

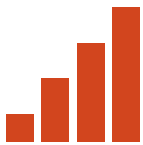
Overdose Data to Action: Performance Measure Brief

Year 2: September 1, 2024 – August 31, 2025

The Overdose Data to Action (OD2A) cooperative agreement with the Centers for Disease Control and Prevention (CDC) supports overdose (OD) surveillance and prevention activities in Vermont. This report highlights some of the activities conducted in year two: September 1, 2024 – August 31, 2025.

If you need help accessing or understanding this information, contact:
AHS.VDHDSU@Vermont.gov.

Overdose Surveillance Data



The Health Department maintains two public-facing dashboards with overdose data and other substance use-related measures:

- [Substance Use Dashboard](#): selected measures on current and emerging issues related to substance use in Vermont.
- [Overdose Dashboard](#): includes data on nonfatal overdose trends with some demographic breakdowns and information on types of substances involved in deaths.



Every year the Health Department produces an annual report on those who died of an opioid-related overdose in the previous year:

[Fatal Opioid Overdoses Among Vermonters Annual 2024 Data Brief](#)



Additional substance-use related data products are available on [Data and Reports | Vermont Department of Health](#).



HealthVermont.gov
802-863-7200



Overdose data linkage: Vermont Social Autopsy Report



The [Vermont Social Autopsy Project](#) examines each unintentional overdose death through linked datasets to reveal trends prior to death, identify risk factors for overdose, and determine when and where interventions can take place to reduce overdose deaths.

Overdose Prevention-CDC Performance Measures Highlights

The CDC performance measures are a set of uniform metrics collected from all OD2A state jurisdictions. Performance measure data are collected from Vermont OD2A funded and supported programs who provide direct services to people in the community. Performance measures only represent part of the extensive work done under OD2A. All measures in this brief reflect activities in year two only.

People served by OD2A



In year two, approximately **3,965** unique people received substance-use related services funded or supported by OD2A. Approximately **943** people were trained in overdose response, utilization of naloxone nasal spray, and other related topics.

Linkage to care: referrals



Organizations funded and supported by OD2A provide many referrals and warm hand-offs to other providers or community organizations for clients/participants.

Medication for opioid use disorder	Behavioral health treatments	Community-based overdose prevention
257	109	99

Other referral types: Housing assistance, recovery coaching, food assistance, employment assistance, sexually transmitted Infection tests and treatment, Pre-Exposure Prophylaxis (PrEP) for HIV/AIDS, Hepatitis C treatment, transportation services

Overdose Prevention: encounters



In year two, OD2A supported **7,580** community-based overdose prevention encounters. An overdose prevention encounter is any encounter where a person's expressed needs are met with resources like naloxone, substance test strips, wound care items or education about substance use.

Overdose Prevention: naloxone doses distributed



Naloxone distribution in the community is partially funded by OD2A so all community naloxone distribution is reported here. In year two of the OD2A grant, The Health Department distributed **60,410** doses of naloxone to community organizations who make it available to community members. The Health Department also has direct mail delivery of naloxone available.

Organization types	Naloxone doses distributed by The Health Department to organizations
Syringe Service Providers	18,566
Recovery Centers	5,436
Other Community-Based Organizations	10,650
Healthcare	12,194
Public Safety	4,111
Corrections/Probation Parole	2,558
Direct Mail to VT Residents	110
Other	6,784
Total	60,410

Health Impact: activities



[Drug overdose data](#) is used to identify groups that are disproportionately affected by overdose in Vermont. We focus some of our prevention efforts on those populations.

Populations of Focus

- People who have recently experienced an overdose
- People recently released from an institution/incarceration or justice involved
- People experiencing homelessness/unstable housing
- People aged 25-44, living in rural areas
- People in occupations such as construction, service (e.g. restaurants and housekeeping) and healthcare
- Pregnant women, new families, and parents

Examples of OD2A activities that intentionally accommodate populations of focus:

Several communities in Vermont have initiated a program called a "situation table" through Vermont's Public Safety Enhancement Team. This involves regular meetings where public safety officials and human service providers come together to discuss services for people in the community who have high needs. Proactively organizing services for a person may reduce the burden on that person or family, public safety and other providers. This initiative often focuses on assisting **people who are being released from incarceration and those experiencing homelessness**. Many OD2A grantees participate in their local "situation table" as a resource for these populations.

A community group sponsored an intensive, therapeutic storytelling program for **mothers in recovery**. Mothers in long-term recovery build trust, connection and confidence in sharing their lived experiences of recovery and parenting. Six mothers decided to record their stories to be used in a powerful film to combat stigma, foster understanding and induce self-efficacy in other mothers in recovery.

A Syringe Services Program (SSP) regularly brings naloxone nasal spray and wound care supplies to encampment areas or hot meal service locations frequented by **people who are unhoused**. This allows them to have their basic needs met and receive overdose prevention supplies at the same location, which builds trust with this population and may support continued engagement in substance-use services.

An assertive outreach program, formed through a collaboration between a recovery center and public safety organizations, identifies community members who have interacted with emergency medical services and law enforcement due to **overdoses or substance-related**

incidents. The recovery center then contacts them to connect them with services. Support and information are also provided to family members and other residents as needed.

An SSP provides a mobile app that can serve as an entry point for new participants and serves existing participants. The app allows users to order overdose prevention supplies, such as naloxone and testing strips, and to arrange a location for pick-up. This app is often used by people living in **rural areas** outside the catchment area of brick-and-mortar locations.