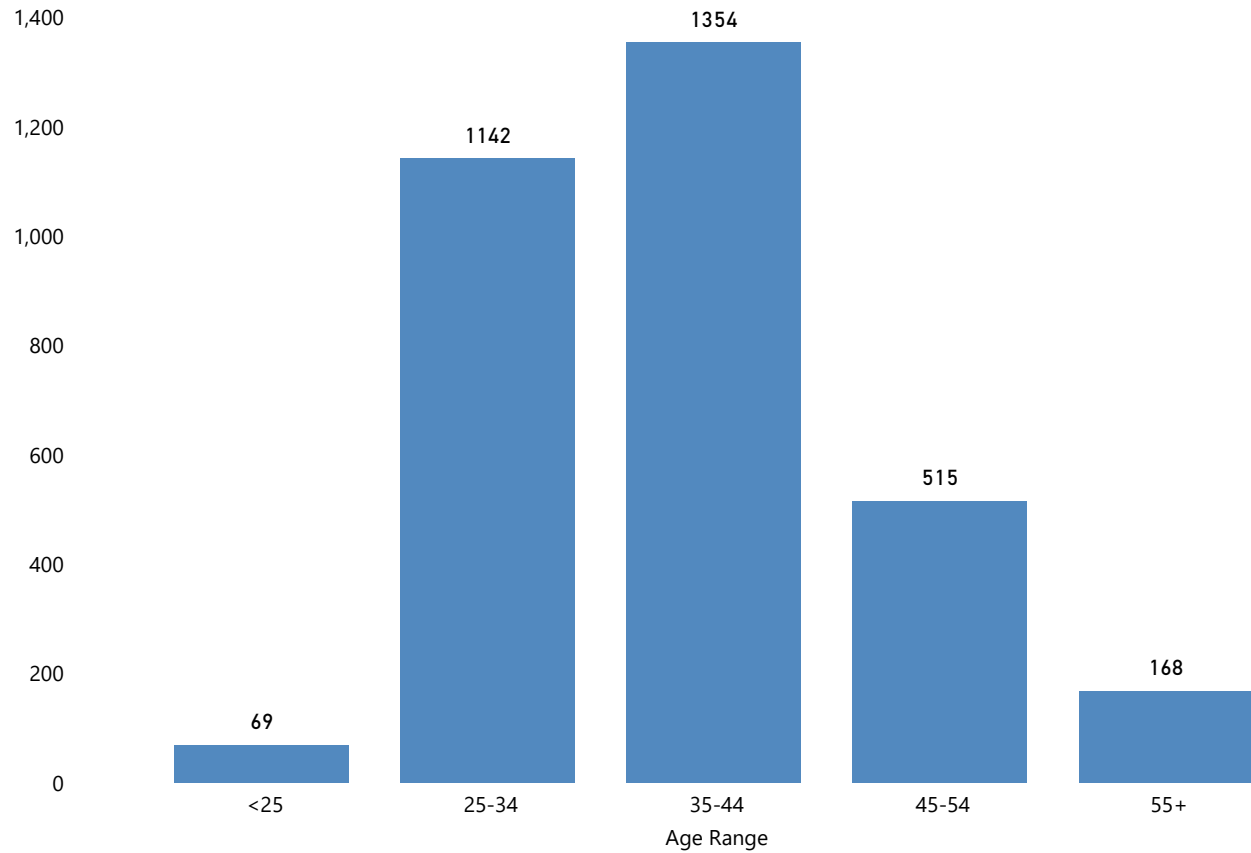
MAT Longitudinal: Unique Incarcerated Individuals Hispanic/Latinx/Spanish Identification\* | N = 3248



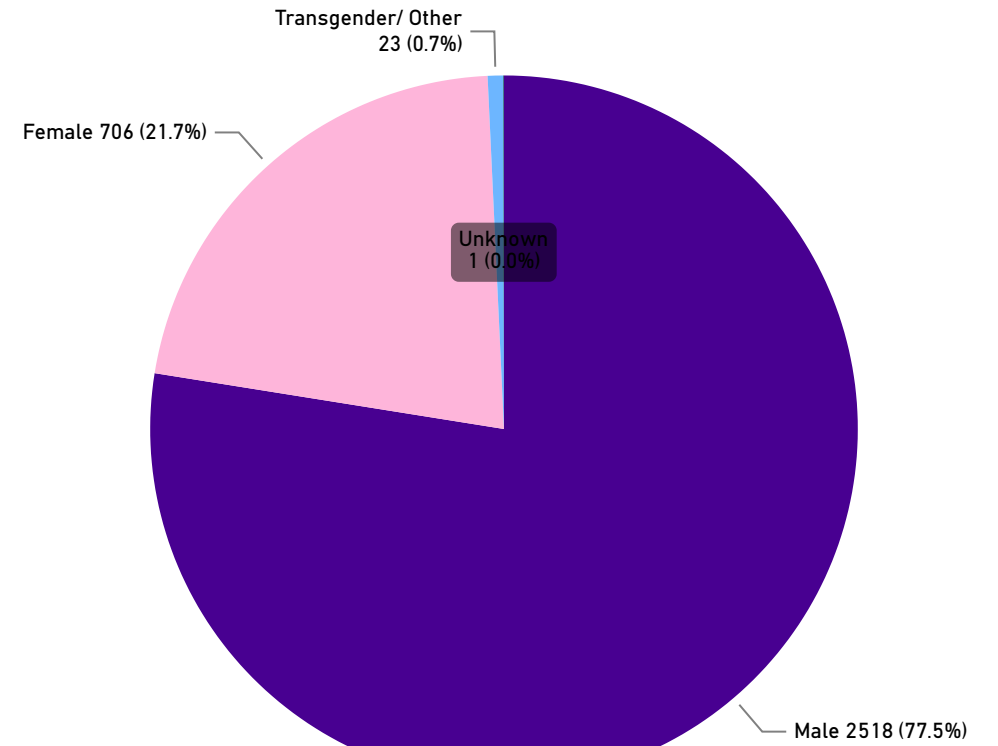
\*Hispanic/Latinx/Spanish Identification is captured with a yes/no response. This information began to be recorded in this manner beginning in August 2020 with unanswered fields defaulting to a "No" response.

# VT DOC MAT Longitudinal Report: 9/1/2018 - 3/31/2023

MAT Longitudinal: Unique Incarcerated Individuals Age Information | N = 3248



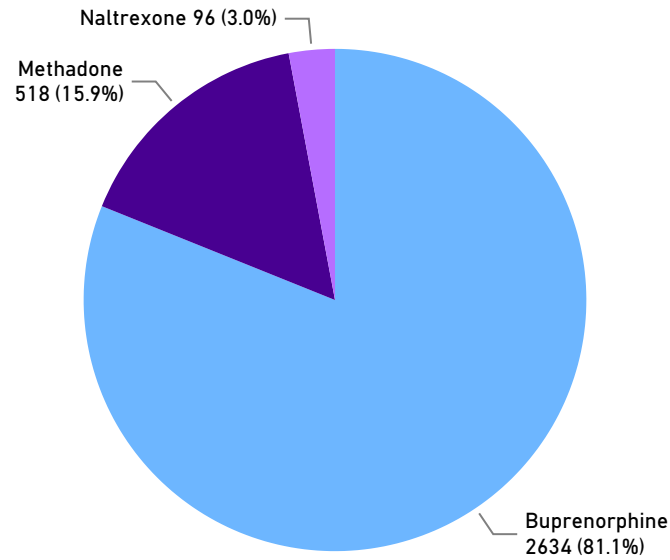
MAT Longitudinal: Unique Incarcerated Individuals Gender Information | N = 3248



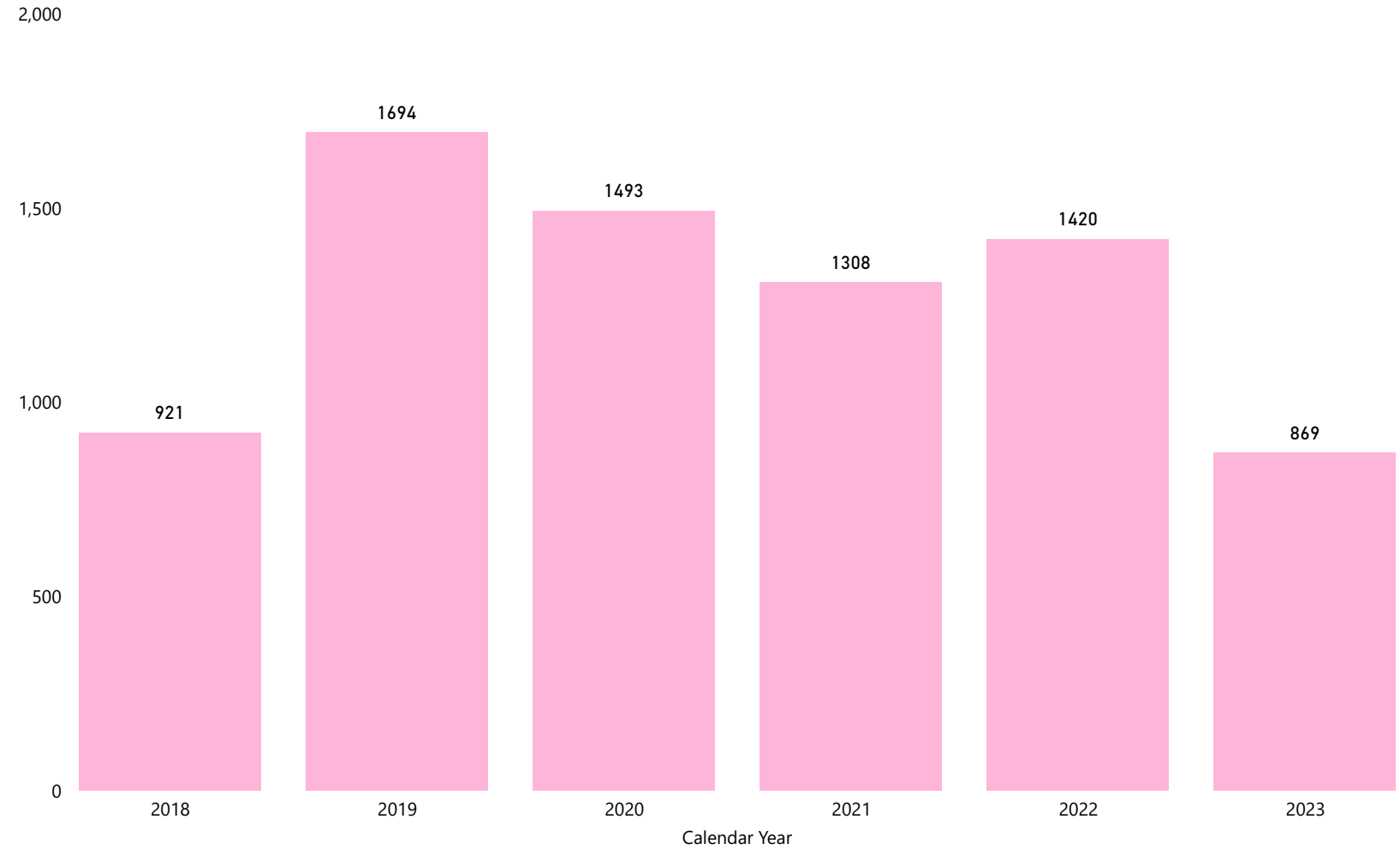
\*\*For incarcerated individuals, those aged 55+ are considered elderly due to early onset and more rapid progression of many chronic conditions when compared to the general population where 65+ is considered elderly. The figure above depicts this elderly incarcerated population with the category "55+".

# VT DOC MAT Longitudinal Report: 9/1/2018 - 3/31/2023

MAT Longitudinal: Most Recent MAT Medication\*  
N = 3248



MAT Longitudinal: Unique Incarcerated Individuals Receiving MAT by Calendar Year\*\* | N = 3248



\*An individual may switch MAT medications throughout their treatment with the DOC. The most recent medication the individual received is recorded in this graphic.

\*\*MAT reporting began September 1, 2018. See page 2 of the report for definitions of the MAT treatment types. Individuals who received MAT treatment for multiple calendar years are recorded for each year in which they received treatment.

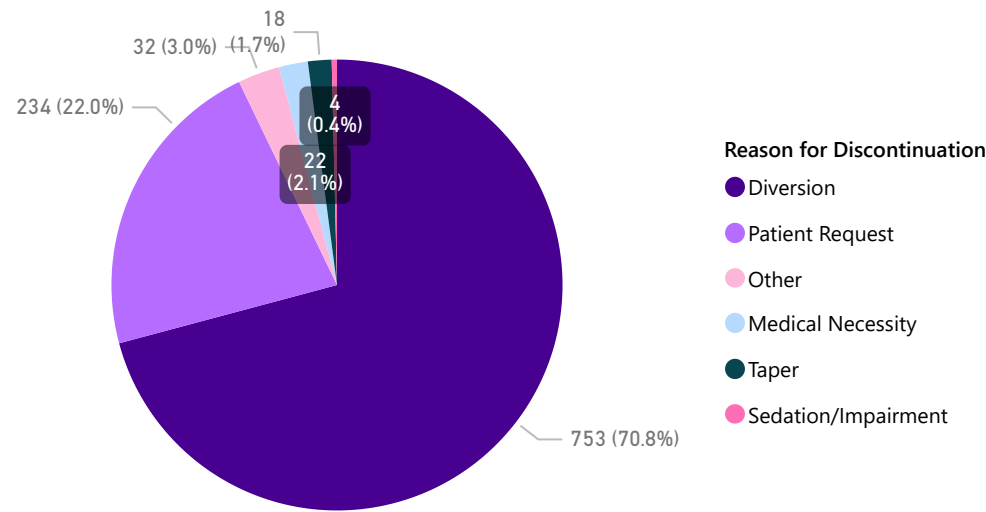
# VT DOC MAT Longitudinal Report: Discontinuations/Tapers

9/1/2018 - 3/31/2023

MAT Longitudinal: Reason for Discontinuation or Taper\* | N = 1063

697 (21.5%)

unique individuals who received MAT have discontinued or tapered their medication at some point since 9/1/2018.



\*An individual may discontinue MAT multiple times for different reasons. This figure represents the reasons MAT was discontinued, not the unique number of individuals who discontinued MAT.

### Definitions (also found on page 4):

**Discontinuation:** The prescription for MAT is terminated or suspended either by the provider or the patient themselves for one of the reasons listed below. If the patient wants to be re-assessed at a later date, meets criteria, and elects to participate, they can re-engage in MAT.

**Taper:** The gradual reduction of the dose of MAT for one of the reasons listed below without the intent to completely terminate medication.

### Reason for Discontinuation or Taper:

**Medical Necessity:** The provider may taper or discontinue a patient for their safety and wellbeing because of contraindications (other than diversion or sedation/impairment).

**Sedation/Impairment:** The provider becomes aware of drug-induced sedation and impaired function and tapers the patient's dose because of medical necessity (taper only).

**Diversion:** The misuse of MAT either by providing it to another person or holding/hoarding medication and the provider has determined, based on medical necessity, to discontinue or taper their medication.

**Patient Request:** The patient makes a verbal or written request to taper or discontinue MAT.

**Other:** This is used when there is insufficient/unclear documentation to categorize the reason the patient discontinued or tapered MAT (prior to July 2022).

*The DOC Healthcare Contractor has medical autonomy and would only choose to discontinue or taper a patient for Medical Necessity (includes categories: medical necessity, sedation/impairment, diversion). When a patient requests a discontinuation or taper of MAT, they are provided counseling about health risks.*

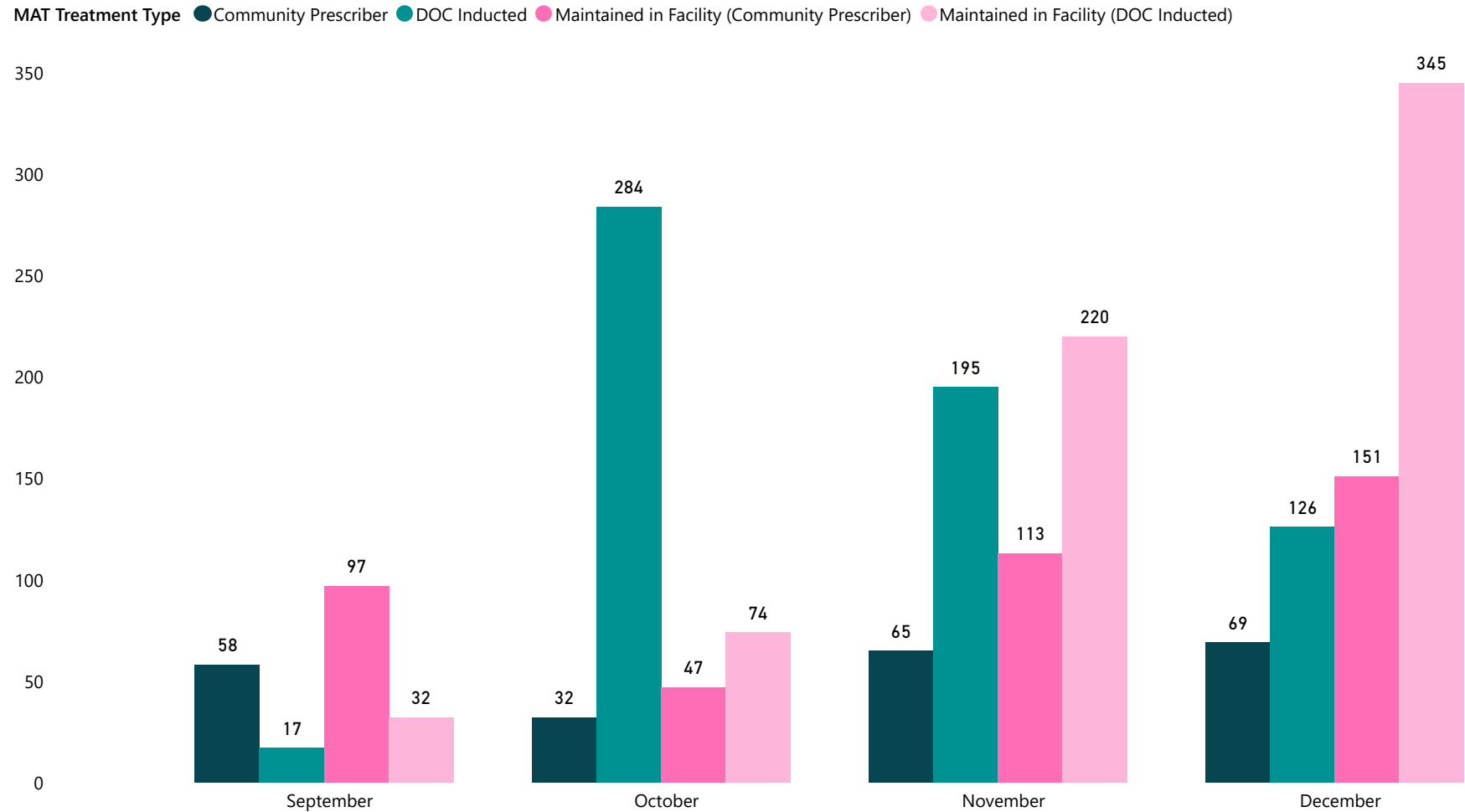
# VT DOC MAT Longitudinal Report by Calendar Year: 9/1/2018-12/31/2018

921

incarcerated individuals  
received MAT treatment in  
2018

At the start of Act 176, because the DOC did not induct patients on MAT, the majority of those on MAT were initiated through a verified community prescription. This trend begins to shift as individuals were DOC inducted.

2018: MAT Treatment Type by Month\* | N = 921



\*MAT reporting began September 1, 2018. Individuals who received MAT treatment for multiple months are recorded for each month in which they received treatment for the calendar year reported. See page 2 of the report for definitions of the MAT treatment types.

# VT DOC MAT Longitudinal Report by Calendar Year: 1/1/2019-12/31/2019

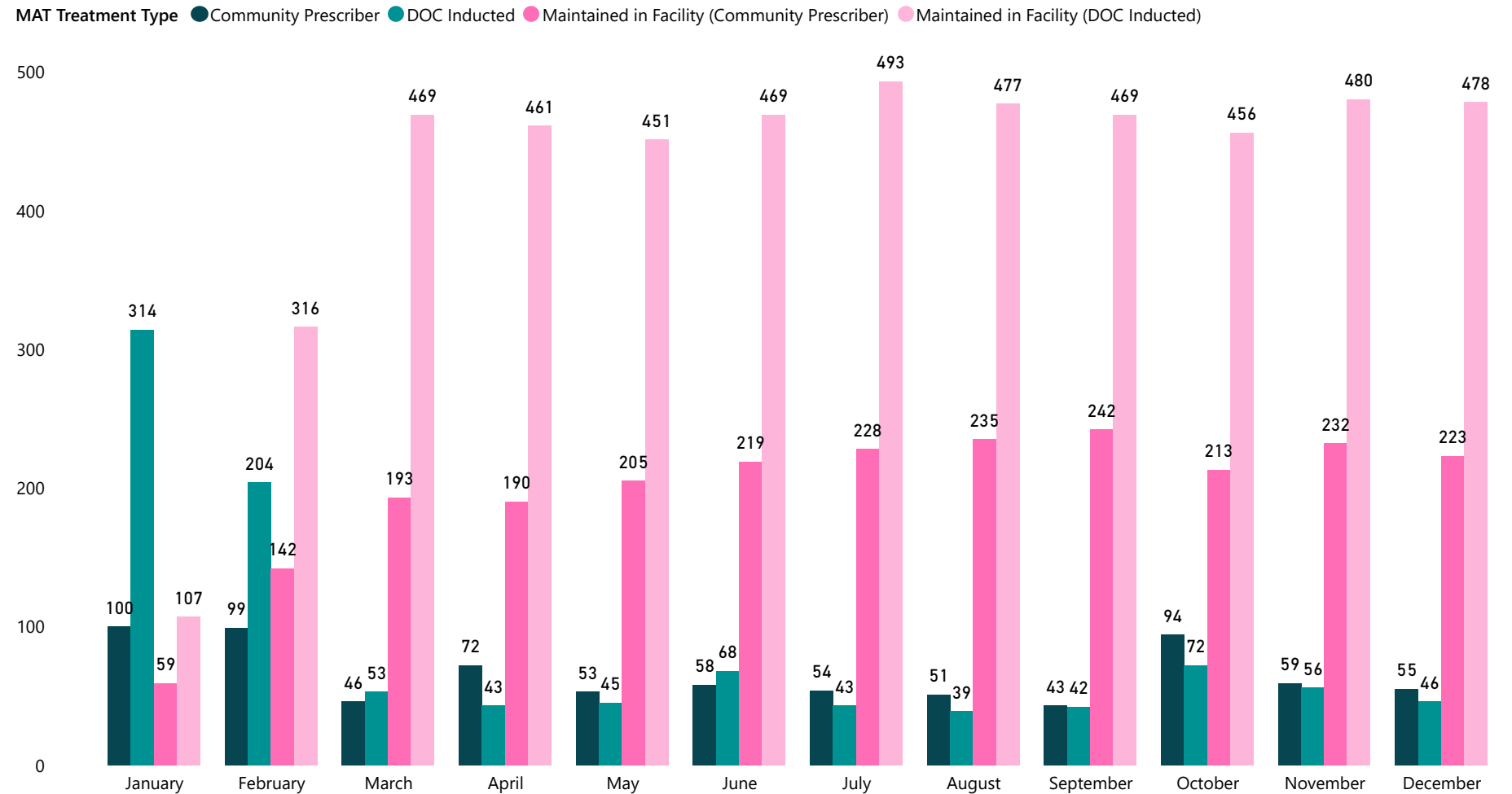
1694

incarcerated individuals  
received MAT treatment  
in 2019

With the exception of the  
unexplainable anomalies of January  
and February:

- Of those beginning MAT each month, 52% had a prescription from a **Community Prescriber** and 48% were **DOC Inducted**.
- The majority of those receiving MAT each month were **Maintained in Facility (Community Prescriber or DOC Inducted)**.

2019: MAT Treatment Type by Month | N = 1694



\*MAT reporting began September 1, 2018. Individuals who received MAT treatment for multiple months are recorded for each month in which they received treatment for the calendar year reported. See page 2 of the report for definitions of the MAT treatment types.



# VT DOC MAT Longitudinal Report by Calendar Year: 1/1/2020-12/31/2020

2020: MAT Treatment Type by Month\* | N = 1493



1493

incarcerated individuals received MAT treatment in 2020

The trend from 2019 continues in 2020:

- Of those beginning MAT each month, 50% had a prescription from a Community Prescriber and 50% were DOC Inducted.
- The majority of those receiving MAT each month were Maintained in Facility (Community Prescriber or DOC Inducted).

\*MAT reporting began September 1, 2018. Individuals who received MAT treatment for multiple months are recorded for each month in which they received treatment for the calendar year reported. See page 2 of the report for definitions of the MAT treatment types.

# VT DOC MAT Longitudinal Report by Calendar Year: 1/1/2021-12/31/2021

**1308**

incarcerated individuals  
received MAT treatment  
in 2021

The trend from 2019-2020  
continues in 2021:

- Of those beginning MAT each month, 48% had a prescription from a **Community Prescriber** and 52% were **DOC Inducted**.
- The majority of those receiving MAT each month were **Maintained in Facility (Community Prescriber or DOC Inducted)**.

2021: MAT Treatment Type by Month\* | N = 1308



\*MAT reporting began September 1, 2018. Individuals who received MAT treatment for multiple months are recorded for each month in which they received treatment for the calendar year reported. See page 2 of the report for definitions of the MAT treatment types.

# VT DOC MAT Longitudinal Report by Calendar Year: 1/1/2022 - 12/31/2022

1420

incarcerated individuals  
have received MAT  
treatment to date in 2022

The trend from 2019-2021  
continues so far in 2022.

- Of those beginning MAT each month, 50% had a prescription from a **Community Prescriber** and 50% were **DOC Inducted**.
- The majority of those receiving MAT each month were **Maintained in Facility** (**Community Prescriber** or **DOC Inducted**).

2022: MAT Treatment Type by Month\* | N = 1420



\*MAT reporting began September 1, 2018. Individuals who received MAT treatment for multiple months are recorded for each month in which they received treatment for the calendar year reported. See page 2 of the report for definitions of the MAT treatment types.

# VT DOC MAT Longitudinal Report by Calendar Year: 1/1/2023 - 3/31/2023

869

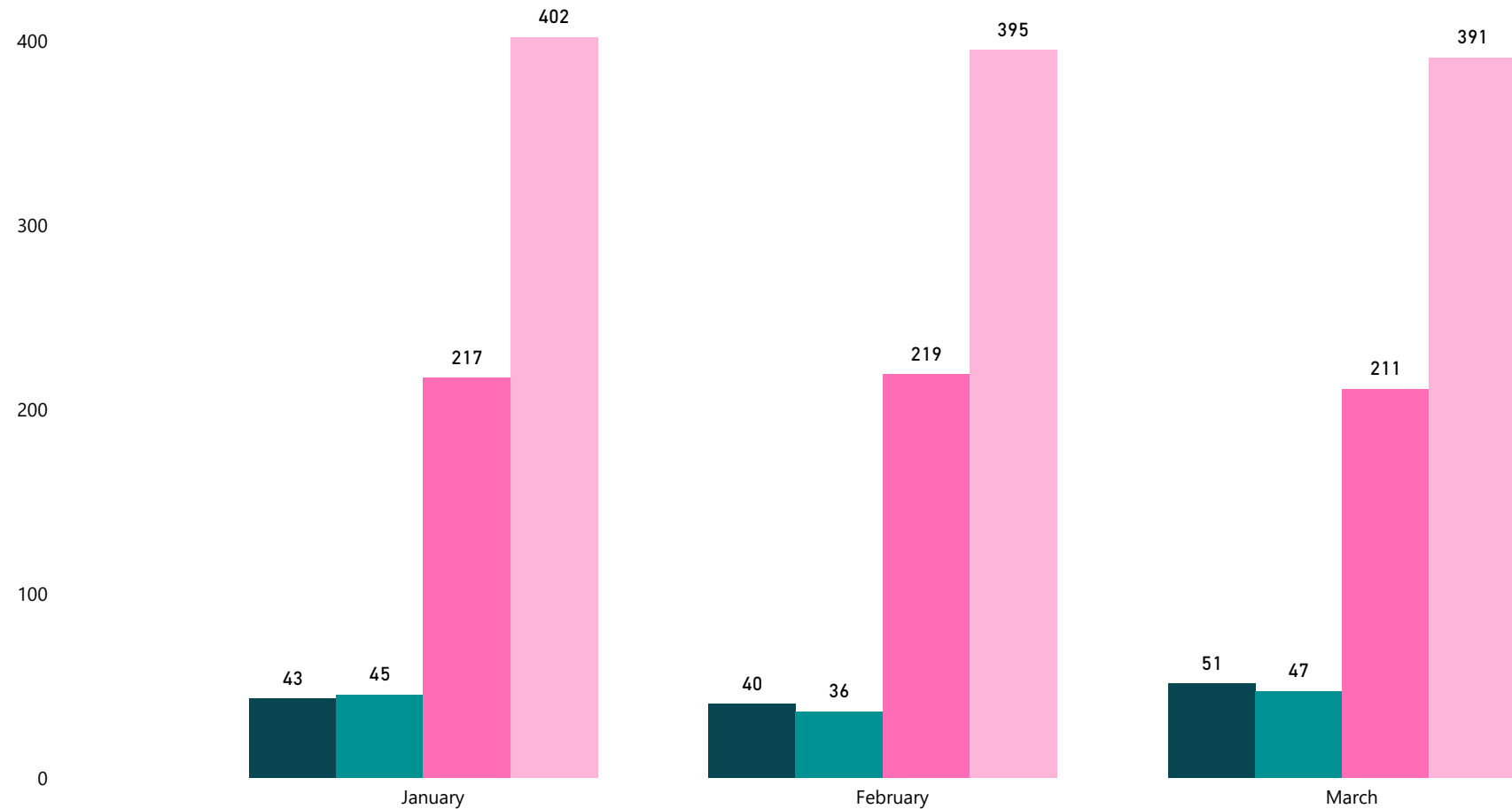
incarcerated individuals  
have received MAT  
treatment to date in 2022

The trend from 2019-2022  
continues so far in 2023.

- Of those beginning MAT each month, 50% had a prescription from a **Community Prescriber** and 50% were **DOC Inducted**.
- The majority of those receiving MAT each month were **Maintained in Facility** (**Community Prescriber** or **DOC Inducted**).

2022: MAT Treatment Type by Month\* | N = 869

MAT Treatment Type ● Community Prescriber ● DOC Inducted ● Maintained in Facility (Community Prescriber) ● Maintained in Facility (DOC Inducted)



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