

Sec. 1. Expand organized community-based needle exchange

The Department proposes deleting this section. The existing requirements provide an excellent proxy indicator of the capacity of an organization to conduct these complex operations. Eliminating this requirement will cause significant work on the part of the Department, as well as create a larger pool of recipients, vying for a finite funding pool. In addition, existing syringe services programs already serve the entire state and have always utilized peer-based delivery models within the auspices of their organizations.

Sec 8. Establish an Overdose Prevention Site Working Group

The Department proposes eliminating this section. This large and unwieldy group is redundant with current efforts and will divert important resources from the department. The Opioid Coordination Council produced [a report](#) on safe injection facilities in 2018 in response to a request by the Senate Judiciary Committee. In addition, the Burlington Community Stat group currently has a subcommittee examining the feasibility of overdose prevention sites, *and* Healthcare Rehabilitation Services of Southeastern Vermont (HCRS) through a HRSA grant is working with DHMC to study the feasibility of implementing an overdose prevention site in Windsor/Windham counties. Creating yet another group to examine this potential resource would be redundant and a diversion of the Department's resources.

Sec. 9. Funding for pilot mobile MAT exchange(s)

The Department proposes eliminating this section. The Howard Center has already received a grant to implement mobile MAT. VDH can work with Howard Center to evaluate its success to determine if this is something we should expand upon.

Sec 10. Funding for justice-involved persons

The Department proposes eliminating this section. DOC provides treatment in the facilities via their existing health care contractor, and VDH and DOC work together on continuity of care post release. VDH and DOC also work together on recovery supports for incarcerated individuals as well as for those transitioning out of incarceration. Existing recovery centers serve justice-involved individuals

Individuals involved in the justice system have access to community-based services via the ADAP Preferred Provider treatment system and the 12 Recovery Centers. ADAP supports specialized training for treatment and recovery providers to address the specific needs of the justice involved population and can provide that training through existing resources. Finally, segregating individuals based on circumstance, such as justice involved, is stigmatizing and goes against the recovery philosophy.

Sec. 11. Pilot Program: Emergency Overdose Response Support

The Department proposes eliminating this section. ADAP is currently funding projects in Washington, Rutland, Windsor, and Bennington Counties, which connect local law enforcement to recovery coaches to intervene with individuals and engage them in connecting to services. The plan is to expand this program statewide utilizing federal funding.