



Department of Corrections

DOC Health, Wellness, & Engagement

Joint Justice Oversight Committee

September 2025

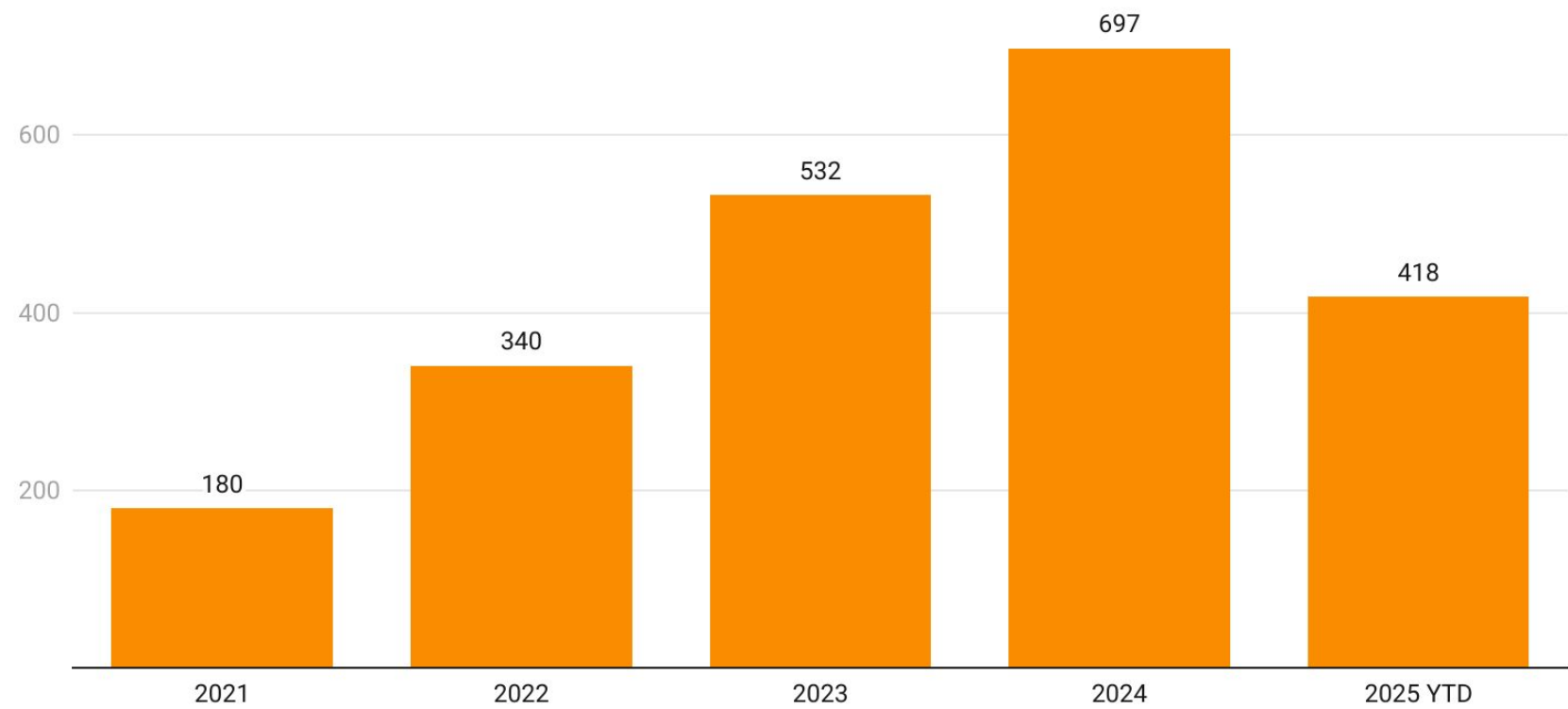
Healthcare Contract



Scope

- Average daily population: **1,330** people, **2,000** unique individuals in June 2025
- Initial healthcare screenings per month: **350-450**
- Initial health assessments per month: **100-200**
- Sick calls per month: **more than 3,000** (**mostly non-urgent*)
- Provider interactions in June: **1,745**
- Specialty visits a month: **100+**
- Prescriptions dispensed per month: **7,000**
- Unique patients with chronic illnesses per month: **1,200**

DOC Emergency Room Visits: 2021 – June 2025



2021 data begins 7/1/2021

Healthcare Contract



Monitoring

- Constant reporting, tracking, and engagement with Wellpath on dozens of health metrics
- Robust monthly reports and data
- Quarterly quality control meetings with each facility as well as regional office
- Weekly clinical review meetings with DOC's Director of Nursing and Director of MH with clinical leadership from regional office
- Weekly contract management meetings with regional office leadership
- Thorough critical incident review process

Cost Controls

- If Wellpath spends less than the budget, they return unspent funds
- If Wellpath spends more than the budget, they pay first 3% over, DOC pays the next 3% over, and over 6% both parties negotiate
- Payment incentives for performance metrics – up to 3%
- Possibility to withhold liquidated damages
- Wellpath receives 10% administrative fee

DOC Intake & Screening



Facility Admission

Security booking begins process



Initial Receiving Screening

Within 4 hours of booking



Initial Health Assessment

Within 7 days of booking



Additional Mental Health & Substance Use Assessment

Within 7 days of booking and as determined appropriate by screening & assessment



Dental Examination

Within 30 days of admission

Health System Challenges



- Technology:
 - Overly cumbersome and outdated EHR (upgrade planned)
 - Frequent connectivity issues
- Significantly increased ADP
- Access to tertiary hospital care
- Access to post-acute care (skilled nursing following hospitalization)
- Aging population with inflexible infrastructure unable to meet growing needs:
 - Infirmary space
 - Living unit space limited, challenge moving folks out of infirmary, no room for new patients
 - Using infirmary as long term care
 - Access to long term skilled and personal care, inside and outside facility

System Initiatives



- Release planning and obtaining medication on release
- Alleviating backlogs and sick call review
- CorrecTek (DOC EHR) improvements:
 - o Formulary/medication reconciliation
 - o Improved documentation:
 - Intakes
 - Problem Lists
 - Chronic Care Visits
- Implementation of new internal MAT Policies and Procedures:
 - o Handling aberrant use (from a clinical perspective)
 - o Getting to therapeutic dose in a timely way
 - o Treating withdrawal symptoms with buprenorphine, when appropriate
 - o Onboarding new central MAT provider and creating mini "hub and spoke" model
- 1115 CMS Waiver – this is a substantial project that will take considerable resources

Health Care for Immigration Holds



- Services:
 - Same access to services as general population
- Challenges:
 - Language barriers
 - Translation services are accessible, though patients often limited in what they reveal through a translator
 - Working with translator typically takes longer
 - Patients have other priorities than engaging w/ medical care: asking to talk to lawyer, family, etc.
 - Lack of medical information provided by delivering agency upon intake
 - Length of stay – significant turnover/churn
 - Subjective feeling from some of our providers that medical opinion is requested, but not always honored (example: fitness for transport, etc.)



Questions?

Contact



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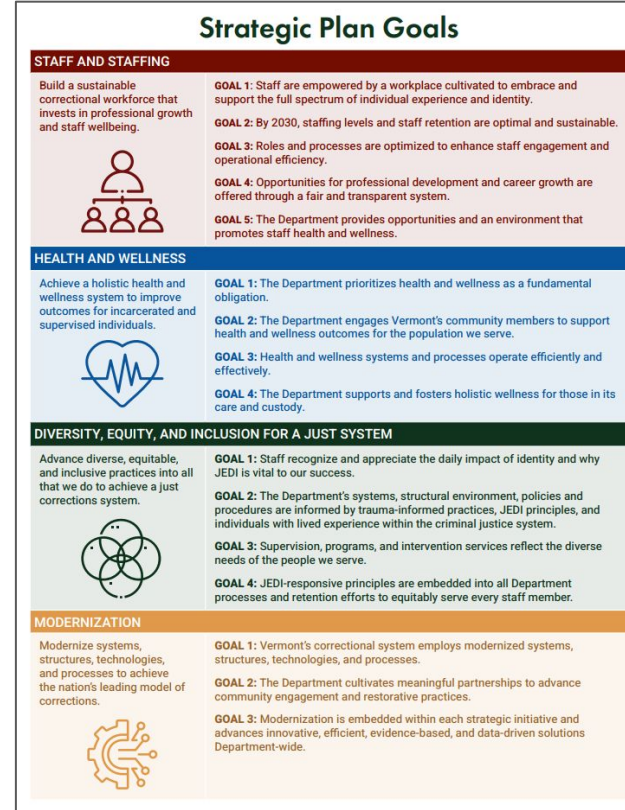
Constituent Services

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Appendix

DOC Strategic Plan



VISION

We create safety and equity by seeing potential, supporting change, and serving communities.

MISSION

We lead through innovation

We advance restorative justice practices

We support staff wellness

We create meaningful partnerships

We create rewarding career opportunities

We provide justice-involved individuals with opportunities for self-improvement

We ensure our facilities and field offices are safe, secure, and healthy

The seal of the State of Vermont Department of Corrections is centered in the Mission section. It features a circular design with the text "STATE OF VERMONT" at the top and "DEPARTMENT OF CORRECTIONS" at the bottom. In the center is a shield with a mountain peak and a banner that reads "THANK YOU".

VALUES

Accountability

We, individually and collectively, act in accordance with our mission and values in service to our vision.

Collaboration

We succeed when we have diverse and equitable partnerships that include our communities and the people in our care and custody.

Compassion

We treat everyone with respect and dignity and respond empathetically to people's lived experience.

Equity

We address systemic barriers that hinder opportunity and use fair and impartial decision-making.

Innovation

We use evolving research from diverse communities to identify, develop, and implement effective practices.

Integrity

We practice our values in an honest and transparent way.

Safety

We create an equitable culture of physical, emotional, and material wholeness.

1115 Waiver: Medicaid Reentry Project

Key Context

- 1965 Social Security Act **explicitly prohibits incarcerated individuals from receiving Medicaid** except in rare cases
- Vermont received **approval from Biden administration** in 2024 to pursue 1115 waiver
- Initiative driven by **AHS interdisciplinary team**

Implementation

- Beginning January 1, 2026, Medicaid restarts **90 days prior** to sentenced individual's release
- All savings to be reinvested into health services
- Federal capacity building funds to **modernize** MMIS (DVHA claims processing system)



MOUD at DOC



Background

- Created via [Act 176 of 2018](#)
- Vermont **second state** after Rhode Island to offer buprenorphine across correctional facilities
- Only **375 of 876 state prisons today** provide medication for opioid use disorder

MOUD Program Today

- **844 unique MOUD patients**
- Groups and coaching across the state
- Turning Point **peer recovery coaches across facilities and P&P sites** (via Settlement Fund \$)

Next Frontier

- Injectable MOUD pilot for continuity into community without risk of diversion
 - [Study](#) in rural Maine jail system found those receiving injectable MOUD were **nearly 3x as likely to continue treatment versus oral MOUD**