Opioid Settlement Committee Recommendation				
Activity	**Description**	**Budget Proposal**	**Budget Detail**	**Tier 1, 2 or 3**
Naloxone	Expand naloxone distribution efforts to include Harm Reduction/Narcan® vending machines, NaloxBoxes, mail order/home delivery options, expansion of the Harm Reduction Pack program, and expansion of the Leave Behind Kit program to include law enforcement agencies (state and local)	$1,900,000	Consistent with budget testimony provided by VDH	1 = 10 2 = 3 3 = 1
Fentanyl Test Strips (FTS)	Expand FTS distribution beyond the Harm Reduction Pack resource. This would include having more availability of these for our other distribution pathways (Leave Behind Kits, and Narcan® Kits – see descriptions above) which do not currently have FTS to offer.	$100,000	This would support the purchasing of over 97,000 FTS	1 = 6 2 = 1 3 = 4
Safe Smoke Kit Supplies	Expanding services provided through SSPs to allow them to engage people using drugs through other methods than injection. For Vermonters who are not injecting stimulants but instead smoking or snorting stimulants, being able to offer these resources will engage Vermonters who are not currently engaging with SSPs. Without this engagement, they may not be receiving stimulant or opioid overdose prevention strategies, or opioid overdose response tools such as Narcan® as they may not even be aware they are at risk of an opioid overdose.	$200,000		1 = 5 2 = 3 3 = 3
Drug Testing Machines	This would provide an opportunity for Vermonters to know what is in their drug supply to help inform how they use the drug (including method such as injection vs. snorting) and how the substance may impact their overall health – including xylazine and wounds, or a stronger or different fentanyl analog that may put them at risk of overdose. This would help Vermonters be informed consumers of the current drug supplies and provide more autonomy over their well-being than not knowing what is in their drugs. Seeking funding to expand this program to each of the SSP's fixed site locations.	$700,000	This would fund seven (7) additional fixed site locations.	1 = 4 2 = 5 3 = 2
Wound Care Telehealth Consultation	Piloting an opportunity to allocate time from wound care experts to be available for telehealth drop-in appointments for Vermonters using SSP services. Given the increase in xylazine's involvement in opioid overdoses, and it's known impact on wounds, this opportunity may allow for Vermonters to be seen by a medical professional earlier in the development of their wound.	$100,000	This would provide a $100,000 budget for clinical services and a one-time cost of $5,000 or less to purchase data enabled tablets for SSPs to use when a client requests this service.	1 = 7 2 = 3 3 = 2
Contingency Management	The Contingency Management (CM) approach, sometimes also referred to as "motivational incentives," is based on the principle of operant conditioning – that behavior is shaped by its consequences. It is comprised of a broad group of behavioral interventions that provide or withhold rewards and negative consequences quickly in response to at least one measurable behavior.	$560,000	$100 per person/per year x 5,600 projected individuals to be served	1 = 8 2 = 3 3 = 1

Opioid Settlement Committee Recommendation				
Activity	**Description**	**Budget Proposal**	**Budget Detail**	**Tier 1, 2 or 3**
	Dedicated funds for the SUD Preferred Provider Network to earmark funding for contingency management for substance use disorders.			
Opioid Medication Units	Allows for Hubs to partner with other healthcare providers to expand to "satellite" locations for dosing of medications. Federal regulations allow this for Hubs. Costs would include any physical plant requirements in the healthcare partner locations, staff time at the Hubs for preparing medications and coordination with partner location, staff time at the partner locations for dosing. Potential locations include two (2) community sites (targeting Middlebury area and the eastern part of VT between Brattleboro Hub and NEK Hub) and two (2) DOC sites. VDH will need to consult with DOC to see if there is interest.	$2,000,000	500,000 per site	1 = 8 2 = 4 3 = 0
Family Engagement Services	Funding for providers targeting youth, young adults and their family members to provide targeted, youth/young adult driven services for at-risk youth to increase resilience and reduce risks of developing OUD and other use disorders. Services are youth and community driven and include skills building, community building and sober activities. Services are designed to support families of youth and young adults who have SUD but are not engaged in treatment. These services seek to build skills and resilience among family members to support increasing their loved one's motivation to engage in treatment.	$300,000	Compliments SOR funding to expand programming to additional regions across the State.	1 = 2 2 = 5 3 = 4
Technology assisted MOUD	Tamper resistant electronic pill dispenser with alarm that alerts individual when to take medications. Medication chambers are preloaded, can hold between 1-28 days and open and dispense 1x daily. Methadone dispensers are made of heavy gauged steel and can hold up to 150mg of methadone dispensed in tablet form. As part of the current "wheels and waves" initiative, and previously tested by John Brooklyn, MD and Stacey Sigmon, Ph.D. at the Chittenden Clinic for Methadone, the devices are paired with an app allowing for patients to video record ingestion of medications and upload to the clinic, increasing likelihood of safe ingestion, decreasing risk of diversion and allowing individuals not deemed stable for take home medications, but at risk of premature dropout due to barriers, to reduce travel to the clinic for dosing	$300,000	500 wheels at approximately $600 each	1 = 2 2 = 5 3 = 4
Prescription Medication Lock Boxes	The purpose of these lock boxes is to mitigate the risk of diversion of methadone and buprenorphine and ensure the appropriate use/dose of medication by patients. Medication lock bags/boxes are required for safe storage/removal of any unsupervised medications from the Hubs (take home doses). These bags/boxes decrease burden on patients to find and purchase these secure storage	$100,000	DSU currently has approximately 6,000 lock boxes from distribution through AIDC. This would add an	1 = 5 2 = 3 3 = 4

Opioid Settlement Committee Recommendation				
Activity	**Description**	**Budget Proposal**	**Budget Detail**	**Tier 1, 2 or 3**
	bags/boxes. In addition, these bags/boxes are a responsible means by which to avoid incidental exposure to children and others, avoiding risk of morbidity and mortality to others who might be accidentally exposed.		additional 2,000 lock boxes to the inventory.	
Outreach Workers	**Description:** Funding for outreach staff through Preferred Provider network as well as four syringe service organizations to provide outreach to individuals with substance use disorder to increase motivation to engage with substance use disorder treatment. Outreach can occur in settings such as, but not limited to, shelters for the unhoused, transitional housing programs, other social service organizations, and street outreach. Additionally, Outreach through the SSPs includes connecting with Vermonters through their peer networks to provide overdose prevention and response education and resources to build trust with Vermont's system of care (inclusive of harm reduction agencies).	$2,216,000	Approximately $76,000 (salary and fringe) per outreach worker for 26 Preferred Provider locations. An additional $240,000 for Harm Reduction Overdose Outreach Work. This is based off a 12 month spend to complete this work for 4 SSPs.	1 = 7 2 = 5 3 = 0
Recovery Services in Emergency Departments	Recovery coaches in the Emergency Department is a holistic approach to providing Recovery Support Services in a crisis environment. Recovery Coaches are either on-call or have strategically scheduled shifts in all fourteen (14) Emergency Departments throughout Vermont. These Recovery Coaches are asked to meet with a patient when the individual is admitted into the emergency department for an overdose, substance related issue or the medical provider diagnoses them with substance use disorder. When a Recovery Coach meets with an individual in the Emergency Department, they engage the person in conversation utilizing motivational interviewing skills to identify the person's needs, provide support to the individual to engage in treatment, recovery, or harm reduction services, and provide referrals for other services, such as housing, transportation, and mental health services. In FY22, over 1,500 unique Vermonters were served through this program. This programming is currently supported by the SAMHSA State Opioid Response Grant (SOR). Replaces current SOR funding to ensure stable funding for a core access point, hospital emergency departments. The SOR funding requires a lengthy (nearly 20-page questionnaire) to be completed by willing participants. Vermont is not currently meeting SAMHSA's GPRA goals. Through process evaluation efforts conducted by VDH staff with the Recovery Centers, many people who agree to GPRA begin refusing questions, asking for the questionnaire to be stopped, and	$2,100,000	Range between $125,000 and $185,000 per center	1 = 5 2 = 3 3 = 3

Opioid Settlement Committee Recommendation				
Activity	**Description**	**Budget Proposal**	**Budget Detail**	**Tier 1, 2 or 3**
	refuse ongoing Recovery Coaching after invasive, not recovery supportive or trauma responsive questions such as the following are asked “How many children do you have? How many children do you currently have custody of?” or “Have you ever been incarcerated?” In not meeting the GPRA goals set by SAMHSA, Vermont is at risk of losing this funding. This funding is currently the only funding available for this activity.			
Parents in Recovery Coaching	The Parents in Recovery program (formerly Moms in Recovery) is currently available in (5) five recovery centers and provides one-on-one and group support to parents in recovery. Groups and one-on-one support are designed specifically for parents with children. A common barrier for a parent in recovery is finding childcare to attend recovery support groups and meetings. To overcome this barrier each of the (5) five centers have a space within the facility set up to meet the needs of parents with children and encourages children to be present and a part of the recovery process. The program has the same barriers (GPRA) associated with the Recovery Services in Emergency Departments.	$506,000	$46,000 per center	1 = 2 2 = 6 3 = 4
CHARM – Community Response Team	Increase support for community response teams (aka CHARM) through statewide coordination, development of guidance/best practices, data collection and analysis. These teams are a model for systems and care coordination and have persisted over time; if more fully supported through statewide coordination and local funding, these teams could be truly transformative. MCH and the PQC are well situated to support these teams through our work in the perinatal and early childhood health and social services spaces.	$250,000	Funding to support a .5 FTE VDH person to support statewide coordination, best practice guidance, etc. - $90,000 Funding to community partners (Perinatal Quality Collab, KidSafe, LUND re best practice guidance and TA. - $60,000 Pilot funding to communities (2-3) to try some stuff (local	1 = 2 2 = 5 3 = 4

Opioid Settlement Committee Recommendation				
Activity	**Description**	**Budget Proposal**	**Budget Detail**	**Tier 1, 2 or 3**
			coordination, data systems, family stipends, childcare, etc.) - $100,000	
Clinical Workforce	Scholarship Program for CCV's Apprentice Addiction Professional (AAP) credential Course. The AAP course was developed as part of the Opioid State Targeted Response Grant (STR)). This would support 100 scholarship recipients.	$84,000	Standard rate for 3-creadit CCV course for in-state students	1 = 1 2 = 4 3 = 6
Clinical/Recovery Workforce	Build/contract virtual on-demand introductory training series. For Recovery Coaches to utilize Medicaid funding when it becomes available for their work in 2025, they will need to be certified using the IC&RC certification process. Through that process, Coaches need to complete the Vermont Recovery Coach Academy, complete 500 supervised coaching hours, and pass the certification test. To maintain that certification, Recovery Coaches will need to engage in ongoing professional development with CEU's that are approved by Vermont's Recovery Coach Academy. The need for recovery specific CEU's is need, and therefore opportunities need to be further developed. These funds would develop training materials and provide the costs associated with awarding CEU credits to minimize or remove completely costs for this for the Recovery Coaches themselves.	$240,000	CEU support for the clinical and recovery coaching workforce	1 = 2 2 = 4 3 = 5
Prevention Workforce	Training, recruitment bonuses, and a yearly conference.	$200,000		1 = 1 2 = 1 3 = 9
	Total Budget Request			**$11,861,000**
Additional Recommendations				
Overdose Prevention Center - RH, CB, SP, Senator Hardy suggested S.70 can pilot one site Respite Beds – Budget $800,000 CB Transportation Services - $200,000 CB Low Barrier/No Barrier harm reduction $500,000 CB Recovery Services in ED using SAMHSA – RH Recovery Centers – MH $500,000 Recovery Centers for Justice JK $150,000				

Opioid Settlement Committee Recommendation				
Activity	**Description**	**Budget Proposal**	**Budget Detail**	**Tier 1, 2 or 3**
Overdose response – anti-motion alarms – S.P. Xylazine Test Strips – S.P. – costs similar to FTS Stabilization Bed Program for Residential Treatment Retention, MOUD Induction – S.P. $1,000,000 Elmwood Shelter Case Management Support S.P. Support for Regional Prevention Coalitions S.P.				