

Co-Occurring Treatment in Vermont DOC

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DOC's Mission Vision and Values

Mission: Leads through innovation; Supports staff wellness; Creates rewarding career opportunities; Ensures our facilities and field offices are safe, secure, and healthy; Provides justice-involved individuals with opportunities for self-improvement; Cultivates meaningful partnerships; and Advances restorative justice practices.

Values: Accountability, Collaboration, Compassion, Equity, Innovation, Integrity, Safety

General Information

- An integrated, holistic system of healthcare that includes but is not limited to medical, mental health, substance abuse, dental, vision, onsite and off-site specialty, pharmacy, care coordination, and emergency services is provided by a healthcare contractor.
- Co-occurring mental health and substance abuse treatment is outlined in the National Commission on Correctional Health (NCCCHC) standards as well as in Vermont Statute (28 V.S.A. § 907 and 28 V.S.A. § 801b).
- Mental Health Staff provide access to urgent and emergent on-call and on-site mental health services 24 hours a day, seven days a week, 365 days a year.
- All mental health staff are Qualified Mental Health Professionals (QMHPs) as designated by the Commissioner of the Department of Mental Health.

General data:

- Average daily population on January 1, 2025, was 1423
- 4,825 medical screenings were completed in 2024
- Average length of stay for detainees is 3 days

Health Data:

- 87% have a chronic health condition
- 56% are on the mental health caseload
- 96% are on prescribed medication
 - 5.4 prescriptions per patient
- 59% are prescribed psychotropic medications
 - 2.4 prescriptions per patient
- 64% on medication assisted treatment (MAT)
- 5% are designated Seriously Functionally Impaired (SFI) {28 V.S.A. § 907}

Mental Health and Substance Use Workflow

- DOC Security will complete a suicide screening (Columbia Suicide Severity Rating Scale) at booking.
- Within 4 hours a full medical screening will be completed, which includes:
 1. A urine drug screen (UDS).
 2. Completion of the Texas Christian University 5 Drug Screen (TCU5)
 3. Correctional Mental Health Screen for Men and Women (CMHS-M/CMHS-W)
 4. HELPS Brain Injury Screening Tool for screening of traumatic brain injury (TBI)

Medication Continuation:

Any incarcerated individual who is admitted into a correctional facility while under the care of a licensed medical professional and who is taking medication at the time of admission pursuant to a valid prescription as verified by their pharmacy of record, licensed medical provider or as verified by the Vermont Prescription Monitoring System **shall be entitled to continue that medication and to be provided that medication by the DOC** pending an evaluation by a licensed Provider. The DOC may defer provision of a validly prescribed medication if, in the clinical judgment of a licensed Provider, it is not medically necessary to continue the medication. (Vermont Act 176)

Mental Health Evaluation (within 14 days) includes:

- Columbia Suicide Severity Rating Scale – also including risk and protective factors for suicide
- Montreal Cognitive Assessment (MoCA) - screening for dementia/neurologic disorders
- Personality Inventory for DSM-5- Brief Form (PID-5-BF)
- PTSD 5 - designed to identify individuals with probable PTSD
- PHQ-9 – assesses the presence and severity of depression symptoms
- GAD-7 - assess the presence and severity of generalized anxiety disorder (GAD)

Pharmacotherapy

If the patient elects and consents to pharmacotherapy as part of the patient centered treatment plan, the QMHP shall refer them to a qualified psychiatric provider.

Initial Psychiatric Provider Evaluation shall include:

- A review of the Medical Screening, Mental Health Screening and Mental Health Evaluation.
- The prescription of psychiatric medications as clinically indicated.
- Psychoeducation about medications.
- Follow-up psychiatric timeframes as clinically indicated.

Mental Health and Substance Use Services

- Treatment recommendations, developed by the QMHP, based on the Mental Health Evaluation and diagnostic impressions. Psychoeducation about a menu of treatment and recovery options will be provided. Including:
 - Mental health and substance abuse groups and/or individual treatment.
 - Access to technology-enabled mental health and substance abuse treatment.
 - Referral to the incarcerated individual's Peer Recovery and Support Services called Open Ears.
- All treatment options should be made available, and the patient must provide consent. The patient will need to decide to pursue behavioral health treatment, or pharmacotherapy or both. If the patient does not consent, this will be documented and there is no further action taken unless their clinical presentation changes and/or the patient re-initiates.
- For patients who have a mental health condition, substance use disorder, or psychiatric disorder, AND who elect and consent to behavioral treatment; mental health staff will develop and maintain a patient-centered treatment plan addressing the patient's identified problem and the menu of evidence-based treatment and recovery options provided. Frequency of treatment shall be dictated by clinical need.

Medication Assisted Treatment (MAT):

The DOC's mission is to provide high-quality Medication-Assisted Treatment (MAT) for all patients who request treatment for opioid use disorder and meet the guidelines to receive treatment, for as long as medically necessary, in accordance with Vermont Act 176 and evidence-based best practices. All patients with a confirmed diagnosis of opioid use disorder will have access to treatment during their correctional confinement. Treatment will consist of one or more of the following modalities:

- a. Suboxone
- b. Methadone
- c. Naltrexone.
- d. Behavioral health services.

MAT Cont.

All individuals entering or within the correctional facility seeking medication assisted treatment will be assessed by a qualified healthcare professional for evidence of a substance use disorder using validated screening and assessment tools for the diagnosis of substance use disorders based on DSM-5 criteria. Additionally, urine drug screening for evidence of substance use will be ordered.

Patients requesting MAT services, who screen positive for an opioid use disorder during screening and assessment, will receive a clinical review by a Qualified Healthcare Provider. The following information may be reviewed in making the diagnosis of opioid use disorder:

- Patient meets criteria for the diagnosis of an opioid use disorder based on a validated assessment tool.
- Evidence of current or history of opioid use through urine drug screens
- Community health records verifying diagnosis and/or treatment of opioid use disorder, including emergency treatment for overdose.
- Vermont Prescription Monitoring System (VPMS) and other records convey history of opioid use disorder and/or treatment
- Physical exam findings support diagnosis of opioid use disorder

Upon release, all patients will be provided with a care coordination plan that includes coordination with a MAT community-based provider for continuation of treatment services. Patients will be provided with a prescription of suboxone upon release, as needed, to allow time to register with the identified MAT community-based provider.

Patients identified as having a Serious Functional Impairment (SFI)

- Individuals are identified at intake if they have a community waiver – such as CRT, DS, CFC or TBI.
- Otherwise, patients are identified clinically and re-assessed every 90 days. Patients must have a qualifying diagnosis as outlined by statute *which leads to* an impairment in functioning within the correctional environment. Functional impairment is determined according to the domains within the Corrections Modified Global Assessment of Functioning (CM-GAF). A score of 50 or below indicates impairment.
- All SFI designated patients have an Individualized Treatment Plan to address their functional impairment.

*Refer to Vermont State Statute Title 28, Chapter 11, Subchapter 6, “Services for Inmates with Serious Functional Impairment”; Title 28 VSA § 907

Mental Health Units

- DOC has mental health units that will provide comprehensive assessment, evaluation, treatment and prevention of inappropriate placement in segregation for incarcerated individuals with serious mental illness. Mental health units are located at Southern State Correctional Facility and Chittenden Regional Correctional Facility. They offer stabilization and programming as indicated for those who are psychotic, clinically unstable (including acutely suicidal or at imminent risk of serious self-harm) or waiting for community based psychiatric hospital assessment and/or placement. Mental health unit staff shall work with each patient to individualize treatment that will decrease clinically significant symptoms, increase safety and wellbeing, and improve activities of daily living (ADL).
- In an Acute Mental Health Unit, the goal is to prevent further deterioration and harm while providing the opportunity for further evaluation, and stabilization or assessment/referral to a higher level of care. Residential Care Mental Health Units shall provide patients with serious mental illness, for whom the stimulation in General Population is deleterious, a respite with supportive services.

Vermont Act 78 and MOU with DMH

- DOC provides all level of mental health care, up to but not including, hospital or inpatient level of care. All referrals for hospital-level care are submitted through the processes for "Emergency Evaluation" or voluntary admissions per Vermont Act 78, "An Act Relating to Offenders with Mental Illness, Inmate Records, and Inmate Services" and related "Memorandum of Understanding (MOU) between VDH and Vermont DOC".
- Patients determined to be "a person in need of treatment" pursuant to [V.S.A. §7504](#) are seen by a qualified mental health professional (QMHP) twice daily unless clinically contraindicated while waiting for hospitalization.

Inpatient data for mental health



Discharge planning

The healthcare contractor is required to:

- Provide discharge planning regardless of the patient's legal status.
- Schedule follow up care for any on-going or current treatment needs and inform the patient of all pending appointments in the community, including the date, time, location, phone number, and name of the provider.
- Provide all patients with at a minimum, a 30-day supply of bridge medications or prescriptions (Act 159 requires medication at release whenever possible).
- Refer patients to the VCCI and other community organizations as appropriate.
- The 1115 Medicaid waiver will provide enhanced re-entry services for sentence individuals starting in 2026.

Barriers and/or challenges to care

- Short length of stay for detainees and short notice releases
- Severity of medical issues to include mental health
- Lack of community resources and social supports
- Public safety vs individual autonomy