

Opioid Settlement Committee Recommendation for FY25

Harm Reduction/Intervention					
Activity	Description	Budget Proposal	Budget Detail	Tier 1, 2 or 3	Total Points
Overdose Prevention Centers	Budget submitted by the Vermont Overdose Prevention Network. The budget includes funding for staffing, facility, medical supplies, equipment, program, and miscellaneous costs.	\$2,632,000 annually for two fixed sites	See budget here	10 1 2	34
Overdose Outreach Funding	The request is to have this funded at \$300,000 per year for the next five years and then be reassessed for effectiveness. This would be conducted through the SSPs.	\$300,000 annually for 5 years		6 1 7	27
Safe Smoke Kit Supplies	The request is for this to be funded at \$300,000 for the next five years and then be reassessed for need. This funding would be allocated to the SSPs for specific purposes of purchasing materials to support safer consumption through smoking. This would allow for SSPs to engage with a wider group of Vermonters who are at risk of an overdose; there is not currently dedicated funding for this allocation.	\$300,000 for 5 years		6 1 7	27
Anti-motion alarms	VDH-maintained supply of anti-motion alarms (private vendors available) for rapid deployment at city/town request (e.g., for bathrooms in municipal buildings where overdoses have been observed). Expenses include purchase of anti-motion alarms, technical assistance for device maintenance and community partner training. Objectives of this program include reducing the negative impacts of non-fatal overdose on overdose victims and first responders; and reducing burden of overdose responses calls upon emergency medical services. <i>Scott Pavek</i>	\$275,000	Rhode Island funded this same project: See Rhode Island's Opioid Settlement Advisory Committee Funded Project Overview (10-20-23)	1 11 2	27
Xylazine test strips	The request is for this to be funded at \$200,000 for the next year.	\$200,000 annually		5 5 4	29

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Prevention					
Activity	Description	Budget Proposal	Budget Detail	Tier 1, 2 or 3	Total Points
Prevent Child Abuse	In state FY23 PCAVT received \$403,746 from the Department for Children and Families to provide Nurturing Parenting®, Strengthening Families, and Circle of Parents® programs. In FY24 the legislature gave an additional “one-time only” \$300,000 to PCAVT for Unsafe Sleep Prevention (6 to 9 infants have been accidentally asphyxiated annually over several years); Youth Trafficking Prevention (in 2021 there were 41 confirmed cases of trafficked children and youth in Vermont); and to offer more Nurturing Parenting® Programs, Strengthening Families Programs and Circle of Parents® Support Groups. These funds allowed PCAVT to hire one Safe Sleep Trainer, one Child Trafficking Prevention Trainer, and two additional Family Support Programs Coordinators. We anticipate the state will provide no additional funding in FY24 which will put the continuation of these programs in jeopardy.	\$250,000	Support two additional Family Support Programs Coordinators, purchase materials, provide travel reimbursement, and volunteer stipends for our group facilitators, many of whom are recovery coaches and recovery clinicians. Prevent Child Abuse Proposal (healthvermont.gov)	2 4 8	22
Expansion of SAPs/School Based Services	Substance Misuse School-based grants – increase from 21 to 31 - Expanding and sustaining these grants and services in current and underserved areas.	\$1,580,000	Expansion of SAPs/School Based Services	6 3 5	29
SAP support/workforce development	SAP Professional Development and Support	\$125,000 annually		3 2 9	22
Mentoring	Increase the quality and quantity of safe and effective youth mentoring relationships outside of the school day. Mentoring in out of school settings as a protective factor against substance use and opioid addiction (increase resilience among young people, support positive youth development)	\$750,000 annually		3 4 8	25
Cultural Brokers	Sustained funding and expansion	\$250,000 annually		1 0 13	16

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Treatment					
Activity	Description	Budget Proposal	Budget Detail	Tier 1, 2 or 3	Total Points
Expanded Methadone Treatment Access In Burlington	Consider additional funds be committed to expanding Methadone access within Chittenden County though the Howard Center. Need additional dosing location with expanded hours.	The proposal includes four options costing between \$400,000 and \$700,000 per year.	Chittenden Clinic Medication Unit Funding Request (healthvermont.gov)	9 1 4	33
Continued Contingency Management	to continue funding PP and to expand (startup funds will be no longer needed past implementation year) to specialty spokes through Blueprint.	\$800,000 annually		6 3 5	29
Family and at-Risk Youth	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.	\$600,000 annually	Replaces current SOR funding (\$300,000) with ongoing funding and increases budget to expand programming,	2 7 5	25


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<p>Managed Medical Response Partnership</p>	<p>Johnson Health and VCJR are jointly requesting opioid settlement funding support to provide critical and life-saving medical care and wrap-around support to a very challenging to reach and serve population.</p> <ul style="list-style-type: none"> • Provide easy access to medical care for individuals directly impacted by the opioid crisis. • Provide intensive medical case management and service coordination (outreach, engagement, crisis response, provider/patient trust building, medical treatment retention, hospital visitation/retention, medication adherence, support in following medical recommendations, transportation, problem-solving, accompanying to appointments) • Address social determinants of health by assisting individuals in securing stable housing, employment and access to community resources • Reduce drug overdose, wounds and infections. • Improve mental health outcomes. • Reduce barriers to healthcare. <p>Contribute significantly to a safer and healthier community</p>	<p>\$300,000</p>	<p>Grow their Managed Medical Response Partnership. Funding would support general operating and staffing for 1 FTE for each program. New people are accessing services each week and with this funding support we anticipate serving at least 75 new people over the next year. Managed Medical Response Partnership (healthvermont.gov)</p>	<p>9 4 1</p>	<p>36</p>
<p>Vermonters for Criminal Justice Reform (VCJR)</p>	<p>In August,2022, VCJR opened Vermont’s first specialized re-entry and recovery center for justice-involved people. Start-up funds were provided by the City of Burlington, University of Vermont Medical Center and the United Way in response to large increases in overdose deaths and a recognition that we have to try new approaches to save lives now. This includes new community-based interventions like contingency management and new community settings like our low barrier walk-in center for justice-involved people. The center has been very well received by justice-involved people and the broader community. Our experience so far has confirmed the existence of a significant unmet need, strong demand for services and that we are on the right track with</p>	<p>\$150,000 annually</p>	<p>DSU-OSAC-VCJR 5.23.23.pptx (live.com)</p>	<p>6 8 0</p>	<p>34</p>



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	<p>our specialized re-entry and recovery center model. Much of our start-up funding was one-time support and VCJR needs ongoing funding to ensure that these life-saving new services can continue.</p> <p>Our goal was to create a model that could successfully attract, engage and retain high-risk people who were often “falling through the cracks.” Our data demonstrates that we are successfully engaging very high-risk people and that most people were not accessing drug treatment or recovery services at the time of intake.</p>				
<p>DOC Medication Assisted Treatment</p>	<ol style="list-style-type: none"> The estimated annual cost of pill form buprenorphine has been \$316,000.00. WellPath and their pharmacy vendor, Diamond prices the suboxone film costs at 4x that of the subutex pill form. Additionally, we have increased the numbers of days of bridge prescriptions to ensure that released individuals have sufficient medications to bridge to their scheduled appointment. This way should they miss the appointment they will have sufficient medication to prevent withdrawal or use of street drugs/overdose until they can get another community appointment, be seen at a HUB or Emergency Department program or contact WellPath for further assistance. This would need to be a multiyear funding request as we would not want to switch medications again within a short timeframe- and at the same we are hopeful that costs come down due to generics and also marketplace competition. Regarding the cost of 1 FTE Analyst for ongoing analysis of Medicaid claims data regarding retention in buprenorphine MAT post incarceration, we reviewed the Salary grades of comparable positions in several Departments and found that the salary grades ranged from Grade 24-27. Taking the middle pay grade at step 4, equates to an annualized salary of \$70,720. Benefits are generally estimated at 20% for an additional cost of \$14,144 making total salary and benefits 	<p>\$1,250,000</p>	<p>Medication Assisted Treatment in DOC Proposal (healthvermont.gov)</p>	<p>2 1 11</p>	<p>20</p>

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	<p>\$84,864. The position would be housed in either DVHA or VDH to work under the existing MOU analyzing DOC MAT release and retention in Community based buprenorphine MAT.</p> <p>3. For the last budget recommendation /request which was 2 FTEs to provide statewide MAT engagement, retention and continuity of care analysis using Medicaid claims data we would recommend the same employment package cost estimated at \$84, 864.00 x2= \$169,728 to be allocated to either VDH or DVHA.</p>				
Outreach workers	<p>Act 22 Programming - described as ongoing through Preferred Provider Network</p> <p>Communications development, licensing, media purchasing, and evaluation efforts are incredibly expensive and the more funding we have available, the better positioned we are to be responsive to emergent needs with regard to the evolving state of the opioid crisis in Vermont.</p> <p>KnowOD is an overdose prevention campaign with messaging intended to reach people at increased risk of overdose, as well as their family and friends. The campaign focuses on harm reduction messaging, including carry naloxone, avoid using alone, test for fentanyl, and call 911 in an overdose emergency. www.KnowODVT.com</p>	\$1,976,000 annually		2 6 6	24
Community Substance Use Response Proposal Voices of Hope	<p>The Community Substance Use Response (CSUR) and Voices of Hope are requesting \$50,364 to implement our work together in Windham County. CSUR will take the fiscal lead for this collaborative proposal and will utilize Youth Services, Inc. as the fiscal agent.</p> <p>Funds will go towards Personnel, operating costs, trainers, marketing.</p>	\$50,364	 Voices of Hope Funding Request.pc	1 4 9	20
Stabilization Bed Program for Residential Treatment Retention, MOUD Induction	<p>Lack of housing is often a barrier to beginning residential or MOUD treatment programs, re-entering programs after separation, or transitioning to different levels of either mental health or substance use-related care. This program would offer an opportunity for individuals removed from recovery housing or inpatient substance use disorder treatment (i.e., due to relapse) to stabilize and return to</p>	\$1,000,000	Stabilization Bed Program for Residential Treatment Retention, MOUD Induction	11 3	39

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	<p>programs/services, rather than begin new intake processes + treatment episodes. Expenses for this program may include cost of transportation services, staff (intake, night observations, transport), medications, etc.</p> <p><i>Scott Pavek</i></p>				
Judiciary Treatment Courts	<p>Overview: Treatment courts are a proven method of addressing the substance abuse disorders of people in the justice system. In doing so they improve individual and family stability, improve public safety, reduce recidivism, and reduce justice system and other public costs.</p> <p>Vermont has three treatment courts, located in Chittenden, Rutland and Washington counties, and a DUI treatment court that operates in Windham, Orange and Windsor counties.</p> <p>The Judiciary is interested in securing funding to cover the costs of the Treatment Court Coordinators. The Treatment Court Coordinators are subject matter experts in the treatment court field. They provide planning, coordination, facilitation, training, and technical assistance to local treatment court stakeholders. They manage and monitor the delivery of treatment, case management, and drug testing services and assist in securing the involvement of community service providers to meet the needs of participants. They are responsible to collect, data to ensure program accountability and effectiveness. Coordinators also establish and must maintain partnerships with public agencies and community-based organizations to generate local support for their programs, increase the availability of treatment services, and enhance the effectiveness of the treatment courts.</p>	\$271,500 annually	<p>The total compensation for the four Treatment Court Coordinators for FY24 is \$461,500. Most of the cost of the coordinators is covered by federal grants, though the Judiciary receives \$190,000 annually from the Vermont Department of Health</p> <p></p> <p>Opioid Settlement Funding Request fr</p>	Judiciary removed this from the list	
Vermont Correctional Addiction Program	<p>Substance Use Disorder services: UVM Clinical Psychology PhD program and Vermont Psychological Services</p> <p>Work with people who are incarcerated:</p> <p>Treatment - Approach the work with a non-judgmental, harm-reduction mindset</p> <p>Clinicians will help clients accomplish <i>their</i> goals</p> <p>Abstinence, improved functioning, reduced suffering, etc.</p> <p>Clinicians use evidence-based interventions.</p>	\$97,000 for one year	<p></p> <p>VCAP-SUDS Proposal 11-3-23.pd</p>	1 6 7	22

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	<ul style="list-style-type: none"> • <i>Motivational interviewing (MI)</i> • <i>Cognitive-behavioral therapy (CBT)</i> <p><i>Tom Geist presented May, 2023</i></p>				
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 5 8	21
Prescription Medication Lock Boxes	<p>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.</p> <p>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 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.</p>	\$100,000	DSU currently has approximately 6,000 lock boxes from distribution through AIDC. This would add an additional 2,000 lock boxes to the inventory.	5 2 7	26

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Recovery					
Activity	Description	Budget Proposal	Budget Detail	Tier 1, 2 or 3	Total Points
Recovery Partners and DOC	<p>Recovery coaches training for people in DOC. Provide continuity of care for people leaving corrections and going into the community. Match a recovery coach with someone in DOC and then they continue to coach them after they're released or a warm handoff to another recovery center.</p> <p>Overdose is the leading cause of death for people recently released from incarceration nationwide. The immediate period following release from incarceration poses particular risk for overdose death.</p> <p>Core center project staffing: \$900,000 1.5 FTEs x6 centers @\$100,000 per FTE per year Auxiliary center support: \$350,000 0.5 FTEs x7 centers @\$100,000 per FTE per year Recovery Partners of Vermont administrative support & staffing: \$100,000 0.275 FTE per year (includes 10% fund management) Anticipated RPVT administrative costs: \$72,500 DOC administrative staffing/new coordination facilitation duties: \$150,000 Covers annual cost for staff time + 0.25 FTE project manager + executive oversight: \$150,000 Total annual project cost: \$1,500,000</p>	\$4,500,000 for three years	Recovery Coaches and DOC (healthvermont.gov)	2 5 7	23
Recovery Services in Emergency Departments	<p>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</p>	\$2,100,000	Range between \$125,000 and \$185,000 per center	4 6 4	28

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	<p>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.</p> <p>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 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?”</p> <p>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.</p>				
<p>Housing First Supports</p>	<p>Less than 100 recovery resident beds statewide which helps approximately 300 people per year.</p> <p>The funding is for scholarship/stipend support for certified recovery residences. This equates to \$25,000 per recovery residences and anticipates 13 certified locations of fiscal year 2025.</p> <p>Typical length of stay is 3 – 6 months.</p>	<p>\$325,000</p>	<p>Recovery Housing Proposal (healthvermont.gov)</p>	<p>8 1 5</p>	<p>31</p>

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<p>Parents in Recovery Coaching</p>	<p>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.</p> <p>The program has the same barriers (GPRA) associated with the Recovery Services in Emergency Departments.</p>	<p>\$506,000</p>	<p>\$46,000 per center</p>	<p>2 8 4</p>	<p>26</p>
<p>Employment Services</p>	<p>Employment project with HireAbility</p>	<p>\$100,000 annually</p>	<p>1/3 of total budget needed. Value of DSU contribution</p>	<p>1 2 11</p>	<p>18</p>

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Workforce Development					
Activity	Description	Budget Proposal	Budget Detail	Tier 1, 2 or 3	Total Points
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-credit CCV course for in-state students	0 5 9	19
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 5 8	21
Prevention Workforce	Training, recruitment bonuses, and a yearly conference.	\$200,000		0 2 12	16

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Program Administration					
Activity	Description	Budget Proposal	Budget Detail	Tier 1, 2 or 3	Total Points
DSU Staffing	Substance Use Program Evaluator - PG 25	\$165,084 annually		6 2 6	26
DSU Staffing	Recovery Services Director - PG28	\$198,212 annually		5 3 6	27
DSU Staffing	Public Health Specialist - Harm Reduction - PG 23	\$146,729 annually		7 2 5	30
DSU Staffing	Quality Improvement Specialist - Recovery/Housing - PG25	\$165,184 annually		6 2 6	28
DSU Staffing	Grants and Contracts Administrator - PG24	\$165,084 annually		6 1 7	27
Judiciary Training	<p>The judiciary is requesting funds to train judges on the nature of substance use disorders and the opportunities within the justice process to address them. According to the research-based best practice standards developed by the National Association of Drug Court Professionals, training on the following topics is appropriate for judges in this context:</p> <ul style="list-style-type: none"> • Legal, ethical, and constitutional issues in court-based treatment settings • the disease of addiction • key elements of evidence-based substance use disorder and mental health treatment. • behavior modification community supervision 	\$75,000 annually	Vermont Judiciary Funding Proposal (healthvermont.gov)	1 7 6	23

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Statewide Initiatives					
Activity	Description	Budget Proposal	Budget Detail	Tier 1, 2 or 3	Total Points
Vermont Helplink	Expand the operating hours of VT Helplink to 24/7. VT Helplink connects Vermonters to substance misuse prevention coalitions, overdose prevention/harm reduction resources, substance use disorder treatment and recovery services. Programming includes a call center and interactive website. VT Helplink currently operates Monday-Friday 8AM-10PM, and weekends/holidays 8AM-6PM.	\$560,000 annually		2 6 5	23
Community Campaign	VT Helplink Awareness and Availability, KnowOD	\$100,000 annually		2 6 6	24
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 annually	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 coordination, data systems, family stipends, childcare, etc.) - \$100,000. On-going per legislation.	1 3 10	19