



**STATE OF VERMONT**  
HOUSE OF REPRESENTATIVES

**AMENDED MEMORANDUM**

To: Rep. Diane Lanpher, Chair, House Committee on Appropriations  
From: Rep. Theresa Wood, Chair, House Committee on Human Services  
Cc: Rep. Jill Krowinski, Speaker, House of Representatives  
Date: February 27, 2024  
Subject: Language Recommendations for FY25 Budget

As requested, the House Committee on Human Services (Committee) has reviewed provisions of the Governor's proposed fiscal year 2025 budget. The Committee thanks the House Committee on Appropriations for the opportunity to comment on these provisions.

At the outset, we want to underscore the importance the FY 25 budget has on some of Vermont's most vulnerable citizens. As such, we felt it was important to document and present to you the needs of those Vermonters even though we understand the financial outlook at this time does not lend itself to fully funding all those needs. To that end, we have also indicated levels of priority should the House Appropriations Committee be able to extend funding to areas of need.

There are several areas where we agree with the Governor's proposed budget and many where we do not. We have also identified funding sources for some items; of particular note are the recommendations for the Health Department where the Opioid Settlement Fund is a major source of resources. We do want to note, however, that while the Committee largely agreed with the recommendations for use of the Settlement Fund, that was not universal. Additionally, the Committee has concerns that the safety net of home and community-based services – provided via our community partners – was largely left out of the equation for any inflationary increases. Instead, the Governor has prioritized the highest end, highest cost parts of the long-term care system. While the Committee ultimately agreed with the need to increase reimbursement to the skilled nursing facilities, it felt a great deal of consternation that there was no representation in the budget submission that focused on home and community-based services.

Please be in contact if you need further information or would like me to provide an overview for your committee.

**Department of Disabilities, Aging, and Independent Living (DAIL)**

|   | <b>Priority</b> | <b>Division</b>      | <b>Program</b>        | <b>Gov. Proposed<br/>Increase/Decrease</b> | <b>Committee<br/>Recommend</b> | <b>Difference<br/>(+/-)</b> |
|---|-----------------|----------------------|-----------------------|--|--------------------------------|-----------------------------|
| 1 | Highest         | Adult Services       | CFC/ERC               | 0  | 7,542,080                      | +7,542,080                  |
| 2 | Highest         | Adult Services       | CFC/SNF               | 14,808,476                                 | 14,808,476                     | 0                           |
|   |                 |                      | CFC/SNF               | 4,895,666                                  | 4,895,666                      | 0                           |
| 3 | Highest         | Adult Services       | Meals on Wheels       | 0  | 2,371,354                      | +2,371,354                  |
| 4 | High            | Adult Services       | MNG Adult Day         | 0  | 832,138                        | +832,138                    |
| 5 | High            | Adult Services       | CFC/High & Highest    | 0  | 2,000,000                      | +2,000,000                  |
| 6 | High            | Adult Services       | Elder Care Clinicians |  | 444,426                        | +444,426                    |
| 7 | High            | DDSD                 | DS Waiver             | 0  | 3,600,000                      | +3,600,000                  |
| 8 | Moderate        | Adult Services       | Dementia Respite      | 0  | 250,000                        | +250,000                    |
| 9 | Moderate        | Deaf/Hard of Hearing | Deaf/Hard of Hearing  | 0  | 50,000                         | +50,000<br>(1x)             |

**1. Adult Services/CFC/ERC**

This increase represents the balance of the identified increase needed from the rate study conducted by AHS. Enhanced residential care is essential to support people leaving hospitals and homelessness. These facilities serve people who qualify for nursing level of care.

|                   |   |
|-------------------|---|
| ERC 1 – 692,640   | 138 people                                  |
| ERC 2 – 2,539,680 | 128 people                                  |
| ERC 3 – 4,309,760 | 153 people                                  |
| Special rate      | 106 people (e.g. specialized dementia care) |

**2. Adult Services/CFC/SNF**

The Committee agrees with the Governor's recommendation that addresses the statutorily required increase as well as a recommended change in occupancy requirements from 90% to 80%. It should be noted, however, that the Committee is not necessarily agreeing to removal of these rate setting requirements from rules to a manual.

The Committee also agrees with the implementation of iCARE, a specialized nursing facility for people with complex care needs and previous justice involvement.

**3. Adult Services/CFC/Meals on Wheels**

The Committee recommends utilizing the \$1,000,000 in GF appropriated in the FY '24 budget as match for GC investment. This results in an increase of \$2,371,354 for meals on wheels without any additional GF required.

**4. Adult Services/CFC/Moderate Needs Adult Day**

In FY 24, adult day providers experienced a reduction in their allocation due to the previous year's lower enrollment. However, between July 2023 and January 2024, enrollment has increased between 8% - 50% at participating providers. This would restore the allocation reduction.

**5. Adult Services/CFC/High and Highest Needs**

The Committee recommends implementing the second year of a three-year rate adjustment plan for home health providers in the Choices for Care program. This rate increase is backed by a rate study conducted by AHS.

**6. Adult Services/Elder Care Clinicians**

Currently, 235 individuals are served at a deficit of \$526,000. There are approximately 47 individuals on the waitlist; there has been no increase for 20 years.

**7. DDS/DS Waiver**

The Governor's budget backfills a COLA increase from 3 years ago funded with COVID relief dollars; it represents level funding. The Committee recommends an increase of 3% to address continuing increased costs of personnel, contracted services and operating expenses.

**8. Adult Services/Dementia Respite**

In FY 23 124 caregivers received grants of approximately \$1,600 each. Prior to COVID, 475 caregivers accessed the program. The cost for respite has risen dramatically from approximately \$15/hour to approximately \$40/hour. The increase in funding would accommodate 225 individuals with grants of \$2,000 each.

**9. Deaf and Hard of Hearing**

This would provide necessary funding to support interpreter services for individuals who are deaf/hard of hearing to participate in community forums, programs and events. It would also provide funds to conduct an assessment to further identify the critical risks and needs of the deaf, hard of hearing and deaf/blind communities in Vermont.

**The Committee recommends language additions/revisions as follows:**

The Committee is continuing discussions with DAIL regarding the so-called "savings" language for the Choice for Care Program. Additional detail will be forthcoming.

**Department for Children and Families—Economic Services/OEO**

|   | Priority | Division | Program             | Gov. Proposed<br>Increase/Decrease | Committee<br>Recommend | Difference<br>(+/-) |
|---|----------|----------|---------------------|------------------------------------|------------------------|---------------------|
| 1 | Highest  | ESD      | GA                  | 16,500,000<br>(1x)                 | 43,800,000             | +27,300,000<br>(1x) |
| 2 | Highest  | OEO      | HOP                 | 7,000,000                          | 8,350,000              | +1,350,000          |
| 3 | High     | ESD      | Reach Up            | 0                                  | 5,650,000              | +5,650,000          |
| 4 | High     | AHS/CO   | 211                 | 0                                  | 331,700                | +331,700            |
| 5 | Moderate | DCF      | VT Food<br>Bank     | 0                                  | 2,500,000              | +2,500,000<br>(1x)  |
| 6 |          | OEO      | Weather-<br>ization |                                    | -5,000,000             | -5,000,000<br>(1x)  |

**1. ESD/GA**

In order to ensure that General Assistance Emergency Housing can continue to provide for over 1,500 households (about 2,500 Vermonters) with interim housing, the Committee recommends an additional \$27,300,000 be added to the FY 25 budget. While the Committee recognizes this is not the ultimate solution, it continues to provide the time needed to develop additional shelter capacity and permanent housing units.

**2. OEO/HOP**

The Committee support's the Governor's proposed base budget request of \$7,000,000 to expand shelter bed access. This funding is anticipated to provide an additional 100 shelter beds for households experiencing homelessness.

To ensure sufficient funding to support homelessness prevention, the Committee recommends an increase to the HOP allocation of an additional \$1,350,000 to specifically expand prevention and embed landlord liaisons in every AHS district statewide.

**3. ESD/Reach Up**

Reach Up is a chronically underfunded program that calculates benefits for participants based on out-of-date Basic Needs Budget. After this calculation, the State then applies a "ratable reduction" of 49.6% to all benefits, effectively reducing all assistance by one-half.

While the Legislature awaits the Department's [Act 49 report](#) report that will include a plan to remove the ratable reduction from the Reach Up program, the Committee recommends an additional \$5,650,000 to begin to make progress towards removing the ratable reduction. This amount represents approximately 1/5 of what will be required. It should be noted that DCF is seeing reduced caseload in this area and has reverted nearly \$1 million. The Committee views this as an opportunity to apply already existing base funding towards this recommendation.

**4. AHS/CO/211**

Until 2023, Vermont 211 operated 24/7. As of FY 24, Vermont 211 does not operate between 11 p.m. and 7 a.m. Given the reliance on 211 to assist people with housing crises, the Committee recommends restoring full 24/7 service.

**5. DCF/Vermont Food Bank**

Given the continued existence of food insecurity across Vermont, the Committee recommends a one-time grant of \$2,500,000 to be matched with the recommendation by the House Committee on Agriculture and Food Resiliency for an additional \$2,500,000 totaling \$5,000,000.

**6. OEO/Weatherization**

The Committee's understanding is that the Weatherization Program has been allocated \$45,000,000 in ARPA relief funds. OEO projects that they will be able to utilize approximately \$40,000,000, leaving a balance of \$5,000,000 to be reallocated to other needs.

**The Committee recommends language additions/revisions as follows:**

Sec. E.321. GENERAL ASSISTANCE HOUSING; ADVERSE WEATHER CONDITIONS

(a) The Commissioner for Children and Families shall, by policy, provide temporary housing in adverse weather conditions when appropriate shelter space is not available between November 15 to April 15.

Sec. X. REPORT; 3SQUARESVT; MINIMUM BENEFIT CALCULATION

On or before January 1, 2025, the Department for Children and Families shall submit a transition plan to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare detailing the process and resources necessary to calculate the minimum benefit for 3SquaresVT participants at 30 percent of the U.S. Department of Agriculture's moderate-cost food plan, including:

(1) the nature, cost, and timeline of any information technology changes needed to implement the new benefit calculation;

(2) the annual cost of implementing the increased 3SquaresVT benefit;

(3) the number and type of additional staff positions necessary to implement the new benefit calculation; and

(4) any statutory changes or federal approvals necessary to implement the new benefit calculation.

Sec. E.325. DEPARTMENT FOR CHILDREN AND FAMILIES – OFFICE OF ECONOMIC OPPORTUNITY

(a) Of the General Fund appropriation in Sec. B.325 of this act, \$27,126,814.00 shall be used by the Department for Children and Families’ Office of Economic Opportunity to issue grants to community agencies assisting individuals experiencing homelessness by preserving existing services, increasing services, or increasing resources available statewide. These funds may be granted alone or in conjunction with federal Emergency Solutions Grants funds. Grant decisions and the administration of funds shall be done in consultation with the HUD-recognized Continuum of Care Program.

Sec. 1. 18 V.S.A. § 5017 is amended to read:  
§ 5017. FEES FOR COPIES

(a) For a certified copy of a vital event certificate, the fee shall be \$10.00.

(b) The State Registrar shall waive the fee for a certified copy of a vital event certificate issued to a person experiencing homelessness or to any individual 24 years of age or younger who was placed in a foster home or residential child care facility by a child-placing agency.

Sec. 2. 23 V.S.A. § 115 is amended to read:

§ 115. NONDRIVER IDENTIFICATION CARDS

\* \* \*

(n) Notwithstanding subsection (a) of this section, the two-year fee required to be paid the Commissioner for issuing a nondriver identification

card to an individual who is experiencing homelessness and submits an affidavit of homeless status, or any individual under 24 years of age who was placed in a foster home or residential child care facility by a child-placing agency, shall be \$0.00.

Sec. 3. 23 V.S.A. § 608 is amended to read:

§ 608. FEES

\* \* \*

(c) An individual who is experiencing homelessness and submits an affidavit of homeless status, or any individual under 24 years of age who was placed in a foster home or residential child care facility by a child-placing agency, shall be provided with an operator's privilege card or junior operator's privilege card for a fee of \$0.00.

**Department for Children and Families—Child Development Division**

|   | Priority | Division | Program | Gov. Proposed Increase/Decrease | Committee Recommend | Difference (+/-) |
|---|----------|----------|---------|---------------------------------|---------------------|------------------|
| 1 | Highest  | CDD      | CCFAP   | (9,000,000)                     | 9,000,000           | +9,000,000       |
| 2 | High     | CDD      | CCFAP   | (10,000,000)                    | (10,000,000)        | 0                |
| 3 | High     | CDD      | PCC     | 0                               | 300,000             | +300,000         |

**1. CDD/CCFAP**

The Committee acknowledges that Act 76 is still being implemented over an extended period of time and that creates some uncertainty in budget projections. However, given that very fact, the Committee is not prepared to potentially under fund a program expansion that is not fully implemented. We recommend that a cooperative process be used to agree on utilization projections until Act 76 is fully implemented and CCFAP utilization becomes more predictable. We recommend language be inserted to instruct DCF and JFO to develop consensus estimates to be completed by September 1 and that this process remain in effect for the next 3 years. See language below.

**2. CDD/CCFAP**

While the Committee is agreeing with the recommendation for a one-time reversion of \$10,000,000, we feel that these funds could have been utilized for further program expansion and assistance to child care providers.

**3. CDD/PCC**

The network of parent child centers has recently begun to provide health insurance benefits to employees, which has significantly helped with retention. Recent increases in insurance rates have put the cost of benefits beyond the PCC's available funds. The Committee recommends funding the projected increased cost of health insurance to allow employee benefits to continue to be provided.

**The Committee recommends language additions/revisions as follows:****Sec. X. CONSENSUS ESTIMATE; CHILD CARE FINANCIAL ASSISTANCE PROGRAM**

On or before December 1, 2024, 2025, and 2026 the Department for Children and Families and the Joint Fiscal Office shall jointly determine and submit a consensus estimate for costs related to the Child Care Financial Assistance Program for the coming fiscal year to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare. This consensus



estimate shall serve as a baseline for the Department for Children and Families' Child Care Financial Assistance Program budget.

**The Committee recommends inclusion of the following language in the fiscal year 2025 budget *effective on passage*:**

Sec. X. 33 V.S.A. § 3517 is amended to read:

§ 3517. CHILD CARE TUITION RATES

A child care provider shall ensure that its tuition rates are available to the public. ~~A regulated child care provider shall not impose an increase on annual child care tuition that exceeds 1.5 times the most recent annual increase in the NAICS code 611, Educational Services. This amount shall be posted on the Department's website annually.~~

And the Committee further recommends the inclusion of the following language in the fiscal year 2025 budget *effective on July 1, 2025*:

Sec. X. 33 V.S.A. § 3517 is amended to read:

§ 3517. CHILD CARE TUITION RATES

A child care provider shall ensure that its tuition rates are available to the public. A regulated child care provider shall not impose an increase on annual child care tuition that exceeds 1.5 times the most recent annual increase in the NAICS code 611, Educational Services. This amount shall be posted on the Department's website annually.

Vermont.

**Department for Children and Families—Family Services Division**

|   | <b>Priority</b> | <b>Division</b> | <b>Program</b>   | <b>Gov. Proposed Increase/Decrease</b> | <b>Committee Recommend</b> | <b>Difference (+/-)</b>                   |
|---|-----------------|-----------------|------------------|--|----------------------------|---|
| 1 | Highest         | FSD             | CCWIS            | 0                                      | 6,000,000                  | +3,000,000<br>(1x)<br>+3,000,000<br>CHINS |
| 2 | Highest         | FSD             | Spectrum Shelter | 0                                      | 454,000                    | +454,000                                  |
| 3 | High            | FSD             | Spectrum Drop-in | 0                                      | 200,000                    | +200,000                                  |
| 4 | High            | DCF             | OCYFA            | 0                                      | 115,000                    | +115,000                                  |
| 5 | Moderate        | FSD             | PCAV             | 0                                      | 300,000                    | +300,000                                  |

**1. FSD/Comprehensive Child Welfare Information System**

The IT system used by the Division of Family Services in child protection cases is the oldest in the nation. Therefore, it is one of the Committee’s highest priorities that additional one-time funds be appropriated to upgrade the system. Although existing carry forward funds of \$4.7 million plus \$10 million in federal match are being invested through a current request for proposals, this merely addresses the first module of a comprehensive child welfare information system. The Agency of Digital Services is developing a long-range plan that will not be ready until next year. However, the Committee believes that appropriating an additional \$6 million comprised of \$3 million of one-time funding from the General Fund and \$3 million of CHINS funding (from previously allocated but unused Tobacco Settlement Funds) in fiscal year 2025 budget is of the highest priority. Among those subjects at stake are both child safety and access to federal funding.

**2. FSD/Spectrum/Homeless Shelter**

The Committee recommends an ongoing appropriation of \$454,000 to fund a 10-bed youth homeless shelter in St. Albans. This amount is equivalent to the daily per bed operating rate proposed in the Governor’s budget for other new shelter beds. The Committee heard testimony from that this program would provide substantial support for youth aging out of DCF custody as well as other homeless youth.

**3. FSD/Spectrum/Drop-in Center**

The Committee recommends an ongoing appropriation of \$200,000 for the Spectrum drop-in center in St. Albans, which provides homeless prevention and intervention services for youth in foster care.

**4. DCF/OCYFA**

The Committee recommends a base appropriation increase of \$115,000 for one additional position within the Office of the Child, Youth, and Family Advocate. The Office has requested three positions; a lead investigator, a policy director/general counsel, and a

data/communications professional to assist the Office with the critical needs outlined in the 2023 Annual Report. The Committee recommends starting with one position in the fiscal year 2025 budget to assist with investigations for system reforms and interventions. At a time of crucial rebuilding of child protective services, the Office of Child, Youth and Family Advocate must be able to address its pivotal work in assisting the most vulnerable families.

### **5. FSD/Prevent Child Abuse Vermont**

The Committee recommends a base appropriation of \$300,000 for Prevent Child Abuse Vermont to continue delivering a range of important prevention and education services. These funds are used to implement parenting programs in every male prison, safe sleep education for parents of newborns, parenting education for high school students, and child and youth trafficking prevention. The parents, approximately 700 in the last year, are nearly all working on substance use recovery.

### **Post Permanency Services**

In the FY 24 budget, the Legislature appropriated \$716,487 for a 4% cost of living increase for subsidized adoptive families. These funds have not been distributed to the families. Subsequent to this appropriation, the Committee learned that a better use of these funds would be to provide increases to the supportive services that subsidized adoptive families receive from three organizations – Lund, NFI, and Easter Seals. Adoptive families are still able to request a change in their subsidy amount when their individual contracts are renewed each year. Please see language below.

### **DCF/FSD/High End System of Care**

The Committee has significant concerns about the number of departments within the Agency of Human Services involved in high-end care facility planning and the lack of transparent plans within the Agency addressing both distinct and overlapping needs assessments. This has resulted in an unclear basis for the total number of new, planned high-end beds (41 in two years); the impacts of closing existing lower-level residential beds; investments in higher-level needs; the upstream operating costs for the new facilities under development; and the lost opportunity costs of those facilities. The departments in question include the Departments for Children and Families, and of Mental Health, Vermont Health Access, and Disabilities, Aging, and Independent Living. It is essential that the State be accountable for decisions that become built in over the years and potentially impair community funding needs.

### **DCF/FSD/Raise-the-Age**

The Committee has identified two juvenile justice initiatives to keep in mind if the General Assembly implements Raise-the-Age this year. The first is an ongoing appropriation of \$600,000 to fund six new family services positions that are specifically for the support of youth who are 19 years of age. The second is an ongoing appropriation of \$925,000 for 9.25 FTE positions to expand the Balanced and Restorative Justice program. While it is still unknown whether the General Assembly will defer the Raise-the-Age expansion to individuals who are 19 years of age, the Governor's budget does not include any funding to support the current statutory implementation. If implemented,

these recommended appropriations will be critical to avoid service reduction to youthful offenders.

**The Committee also recommends language additions/revisions as follows:**

Sec. X. STAKEHOLDER ENGAGEMENT; COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM

In developing and implementing a comprehensive child welfare information system, the Department for Children and Families' Division of Family Services shall solicit input and leverage expertise from youth, foster parents, kinship care providers, Division staff, and the employees of the Office of Racial Equity's Division of Racial Justice Statistics.

Sec. X. FISCAL YEAR 2026 BUDGET PRESENTATIONS; RESIDENTIAL BEDS FOR YOUTH

As part of their fiscal year 2026 budget presentations to the General Assembly, the Agency of Human Services and departments within the AHS shall provide coordinated information regarding:

(1) the basis for the projected number of beds per facility to create 41 new beds for youth in high-end facilities under the Departments for Children and Families, of Mental Health, and of Disabilities, Aging, and Independent Living for inpatient, psychiatric residential, stabilization, and treatment services, including projected reductions in out-of-state placements;

(2) the status of capacity at lower level residential and crisis facilities and their capabilities in preventing higher level needs if investments would enable full capacity-use; and

(3) a projected five-year operating budget across the Agency and departments for full utilization of the new high-end system components as currently planned, including:

(A) costs to the Department of Vermont Health Access' budget; and

(B) how these costs will impact the overall budgets for lower-level, community-based, prevention and other services needed to prevent escalation to higher levels of care.

Sec. X. PLANNING FOR HIGH END SYSTEM OF CARE YOUTH.

STAKEHOLDER INPUT

The stakeholder working group for the development of a long-term plan for the high-end system of care and for the temporary stabilization facility for youth established pursuant to 2023 Acts and Resolves No. 78, Sec. E.316 shall be consulted by the Agency of Human Services and departments within the Agency prior to each substantive decision regarding facility locations, facility capacity, facility design, treatment planning, policy planning, staffing, and implementation.

Section X. ADOPTION; POST PERMANENCY SERVICES

Any unused funds designated for the purposes described in 2023 Acts and Resolves No. 78, Sec. B.317, not to exceed \$716,487.00, shall be used in fiscal year 2025 for post-permanency adoption services provided by Lund, Easterseals of Vermont, and the Northeastern Family Institute of Vermont.

**Department of Health**

|    | <b>Priority</b> | <b>Division</b> | <b>Program</b>                      | <b>Gov. Proposed<br/>Increase/Decrease</b> | <b>Committee<br/>Recommend</b> | <b>Difference<br/>(+/-)</b> |
|----|-----------------|-----------------|-------------------------------------|--|--------------------------------|-----------------------------|
| 1  | Highest         | DSU             | Stabilization<br>Beds               | 1,000,000                                  | 1,000,000<br>(OSF)             | 0                           |
| 2  | Highest         | DSU             | Syringe<br>Service                  | 0  | 1,100,000<br>(EBEAF)           | 1,100,000                   |
| 3  | Highest         | DSU             | Recovery<br>Housing                 | 0  | 1,419,000<br>(GF)              | 1,419,000                   |
| 4  | Highest         | DSU             | Recovery<br>Housing<br>Scholarships | 325,000                                    | 325,000<br>(OSF)               | 0                           |
| 5  | Highest         | DSU             | Recovery<br>Coaches                 | 0  | 1,060,000<br>(OSF)             | +1,060,000                  |
| 6  | Highest         | DSU             | Contingency<br>Mgmt.                | 800,000                                    | 800,000<br>(OSF)               | 0                           |
| 7  | Highest         | DSU             | Prevention<br>Coalitions            | 1,590,000                                  | 795,000<br>(OSF)               | -795,000                    |
| 8  | Highest         | DSU             | SAP                                 | 1,428,962                                  | 714,481<br>(OSF)               | -714,481                    |
| 9  | Highest         | DSU             | VCJR/JHC                            | 300,000                                    | 300,000<br>(OSF)               | 0                           |
| 10 | Highest         | DSU             | Residential<br>Treatment            | 0  | 268,500<br>(GC)                | +268,500                    |
| 11 | Highest         | DSU             | Expand Hub<br>Operations            | 900,000                                    | 0<br>(see below)               | -900,000                    |
| 12 | High            | DSU             | VCJR                                | 150,000                                    | 150,000<br>(GF)                | 0                           |
| 13 | High            | DSU             | Pub. Health<br>Specialist           | 0  | 146,729<br>(GF)                | +146,729                    |
| 14 | High            | DSU             | Grants<br>Admin.                    | 0  | 165,084<br>(GF)                | +165,084                    |
| 15 | High            | DSU             | Tobacco<br>Control                  | 0  | 770,000<br>(GF 1x)             | +770,000                    |
| 16 | Highest         | MCH             | Empty<br>Arms                       | 0  | 40,000<br>(GF 1x)              | +40,000                     |

**KEY:** *OSF = Opioid Settlement Special Fund*

*EBEAF = Evidence-based Education and Advertising Special Fund*

### **1. DSU/Stabilization Beds**

The Committee recommends establishing community-based stabilization beds for individuals transitioning between phases of substance use disorder residential treatment and the recovery system. These beds shall provide short-term stays (not longer than 10 days) while providing mental health, substance use treatment, or recovery support, or any

combination thereof for individuals. These stabilization beds shall serve the following individuals:

- individuals awaiting intake in residential substance use disorder treatment;
- individuals who have experienced relapse while in residential treatment or a recovery residence, and are coordinating next steps in their treatment or recovery plan;
- individuals seeking support while being inducted onto medications for substance use disorder and who have been unable to initiate on medications for substance use disorder in an outpatient setting; and
- individuals discharged from an emergency department and who are coordinating next steps in their treatment or recovery plan.

The Committee recommends that priority for these funds be given to preferred providers certified by the Department of Health. Requests for proposal must be released by the Department on or before August 1, 2024, and awards granted on or before September 15, 2024.

## **2. DSU/Syringe Service**

The Committee recommends a base appropriation of \$1,100,000 for syringe service programs. The Committee recommends that the source of funds for this program be the Evidence-based Education and Advertising Special Fund. It is well past time to include base level funding for these service providers; the efficacy of their work is well documented.

## **3. DSU/Recovery Housing**

The Committee recommends \$1,419,000 for the operation of recovery residences certified by the Vermont Association of Recovery Residences, which shall be distributed in accordance with a method mutually agreed upon by the Department of Health and the Vermont Association of Recovery Residences. VDH recommended GF for Prevention Coalitions; the Committee recommends that the GF is better utilized to support recovery housing.

## **4. DSU/Recovery Housing Scholarships**

The Committee recommends that \$325,000 be appropriated for a housing voucher program administered by the Vermont Association of Recovery Residences to pay for a recovery home resident's first month of rent.

## **5. DSU/Recovery Coaches**

The Committee recommends \$1,060,000 be appropriated for a program administered by Vermont's 13 Recovery Centers in collaboration with the Department of Corrections to provide recovery support for Vermonters in correctional facilities, post-incarceration, and those involved in probation and parole.

The Committee recommends that the Agency of Human Services continue to pursue Medicaid funds for any recovery services that may be eligible via GC. Any funds that are ultimately provided via GC, include the services recommended by items 3 – 5 be

included within the Global Commitment for Health 1115 waiver. Any of these funds that are replaced by federal matching funds should revert back to the Opioid Settlement Special Fund.

#### **6. DSU/Contingency Management**

The Committee recommends that \$800,000 be to provide contingency management services to individuals with substance use disorder. Funding shall prioritize renewing existing grant agreements with service providers. The organization Vermonters for Criminal Justice Reform shall be considered eligible for funding for its direct services related to contingency management.

#### **7. DSU/Prevention Coalitions**

The Committee recommends increasing the current base appropriation by \$795,000 as a highest priority for substance misuse prevention. This represents one-half of the budget increase proposed by the Administration.

#### **8. DSU/Student Assistance Professional**

The Committee recommends an appropriation of \$714,481 as a highest priority for the expansion of Student Assistance Professional and school-based services. This represents one-half of the budget increase proposed by the Administration.

#### **9. DSU/VCJR/Johnson Health Clinic**

The Committee recommends an appropriation of \$300,000 to establish a managed medical response partnership between the Johnson Health Clinic and Vermonters for Criminal Justice Reform for individuals with substance use disorder.

#### **10. Residential Treatment**

The Committee recommends a 3% increase to address continued rising costs of personnel and operating expenses.

#### **11. DSU/Expand Hub Operations**

The Administration recommended \$900,000 for expanded hub operations. The Committee recommends redirecting \$500,000 appropriated in 2023 Acts and Resolves Act 22 that was identified for a satellite location for the dosing of medications for opioid use disorder in Chittenden County and instead appropriating these funds to the Howard Center for expanded hours and operations of the Chittenden Clinic Addiction Treatment Center.

#### **12. DSU/VCJR**

The Committee recommends an appropriation of \$150,000 to Vermonters for Criminal Justice Reform.

#### **13. DSU/Public Health Specialist**

The Committee recommends a base appropriation of \$146,729 for the creation of a Public Health Harm Reduction Specialist position within the Department of Health. The responsibilities of the Public Health Harm Reduction Specialist shall include the



administration of grants, technical assistance, and quality assurance related to syringe exchange programs, naloxone distribution, overdose prevention media campaigns, overdose prevention centers, drug checking programs, and other substance use disorder harm reduction strategies.

#### **14. DSU/Grants Administrator**

The Committee recommends a base appropriation of \$165,084 for the creation of a grants and contract administrator position within the Department of Health. The role of the Health Department has expanded with the advent of the Opioid Abatement Settlement Fund with no increase in staff to appropriately manage responsibilities. Delays in advancing funds from the opioid settlement have occurred as a result of insufficient staffing.

#### **15. DSU/Tobacco Control Program**

The Committee recommends a one-time general fund appropriation of \$770,000 to the Tobacco Control Program for tobacco and substance use disorder prevention and cessation activities.

#### **16. MCH/Empty Arms**

The Committee recommends a one-time General Fund appropriation of \$40,000.00 for Empty Arms Vermont to hire an executive director and development director to enable peer support for individuals and families whose infants have died of miscarriage, stillbirth, and early infant loss, or termination of a pregnancy for medical reasons.

#### **The Committee also recommends language additions/revisions as follows:**

Sec. X. APPROPRIATION; SUBSTANCE MISUSE PREVENTION

In fiscal year 2025, an additional \$795,000 shall be appropriated from the Opioid Settlement Special Fund to the Department of Health's Division of Substance Use Programs for substance misuse prevention. The total \$2,205,000 appropriation shall be granted to Vermont Prevention Lead Organizations to implement evidence-based and trauma-informed substance misuse prevention strategies statewide. The Division shall require that, as part of the grant agreement with the Vermont Prevention Lead Organizations, that information on the use of the funds, including the specific activities supported by the funds; a description of the number of people served; and information on the outcomes achieved by this investment be provided to the Division in an agreed upon time frame. The Division shall report annually, on or before January 10, to the House

and Senate Committees on Appropriations, the House Committee on Human Services, and the Senate Committee on Health and Welfare.

Sec. E.312. HEALTH – PUBLIC HEALTH (a) AIDS/HIV funding:

\* \* \*

(2) In fiscal year 2025 and as provided in this section, the Department of Health shall provide grants in the amount of \$295,000 for HIV and Harm Reduction Services to the following organizations:

(A) Vermont CARES - \$140,000;

(B) AIDS Project of Southern Vermont - \$100,000; and

(C) HIV/HCV Resource Center - \$55,000.

\* \* \*

(4) In fiscal year 2025, the Department of Health shall provide grants in the amount of ~~\$100,000~~ \$400,000.00 in general funds and \$1,100,000 from the Evidence-Based Education and Advertising Fund to ~~Vermont AIDS service organizations and other Vermont HIV/AIDS prevention providers~~ syringe service programs for HIV and Harm Reduction Services no later than September 1, 2024. ~~community-based HIV prevention programs and services. These funds shall be used for HIV/AIDS prevention purposes, including syringe exchange programs; improving the availability of confidential and anonymous HIV testing; prevention work with at-risk groups such as women, intravenous drug users, and people of color; and anti-stigma campaigns. Not more than 15 percent of the funds may be used for the administration of such services by the recipients of these funds.~~ The method by which these prevention funds are distributed shall be determined by mutual agreement of the Department of Health and the Vermont AIDS service organizations and other Vermont HIV/AIDS prevention providers.

~~(5) In fiscal year 2025, the Department of Health shall provide grants in the amount of \$300,000 in general funds to Vermont AIDS service organizations and other Vermont HIV/AIDS prevention providers for syringe exchange programs. The method by which these prevention funds are distributed shall be determined by mutual agreement of the Department of Health, the Vermont AIDS service organizations, and other Vermont HIV/AIDS prevention providers. The performance period for these grants will be State fiscal year 2025. Grant reporting shall include outcomes and results. [Repealed.]~~

(6) In fiscal year 2025, the Department of Health shall not reduce any grants to the Vermont AIDS service and peer-support organizations or syringe service programs from funds appropriated for AIDS/HIV services to levels below those in fiscal year 2024 without receiving prior approval from the Joint Fiscal Committee.

#### Sec. 14. APPROPRIATION; OPIOID ABATEMENT SPECIAL FUND

In fiscal year 2023, the following monies shall be appropriated from the Opioid Abatement

Special Fund pursuant to 18 V.S.A. § 4774:

\* \* \*

(2)(A) ~~\$2,000,000.00~~ \$1,500,000.00 divided equally between four opioid treatment programs to cover costs associated with partnering with other health care providers to expand satellite locations for the dosing of medications, including costs associated with the satellite locations' physical facilities, staff time at the satellite locations, and staff time at opioid treatment programs to prepare medications and coordinate with satellite locations;

(B) the satellite locations established pursuant to this subdivision (2) shall be located in Addison County, eastern or southern Vermont, ~~Chittenden County~~, and in a facility operated by the Department of Corrections,

(3) \$500,000.00 in Chittenden County to expand the hours and operations of the Howard Center's Chittenden Clinic Addiction Treatment Center;

Sec. X. 18 V.S.A. § 4772 is amended to read:

§ 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE

\* \* \*

(e) Presentation. Annually, the Advisory Committee shall vote on its recommendations. If the recommendations are supported by a majority affirmative vote, the Advisory Committee shall present its recommendations for expenditures from the Opioid Abatement Special Fund established pursuant to this subchapter to the Department of Health and concurrently submit its recommendations in writing to the House Committees on Appropriations and on Human Services and the Senate Committees on Appropriations and on Health and Welfare.