Opioid Settlement Advisory Committee
Rationale for Initial Feedback on FY27 Proposals

302 Cares Coalition	
Further consider proposal?	
No	
No	organization is already funded through the DSU and although a good strategy, lock boxes and bags can be sourced from other places.
No	duplicative effort (these are, as I understand, available free upon request from the VT Dept of Health)
No	Apply for already available funding through Syringe Service Program
No	
Yes	Low cost harm reduction intervention
Yes	Yes, an essential safety focus with small price tag in an underrepresented part of the state; syringe-related supports are also particularly important now given the reductions in federal support in this area
Yes	
Yes	Prevention - one time funding of small amount
Yes	
Yes	The ask is small with potential significant ROI in lives improved/harm reduced. That being said, given that this is already funded by DSU i wonder if there is other possible funding that can be added to cover the difference.
Yes	The need is there for harm reduction and the amount requested is low.

Another Way	
Further consider proposal?	
No	Requires an ongoing funding commitment and although there seems to be some evidence for the practice, I don't believe we can continue to diffuse funding to new strategies right now
No	CDC, NIH, and SAMSHA do not list “ear acupuncture as an evidence based treatment. There is no data that supports whether or not this method reduces overdoses or promotes long -term recovery.
No	Intermittent service, I am concerned it will not have much impact
No	no, insufficient empirical support from randomized controlled trials
No	Providing acupuncture training to other organizations require more information on regulatory standards are being met.
No	
Yes	
Yes	does acupuncture qualify as medication-assisted (holistic?) or evidence based?
Yes	
Yes	I understand ear acupuncture works very well.
Yes	I have seen the positive outcomes of the services proposed and while the amount seems a little high for the scope I do believe the ancillary benefits beyond health benefits for individuals service are worthwhile.
Yes	the technique is already in use and has seen some benefit, requires further reporting but the request is low

Associated General Contractors of Vermont	
Further consider proposal?	
No	Important goals and a great partnership however supplies and training can be sourced from other entities and perhaps we can collaborate with the outreach grant to seek peer coaches to embed

No	Although I think this is an important population to target and ensure Narcan is available, I think Narcan and education materials should be provided through the state or by other means.
No	
No	Although I am a member of AGCVT I do not believe this request is viable. Dispensing of Narcan is already funded and supported by other agencies. While there is some use of this harm reduction program by member companies, I do not believe the funding mechanism should be through these funds, but instead through members of AGCVT and the other funding streams currently in use by them.
Yes	Initiative will deliver a strategic evidence based, and high impact investment in preventing opioid misuse and supporting recovery in on of Vermonts most vulnerable industries. Funding proposal addresses a high-risk workforce, supports prevention and recovery, prevents misuse through workplace safety and training. Funding proposal also leverages and existing statewide network expanding community based recovery support through a sector heavily affected.
Yes	Work site based, good target population
Yes	Yes, Construction workforce is an important population with disproportionately high risk of injury, opioid misuse, overdose, suicide and mental health issues but not often the focus of prevention efforts; proposing to disseminate evidence-based resources to this group throughout entire state of VT
Yes	Need more info on current program goals being met.
Yes	meets criteria for funding
Yes	
Yes	Like the industry support
Yes	I'm concerned about the Narcan procurement piece and if there is a better way to ensure adequate supply through other means, but overall the Employee Wellness Partnership described is a stellar initiative with widespread support that deserves investment to take to the next stage.

BAART Behavioral Health Services, Inc

Further consider proposal?	
No	Seeking funding for the treatment of uninsured and underinsured Vermonters is critical and a number of proposals articulate this need. I think as a Committee we would consider a pool of dollars for that need specifically and make it available statewide vs provider by provider.
No	
No	
No	There are only 4 BAART clinics in Vermont and this program should be incorporated with their other existing ones.
No	
No	For profit entity, can bill for services
No	No, BAART Behavioral Health Services is a for-profit organization; they've received opioid settlement funding previously; many of their services are already covered by Medicaid and/or other third-party payers
No	Options for obtaining methadone treatment are avialable.
No	
No	I'm saying no but could be a maybe/yes. It's a lot of money (over $1 million) with no info about demonstrated need and specifically how it would be used to help patients other than money going to a large for-profit (?) org. I would need more info.
Yes	
Yes	actual treatment for people w/o insurance - but quite expensive

Boston Medical Center Corporation

Further consider proposal?	

No	Vermont already has both hot and warm lines and referral mechanisms in place
No	I have not seen this type of intervention by people at highest risk of overdose death. When Never Use alone was being advertised (very similar to this) it was not highly utilized at all. Furthermore, many people at high risk do not have access to phones or wifi to connect and make these calls. I think it's a good idea and a valuable option to have for people who might use it, but for the amount of money requested, I don't believe it will produce the results we would hope to see. I would be very curious to hear about the 750 calls from Vermonters, because I have not heard of this and many other community providers (working with people with OUD) I spoke to hadn't either.
No	
No	I believe there is already redundant programs closer to home that can and should be supported
No	I don’t see how this proposal aligns with preventing substance use, frankly it supports use.
No	Not sure outreach will be focused on VT
Yes	Harm reduction, established workflows
Yes	Yes, already a robust overdose prevention program in other states which is already receiving many calls from Vermonters needing their services; overdose prevention supports for individuals who use alone can save lives, esp while we await the creation of the OPC (though still likely needed for individuals who will not live near or be able to travel to the OPC even once it becomes available)
Yes	Need additional info on cost of existing program
Yes	
Yes	I am supportive of the concept in general and am saying yes to potentially keep the door open. I have concerns about the cost relative to other things and the level of need of existing infrastructure. Clearly there is demonstrated utilization and 750 sounds like a lot, but i wonder how many unique people it represents. I would be very interested in how this would collaborate with Vermont based resources and existing services such as VTHelplink, 211, etc.
Yes	

Brattleboro CTC

Further consider proposal?	
No	Organization is already receiving OSAC funding and the expansion asks (food and vending machine for narcan) can be sourced from other places; I'm also not aware of evidence using contingency management for fentanyl and believe we should focus on the contingency management interventions we are already piloting
No	Although they state that funding for services is NOT available through medicare/medicaid and other state insurance the website says the services CAN be paid for through these sources
No	
No	Backfilling operational expenses
No	
No	As I understand the application, the funds are needed largely for food insecurity
Yes	Many people without insurance or adequate insurance are not getting MOUD treatment and this will result in more people being able to access treatment
Yes	
Yes	treatment and food in Windham CO
Yes	Yes, but this current proposal covers 4 important & ambitious areas but it seems that a more targeted proposal (e.g., focusing just on 1 or 2 areas) is likely to have more impact given the relatively limited amount of funds requested
Yes	Is there a real need for a vending machine? Aren't these available in Brattleboro.

Yes	I'll say yes to hear more. The logic is sound and it would increase an investment we're already making. This has similarities with BAART's proposal and funding either, both, or all of these types of requests could eat up the available funds very quickly. But they are worth consideration.

Brattleboro Memorial Hospital	
Further consider proposal?	
No	ACT model is effective, evidence based and typically designed for those with severe and persistent mental health / illness. ACT is not tailored specifically to individuals with OUD and ACT services are reimbursable under Medicaid .
No	same as 14.
No	Other funding sources "showing promise" and project unable to launch in first funding year
No	No; The proposal notes a significant amount of funding already received from diverse sources, yet says that it has spent all of its initial funding. However, the proposal doesn't include any information about the outcomes & impacts produced by that funding before they request more. It is also requesting funds for a wide range of activities but very little specific details on exactly how the requested funds would be used (e.g., "Healthworks ACT prioritizes saving lives through the use of evidence-based practices).
Yes	Healthworks is an effective and necessary set of services to an un-served and under-served population as well as a representation of a robust, data-driven and effective community partnership
Yes	BMH is the ONLY care facility in Windham County that addresses drug issues and recovery methods.
Yes	
Yes	This sounds like a great program serving the traget population. People experiencing homlessness, co-occuring mental health disorder and opioid use disorder are at very high risk. Connecting people to treatment and providing ongoing case management is extremely important.
Yes	
Yes	collaborative effort with community partners
Yes	Need to see previous annual grant reports submitted to HRSA
Yes	Saying yes to keep options open

Bridges Healthcare PLLC	
Further consider proposal?	
No	
No	The Contingency Managment pilot is already happening in Chittenden County and could be expanded to include youth rather than starting a parallel program
No	Redundant services in Chittenden Cty
No	
Yes	Target population at critical stage of brain development
Yes	
Yes	Yes, the proposal's focus on youth is a strength as it is an important yet often underrepresented population with drug treatment interventions in VT; CM is a very strong, empirically-supported intervention as long as it is implemented well (with guidance from experts)
Yes	CM is very effective and should be expanded in VT. A very high percentage of OD deaths involve stimulants, so this is a great idea as CM is highly evidence based for stim use disorder
Yes	
Yes	collaborative engage with youth is important
Yes	Agree with this one-time demonstration project for youth.

Yes	Moving forward to learn more. I'm wondering if there's a way to integrate this with the Contingency Management program at UVM ATC.

Burlington Partnership for a Healthy Community	
Further consider proposal?	
No	The Coalition is funded through DSU and the prevention dollars and expansion of school based services in already in the pipeline for DSU. The Burlington Coalition should consult with DSU to strategize this proposed expansion in Burlington schools.
No	NFI is the funding agent, but I do not see them on the list
No	
No	I think that any OS funds that go to prevention should be very targeted towards kids who are greatly and/or already experimenting or using substances. I also think targeting kids who's parents have died of OD death or kids in DCF custody would be a good use of OS funds for prevention
No	
Yes	Youth peer led intervention are often more effective because they are informed by a youth perspective and tailored to their needs. This initiative fosters collaboration and community engagement between youth, schools and community groups which will contribute to long-term substance abuse prevention.
Yes	Personal bias toward preventive interventions.
Yes	
Yes	Yes, the proposal's focus on youth is a strength as it is an important yet often underrepresented population with drug prevention efforts in VT (so much are on harm reduction/overdose prevention)
Yes	only 40 k, lost federal funding
Yes	Review of recent annual report submitted to SAMHSA is necessary to go forward
Yes	Are we allow to backfill holes like this? In principal it seems like a reasonable amount of money, but i'm concerned with all the resources in Burlington and the prevention funding that this hole exists. Willing to hear more.

Cathedral Square 1	
Further consider proposal?	
No	Funding for the SASH embedded clinicians is available through Sept of 2026 so there is time to identify alternate funding sources to bridge to the AHEAD model
No	Could find no specific drug-related programming
No	
No	This sounds like a very important program, but it's extremely costly and is not specific to people with SUD or even OUD. In fact, much of the work funded through OSC will likely be with people that do not have SUD or OUD and are just accessing housing retention support and mental health support. We must ensure that what we fund is primarily benefiting those harmed by opioid pharmaceutical companies and those with OUD/ those at risk of overdose death.
No	The population served in not in the "high risk" demographic for opioid misuse or overdose. SASH is not an evidence - based, OUD specific program. Even enhanced to implement tenets outlined within the proposal would be difficult to evaluate a direct impact on reduction of substance use, overdose, and recovery rates.
No	Too many degrees of separation from SUD
No	Mental health focus, opioid goals seem secondary -- happy to hear pushback on this!
No	Recommend consideration for partial funding, as it focuses on an important population/setting of affordable housing (the requested amount is large, yet no specific details are provided on exactly what it would go towards)

No	
Yes	
Yes	SASH is good model directly into housing communities
Yes	Need to review data on # of participants, contacts and detailed budget.

Cathedral Square 2	
Further consider proposal?	
No	Doesn't appear to be specifically targeted to opiate-related interventions
No	Could find no specific drug-related programming
No	
No	Same reasoning as the 1st Cathedral Square app. Not specific to the population we are intending to benefit
No	The population served in not in the "high risk" demographic for opioid misuse or overdose. SASH is not an evidence - based, OUD specific program. Even enhanced to implement tenets outlined within the proposal would be difficult to evaluate a direct impact on reduction of substance use, overdose, and recovery rates.
No	Same as 22
No	Housing focus, opioid goals seem secondary -- happy to hear pushback on this!
No	No, it is not clear how this 2nd proposal from the same Cathedral Square group differs from their 1st "statewide" proposal; not sufficiently clear how they are distinct and would prevent duplication of funding given the large requested amount of $1,033,000 in their 1st proposal/ why the >$1M in their statewide proposal #1 couldn't also support these activities in Windham & Windsor
No	The three requests from Cathedral Square are almost $2 million. We should look to other sources, like possibly through the BoS CoC or other programs related to housing, or other dollars. While worth funding, its a huge investment ongoing funding implications to sustain a huge bureacracy.
No	
No	second bite at apple?
Yes	Innovative outpatient health model serving underserved Windham and Windsor populations

Cathedral Square 3	
Further consider proposal?	
No	Could find no specific drug-related programming
No	I think training for the staff would be great, but a full time educator for 200,000 a year seems excessive. Would be happy to vote for something for reasonable
No	The population served in not in the "high risk" demographic for opioid misuse or overdose. SASH is not an evidence - based, OUD specific program. Even enhanced to implement tenets outlined within the proposal would be difficult to evaluate a direct impact on reduction of substance use, overdose, and recovery rates.
No	duplicate effort? I believe that training and webinars are widely available on the topics proposed?
No	No, it is not clear how this 3rd proposal from the same Cathedral Square group differs from their 1st "statewide" proposal; not sufficiently clear how they are distinct and would prevent duplication of funding given the large requested amount of $1,033,000 in their 1st proposal/ why the >$1M in their statewide proposal #1 couldn't also support this Substance Use and Mental Health educator
No	
No	
No	third bite at apple

Yes	The use of a single staff person to work statewide with the Cathedral Square housing sites is a cost effective and effective strategy
Yes	
Yes	SUD -related, at risk target population
Yes	Substance abuse educator is consistent with prevention goals.

Common Ground Recovery Inc	
Further consider proposal?	
No	
No	Request is asking for infrastructure development which brings up sustainability concerns for one and duplication of resources. Recommend agency works with VTARR and VFOR.
No	
Yes	They are a new,untried program. However, sober living programs need more and better funding to keep recovering addicts from re-entering same scenarios that enabled drug use.
Yes	
Yes	Yes, addresses a high need that is also often overlooked (outreach & wrap-around services associated with stable, safe transitional housing for Vermonters leaving detox or residential treatments); very nice specification of the different ways that the requested funds will support activities and staff
Yes	Need to learn more. I don't know this operator and would need to understand how this fits into the existing plans related to recovery residences. The proposal is impressive but i do not know the applicant and their background.
Yes	
Yes	real need for sober living etc. not too much money
Yes	Recovery residences are critical and we need additional resources in this area. We need to ensure however, through additional examination of the proposal that it is folded into the other work we are doing with recovery residences, that it meets statewide standards for recovery work and that the intention is for it to operate as a certified recovery residence
Yes	Address gap in recovery housing
Yes	A peer led transitional housing program in Rutland needs further details in terms of peer support staff supervision.

Community Care Network Rutland Mental Health	
Further consider proposal?	
No	Seems better suited to other funding sources, such as through the BoS CoC
Yes	
Yes	State has a significant “gap” in service retention (longer stays),
Yes	
Yes	The request is low enough and the possibility of stabilizing housing with the methodology seems high
Yes	
Yes	Yes, addresses a high need that is also often overlooked (supporting room & board in stable, safe transitional housing for Vermonters) in an area of VT with great need
Yes	
Yes	sober living - 25k

Yes	Proposal is worth further consideration based on our need for transitional housing but we need to ensure adherence to statewide standards and that it is folded into larger efforts through the Agency of Human Services to develop and support transitional housing.
Yes	Fills a gap in (early) recovery housing
Yes	Transitional housing so that an individual will continue therapy is good intervention.

Connecticut Valley Addiction Recovery Inc.	
Further consider proposal?	
No	
No	
No	
No	Would prefer to see reporting and analytics on first round of Opioid Settlement funds
No	No, previously received funding from us and it was for the same project; says they can not provide a report of progress and outcomes from their prior opioid settlement funding for this project; insufficient sustainability plan
No	
No	Previously funded program not yet up and running and demonstrating results; better to focus on that as a starting point before the expansion to a mobile unit
Yes	The application is a little confusing but in principle if it's been approved once it's worth continuing to look at as the funded project gets off the ground.
Yes	I want to note that I regularly work with this applicant as a community partner, but I have no financial or governing role.
Yes	focus on treatment and recovery
Yes	Targets a hard to reach population
Yes	Proposed geographical area has always had transportation challenges.Formally incarecerated

Dismas of Vermont	
Further consider proposal?	
No	Would need more information. 10 staff for 300 thousand seems impossible
No	This program will spend more than 50% on staff only
Recuse	
Yes	
Yes	Yes, step-down/transitional housing for people leaving corrections is an important area of focus, and the proposal also includes a CM (evidence-based) component; strong plan with specific outcomes and cost-related information; reasonable sustainability plan
Yes	
Yes	Worth considering although alternate funding sources for staffing should also be considered. Again, meets a statewide need for additional housing for our justice involved population
Yes	Other funding sources should be explored, such as DOC/justice reinvestment dollars, but it's worth continue to look at this as a part of our recovery residence investments.
Yes	I want to note that I regularly work with this applicant as a community partner, but I have no financial or governing role.
Yes	treatment based
Yes	Multi-pronged approach to support the recently encarcerated
Yes	The formerly incarcerated Vermonters have been an underserved population in Vermont

Opioid Settlement Advisory Committee
Rationale for Initial Feedback on FY27 Proposals

Elevate Youth Services 1	
Further consider proposal?	
No	
No	Would prefer to see reporting and analytics on first round of Opioid Settlement funds
No	Proposal does not align strongly with the OSF intended scope for funding: insufficient direct connection to opioid harm reduction, lack of specialized substance use services, and possible duplication of already available youth services.
No	I think there needs to be a deeper dive into existing resources before standing up a new entity with a proliferation of nonprofits and a funding crisis.
No	I see the direct link in protective factors and prevention, but am unclear if this is considered "opioid prevention" ? Would love to see this move forward if I'm interprating wrong
Yes	
Yes	Yes, new low-barrier, drop-in program for young people located in a very hard hit area of VT; strong multi-component focus that includes mental health, food insecurity, trauma, peer counseling, harm reduction, care management, outreach, multiple partnerships; nice outcomes list and sustainability plan
Yes	
Yes	Barre is an area ripe for a vibrant teen center and this would be part of a larger community of care in the area, meeting prevention goals in a proactive and impactful way
Yes	warm handoff to treatment
Yes	Learn of progress meeting goals from prior funding
Yes	A teen drop -in center for Barre youth is a solid primary prevention strategy.

Elevate Youth Services 2	
Further consider proposal?	
No	Would prefer to see reporting and analytics on first round of Opioid Settlement funds
No	Previously funded, answered “NO” under question #7. While youth engagement and prevention are critically important, there is not a clear opiod prevention or intervention framework within the proposal, services mentioned are too broad or unfocused to be tied to opiod harm reduction.
No	Same as above.
No	
No	second bite of apple
Yes	This seems like a truly low barrier support for people who are struggling the most and who are most at risk. We need more low barrier service options!
Yes	
Yes	Yes, low-barrier, drop-in program for young people in Montpelier; strong multi-component focus; providing alternative sources of reinforcement (healthy activities) to compete with drug use is a strong, evidence-based approach; strong multi-component focus that includes mental health, food insecurity, trauma, peer counseling, harm reduction, care management, outreach; solid outcomes; reasonable sustainability plan
Yes	
Yes	We funded this last year as a prevention strategy, a teen center for Washington county and they need time to secure sustainable funding or risk losing the investments they've already made and the connections they've built with youth
Yes	Same as 36
Yes	Need to review previous annual reports which include participation rates.

Entangled Health

Further consider proposal?	
No	Would prefer more data on use and outcomes of this type of programming before committing opoiod dollars
No	Initiative does not constitute a core evidence-based intervention in preventing opioid misuse, treating substance use disorder or supporting long term recovery.
No	I love the idea, but this feels duplicative and overlaps with ongoing, existing work. It would be best for the applicant to talk to other agencies to engage around what's already happening.
No	
No	prefer more active treatment strategies
No	
No	
No	An important goal but not a strategy that rises to the top of a priority list right now
No	Questionable impact
Yes	
Yes	Yes, community-led storytelling initiative for Vermonters impacted by opioid use; increases visibility of this public health epidemic while reducing isolation & stigma; also seems to propose to support economic stability of peer facilitators;
Yes	Need info on how the organization will recruit participants.

Gifford Health Care Addiction Medicine 1	
Further consider proposal?	
No	4 different new program requests totaling 250k all in Washington/Orange counties, would combine into 1 request
No	Too many degrees of separation from SUD, may have other funding sources
No	I love this idea, but struggle to make it fit the criteria. Welcome pushback!
Yes	Proposal assist with providing necessary needs to overcome major barriers to starting or staying in treatment.
Yes	Valuable investment. Might be funding from other sources such as the Balance of State Continuum of Care as these ideas are something we are looking at.
Yes	
Yes	wrap around services for those in active treatment
Yes	Directly Helping people with OUD meet their basic needs and reduce barriers to accessing treatment is a great use of OSC funds and helps people retain in treatment
Yes	
Yes	Meeting basic needs for individuals in treatment is critical to leveraging treatment and already invested treatment dollars
Yes	Yes, enhancing addiction treatment services at Gifford Addiction Medicine Clinic with a range of important supplies addressing primary/practical needs
Yes	Community based program that supplements community hospital program is a strong community public health intervention.

Gifford Health Care Addiction Medicine 2	
Further consider proposal?	
No	4 different new program requests totaling 250k all in Washington/Orange counties, would combine into 1 request
No	Seems there should be billable services to support this position
No	
No	Nurse practitioner hours should be Medicaid or Medicare or insurance billable

Yes	
Yes	Initiative assist with providing basic needs that helps stabilize individuals enough to stay engaged in care.
Yes	
Yes	
Yes	yes, even though second request from these folks
Yes	Very strong rationale and directly benefits people with OUD and improves health outcomes
Yes	Yes, support for an Addiction NP in their clinic's free, walk-in clinic for patients with OUD; aims to expand access to MOUD and harm reduction as well as practical needs
Yes	Funds to pay for an addiction NP at a community-based health care walk in clinic in Barre is a solid treatment intervention.

Gifford Health Care Addiction Medicine 3	
Further consider proposal?	
No	4 different new program requests totaling 250k all in Washington/Orange counties, would combine into 1 request
No	Funding is limited, "pilot" programs, i believe are not the priority.
No	The long acting injecteable is a great option, but providers can easily access it and it doesn't need to be done in an ER for this amount of funding. Medicaid already covers it and any outpatient medical provider can prescribe and administer it
Yes	Pilot project to initiate MOUD in ER
Yes	
Yes	Piloting long acting buprenorphine in the ER makes sense; caution to ensure that they are engaged with DSU on this effort and that it moves to become a billable service
Yes	
Yes	We need someone to lead this work to ensure access to the most effective meds and protocols, hopefully to the end of having a better system statewide
Yes	
Yes	good idea for treatment
Yes	Yes; proposing an ED-based pilot project of sustained-release buprenorphine; very solid, empirically-supported medication and also the available but underutilized sustained-release formulation that holds such potential for increasing access to MOUD for patients (esp in rural areas) while also reducing clinical burdens for patients (travel time, cost, administrative hurdles) and providers
Yes	Providing LAI in the ER at a community hospital is a solid community based intervention

Gifford Health Care Addiction Medicine 4	
Further consider proposal?	
No	4 different new program requests totaling 250k all in Washington/Orange counties, would combine into 1 request
No	
No	
No	too many requests for funding
No	No; recovery coach; important but not as evidence based as this group's other proposals
Yes	
Yes	Key role in MOUD team
Yes	A recovery coach in the ER as part of the long acting buprenorphine pilot leverages the effort

Yes	
Yes	Yes, maybe - but could this funding be implemented through a difference source, mechanism like the ED recovery coach program?
Yes	
Yes	A recovery coach in a community hospital is a solid clinical intervention.

Greater Falls Connections	
Further consider proposal?	
No	
No	prefer treatment options
No	Duplication of service. The emergency room recovery coaching is a program already available through all recovery centers throughout the state.
No	It seems as if Greater Falls should apply for coalition funding through DSU or their local Prevention Lead Organization
No	
Yes	I greatly appreciate their work in youth prevention but it is in my community
Yes	
Yes	Yes; an addtl prevention specialist to support youth; focus on substance use prevention, classroom education, non-drug, healthy social/rec gathering space; in particular, use of one-time funds for creation of a safe space for youth programming (after-school programs, peer leadership groups, prevention workshops, drop-in support, youth engagement, offering healthy alternative activities that could compete with substance use (very evidence-based) seems very strong and strategic
Yes	teen directed prevention
Yes	
Yes	Maybe - but could this be funded by another mechanism, such as through the dedicated prevention funding and the coalition?
Yes	The targeted geographical areas are underserved.

Habit Opco, LLC DBA Brattleboro Comprehensive Treatment Center (CTC)	
Further consider proposal?	
No	Would be interested in voting yes on one or two of the strategies at a lesser amount
No	Support for a education and marketing materials is laudable but cannot be prioritized at this time; embedded staffing at the hospital should be billable or supported through the hospital and the issue of uninsured and underinsured Vermonters needing treatment support should be addressed on a statewide level with a pooled intervention or funding.
No	
No	CTC has already received funding but did not choose to fund this project. More info is needed
No	
No	No, Habit Opco is a for- profit; they've received opioid settlement funding previously; organization; many of their services are already covered by Medicaid and/or other third-party payers
No	For profit provider, can bill for services
No	this is a for-profit org - does it qualify?
Yes	treatment access for uninsured
Yes	
Yes	Like with the other treatment providers, these needs and requests are of importance and grave concern. But given the nature of these companies it's unclear how this fits into their overall funding/financial picture.

Yes	A full time clinician for pregnant patients in a hospital setting is a solid intervention for this underserved population.

Habit Opco, LLC DBA West Lebanon Comprehensive Treatment Center (CTC)	
Further consider proposal?	
No	same as above. And with this only be for Vermonters?
No	see rationale from the Habit Opco Brattleboro proposal
No	
No	CTC has already received funding but did not choose to fund this project. More info is needed
No	
No	No, Habit Opco is a for- profit; they've received opioid settlement funding previously; organization; many of their services are already covered by Medicaid and/or other third-party payers
No	Funding routine operations
No	this is a for-profit org - does it qualify?
Yes	treatment access for uninsured
Yes	As long as the "job" duties align with prevention, treatment, recovery or harm reduction and clear performance metrics are defined.
Yes	Has similar asks as the other treatment centers for gap funding, and these needs should be talked about.
Yes	Pregeant women in the upper valley should have access to the substance abuse services.

Health Care and Rehabilitative Services, Inc	
Further consider proposal?	
No	
No	Reporting on results of current funding needed prior to funding for another year
Yes	We agreed this was a valuable use of funds last year, so doesn't seem to make sense to discontinue after 1 year. Would like to hear more about their data
Yes	Continuation of a successful mobile medical van program to address needs in a rural area of the state and with demonstrated positive outcomes
Yes	
Yes	Yes, provides HR, infectious disease testing, referral to mental health care & MOUD, and recovery services to Vermonters with housing instability via mobile medical van in Brattleboro and surrounding towns; applying for funds because of a loss of federal funding
Yes	Get update on progress to date with past funding
Yes	
Yes	good program for mobil treatment
Yes	Proposal meets the scope of OSC funding, I'ld like to know more of sustainability plan.
Yes	Would need to learn about previous outcomes.
Yes	Substance abuse treatment services through mobile clinic outreach is a solid community based intervention

HireAbility Dept of Disability Aging and Independent Living (DAIL)	
Further consider proposal?	
No	
No	Reporting on results from first-round funding needed.
No	Very large request and I believe large requests should be directly reducing OD deaths

No	Would recommend partial funding; provides employment and career services for people with SUDs; focuses on an important area that is less represented among these 63 proposals; nicely detailed outcomes; however, they received $10M in funding just 4 years ago and it is not clear whether that has been depleted (vs. they note anticipating diminished federal funding in the immediate future)- perhaps their need for this funding is not current/urgent but they are trying to prepare for future funding droughts? It is hard to tell. Overall, important area of focus but true need for this large amount is not clear
No	can't the state of vermont fund this?
No	Relying on the settlement fund is not conducive to continued sustainability.
Recuse	As a state employee, I am recusing myself
Yes	
Yes	Same as 56
Yes	fits recovery criteria
Yes	
Yes	Contingent on review of progress reports and outcomes.

Hope Grove Recovery	
Further consider proposal?	
No	
No	Why is there no funding from UVM reported for this testing phase of the program?
No	This is a lot of money to serve a very small number of people and there has been a lot of money allocated to recovery residences already
No	Proposal is too vague
Yes	Yes, dedicated women's recovery residence; important target population and much-needed support mechanism in St. Albans/Franklin Co; includes partnership with UVM students and faculty
Yes	break cycle for women
Yes	Like to hear more in regards to this initiative
Yes	Unique programming at a recovery residence
Yes	
Yes	
Yes	Need to learn how this would fit with other recovery housing initiatives
Yes	Franklin County is an underserved rural county especially in regard to women services.

Howard Center, Inc.	
Further consider proposal?	
No	
No	this new service should initially by funded by first-round funding dollars for a launch period
No	Too many degrees of separation from SUD
No	This program does not provide the the direct initiatives addressing overdose response, prevention work or recovery.
No	It seems as if parenting education within the HC client base should be billable under the mental health case rate or should be explored as such
No	Sounds like an amazing program, but that the substance use focus is not primary (general parenting) -- would love to hear pushback on this!
No	
Recuse	

Yes	This proposal is Targeting parents with OUD and their children and benefiting them greatly with wrap around support
Yes	important element in system
Yes	
Yes	Need to review participant recruitment plan

Interaction	
Further consider proposal?	
No	.
No	Reporting needed to determine effectiveness of first-round funding
No	A large amount of funding would need more info
Yes	
Yes	I would like to see current outcome measures.
Yes	ongoing programming which we funded last year - youth center programming as primary prevention and addressing the needs of historically underserved youth
Yes	
Yes	Open to further learning about this.
Yes	Yes, youth center in Bellows Falls and nearby areas which provides prevention and HR to at-risk youth and young adults; nice outcome targets
Yes	seems important for youth
Yes	Prevention (Youth)
Yes	The geographical areas targeted are underserved communities.

Joint Request - Johnson Health Center (JHC) and Vermonters for Criminal Justice Reform (VCJR)	
Further consider proposal?	
No	First-round funding effectiveness needs reporting
Recuse	
Recuse	
Yes	
Yes	Get update on performance to date with past funding
Yes	
Yes	ongoing funding and support from OSAC - providing necessary medical care and services
Yes	
Yes	The use of the term recovery center is concerning when there is an officially recognized one down the street. It would be important to understand how this work aligns with or is duplicative and competitive with other entities, or not.
Yes	Yes, Managed Medical Response Partnership providing intensive medical case management, service coordination, practical needs, harm reduction in two geographic sites; however sustainability plan is underdeveloped and may represent a weakness for future/continued funding
Yes	collaborative effort
Yes	

Kingdom Wellness Collaborative Company	
Further consider proposal?	

No	Perhaps Vermont Corrections should fund this project as the reduction in prisoner support is significant
No	This is a large amount of funding and very abstinence based. People with OUD relapse often and we need programing that will stick by people through periods of use and non-use. Being discharged abruptly casues a great deal of harm and increases risk greatly. Also, there is some stigmatizing language in this proposal.
No	
No	An excellent program but staffing and workforce development should be part of a billable structure for recovery residences
Recuse	
Yes	St. Johnsbury is an underserved rural community, with a large previously incarcerated population given that there is a correctional facility in the town.
Yes	Supports for recently incarcerated
Yes	
Yes	It's worth further consideration. What are DOC or other agencies going to provide for funding?
Yes	Yes, “Ben’s House” program for men leaving corrections/inpatient treatment which provides practical, housing, mental health, job training, etc supports; weakness includes underdeveloped outcomes but a strength is that the job training component could help support program sustainability over time
Yes	important post incarceration
Yes	

Lamoille Family Center - Healthy Lamoille Valley	
Further consider proposal?	
No	
No	
No	Med lock boxes is an important strategy but should be able to be sourced from an alternative place and cannot be prioritized right now
No	Suspect limited impact
No	As previously mentioned, I think these are available for free upon request from the VT Dept of Health -- duplicate effort?
No	
Yes	continuation of medical lock boxes seems a valid use
Yes	Overdose response kits and safe storage boxes reduce significant risk of overdose and safe storage prevents, together they are a comprehensive strategy in harm reduction.
Yes	A solid harm prevention approach for families.
Yes	I wonder if there are other funding sources better suited to this.
Yes	Yes, purchasing locked boxes for safe storage of medication, proposed wide distribution; boxes will also contain information on medication disposal options and other resources; important effort to help reduce abuse, diversion, overdoses and unintentional pediatric exposures
Yes	small amount

LongView International Technology Solutions, Inc.	
Further consider proposal?	
No	I believe these kiosks are gimmicky and far too expensive for their value. There is no guarantee items go to the population we are trying to target and all these items acan be given out and nearby programs. Also Nalxone vending machines that already exist have had many problems. Thsi is a huge amount of money for not a lot of direct value.
No	

No	Cost is prohibitive and not sustainable; reaches far beyond direct opioid issues and we already have narcan vending machines being piloted across the state
No	I question the effectiveness and community uptake. Limited impact
No	
No	these solutions are already being done across the state by other organizations
No	
No	Would need to be considered with the roll out of other Narcan/Harm reduction vending, distribution methodologies
No	No, LTS is a for-profit organization; the one-stop kiosk is a great idea and much needed in VT and elsewhere, but I don't think that opioid settlement dollars should go to for-profit organizations when there is so much great need among other non-profit programs as well as programs losing federal funding in this climate
No	Kiosks not a good idea to me
Yes	
Yes	HealthCare Kiosks are a good community health strategy. Will require additional information on the staffing and storage of the kiosks

Meadowbrook Health Services	
Further consider proposal?	
No	
No	It seems as if a mental health clinician embedded in a primary care clinical team- while a great idea - could be achieved through the Blueprint for Health at the Agency of Human Services
No	
Recuse	
Yes	
Yes	Behavioral health aimed at SUD population
Yes	
Yes	$48,000 seems low to accomplish this objective, however.
Yes	Yes, adding a mental health clinician to the Behavioral Health Expansion Project in Rutland county; moderate outcomes- reasonable but lacking in #s of anticipated individuals to be served; very strong sustainability plan
Yes	collaborative with post incarceration population
Yes	
Yes	I believe there is a need for Integration of VTDOC involved individuals in Rutland where a large correctional center is located

Meerkat Media c/o Beth Botshon.	
Further consider proposal?	
No	
No	A laudable goal but not one we can prioritize at this time
No	
No	Initiative does not constitute a core evidence based intervention in preventing, treating substance use or supporting long term recovery. Lacks a training component.
No	Not directly benefiting the population
No	This should be considered in the context of other marketing, stigma reduction work, and VDH strategies. It's a lot of money with high risk.

No	expensive and not direct treatment
No	Entangled Health proposing a media camaign as well, for 65k vs this request for 450k
No	This should be a demonstration project in a Vermont city before going statewide.
Yes	Concern about limited impact
Yes	
Yes	Yes, as long as it is evidence-based, this proposal will support a multi-component video campaign developed for a youth audience with opioid-related prevention, education, stigma-reducing, resource dissemination content, all of which will be freely available to schools, community organizations and healthcare providers; this one-time infusion of funds could produce a lasting comprehensive educational video portfolio for wide (and free) use

Northeast Kingdom Human Services, Inc.	
Further consider proposal?	
No	
No	reporting needed on first-round funding
No	
No	No, this current proposal covers a big range of areas, including street outreach workers, peer specialists, Front Porch program care coordinator, an entirely different program for pregnant and post-partum women, another on primary prevention and youth engagement; even CM is mentioned, as well as adult outpatient and emergency services programs. It seems that a more targeted proposal (e.g., focusing just on 1 or 2 areas) is likely to have more impact. It is also not clear specifically how the funds will be used. Also of concern is the proposal's mention that expanding utilization by community individuals will "generate revenue to continue to project", which is not clear and could be problematic.
Recuse	Personal biases related to NKHS
Yes	Structuring staffing for street outreach and coordination and care management into treatment makes sense. I'd like to understand how this fits into the outreach workers we are already funding and wonder about a partial award vs the full - how much can the proposal be segmented or interative?
Yes	Proposed initiative falls under all scope of funding, yet very concerned with sustainability plan.
Yes	This is a huge ask. I think it goes along with several other proposals in that it lays out some very important needs and approaches, and should be reviewed and discussed. I think the ask is too much of the total available funding.
Yes	mothers and families
Yes	
Yes	Need to review strategic plan in detail
Yes	

Pathways Vermont	
Further consider proposal?	
No	
No	reporting needed on first-round funding
No	No, important population and evidence-based approach; however, they have received funding previously for this same project but decline to tell us about the progress and/or outcomes from that project; Since the money was recently received and there are no data yet on project implementation or outcomes, it seems that they should proceed with conducting the project as planned, report back and apply for funds in a subsequent year once they have some preliminary data on outcomes and feasibility
No	Await results/evaluation of pilot
No	CM funding is available from other sources

No	sounds heavily focused on housing; expanding on a project that is freshly rolling out
No	
Yes	CM highly effective. It would be great to expand it to other parts of the state
Yes	This is a continuation of an OSAC appropriation from last year for contingency management for a justice involved population and we need continued investment to see results
Yes	
Yes	worth it
Yes	This proposal should be presented after a six-month report is available in Dec. 2025

Prevent Child Abuse Vermont	
Further consider proposal?	
No	reporting needed on first-round funding
No	Well regarded program, the program outcomes though are not specifically tied to reducing opioid misuse, preventing overdoses or recovery related.
No	I believe that this was funded last year and that it was presented as a one time request in search of sustainable funding- while it remains an important goal, I don't think we can prioritize it this year
Yes	
Yes	Yes, requesting continuing support for a state-wide Nurturing Parenting Program for Families in Substance Use Treatment and Recovery; nice specificity in # of groups to be supported by the requested funding
Yes	Get update on impact of past funding
Yes	
Yes	
Yes	
Yes	Worth considering, but it's concerning that this program doesn't seem to be well known to many of us in the field.
Yes	one more year
Yes	Require annual report specifying participant attendance

Recovery Partners of Vermont - Vermont Alliance of Recovery Residences	
Further consider proposal?	
No	reporting needed on first-round funding
No	Although people with OUD desperatly need housing. People who are most at risk and highest risk for OD death are not typically able to navigate our recovery residence system and are very often abruptly evicted with little to no notice for small relapses or "not fitting in". I woudl need to hear more about what changes will be made to serve people in all stages on the recovery process not just during periods of abstinence
Recuse	
Yes	This was OSAC funding from last year and our initial investment should be continued to maintain the capacity we created. I would suggest bifurcating the proposal to consider sustaining funding and the expansion funding separately
Yes	
Yes	Yes, proposal to bring additional beds to certified recovery residences and to establish additional new sites; additional transitional housing is a key need in VT; reasonable description of outcomes; a stronger plan for pursuing other sources of sustainable funding would have been appreciated (currently says “We can also explore new federal funding opportunities in the future”).
Yes	Continue support for recovery housing

Yes	
Yes	
Yes	
Yes	certified recovery residences - good thing but expensive
Yes	Review of last year's program outcome statistics is necessary for continued funding

Rehab Path, Inc.	
Further consider proposal?	
No	
No	
No	pilot initiative.
No	Cannot prioritize at this time and other treatment connection points exist
No	
No	No, Rehab Path Inc is a for-profit organization from out of state; it sounds like Vermont already has an existing VT Helplink system and, if it could use strengthening or further functionality, it would be good to hear from them about what might be considered for funding
No	Seems redundant with other services, limited impact
No	duplicate effort, VT Helplink already in use
No	
No	
No	State should fund
Yes	Need last year's outcome stats on Helplink

Springfield Project ACTION, Inc.	
Further consider proposal?	
No	
No	Situations tables are having a significant impact within the communities established, two counties were left out of this proposal Rutland and Burlington. Settlement dollars are intended for direct remediation treatment, recovery etc. Situation tables are primarily administrative and coordination model, not a direct service. The effectiveness of tables depends on the availability of actual services to refer participants to, without treatment, recovery supports, housing in place table may not directly reduce opioid related harms, better to invest funds into for mentioned services first. Funding for situation tables is better borne by already existing public safety budgets, municipality budgets.
No	Too many degrees of separation from SUD
Yes	
Yes	A unique opportunity to fund community response and targeted initiatives based on a community-collaborative approach and focusing on both public health and public safety and engagement
Yes	
Yes	Yes, public safety and crime, along with their underlying causes, have become key concerns in many VT towns and this proposal requests funding for coordinator staff to support a collaborative “Situation Table” effort to address crime, public safety and public health needs in 5 VT areas
Yes	I want to note that I regularly work with this applicant as a community partner, but I have no financial or governing role.
Yes	
Yes	

Yes	very collaborative
Yes	Reduce funding amount

Springfield School District	
Further consider proposal?	
No	not specific enough to youth most at risk
No	Limited funds - several agencies throughout the state provide these services.
No	Springfield schools should seek student assistance professionals funding through the VT Department of Health DSU
No	
Yes	Preventive focus, target audience.
Yes	
Yes	
Yes	Yes, proposal to address student substance use by placing a trained substance use counselor in Springfield's middle and high schools, implement evidence-based prevention education with students and also their families, care coordination; focuses on a high-need population and geographic area
Yes	
Yes	
Yes	School funding doesn't provide this?
Yes	Need to specify what rural areas the program will be targeting.

State of Vermont, Office of the Child, Youth and Family Advocate (OCYFA)	
Further consider proposal?	
No	Would consider voting yes for a lesser amount
No	Proposal is centered around funding "two new two-year fellowship positions".
No	Important work but cannot prioritize at this time
No	too many degrees of separation from SUD
No	
No	state should fund this
Yes	
Yes	
Yes	Yes, proposal to add 2 new 2-year fellowship positions to the OCYFA's Vermont Family Stabilization Project (1 social work, 1 policy focused), with the goal of supporting families, preventing family separation and reducing rates of foster care for opioid-impacted families; supports for high-risk families are badly needed and this would serve the entire state; very strong, detailed description of outcomes; one-time funding request; nice sustainability potential, even in the absence of additional funding secured
Yes	
Yes	
Yes	Primary prevention strategy for families involved in opioid use.

The Bridge at Ezili's Respite	
Further consider proposal?	
No	

No	Limited funding - prioritizing direct - on ground initiative's.
No	Important work but cannot prioritize at this time and alternate funding sources may exist
No	
No	
Yes	train the trainer, one time funding
Yes	
Yes	training for community members
Yes	
Yes	Yes, this proposal seeks funding for a digital curriculum program aimed at reducing stigma associated with harm reduction, intended for young people but also could be used with adults & practitioners; the focus area is unique and it is definitely the case that the concept of harm reduction is under assault in this current federal climate and yet is a key tool in saving lives, esp in rural areas where immediate access to MOUD may be limited; one-time request for funding, so sustainability is relatively high
Yes	
Yes	Innovative school-based program

Umbrella	
Further consider proposal?	
No	
No	reporting needed on first-round funding
Yes	Funded last year, expansions sound valuable and directly benefit the population
Yes	Proposal expands these intergrated supports and addresses both immediate needs and long term recovery goals.
Yes	As a discrete population, survivors of domestic violence benefit from targeted, recovery oriented services and supports both in and out of shelters
Yes	
Yes	Get update on progress to date with past funding, vulnerable target population
Yes	domestic violence
Yes	
Yes	Yes, seeks to fund shelters, care coordination, harm reduction resources and support for victims of domestic and sexual violence, who often also have co-occurring SUDs; reasonably developed outcomes, though not clear exactly how the requested $150,000 will be used
Yes	
Yes	Assisting Essex and Caledonia counties that are underserved Innnovative

United Counseling Service	
Further consider proposal?	
No	
No	
No	
No	Duplicating service already available.
Yes	The paramedicine model is worth support and exploring in the Bennington area and building on top of successful interventions UCS has already implemented including CHESS Health
Yes	Probably doesn't need this much funding to accomplish the goals, but worth considering.

Yes	Questionable return on investment
Yes	supports EMS, collaborative
Yes	
Yes	Yes, proposal to create a brand new Community Paramedicine Program with UCS to embed peer support staff within the Bennington rescue squad; this is a creative proposed program that addresses the urgent need to connect individuals in acute crisis with follow-up SUD and/or mental health support, which is key for favorable longer-term outcomes (and reduced societal costs); could be a nice model as well for broader dissemination/adoption elsewhere in the state
Yes	
Yes	Innovative approach for a peer support person to be embedded with within the Bennington Rescue Squad.

United Way of Addison County	
Further consider proposal?	
No	more info needed for 2.5 million
No	Very large total ask when there are already a lot of funds being allocated to recovery residences and recovery residences are often not serving those most at risk
No	
No	Although recovery housing is critical, I don't see a connection to the larger recovery housing system in this proposal and worry that it stands alone and the cost is prohibitive at this time
No	Way too big a request
No	Amount of funding requested is too large
No	No, proposal to support development of new recovering housing in Addison County and has nice breadth of partnerships; the need for housing in general, and recovery housing in particular, is great in Addison County and elsewhere; the team's thoughtful planned steps are also solid; however, $2.5M represents a disproportionately large part of the funds available and it would also take several more years and funding infusions before tangible effects are produced; would be great if there was a way to partner with other funding sources to support a portion of this overall cost
No	Need more detailed budget plan.
Yes	
Yes	comprehensive services - treatment/housing --expensive but all together
Yes	
Yes	

Vermont Alliance for Recovery Residences, Inc.	
Further consider proposal?	
No	reporting needed on first-round funding
No	No, funds for scholarships to access certified recovery housing; proposal is focusing on a request to the VT DoH's SUD to amend grant agreements for enable greater flexibility in scholarship spending on recovery housing, which is beyond the scope of this proposal review; identical responses to questions 13 and 14?; unclear whether the requested amount would be needed if the requested changes to scholarship eligible spending were not made
No	
No	
Recuse	

Yes	If people are in recovery residences it's important that they have support in paying rent and entry fees
Yes	Ongoing funding and support from OSAC which absolutely needs to continue to maintain capacity in our system
Yes	
Yes	Get update on progress to date with past funding
Yes	Supporting recovery residences is an essential component of a successful recovery continuum.
Yes	scholarship for certified recovery residences - yes!
Yes	

Vermont Association for Mental Health and Addiction Recovery	
Further consider proposal?	
No	No, funding to continue CLI's curriculum offerings to groups like peer recovery coaches, first responders, etc with an overall aim of addressing stigma, increasing harm reduction and treatment knowledge and availability; also requesting support for VT employers interested in creating more supportive work environments for employees in recovery (workforce training and supports); however this is a relatively large budgetary ask for perhaps slightly less urgent needs relative to other proposals in this round; would be great if it were possible to partially fund; also not clear specifically how the requested $330k would be spent
No	
No	An important and laudable goal but should be addressed through alternate sources and collaboration
No	Too many degrees of separation from SUD
Recuse	
Recuse	
Yes	
Yes	
Yes	
Yes	Need more information on NH program outcomes
Yes	important training for rural recovery and employer engagement
Yes	

Vermont CARES (Committee for AIDS Resources, Education and Services)	
Further consider proposal?	
No	No, requesting funds to create a Social Engagement and Volunteer Coordinator role to enhance community engagement, harm reduction programming and communication; however, this proposal addresses slightly less urgent needs relative to other proposals in this round
No	
No	The outreach work should be connected to our current outreach and engagement efforts - the social engagement and volunteer coordinator role cannot be prioritized at this time
No	Adds admin, not direct services
No	Funding proposal of position does not constitute a direct, evidenced based strategy for reducing opioid related harm.
No	reporting needed on first-round funding
No	
No	prefer treatment and recovery
Yes	Big price tag, but worth looking at.

Yes	
Yes	Need more detailed explanation on the use of these funds
Yes	

Vermont Department of Corrections - Recovery Partners of Vermont	
Further consider proposal?	
No	No, Proposal is to continue an existing peer recovery coaches embedded within VT's correctional facilities; strong outcomes data from the program's first 2 years, reaching 639 individuals in 5 of 6 facilities as well as 402 on P&P; valuable service, important population that's at high risk for recidivism, relapse and overdose; however, $1.25M represents a disproportionately large part of the funds available; would be great if there was a way to partner with other funding sources to support a portion of this overall cost
No	
No	more info needed on effective outcomes from this program
Recuse	As a state employee I need to recuse myself
Recuse	
Yes	Get update on progress with past funding
Yes	
Yes	recovery housing - valuable
Yes	
Yes	
Yes	Continued support for program, require 2025 reports from previous funding
Yes	

Vermont Department of Health - Green Mountain Recovery Community: Should this proposal be further considered for funding?	
Further consider proposal?	
No	No, proposal to pursue yet more recovery housing services in VT; geographic area is "to be determined"; insufficient sustainability plan, esp for the large amount requested; Question: How many proposals of our 63 are focused on recovery housing? It seems we are at risk of ending up with a fractured and/or duplicative and possibly at times conflicting patchwork quilt of recovery housing programs in the state. Perhaps we need to view these proposal rounds at a higher level- for ex, decide in advance what overall proportion of the funds we want to allocate to the different categories (eg., recovery housing, harm reduction, prevention, treatment, corrections related, etc). Otherwise there risks being no rhyme or reason for the variety of proposals (in this case, recovery housing) that end up getting funded in a given year and much greater synergy, impact and efficiencies could be realized by taking a coordinated approach.
No	lots of funding for recovery residences already
No	reporting needed on first-round funding
No	
No	Geographical area needs to be addressed in proposal
Recuse	As a state employee, I need to recuse myself
Yes	Invests into higher acute care, longer term stays.
Yes	To at least answer the question,How does this differ or add to existing programs?
Yes	

Yes	treatment and recovery
Yes	Big price tag - lots of thoughts on this one.
Yes	

Vermont Department of Health, Office of Emergency Medical Services	
Further consider proposal?	
No	I have not seen this highly utilized in Burlington. They have been doing it for many months and have almost no participants
Recuse	As a state employee, I need to recuse myself
Yes	Yes, funds to increase in the number of EMS agencies participating in the PREVENT initiative, which is a prehospital VT EMS buprenorphine treatment program which enables first responders to provide buprenorphine to high-risk, acute cases experiencing either overdose or withdrawal, followed by referral to continued care; also will include completion of a Tool Kit to solidify work flows to support uptake by other EMS agencies; hugely important and great area to focus on, with high potential for impact; nice that they're also focusing on how to disseminate their work/model to other groups elsewhere in the state (and possibly nationally?)
Yes	
Yes	
Yes	Support PREVENT programs
Yes	Proposal aligns well with OSF. Initiative has a direct treatment component, intervenes immediately after overdose reducing the risk of repeated overdoses and includes referral services.
Yes	Entry point to MOUD
Yes	
Yes	collaborative with EMS first responders
Yes	
Yes	

Vermont Department of Public Safety	
Further consider proposal?	
No	
No	No, request to improve the Governor's Public Safety Enhancement Team (PSET) with a focus on data collection/analysis and communication with "local projects"; the focus on public safety, crime, and violence is important, however possibly includes less tangible results relative to other proposals in this round
No	
No	PSETS work is mostly Law enforcement / Public safety limited directly to opioid misuse or overdose.
No	Prefer not to fund admin positions; indirect impact on SUD
Recuse	As a state employee, I need to recuse myself
Yes	
Yes	Review of the need for the number of consultants needs to be addressed.
Yes	
Yes	public safety collaboration
Yes	Would only consider if this entity begins to collaborate with organizations, people doing frontline work and voices of lived experience.

Yes	

Vermont Judiciary	
Further consider proposal?	
No	Although low cost, seems less critical than other proposals
No	reporting needed on first-round funding
Recuse	Employed with the Judiciary
Yes	Directly benefits people with OUD and reduces barriers to care
Yes	Yes, requesting funds to support participants' pragmatic barriers (e.g., transportation, access fees to sober housing, essential supplies) to participating in an existing, already-funded treatment court process; these simple but powerful logistical barriers represent huge factors influencing utilization and retention of treatment court and all other important programs for vulnerable populations in VT; this proposal nicely addresses these with this high-risk population of individuals with SUDs and court involvement
Yes	
Yes	Treatment courts are recognized as best practice for OUD and Justice involved individuals.
Yes	Supports for treatment court participates- particularly transportation- leverage investments already in the system and support individuals in their recovery
Yes	
Yes	transportation funding
Yes	
Yes	

Vermont Office of Economic Opportunity	
Further consider proposal?	
No	reporting needed on first-round funding
No	prefer treatment and recovery housing
Recuse	
Recuse	As a state employee, I need to recuse myself
Yes	Support existing program, get update on progress with past funding
Yes	Support for Vermont's emergency shelters
Yes	This was funded last year and should be able to continue as it directly benefits those most at risk
Yes	Yes, request for continued funding of a shelter that includes supports that were identified as the key barriers in a prior survey (e.g., transportation/access, harm reduction, medical staff); nice description of historical context behind the request; reasonable list of outcomes; sustainability plan could be further developed; supports 8 shelters currently with goal to expand further; logistical barriers represent huge factors influencing utilization and retention of shelters and all other important programs for vulnerable populations in VT; this proposal nicely addresses these with this high-risk population of individuals needing temporary shelter support
Yes	
Yes	
Yes	big price tag but important to look at
Yes	

Opioid Settlement Advisory Committee
Rationale for Initial Feedback on FY27 Proposals

Vermont Program for Quality in Health Care, Inc	
Further consider proposal?	
No	
No	Funds limited, other funding sources are available to provide the training.
No	There are other avenues to fund clinical training in hospitals
No	Indirect impact on SUD, alternative funding sources possible
No	No, proposing a 2-part hospital QI project to support their knowledge of opioid prescribing and OUD treatment, best practices, I assume addressing stigma, practical approaches to work flows, policies, etc.; underdeveloped sustainability plan; not clear how the budgeted $150k would be spent; underdeveloped outcomes; not clear how many hospitals would receive this approach if funded
No	
No	
No	not direct service, less able to show direct impact on community -- intial goal is to measure against peers, mid-range includes items like "improved hopsital Star Ratings"
Yes	training - not costly
Yes	Supporting and improving opioid practices at Vermont hospitals is essential
Yes	This is very valuable as many people avoid life saving medical treatment due to fear of treatment at the hospital and fear of withdrawal etc. Anything that helps serve those most at risk in getting life saving medical care is very valuable
Yes	

Vermont Warden Service	
Further consider proposal?	
No	Only remotely related to SUD
Recuse	As a state employee, I need to recuse myself
Yes	needed
Yes	Fall under the scope of funding.
Yes	Yes, to fund the purchase of AEDs for officers as they are often responding to overdose events in rural areas; this will enable them to have an AED in their vehicle; clearly defined goal/outcome with immediate tangible results; directly related to a life-saving service/impact
Yes	
Yes	
Yes	
Yes	first responder training - low cost
Yes	AEDs, and Naloxone overdose kits and training on substance abuse must be included
Yes	
Yes	

Vermonters for Criminal Justice Reform	
Further consider proposal?	
No	reporting needed on first-round funding
No	Funding will be available from sources mentioned in proposal. Seems funding would be duplicating already available funding from

No	
No	
Recuse	
Yes	get update on progress with past funding
Yes	Ongoing OSAC funding which should be continued
Yes	Yes, this proposal is submitted by Tom Dalton, isn't he the submitter of another proposal in this round? Is that ok?; Proposal requests continued funding for an outreach case manager to support high-risk individuals that have contact with syringe service and other low-barrier programs in Chittenden County; also looks to include some case management type supports; could translate to tangible impacts of improved access and/or retention of MOUD/HR services by vulnerable individuals, reductions in overdoses; strong list of anticipated outcomes
Yes	
Yes	education - low cost
Yes	Review of report of progress from prior opioid settlement funding
Yes	

Winooski Partnership for Prevention	
Further consider proposal?	
No	
No	Proposal did not offer a core evidence based intervention that would reduce substance misuse.
No	
No	Does not directly benefit victims of the opioid crisis or those at high risk of OD
No	Questionable impact
No	The Winooski Coalition should seek funding through VDH DSU or their prevention lead organization
Yes	
Yes	Yes, to create new school-based programming & education around medicine safety, disposal, risks, addiction; a critical target population in an important area
Yes	
Yes	education - low cost
Yes	Recommend the addition of program materials be translated into several languages.
Yes	Are prevention dollars not adequately funding this work?

ZSchool, LLC	
Further consider proposal?	
No	I believe these areas are already covered by local area organizations and hospitals, also VT officers have a DRE program requirement
No	
No	No input from the agencies that might contract for these trainings--uncertain if it is wanted or will be used
No	We do this work in Vermont already
No	
Yes	Statewide initiative that fits nicely within the scope of how OSF are to be used.
Yes	

Yes	Yes, important target audience of first responders; not totally clear how much opioid focus would be in the trainings, but hopefully a substantial focus (and inclusion of understanding co-occurring complex conditions, de-escalation, harm reduction etc are also very important); nice description of anticipated outcomes/targeted first responder groups/locations; one-time funding request
Yes	
Yes	first responder training
Yes	Need to review the training curriculum
Yes	