Further Consider?

					Received Opioid					already being	other existing or possible
Annlicant	v	N Pague	Geographic Area Proposed to be Served	Amount	Settlement Funding	Content Area	Notes	LIBI	DSU input	conducted in VT?	sources of funding?
Applicant		N RECUSE	Geographic Area Proposed to be Served	Requested	Previously	Content Area	Notes	ORL	People can order free lock bags here (https://vadic.vthelplink.org/safe-storage-bag.html) - at the same time,	VII.	iunung:
302 Cares Coalition	7	5	Wells River, Ryegate, Groton, Topsham, Newbury VT	4.500.00	N	harm reduction/safe disposal	sharps disposal boxes and prescription lock bags	302 Cares	this is an active prevenion coaltion and a gap area and it's a small amount of funding and it would make it easier for the coalition to proactively promote this work in that community.	Yes	No
							expand its statewide initiative aimed at reducing opioid-related harm in Vermont's construction industry. This funding will support the		Narcan and kits can be provided for free and should not be calculated into the budget. Per our Recovery		
							distribution of Narcan, mental health resources, and workforce		Services Organization Certification rule, funding cannot be provided to non-certified RSOs for recovery		
Association of General Contractors	8	4	Vermont	\$250,000	N	prevention, harm reduction	education programs, with a focus on high-risk populations within the trades.	AGCVT - VT Contractors	support services such as peer support as is included in this initiative. Funding for outreach and training makes sense, but the budget would need to be reduced to meet this need.	No	Not within DSU
							Healthworks ACT is Vermont's first multi-agency Assertive Community Treatment (ACT) team, serving adults in the Brattleboro		The treatment services are billable to insurance companies and that billing should have been prioritized prior to the loss of federal funding to sustain the activities. Additionally, HCRS, one of the partners in this activity		
							region with substance use and co-occurring disorders (SUD/COD),		receive funding from VDH for services to uninsured/underinsured individuals that could be utilized for		
вмн	8	4	Brattleboro, VT	\$550,000	N	treatment	severe and persistent mental illness, and complex health and housing challenges.	Brattleboro Memorial Hospital	treatment services. VDH funds the local recovery center to provide recovery services and supports in the area. This does not support statewideness.	No	Yes - for treatment
									I am not clear from the proposal what the funding is actually being requested for. Treatment services, which contingency management are a part of are billable to insurance. I am not clear if the funding is for the		
									incentives or for the consultation for building the CM program. More information and clarity is needed. This		
									would also inform whether or not I would want to know the proposed numebrs served for the dollars requested. This does not further statewideness as CM is available statewide already, I am also not clear how		
Bridges Healthcare	8	4	Chittenden County	\$100,000	N	youth prevention, intervention, treatment	contingency management for youth	Home	this would work collaboratively with Spectrum who serves the youth population in the greater Burlington area.	Yes	Yes - for treatment
			,				3. 0. 0.		(1) the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they could apply for. This is a	No. not in the	
									strong substance miuse prevention coalition that did experience a signficant loss in federal funds due to high	geographic area	
Burlington Partnershihp	7	5	Burlington, Vermont	\$40,000	N	prevention	youth, caregivers of youth and general population integrates mental health clinicians directly into affordable housing	Burlington Partnership for a Healthy Community BTV's Subs	competition for SAMHSA Parnterships for Success Community Grants. Appropriately credentialed clinicians are able to bill insurances (including Medicare) for mental health	proposed	No
Cathedral Square 1			Statewide	\$1,033,000	N.	older adults and individuals with disabilities	communities, improving access and reducing stigma for older adults and individuals with disabilities.	Afficiately University Control & Constal Novel Control	services. Additionally, VDH funds recovery centers to provide recovery support services statewide to all	Voc	Yes - for treatment
Catileurai square 1	9	3	statewide	\$1,033,000		order adults and mulviduals with disabilities		Arronable Housing for Seniors & Special Needs — Cathedral 3	It is unclear that this application demonstrates any current experience and/or success in opening and	ies	treatment
							launch a trauma-informed, peer-led transitional housing program in Rutland that fills a critical service gap unaddressed by Medicaid and		operating recovery residences. Seems to be a high risk without the necessary experience and would be an opgoing expense to the state/funding pressure when settlement dollars run out. This would not support		
Common Ground Recovery	9	3	Rutland, Vermont	\$176,000	N	Sober Living/Recovery Housing	other payers.	Fundraiser by Timothy Farr : Help Launch Common Ground Re	statewideness.	Yes No, not in the	Not within DSU
									billable services the funding would cover. Housing stability is crucial to supporting people to remain engaged		
Community Care Network-Rutland Mental Health	11	1	Rutland County	\$25,000	N	Sober Living/Recovery Housing	transitional housing with wrap around supports	Home — Community Care Network	in services-this seems like a solid proposal. Other than the contingency management, this seems to be a request to fund ongoing staffing. The CM, if	proposed	Not within DSU
									done to fidelity could be a beneficial investment, but I am not clear what the staffing will do beyond what is already happening at Dismas. There is also the concern that they will look for ongoing funding in perpetuity		
									to keep the staffing levels. Additionally, they mention recovery support services, which are funded and		
									available through recovery centers statewide. Funding request/pressures will fall to the state when settlement dollars run out. Does have some statewide spread. Also adding that much of the training		
Dismas of VT	9	2 1	State of Vermont	\$300,000	N	Housing with focus on those coming out of incarceration	transitional housing with wrap around supports	Dismas Houses in Burlington, Hartford, Rutland and Winooski	documented could be provided for free by the state or our partners Program looking for ongoing funding for staffing, etc. This will fall to the state when settlement dollars run	Yes	Not within DSU
									out. Does not support statewideness. Elevate is currently funded for an outreach FTE-it is unclear how that		
									FTE would be duplicated by/enhanced by this proposal and from prevention lens only, our PC says there is no other teen center or equivalent in the area and this would meet a huge need in our community and this	No, not in the	
Elevate Youth Services 1	7		Barre City, Barre Town (Washington County)	£390 144	V but not for this project	youth prevention, treatment, recovery	establishing a centrally located, city-supported drop-in teen center with explicit prevention, recovery, treatment linkage, and outreach	Elevate Vouth Senders	would benefit the whole community by bringing it to Barre where the need, barriers to access (like transportation, etc) and opportunity for positive growth is greatest.	geographic area	Not within DSU
Elevate Youth Services 1		3	Barre City, Barre Town (Washington County)	\$289,144	t, but not for this project	youth prevention, treatment, recovery	with explicit prevention, recovery, treatment linkage, and outreach	Elevate Youth Services		proposed	NOT WITHIN DSU
							sustain Direct Prevention Services at the Basement Teen Center (BTC)		This proposal refers over and over to "counselors", this would indicate potential billable services. Additionally, recovery support services are funded through recovery centers. This looks to pay for FTEs,		
							Preserve regular, consistent access to HYP Counselors, meals, activities, prevention and harm reduction supplies, and outreach for		ongoing funding pressures on the state when settlement dollars end. This does not support statewideness. This proposal also references "outreach", as Elevate is already funded for 1 FTE outreach it is unclear how		W 4
Elevate Youth Services 2	7	5	Montpelier area, Washington County	\$120,000	Y in FY26	youth prevention, treatment, recovery	activities, prevention and harm reduction supplies, and outreach for Central Vermont youth ages 12–18.	Elevate Youth Services	this proposal would duplicate/enhance the existing outreach funded position.	Yes	Yes - for treatment
									Wound care supplies should be able to be purchased as DME and billed to insurances for eligible patients. I wonder about other community resources providing food, hygeine supplies, etc and whether there is the		
							provide essential services (food, transportation, hygiene kits, wound		opportunity to leverage existing community partnerships instead of duplicating efforts. This does not		Yes for wound
Gifford Health Care Addiction Medicine 1	9	3	Washington County, Orange County	\$65,000	N	prevention, harm reduction, recovery	care, etc.) to those receiving outpatient treatment cover four hours of an Addiction Nurse Practitioner's (NP) salary to	Gifford Addiction Medicine services: medication, counseling,	support statewideness.	Yes	care supplies
Gifford Health Care Addiction Medicine 2	8	4	Washington County, Orange County	\$15,000	N	treatment	sustain the existing partnership with People's Health and Wellness Clinic (PHWC) in Barre	Gifford Addiction Medicine services: medication, counseling	These are billable services. The billing, if there are sufficient patients to justify and FTE, would cover the cost of the licensed provider. This does not support statewideness.		Yes for treatment
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	123,000			launch a pilot program for administering long-acting injectable (LAI)				Yes for
Gifford Health Care Addiction Medicine 3	9	3	Washington County, Orange County	\$130,000	N	treatment	Buprenorphine in the emergency department (ED) at Gifford Health Care	Gifford Addiction Medicine services: medication, counseling,	The medication is billable to insurance, this is the bulk of the funding requested This does not support statewideness.		treatment
									VDH already funds recovery coaching through recovery centers who can serve anyone statewide. This would be redundant. This does not support statewideness.		
							support the addition of a full-time Recovery Coach to our care team. This individual will be based in the clinic and will also provide service:		TPC Central currently provides recovery coaching in the ED services there and has found it difficult to		
Gifford Health Care Addiction Medicine 4	7	5	Washington County, Orange County	\$65,000	N	recovery	in the Emergency Department and inpatient units as needed	Gifford Addiction Medicine services: medication, counseling,	regularly get calls from Gifford. TPC Central could support this need. Additionally, our RSO certification rule restricts who we can provide funding to do RSS to certified RSOs only	Yes	Yes
									(1) the proposal would serve an area in need-(Bellows Falls is a gap area, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they	No, not in the	
Greater Falls Connections	7		Rockingham, Westminster, Grafton, Athens, Springfield	\$125,000	N.	youth prevention	expand prevention-focused staffing and youth programming space in response to increasing community need	Greater Falls Connections substance use prevention 44 Sch	could apply for. This is a high need area and this group is on its last year of a federal grant and continues to build its capacity and infrastructure.	geographic area proposed	No
dreater rais connections	-	3	Rockingham, Westimister, Granton, Athens, Springheid	3123,000	N	youth prevention			build its capacity and infrastructure.	proposeu	NO
							would enable continuation of the project into FY27; currently funded with Opioid Settlement funds from FY26, and HRSA funding for the 3				
							previous years, continue our mobile outreach efforts in Brattleboro				
							and surrounding areas to provide a range of intervention, harm reduction, and recovery services to individuals experiencing SUD.				
							Services include but are not limited to wound care, HIV/HCV testing, syringe exchange, Narcan distribution, confidential drug-checking,		A number of these services are insurance billable, additionally HCRS receives funding for outreach FTEs and for services to the uninsured/underinsured. This is not supporting statewideness and continues to having		
			Primarily Brattleboro and surrounding towns in Windham				referrals to Medically Assisted Treatments such as methadone,		funding pressure on the state moving forward.		
Health Care and Rehabilitative Services	10	2	County.	\$310,000	Y in FY26	harm reduction, treatment, recovery	suboxone, and vivitrol, peer support from persons with lived experience, and referrals to treatment and recovery services.	Homepage - HCRS	This has caused issues for us this year because we are restricted in who we can provide RSS funding to (certified RSOs).	Yes	Yes
							support the foundational infrastructure of our innovative model: staffing and programming at Hope Grove Recovery, a certified Level		This proposal is very unclear in what they actually intend to fund. It does not support statewideness. There is little detail telling what the funding would actually be used for in order to determine duplicative funding,		1 7
Hope Grove Recovery	7	5	St. Albans, Franklin County	\$150,000	N	recovery	III recovery residence for women	Hope Grove Recovery – Together in Strength, Together in Rec	overlap with existing programming, etc. [1] the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other	?	?
			Greater Rockingham area including: Westminster, Bellows				Friends for Change youth center will utilize evidence based strategies to build culturally responsive relationships to ensure high risk youth		sources of funding for the activity beyond any competitive grant applications they could apply for. I will note		
Interaction	9	3	Falls, Grafton, Saxtons River, Athens, Springfield, Putney, Cambridgeport, and Dummerston.	\$200,000	N	Prevention;Intervention;Harm Reduction;	and young adults have increased access to supports that prevent and address substance misuse.	Interaction – Youth Services and Restorative Justice	that this would be an additional year of services, and I am concerned about sustainability beyond OSAC funding	Yes	No
				,	ï.	,	Continued support for the Managed Medical Response Partnership (MMRP), which is the product of two organizations learning through		Services to a high risk population; co-located treatment/recovery. While JHC/VCJR are indicating not		
							experience that we are much more effective when working in tandem	1	Medicaid billable, the staffing model is Nurse Practitioner (NP), a Part-Time Medical Doctor (MD), and a Case	.	
Joint Request - Johnson Health Center and VCJR	9	1 2	Chittenden County and surrounding counties	\$300,000	Y in FY25 and FY76	Intervention;Harm Reduction;Treatment;medical;	to address the medical and treatment needs of people struggling to survive complex opioid use disorder.	Vermonters for Criminal Justice Reform, https://thejohnsonhe	Manager. This proposal specifically speaks to medical and mental health care services, both of which are billable and reimburseable through insurance. This proposal does not support statewideness.	No	Yes
		1 1	and the second s		123 010 1120	, and the second of the second	Kingdom Wellness Collaborative Company is the Non-profit entity	netorn, respay tregonisonie			
							that runs Ben's House, which opened in November of 2024. This is a				
						Treatment;Recovery;Sober living, workforce	program for men coming out of corrections and from in-patient treatment, many of whome are homeless and/or housing insecure,		This program does not support statewideness. It is unclear whether or not existing community resources (VT DOL, HireAbility) make this request redundant. This request will have ongong funding pressures on the state.		
Kingdom Wellness Collaborative	7	4 1	Northeast Kingdom- and statewide	\$250,000	N	development;	into structured sober living with required supportive compnents:	Kingdom Wellness Collaborative	Unsure if this model best supports the 4 dimensions of recovery	Yes	Not within DSU
				_			The Behavioral Health Expansion Project (BEHEP) proposed will integrate a new dedicated full-time mental health clinician with our			1	
							primary care clinical treatment team as a means of expanding				
							comprehensive behavioral healthcare for individuals with OUD/SUD through enhancing access to mental health screening, assessment,				
Meadowbrook Health Services	9	3 4	Rutland County	\$48.000	B.I	treatment	counseling, and case management services of our highly marginalized low-income population.	could not find a website	This proposal specifically speaks to a mental health clinician providing services, this would likley be reimburseable through insurance billing.	Yes	Yes
The second of th		-1 -		340,000			programme progra	The second second	The second secon	1	1.000

Received Opioid or possible Geographic Area Proposed to be Served While the application says the activities will not be billable, the description is of billable services onally, the recovery centers are already funded to provide peer services to all and the organizatio nunity Street Outreach and Harm Reduction, Front Porch War unded for an outreach FTE. It is not clear how these already funded services would not be duplicative. Th donia. Essex, and Orleans Counties (Northeast Y in FY26, not for sa landoff and Care Coordination, Specialized Services for Pregnant an quest will have ongoing fiscal pressures on the state post settlement funding. Additionally our RSO project Reduction;Treatment;Recove Postpartum Women, Primary Prevention and Youth Engagement continued support for Nurturing Parenting Program for Families i rtification rule restricts who can receive funds for RSS to those with RSO certification. Northeast Kingdom Human Service Substance Use Treatment & Recovery, parents build communication skills, set healthy boundaries around substance use, recognize the risks of misuse for themselves and their children, and develop self esteem and community support. The program bolsters protective factors that reduce the likelihood and impact of adverse childhood speriences (ACEs), helping to break cycles of substance use across PCAVT receives \$20,000 from DSU via an MOU each year for the Nurturing Parent Program and they Prevent Child Abuse Vermont nont (all 14 counties) ived \$80,000 from last year's OSC funds for these trainings and VDH/FCH manages that FY26 grant. Not within DSI current Opioid Settlement funding supports 16 certified dences in the following locations: Johnson (Jenna's mise), Barre (VFOR & Good Samaritan Haven), Esse FOR), Morrisville (VFOR), Rutland (VFOR), St. Albans VFOR), St. Johnsbury (VFOR), Bennington (VFOR & The urning Point), Springfield (The Turning Point), Newport lourney to Recovery), and White River Junction (Second The General Assembly appropriated \$1,400,000 in FY26 Opioid /ind Foundation) - there are more than one residence in Settlement funds to support ongoing operational costs of recovery me locations. There are active efforts underway to brin Iditional beds online in the following seven geographic esidences certified by the Vermont Alliance for Recovery Residen VTARR). Recovery Partners of Vermont and the Vermont Alliance for reas: Brattleboro, Middlebury/Addison, Randolph, Bello Recovery Residences, both of which represent all of Vermont's alls, and St. Albans. Increased funding is needed to certified recovery residence operators, request an additional port these efforts, and the number of new beds that v 350,000 for a total operational budget of \$1,750,000 in FY27 Opin very Partners of Vermont - Vermont Alliance fo n bring online in any given fiscal year is dependent on ettlement Funds to continue the State's ongoing support of certifi nis proposal does address statewideness. This proposal will have significant ongoing fiscal pressures on the Recovery Residence estments from the State. Y in FY25 and FY ps://vtrecoverynetwork.org/, https://vtarr.org/ state post settlement dollars. ecovery residences.

Satalyzed by Governor Scott's 2022 10-Doint Dublic Safety Inhancement and Violence Prevention Action Plan, Vermont mmunities facing crime and substance use challenges have forr pringfield is a gap area with not a lot of supports. No one else doing it. No other avaiable funding that I Reduction:Prevention:Intervention:PublicHealth/Publi consortium to strengthen multi-sector collaborations. Each now of - they were denied funding last year and this funding will help ensure this continues region wi his does support the Gov's PSET work, but I do wonder how much duplication there is described when ingfield, Bennington, Brattleboro, St. Johnsbury and Safety Partnerships & Capacity Building in support of all community operates a coalition that brings together law enforcement, healthcare, social services, and recovery partners Springfield Project ACTION discussing the coordination across with the full PSET group areas of the continuum he middle school has a DSU school-based grant (that went from \$60k to \$80k) this year and that employ an SAP but there is no current funding at the high school for family enagement and other things this proposal includes. Further, currently our grants can just go to one school in each SU/SD so they technically can't get a high school grant with our money (plus are still maxed out with our DSU grant). Much of the wor being proposed is in line with our DSU funding so would hopefully be complementary to the funding – it would be important to keep the DSU grant manager informed to ensure no duplication and that work is consistent with prevention best practices. Springfield again is a gap area and this is a need according to our PC schools have other needs related to invervention, recovery and family supports. This is a big grant and other thoughts included: creating a new prevention education curriculum seems like a large amount of ubstance Use Counselors, Family Engagement, Wraparound Servi unding that is not necessary. Would be better to do a capacity building approach to make sure they are Springfield School District ural Vermont \$270.00 Prevention;Intervention;Recovery;Family Supports Campus Safety Measures ccessful in what they are establishing. Narcan is provided for free by DSU larm Reduction Heroes(c) (HRH), the program to be funded unde this proposal, is a comprehensive curriculum designed to address harms associated with substance use and other behavioral health challenges. It weaves together evidence-based practices through engaging activities that are organized into 10 "heroes": archetypes epresenting a different harm reduction skill area (gamification is an This is mainly harm reduction and focused on a harm reduction curriculm. They did receive some funding from the 302 Cares substance misuse prevention coaltion in the area so are coordinating there and it is a ga area. I have no awareness of this program — it is copywritten and I can't find an explanation that touches or sed practice widely promoted in curriculum pedagogyl tewide, with emphasis in Orange, Caledonia, and he curriculum is designed to be peer-run (or self-directed), for ages \$37,200 The Bridge at Ezili's Respite ashington counties adiness for treatment as needed 2+, and for use in intergenerational spaces. the evidence base of this program Not within DS While FY26 funding was greatly appreciated, we continue to see the ubstance use disorder. We ramped up our efforts in FY 26 and we have determined more intensive interventions that would better hi s to meet the local need. Last year, 60% of our clients in our St. ohnsbury-based shelter were struggling with substance use. Oftentimes, those individuals have dealt with multiple traumas in Per the RSO Certification Rule, we cannot provide funding for RSS to non-certified RSOs. While most of this ntegrating Recovery with Gender-Based Vinlence heir lives. Helping them to find success in our shelter can lead then oosal falls outside of this scope, there is a connection to Kingdom Recovery which would be best as a eparate agreement or not included.

rom DSU: It is unclear if this proposal is referencing the DMH Peer Support Providers or PRSS. If PRSS we edonia and Southern Essex Countie n their path to break cycles of abuse and addiction into an issue with providing funding for RSS to a non-RSO Certified entity, and their request for a peer (if PRSS) to conduct screening might be out of scope for a PRSS. Additionally, we currently provide funding through OD2A to TPC Bennington for referrals and wrap around supports from EMS, and their numbers rhough OD2A to TPC Bennington for referrals and wrap around supports from EMS, and their numbers hav been limited. From state EMS Director: The proposed partnership between UC3 and Bennington Rescue is a model program; co-response by appropriately trained staff best equipped to treat and support individuals with SUD / MH is a significant enhancement over traditional EMS response and transport to an emergency department, which is often not desired by the individual in need of support due to stigma. By integrating n partnership with the Bennington Rescue Squad, we will create a these two teams, community members with SUD / MH condition are more effectively assessed, treated, an Community Paramedicine Program where UCS will hire, train and supervise Peer Support staff who will be embedded within the supported in the field, reducing ambulance and emergency department utilization and cost. This proposed partnership expands community access to treatment and recovery services by connecting with individuals Bennington Rescue Squad. where they are. nna's Promise), Barre (VFOR & Good Samaritan Ha sex (VFOR), Morrisville (VFOR), Rutland (VFOR), St. Scholarship funding has been available to date with Opioid bans (VFOR), St. Johnsbury (VFOR), Bennington (VFOR & settlement funds, but they will go away if new money is not ne Turning Point), Springfield (The Turning Point), ewport (Journey to Recovery), and White River Junctic econd Wind Foundation) - there are more than one allocated. Opioid Settlement funds from FY25 were carried forward to continue providing this incentive through FY26, and we anticipal drawing down remaining funds in FY26, especially if we are able to rmont Alliance for Recovery Residence idence in some location: nake adjustments to current grant agreements DH has historically funded vouchers through SOR grant mon The program is currently being funded through two one-time illocations: \$500,000 from the General Assembly in 2024 through Budget Adjustment Act and \$1,000,060 from the Opioid Settle ory Committee in SFY26. These funds expanded the program from its original pilot site of Rutland to nearly every correctional facility and probation & parole office in Vermont. These funds help community providers train and onboard new staff capacity for the program, though additional investments are needed to fully scale a Partners of Vermont Y in FY25 and FY2 sustain this critical infrastructure statewide.

PREVENT anticipates an increase in the number of individuals Nithout OSAC funding, this program will not continue entering MOUD programs after EMS intervention, with a goal of strong retention rates of patients in treatment at the 30-day mark. The primary recipients of these outcomes are patients who, withou this intervention, would likely forgo treatment and continue facing a high risk of overdose recurrence.During the funding period our team will finalize a PREVENT Initiative Tool Kit that will provide step by step procedures and recommendations for an EMS agency to establish a buprenorphine treatment program within their organization, and without state support. This tool kit will be publ available for EMS agencies when opioid settlement funding is no mont Department of Health - Office of Emergence is funding would allow for greater than 30 FMS age onger available to support the PREVENT Initiative learning Vithout OSAC funding, this program will not be able to expand. Once the expansion is complete, funding w ross the state to join the PREVENT initiative Medical Services no longer be needed

Further Consider?

Applicant Y			Amount	Received Opioid Settlement Funding				already being conducted in	other existing or possible sources of
	N Recus	ge Geographic Area Proposed to be Served	Requested	Previously Content Area	Notes	URL	DSU input	VT?	funding?
					The Vermont Treatment Courts are funded through grants, including two four-year Bureau of Justice Assistance (BJA) awards, now in their				
					second year. The BIA grants primarily support program operations by				
					funding staff salaries and direct services. However, the grants do not				
					cover the urgent needs of participants, such as transportation and				
					housing. These unmet needs often prolong participant crises and				
		Chittenden, Rutland, Windam, Orange, Windsor and		Y in FY26, not for same	create barriers to successful engagement in the treatment court		Unclear how existing transportation and other resources could be leveraged making this request redundant		
mont Judiciary 9	2	1 Washington counties	\$20,000	project Treatment;Recovery;	process.	Vermont Judiciary	(e.g. jobs and recovery transportation)	Yes	Yes
					This proposal supports Emergency Shelters throughout Vermont with				
					opioid and drug misuse needs. This includes harm reduction supports,				
					transportation for MOUD and medical appointments and trainings for				
					staff to increase education around harm reduction and other				
					necessary trainings. This support will help shelters keep guests alive		While this proposal says it is not reimburseable, medical care and appropriately qualified medical staff can		
					and better address their recovery needs. These investments allow		bill insurance for their services. Additionally, there may be existing transportation resources to meet needs		
					shelter staff to create safety while focusing on efforts to achieve		(e.g. jobs and recovery, medicaid transportation). Also, VDH provides test strips and naloxone so this request	:	
nont Office of Economic Opportunity 8	2	2 Emergency shelter throughout Vermont	\$800,000	Y in FY26 Harm Reduction; Prevention; transportation;	permanent housing plans.	Office of Economic Opportunity (OEO) Department for Child	seems redundant.	Yes	Yes
							I am not sure if this is something DEPRIP could coordinate outside of settlement dollars. If not, this is a one		
							time request and is alingment with opioid overdose response, and does have statewide ability. From state		
							EMS Director: According to the 2024 Cardiac Arrest Registry to Enhance Survival (CARES) report for Vermont:		
					We would like to allocate the funds towards the purchase of AEDs for		(1) Equipping first responders with AEDs is a priority for Vermont as only 16.7% of all out of hospital cardiac		
					our officers. In recent years, our officers have frequently responded		arrests first attended to by a first responder were treated with an AED, (2) When EMS arrived on scene and		
					to overdoes incidents. Given that they patrol rural areas, it would be		applied an AED, >63% of all out of hospital cardiac arrest patients were in a non-shockable rhythm often due		
					greatly beneficial for them, as often the first responders on scene, to		to prolonged response times in a primarily rural state, and (3) Early defibrillation is a core component of the		
nont Warden Service 10	1	1 The entire state of Vermont	\$20,000	N Intervention; Harm Reduction; Treatment;	have AEDs readily available in their trucks.	Warden Service Division Vermont Fish & Wildlife Department	chain of survival; AEDs have a high-impact and are a cost-effective investment for survival improvement,	No	No
					VCIR is seeking continuation of funding to support outreach to high				
			1 1		risk, challenging to engage clients with active substance use disorder				1
			1 1		(SUD), complex medical conditions, and justice system involvement.			1	1
			1 1		VCIR has a demonstrated ability to reach and support people whose			1	1
			1 1		life circumstances prohibit them from engaging with traditional			1	1
			1 1		systems of care, thereby putting that at risk for death and other		This funding seems as though it could be redundant with the funded positions already in Burlington doing		1
			1 1		serious harms. The full-time Outreach Worker position will engage		outreach and engagement work through the VDH Preferred Providers in the Burlington area. Not clear how		1
			1 1		with community organizations to build referral pathways for		this works with those Agencies providing treatment services. This does not enhance statewideness. 1 year		1
monters for Criminal Justice Reform 7	4	1 Chittenden County	\$76,000	Y in FY26 Intervention; Harm Reduction; Treatment; Recovery;	individuals with substance use disorders.	Vermonters for Criminal Justice Reform	grant executed 10/1/25; workplan due 11/1/25 re: coordinating w/ other organizations.	Yes	Not within DS
			1,	,,			From DSU: Largely a training curriculum and training for fire, EMS, rescue and police - areas identied are	1	
			1 1				largely gap or high need areas and covers a large part of the state. We have found it difficult to engage fire,	1	1
			1 1		ZSchool, LLC, in partnership with the University of New Haven,		EMS, and police in short term trainings (even with CEUs) given tight staffing, and many fire and EMS	1	1
			1 1		proposes to deliver the "Operational Readiness for First Responders"		agencies being volunteer. From state EMS Director: The proposed certificate program builds on traditional	1	1
		Vermont Counties: Windsor, Caledonia, Chittenden,			(ORFR) and "Operational Readiness for Police Officers" (ORPO)		education and training programs that have focused primarily on recognizing and treating an overdose. First		1
		Orange, Addison, Essex, Rutland, Washington, Windham,			certificate programs to a combined cohort of 581 participants in		responders are better prepared to connect with and support individuals with SUD. Raises awareness of and		
		Lamoille, and additional VT counties; serving Fire, EMS,			Vermont fire, EMS/Rescue, and rescue personnel, as well as law		reinforces the need for collaboration between first responders and community-based support and treatment		
ool IIC 7	5	Rescue, and Police departments statewide	\$261.450	N Prevention-Harm Reduction:	enforcement personnel, across 41 agencies.	Zschool - Zschool LLC	organizations: it takes a village	No	Not within DS
osals without Majority Support but Fall into areas of intere	st				· · · · · · · · · · · · · · · · · · ·				
			1				This type of support is greatly needed. We currently advertise Never Use Alone, but that is a nation-wide		
							volunteer run group we have had calls come into EMS from this service so it is utilized. Financially		
		Currently serving Massachusetts, Maine and Connecticut:					supporting a staffed call center would help ensure consistency of calls being answered and grow buy in		
on Medical Center Corp/SafeSpot 6	6	proposed expansion into Vermont	\$400,000	N intervention	remote overdose response	Home - Safesnot Overdose Hotline	potentially lowering the number of individuals dying alone	No	Not within DS
	-	p. spanson and a second	3400,000			TIONE SHEAR OVERSEE HOME	p-to		
							While the program identifies that it recieves some funding from VDH for the CM and treatment for uninsured/underinsured activities, the funding does not meet the full need of the program. This proposal		
							ambarca are managed activities, are managed as the meet the full field of the program.		
					subsize care for un/under insured, contingency management, stocking		does not support statewideness of additional resources to treatment programs but Brattleboro is a		
tleboro CTC+A4S 6	6	Windham County and beyond	\$200,000	N treatment	vending machine	Methadone Clinic Brattleboro Brattleboro CTC Clinic	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state.	Yes	No
tleboro CTC+A45 6	6	Windham County and beyond	\$200,000	N treatment	vending machine purchase small and medium locked boxes for safer in-home storage	Methadone Clinic Brattleboro Brattleboro CTC Clinic	does not support statewideness of additional resources to treatment programs but Brattleboro is a	Yes	No
lleboro CTC+A45 6	6	Windham County and beyond	\$200,000	N treatment	vending machine purchase small and medium locked boxes for safer in-home storage of medicines to be distributed throughout the Lamoille Valley in	Methadone Clinic Brattleboro Brattleboro CTC Clinic	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state.	Yes	No
tleboro CTC+A45 6	6	Windham County and beyond	\$200,000	N treatment	vending machine purchase small and medium locked boxes for safer in-home storage of medicines to be distributed throughout the Lamoille Valley in partnership with schools, medical providers, food shelves/Meals on	Methadone Clinic Brattleboro Brattleboro CTC Clinic	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state. [1] the proposal would serve an area in need, [2] is the activity is not displicative, and [3] are there no other	Yes	No
	6			N treatment	vending machine purchase small and medium locked boxes for safer in-home storage of medicines to be distributed throughout the Lamoille Valley in partnership with schools, medical providers, food shelves/Meals on Wheels, our local homeless shelters, DCF, local law enforcement,	Methadone Clinic Brattleboro Brattleboro CTC Clinic	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state. (1) the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they could apply for. Strong	Yes	No
	6	Windham County and beyond Morrisville Health District	\$200,000 \$15,000	N treatment N Prevention	vending machine purchase small and medium locked boxes for safer in-home storage of medicines to be distributed throughout the Lamoille Valley in partnership with schools, medical providers, food shelves/Meals on Wheels, our local homeless shelters, DCF, local law enforcement, municipalities and faith community.	Methadone Clinic Brattleboro Brattleboro CTC Clinic Healthy Lamoille Valley - Lamoille Family Center	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state. [1] the proposal would serve an area in need, [2] is the activity is not displicative, and [3] are there no other	Yes No	No No
	6			N treatment N Prevention	vending machine purchase small and medium locked boxes for safer in-home storage of medicines to be distributed throughout the Lamoille Valley in partnership with schools, medical providers, food shelves/Medis on Wheels, our lock homeles shelters, OF, focal law enforcement, municipalities and faith communities. The Vermont Family Sabilitation Project has two central	Methadone Clinic Brastleboro Brastleboro CTC Clinic Healthy Lamoille Valley - Lamoille Family Center	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state. (1) the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they could apply for. Strong	Yes	No No
	6			N treatment N Prevention	vention machine our chase small and medium locked boxes for safer in-home storage of mediones to be distributed throughout the Lamollie Valley in partnership with school, medical provider, food shelves/Medis on Wheels, our local homeless shelters, DCF, local law enforcement, municipalities and faith communities. The Vermont Family Stabilization Project has two central components. The first is to provide collaborative waparound child components. The first is to provide collaborative waparound child the vermont family stabilization freger thas two central components. The first is to provide collaborative waparound child the vermon family stabilization freger thas two central components. The first is to provide collaborative waparound child the providers of the control of the cont	Methadone Clinic Brattleboro Brattleboro CTC Clinic Methadone Clinic Brattleboro Brattleboro CTC Clinic Healthy Lamoille Valley - Lamoille Family Center	does not support satewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state. (1) the proposals would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive great applications they could apply for. Strong substance misuse prevention coalition that is well interprated into this region.	Yes	No No
	6			N Prevention Prevention Prevention_intervention_Recovery_comprehensive	vending machine purchase until and medium locked boxes for safer in-home storage of medicines to be distributed throughout the Lamolile Valley in partnership with schools, medical providers, food shevels/Mesia on Wheels, our local homeless shelten, 50°, local law enforcement, municipalities and fash communities. The Vermont Family sublitation Froget has two central components. The first is to provide collaborative wrapszround child welfare self-aboxocy, information, and upport for families with	Methadone Clinic Brattleboro Brattleboro CTC Clinic Healthy Lamollle Valley - Lamollle Family Center	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underseved area of the state. (1) the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they could apply for. Strong substance misuse prevention coalition that is well intergrated into this region. Focused on opiods and child welfare, the courts, family centerd legal advocacy and family preservation -	Yes No	No No
cille Family Center 6	6			wraparound services to individuals in recovery and to	vention machine our chase small and medium locked boxes for safer in-home storage of mediones to be distributed throughout the Lamollie Valley in partnership with school, medical provider, food shelve/Medis on Wheels, our local homeless shelters, DCF, local law enforcement, municipalities and falts communities. The Vermont Family Stabilization Project has two central components. The first is to provide collaborative wapparound child welfare self-advocacy, information, and support for families with active or historical opidio viae. The seconds is to build a policy roadmap stake or historical opidio viae. The seconds is to build a policy roadmap stake or historical opidio viae. The seconds is to build a policy roadmap and the properties of the prop	Methadone Clinic Brattleboro Brattleboro CTC Clinic Methadone Clinic Brattleboro Brattleboro CTC Clinic Healthy Lamoille Valley - Lamoille Family Center	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state. (1) the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of furnifing for the activity beyond any competitive great applications they could apply for. Strong substance misuse provention closel for the strong providence of the properties of the region. Focused on opioids and children, the courts, family centered legal advocacy and family preservation childrien and families with active or historial opiod used on need attention and supports and ran sure these	Yes No	No No
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oille Family Center 6 t of Vermont Office of the Child, Youth and Family	6	Morrisville Health District	\$15,000	wraparound services to individuals in recovery and to	venting machine purchase small and medium locked boxes for safer in-home storage of medicines to be distributed throughout the Lamoille Valley in partnership with schools, medical providers, food seleved/heals on Wheels, our local homeless shelters, DCF, local law enforcement, municipalities and afto communities. The Vermont Farmly Stabilization Project has two central child components. The first is a provider conditionative wrispers could not component to the first is the provider conditionative wrispers could not component. The first is the provider conditionative wrispers could not component to the first its throughout the conditionative wrispers could not contain the component to the condition of the conditionative wrispers could be considered to the conditionative containing the conditionative conditions and the conditionative conditions and the conditionative conditions and the conditionative conditions are considered to the conditionative conditions and the conditionative conditions are considered to the conditionative conditions and the conditionative conditions and the conditionative conditions are considered to the conditionative conditions and the conditionative conditions are conditionative conditionative conditions.	Methadone Clinic Brattleboro Brattleboro CTC Clinic Healthy Lamoille Valley - Lamoille Family Center Home I Vermont Office of the Child, Youth, and Family Advoc	does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underseved area of the state. (1) the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they could apply for. Strong substance misuses prevention coalition that is well intergrated into this region. Focused on opiods and child welfare, the courts, family centerd legal advocacy and family preservation - children and families with active or historial opiod use do need attention and supports and it an sure these kinds of supports are not adequate currently - at the same time, this is a large amount of money and	Yes No	No No Not within DS
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sille Family Center 6 of Vermont Office of the Child, Youth and Family cate 6 ont Association for Mental Health and Addiction	6	Morrisville Health District	\$15,000	wraparound services to individuals in recovery and to preguent and postpartum individuals with opioid use N disorder; Prevention_intervention_itam	vention machine unclaimed to the control of the con	Methadone Clinic Brattleboro Brattleboro CTC Clinic Healthy Lamoille Valley - Lamoille Family Center Home Vermont Office of the Child, Youth, and Family Advoc	does not support satewaideness of additional resources to treatment programs but Brattleboro is a historically underseade area of the state. (1) the proposal would serve an area is need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they could apply for. Strong substance misuse prevention coalition that is well intergrated into this region. Focused on opiods and child welfare, the courts, family centerel legal advocacy and family preservation - children and families with active or historial opiod use do need attention and supports and ran sure these kinds of supports are not adequate currently - at the same time, this is a large amount of money and wordering iff if it heright funding source hough and not sure how its work would continue past filing grant. We are currently unable to grant to VAMHAR. This does not discuss what the trainings look like and could be a conflict with an upcoming RFP for training in the state for recovery. Usure if they have the expertite to work with first responses, additionally, event and 350 to provide harm reduction trainings statewist to work with first responses. Additionally, event add 350 to provide harm reduction trainings statewist to work with first responses.	Yes No	No No Not within DS
colle Family Center 6 c of Vermont Office of the Child, Youth and Family cate 6 nont Association for Mental Health and Addiction	6	Morrisville Health District	\$15,000	wraparound services to individuals in recovery and to pregnant and postpartum individuals with opioid use N disorder;	vention machine or our state of the control of the	Methadone Clinic Brattleboro Brattleboro CTC Clinic Heatthy Lamoille Valley - Lamoille Family Center Home Vermont Office of the Child, Youth, and Family Advoc	does not support satewaideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state. (1) the proposal would serve an area in need, (2) is the activity is not duplicative, and (3) are there no other sources of funding for the activity beyond any competitive grant applications they could apply for. Strong substance misuse prevention coalition that is well integrated into this region. Focused on spicels and child welfare, the courts, family content legal advocacy and family preservation children and families with active or historial opied use do need attention and supports and an usure these lated of supports are not adequate correctly - at the area their, bit is a large mount of money and wondering it's the right funding source though and out sure how this voice continue past the grant. We are currently unable to grant to VAMH4RAT. This does not discuss what the trainings look like and could be a conflict with a number of the state for recoveyr. Unsure if they the the perpetite to we must be the property of the state for recovery. Unsure if they the the expertite to a conflict with a number to grant to VAMH4RAT. This does not discuss what the trainings look like and could be a conflict with a number to grant to VAMH4RAT. This does not discuss what the trainings look like and could be a conflict with a number to grant to VAMH4RAT. This does not discuss what the trainings look like when the expertite to the through the properties of the properties of the part of the properties of the p	Ves No No Ves	No Not within DS
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This does unport st		Yes No

Further Consider?

						Received Opiois	d				already being	or possible
					Amount	Settlement Funding	g				conducted in	sources of
Α	pplicant	Υ	N Recus	e Geographic Area Proposed to be Served	Requested	Previoush	y Content Area	Notes	URL	DSU input	VT?	funding?
								United Way of Addison County (UWAC), Counseling Service of				
								Addison County (CSAC), University of Vermont Health		This proposal does not support statewideness but does address an underserved area in the state for recovery		
								Network-Porter Medical Center (PMC), Turning Point Center of		housing. While the proposal does look at existing community partners, it does not leverage any of the state's		
								Addison County (TPCAC), Charter House Coalition (CHC), and		well-established recovery housing vendors. This seems like a missed opportunity and requires funding for		Yes within
								Mountain Community Health (MCH) have identified a critical need for		planning and development that would be unneccessary if an experienced recovery housing partner was		existing
							Prevention;Intervention;Harm	safe, supportive recovery housing and stronger linkages between		leveraged. This seems to recreate the wheel instead of leveraging existing expertise in the state driving up	Yes, but not in	recovery
U	nited Way of Addison County	4	8	Addison County, Vermont	\$2,500,000		N Reduction;Treatment;Recovery;	prevention, treatment, recovery, and housing in Addison County.	We are the Uniters. We bring people together to solve probler	expenses and increasing risk of failure of the project.	this geography	housing grants
								We propose to use these funds to create and sustain a Social				Yes - SSPs have
								Engagement and Volunteer Coordinator role that will strengthen our				significant
								organization's ability to respond to substance use, opioid use disorder			No, not in the	carryover from
				Statewide with an emphasis on more rural counties with				(OUD), and overdose through expanded programming, intentional			geographic area	previous
v	ermont CARES	4	8	more limited access to our services	\$150,000		N Harm Reduction;	networking, and statewide communication strategies.	homepage - Vermont Cares	This work is not covered by Medicaid and would help strengthen the continuum at large	proposed	awards
										This does address statewideness to some extent due to the number of BAART clinics in the state. While		
					1					BAART does receive some grant dollars to provide treatment services to the uninsured/underinsured	l	
В	AART	2	10	statewide	\$1,008,000		N treatment	subsidize care for un/under insured	Opioid Addiction Treatment Centers	population, it does not fully address the need in Vermont for these funds.	Yes	No

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