

Substance Use Disorder Continuum of Care FY 26 Proposals

Agency of Human Services

February 27, 2025

Co-Occurring Initiatives

- Over the past 3 fiscal years there have been significant investments in co-occurring mental health and substance use crisis services:
 - Implementation of 988 helpline for immediate support
 - Deployment of Mobile Crisis teams for on-site response
 - Creation of Mental Health Urgent Care as emergency room alternative
 - Integration of clinicians with state and local law enforcement
- Other Treatment Settings:
 - Designated Agencies: Certified Community Based Integrated Health Clinic Model (CCBHC)
 - Hubs: Integrated mental health treatment
 - Primary Care: Mental health and SUD screening and intervention

Proposals

- Crisis Stabilization
 - Rebuild and merge Mental Health Stabilization beds with Public Inebriate Program beds
 - Repeal sunset of the provision that allows a person who is inebriated to the point of incapacitation and pose harm to themselves or others to be cared for in Corrections without charges
- Residential Care
 - Residential treatment providers will provide full continuum of substance use services from withdrawal to low acuity residential care, and navigation to outpatient services
 - Review of the payment model
 - Provide residential care (voluntary): convert a correctional facility to provide residential treatment (70% of the incarcerated population is being prescribed (Medication for Opioid Use Disorder)

Proposals

- Recovery Housing
 - Recovery Campus: At least 15-beds of recovery housing that incorporates intensive outpatient treatment and skills building
- Treatment Innovations & Supports
 - Contingency management
 - Pre-trial supervision expanded to two counties

Medicaid Initiatives

- Implementing new Medicaid 1115 authorities
 - Permanent Supportive Housing 1/1/2025
 - potentially pairing with rental assistance no earlier than 1/1/2026
 - Corrections re-entry services (navigation) 1/1/2026
- Moving towards enrollment of Granite Recovery Center (NH) as a Vermont Medicaid provider

AHS Budget Highlights: Substance Use

- Substance Use Continuum of Care
 - Base
 - \$1.3M GF enhance Residential Treatment Substance Use Disorder to full breadth of services (campus)
 - \$1.5M GC/\$618k GF for a 15-bed Recovery Campus
 - One-time
 - \$500k GF in one-time start-up funds for the 15-bed Recovery Campus
 - \$300k GF one-time appropriation for Correctional facility conversion to residential treatment services within a DOC facility

Future Years

These are multi-year projects. We anticipate the need to:

- Add additional recovery housing and DOC transitional housing
 - Units are the primary barrier and bottleneck
- Scale projects based on ongoing assessment of evolving needs
 - Merged crisis stabilization and public inebriate beds
 - Pre-trial supervision
- Assess, monitor and evolve
 - Committed to evaluating what's working, emerging treatment options, and continuing to innovate

AHS Budget Highlights: Other Related Initiatives

- Base funding:
 - Move past initiatives from one-time to base
 - \$866k GC/\$357k GF ongoing Alternatives to Emergency Departments for Mental Health
 - Scale Current Programs
 - \$650k GF to expand pretrial services