



# **OSAC Program Outcome Presentation**

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**Prevention works. Treatment is effective. People recover.**



# Outreach and Engagement

26 outreach positions are funded throughout the Preferred Provider Network to increase motivation of and engagement with individuals with substance use disorder in settings such as police barracks, shelters, social service organizations, and elsewhere in the community.

Grant agreements have been provided for this work beginning in FY24.

# Outreach and Engagement Outcomes

## Successes:

- Organizations report an increase in collaboration and trust with community partners.
- Organizations report an increase in referrals from community partners.
- This grant allows organizations to have multiple contacts with individuals to engage them and build rapport over time.
- 624 individuals began treatment services because of the direct outreach in FY26.
- VDH convened the outreach staff network to create peer-to-peer learning opportunities. This will be ongoing in FY27.

## Challenges:

- Workforce remains a challenge. At least seven organizations reported their outreach position was vacant at some point during the year. Recruitment and retention are both areas of challenge.
- Some organizations are evolving their systems to better track outreach services.
- Organizations report the nature of this work can be difficult as clients are struggling to meet basic needs.

# Outreach and Engagement Outcomes

Fiscal Year	Number of individuals outreached to	Contacts with community partners
FY24	1119	308
FY25	3144	1166
FY26*	3968	1133
<b>TOTAL</b>	<b>8,231</b>	<b>2,607</b>

\*Partial data

# Contingency Management

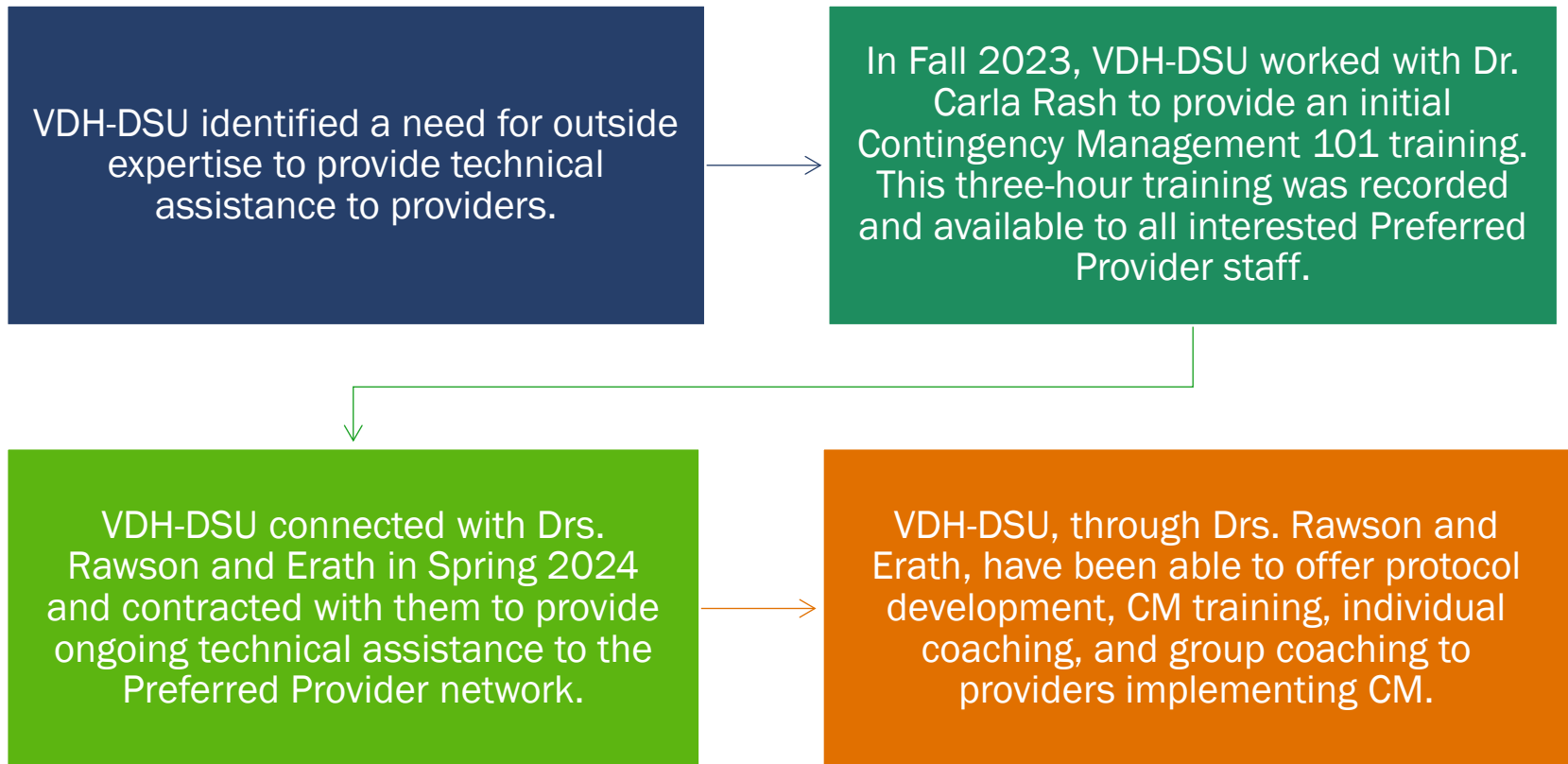
A behavioral technique employing the systematic delivery of positive reinforcement for predetermined goal behaviors.

Tangible items (gift cards, reloadable debit cards) can be earned for the submission of a stimulant-negative urine drug specimen or for completion of other goal behaviors (therapy attendance).

Grant agreements have been provided for this work beginning FY24.

Source: UVM Center on Behavior and Health

# VDH's CM Implementation Approach



# Contingency Management Outcomes

## Successes:

- Organizations continue to report positive feedback and deepening engagement with clients, especially those who were previously difficult to engage.
- Organizations continue to engage with technical assistance through UVM and report that it is helpful to their programs.
- Organizations, in partnership with UVM TA, have continued to evolve their programs to meet the needs of their clients.

## Challenges:

- Workforce remains a challenge. CM enrollment is dependent on having the staff to support the program.
- Because CM funds are appropriated each year, organizations have expressed concern over long-term sustainability.
- Vermont was the first state to fund CM with opioid settlement funds, and program development and implementation took time.
- Providers are evolving their systems to better collect data.
- There are still areas without CM and challenges with transportation.

# Contingency Management Outcomes



Number of providers offering CM: **15**



Number of locations where CM is available: **20**



Types of CM protocols available: **Negative UDS, attendance, hybrid**



Settings where CM is available: **outpatient, intensive outpatient, Hubs**



Number of clients enrolled in CM: **~750**

# Syringe Services Programs (SSPs) + Syringe Disposal

## *What is it?*

- [Syringe Services Programs \(SSPs\)](#) are effective **community-based interventions** that can prevent infectious diseases, link clients to treatment for substance use disorders, and can reduce overdose deaths among people who inject drugs. They do not increase illegal drug use or crime.
- **SSPs offer free and anonymous services** including syringes, supplies, overdose prevention resources and education, and other services in several communities around Vermont. Clients of SSPs are protected from our state's paraphernalia law.
- Vermont has outlined guidelines for [Operating SSPs](#) and [Needle Disposal](#) within the State.

## *What are the key metrics we are collecting in FY27?*

- **Key Metrics (included in grant agreements and SSP Guidelines):**
  - Number of program participants
  - Number of syringes distributed
  - Number of syringes collected – see next slide
  - Number and type of referrals made to participants

## *Who does it serve?*

Individuals Living in Vermont

# SSP Quality Improvement Plan Objectives – Syringe Disposal

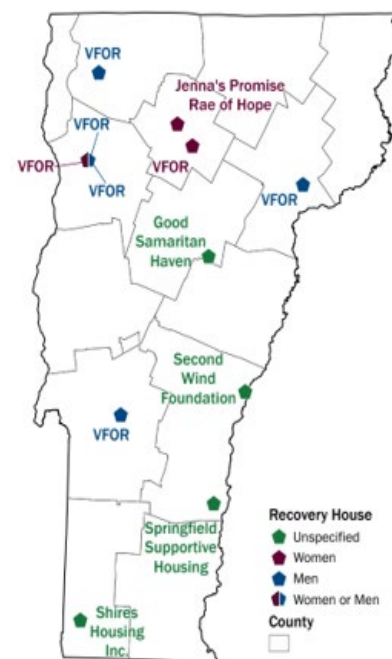
- 1) Ensure SSPs are maintaining or exceeding a return rate of 95% consistently with participants
- 2) Work with SSPs to ensure they are collecting disposal and return data per client and by location.
- 3) Establish a mechanism of accountability for safe syringe disposal among SSP participants
- 4) Increase community disposal options
- 5) Increase community knowledge and utilization of safe disposal options
- 6) Further state involvement and oversight of syringe disposal in communities
- 7) Strengthen community relationships between SSPs and the areas they serve

# VDH Funded Transitional and Recovery Housing

## Overview of Transitional and Recovery Housing

- **Summary:** Provide grants to six recovery residence organizations that manage a total of 118 beds. [Recovery residences](#) provide housing and case planning services for individuals and families. Transitional Housing assists with transition to permanent housing. The voucher program provides financial assistance to people in the early stages of recovery who may not have a stable income or employment.
- **Where/When:** 29 recovery residence/SUD transitional housing locations in 8 counties
- **Population Served:** Individuals with Substance Use Disorder and their families
- **Goals:** Ensure individuals with substance use disorder and their families have access to **safe, supportive recovery housing** while they build recovery capital and **develop sober living skills**.
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## Recovery Residences Locations



**OSAF + General Fund Investments since FY23 have increased VDH funded capacity by approximately 50%**

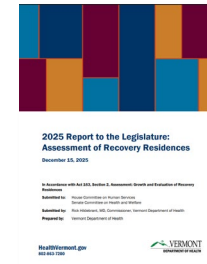
# Background on Recovery Residences and Department of Health reports



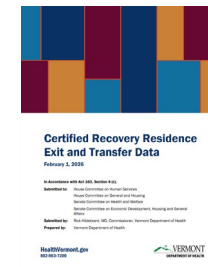
[Vermont Alliance for Recovery Residences \(VTARR\)](#)



[National Alliance for Recovery Residences](#)



[Assessment of Recovery Residences 2025 Report to the Legislature](#)



[Certified Recovery Residence Exit and Transfer Data Report to the Legislature](#)

# The Department of Health supports S. 157 as enacted



*Grants authority to the Department of Health to establish and oversee a certification process for recovery residences*



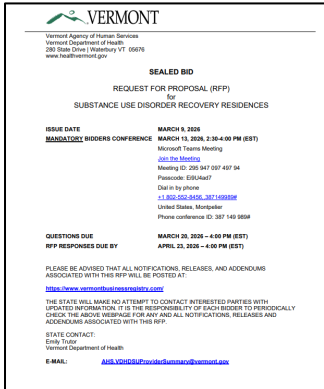
*Requires the Department of Health to establish data collection standards and reporting requirements for certified recovery residences*



*Makes the exclusion for certified recovery residences from landlord/tenant law permanent*

# Rural Health Transformation (RHT) Funds Support Recovery Housing System Enhancements and Expansion

Estimated Budget: \$8 Million each year from years 1 to 5



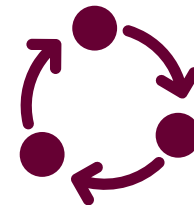
NARR LEVEL II/III RFP  
[RFP Link.](#)



Recovery  
 Housing/Vouchers



Recovery Housing  
 Certifications &  
 Systems



Residence Operations

Expand Capacity | Address Gaps | Data Systems & TA | Train Workforce | Support Operations

# Thank you!

## Let's stay in touch.

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Prevention works. Treatment is effective. People recover.

