Opioid Settlement Advisory Committee - Initial
Feedback on FY27 Applications

Applicant	Further Consider? Y	N	Recuse	Geographic Area Proposed to be Served	Amount Requested	Received Opioid Settlement Funding Previously	Content Area	Notes	URL	DSU input	already being conducted in VT?	other existing or possible sources of funding?
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	People can order free lock bags here (https://vadic.vthelplink.org/safe-storage-bag.html) - at the same time, 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
Association of General Contractors	8	4		Vermont	$250,000	N	prevention, harm reduction	expand its statewide initiative aimed at reducing opioid-related harm in Vermont's construction industry. This funding will support the distribution of Narcan, mental health resources, and workforce education programs, with a focus on high-risk populations within the trades.	AGCVT - VT Contractors	Narcan and kits can be provided for free and should not be calculated into the budget. Per our Recovery Services Organization Certification rule, funding cannot be provided to non-certified RSOs for recovery 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
BMH	8	4		Brattleboro, VT	$550,000	N	treatment	Healthworks ACT is Vermont's first multi-agency Assertive Community Treatment (ACT) team, serving adults in the Brattleboro region with substance use and co-occurring disorders (SUD/COD), severe and persistent mental illness, and complex health and housing challenges.	Brattleboro Memorial Hospital	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 receive funding from VDH for services to uninsured/underinsured individuals that could be utilized for 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
Bridges Healthcare	8	4		Chittenden County	$100,000	N	youth prevention, intervention, treatment	contingency management for youth	Home	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 this would work collaboratively with Spectrum who serves the youth population in the greater Burlington area.	Yes	Yes - for treatment
Burlington Partnershihp	7	5		Burlington, Vermont	$40,000	N	prevention	youth, caregivers of youth and general population	Burlington Partnership for a Healthy Community | BTV's Subst	(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 strong substance misue prevention coalition that did experience a signficant loss in federal funds due to high competition for SAMHSA Parnterships for Success Community Grants.	No, not in the geographic area proposed	No
Cathedral Square 1	9	3		Statewide	$1,033,000	N	older adults and individuals with disabilities	integrates mental health clinicians directly into affordable housing communities, improving access and reducing stigma for older adults and individuals with disabilities.	Affordable Housing for Seniors & Special Needs — Cathedral S	Appropriately credentialed clinicians are able to bill insurances (including Medicare) for mental health services. Additionally, VDH funds recovery centers to provide recovery support services statewide to all Vermonters.	Yes	Yes - for treatment
Common Ground Recovery	9	3		Rutland, Vermont	$176,000	N	Sober Living/Recovery Housing	launch a trauma-informed, peer-led transitional housing program in Rutland that fills a critical service gap unaddressed by Medicaid and other payers.	Fundraiser by Timothy Farr : Help Launch Common Ground Re	It is unclear that this application demonstrates any current experience and/or success in opening 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 statewideness.	Yes	Not within DSU
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	This program clearly deliniates between billable and non-billable services and clearly identifies the non-billable services the funding would cover. Housing stability is crucial to supporting people to remain engaged in services-this seems like a solid proposal.	No, not in the geographic area proposed	Not within DSU
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	Other than the contingency management, this seems to be a request to fund ongoing staffing. The CM, if 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 documented could be provided for free by the state or our partners	Yes	Not within DSU
Elevate Youth Services 1	7	5		Barre City, Barre Town (Washington County)	$289,144	Y, 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 Youth Services	Program looking for ongoing funding for staffing, etc. This will fall to the state when settlement dollars run 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 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.	No, not in the geographic area proposed	Not within DSU
Elevate Youth Services 2	7	5		Montpelier area, Washington County	$120,000	Y in FY26	youth prevention, treatment, recovery	sustain Direct Prevention Services at the Basement Teen Center (BTC). Preserve regular, consistent access to HYP Counselors, meals, activities, prevention and harm reduction supplies, and outreach for Central Vermont youth ages 12–18.	Elevate Youth Services	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, 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 this proposal would duplicate/enhance the existing outreach funded position.	Yes	Yes - for treatment
Gifford Health Care Addiction Medicine 1	9	3		Washington County, Orange County	$65,000	N	prevention, harm reduction, recovery	provide essential services (food, transportation, hygiene kits, wound care, etc.) to those receiving outpatient treatment	Gifford Addiction Medicine services: medication, counseling, a	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 opportunity to leverage existing community partnerships instead of duplicating efforts. This does not support statewideness.	Yes	Yes for wound care supplies
Gifford Health Care Addiction Medicine 2	8	4		Washington County, Orange County	$15,000	N	treatment	cover four hours of an Addiction Nurse Practitioner's (NP) salary to sustain the existing partnership with People's Health and Wellness Clinic (PHWC) in Barre	Gifford Addiction Medicine services: medication, counseling, a	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
Gifford Health Care Addiction Medicine 3	9	3		Washington County, Orange County	$130,000	N	treatment	launch a pilot program for administering long-acting injectable (LAI) Buprenorphine in the emergency department (ED) at Gifford Health Care	Gifford Addiction Medicine services: medication, counseling, a	The medication is billable to insurance, this is the bulk of the funding requested.. This does not support statewideness.		Yes for treatment
Gifford Health Care Addiction Medicine 4	7	5		Washington County, Orange County	$65,000	N	recovery	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 services in the Emergency Department and inpatient units as needed	Gifford Addiction Medicine services: medication, counseling, a	VDH already funds recovery coaching through recovery centers who can serve anyone statewide. This would be redundant. This does not support statewideness. TPC Central currently provides recovery coaching in the ED services there and has found it difficult to 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
Greater Falls Connections	7	5		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	(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 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.	No, not in the geographic area proposed	No
Health Care and Rehabilitative Services	10	2		Primarily Brattleboro and surrounding towns in Windham County.	$310,000	Y in FY26	harm reduction, treatment, recovery	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, referrals to Medically Assisted Treatments such as methadone, suboxone, and vivitrol, peer support from persons with lived experience, and referrals to treatment and recovery services.	Homepage - HCRS	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 funding pressure on the state moving forward. This has caused issues for us this year because we are restricted in who we can provide RSS funding to (certified RSOs).	Yes	Yes
Hope Grove Recovery	7	5		St. Albans, Franklin County	$150,000	N	recovery	support the foundational infrastructure of our innovative model: staffing and programming at Hope Grove Recovery, a certified Level III recovery residence for women	Hope Grove Recovery – Together in Strength, Together in Recc	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, overlap with existing programming, etc.	?	?
Interaction	9	3		Greater Rockingham area including: Westminster, Bellows Falls, Grafton, Saxtons River, Athens, Springfield, Putney, Cambridgeport, and Dummerston.	$200,000	N	Prevention;Intervention;Harm Reduction;	Friends for Change youth center will utilize evidence based strategies to build culturally responsive relationships to ensure high risk youth and young adults have increased access to supports that prevent and address substance misuse.	Interaction – Youth Services and Restorative Justice	(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. I will note that this would be an additional year of services, and I am concerned about sustainability beyond OSAC funding	Yes	No
Joint Request - Johnson Health Center and VCJR	9	1	2	Chittenden County and surrounding counties	$300,000	Y in FY25 and FY26	Intervention;Harm Reduction;Treatment;medical;	Continued support for the Managed Medical Response Partnership (MMRP), which is the product of two organizations learning through experience that we are much more effective when working in tandem to address the medical and treatment needs of people struggling to survive complex opioid use disorder.	Vermonters for Criminal Justice Reform, https://thejohnsonhe	Services to a high risk population; co-located treatment/recovery. While JHC/VCJR are indicating not Medicaid billable, the staffing model is Nurse Practitioner (NP), a Part-Time Medical Doctor (MD), and a Case 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
Kingdom Wellness Collaborative	7	4	1	Northeast Kingdom- and statewide	$250,000	N	Treatment;Recovery;Sober living, workforce development;	Kingdom Wellness Collaborative Company is the Non-profit entity that runs Ben's House, which opened in November of 2024. This is a program for men coming out of corrections and from in-patient treatment, many of whome are homeless and/or housing insecure, into structured sober living with required supportive compnents:	Kingdom Wellness Collaborative	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. Unsure if this model best supports the 4 dimensions of recovery	Yes	Not within DSU
Meadowbrook Health Services	8	3	1	Rutland County	$48,000	N	treatment	The Behavioral Health Expansion Project (BEHEP) proposed will integrate a new dedicated full-time mental health clinician with our 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, 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

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Northeast Kingdom Human Services	7	4	1	Caledonia, Essex, and Orleans Counties (Northeast Kingdom)	$857,552	Y in FY26, not for same project	Prevention;Intervention;Harm Reduction;Treatment;Recovery;	Community Street Outreach and Harm Reduction, Front Porch Warm Handoff and Care Coordination, Specialized Services for Pregnant and Postpartum Women, Primary Prevention and Youth Engagement	Home — Northeast Kingdom Human Services	While the application says the activities will not be billable, the description is of billable services. Additionally, the recovery centers are already funded to provide peer services to all and the organization is funded for an outreach FTE. It is not clear how these already funded services would not be duplicative. The request will have ongoing fiscal pressures on the state post settlement funding. Additionally our RSO Certification rule restricts who can receive funds for RSS to those with RSO certification.	Yes	Yes
Prevent Child Abuse Vermont	9	3		Vermont (all 14 counties)	$80,000	Y in FY26	Prevention	continued support for Nurturing Parenting Program for Families in 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 experiences (ACEs), helping to break cycles of substance use across generations	Prevent Child Abuse Vermont	PCAVT receives $20,000 from DSU via an MOU each year for the Nurturing Parent Program and they received $80,000 from last year's OSC funds for these trainings and VDH/FCH manages that FY26 grant.	Yes	Not within DSU
Recovery Partners of Vermont - Vermont Alliance for Recovery Residences	9	2	1	Current Opioid Settlement funding supports 16 certified residences in the following locations: Johnson (Jenna's Promise), Barre (VFOR & Good Samaritan Haven), Essex (VFOR), Morrisville (VFOR), Rutland (VFOR), St. Albans (VFOR), St. Johnsbury (VFOR), Bennington (VFOR & The Turning Point), Springfield (The Turning Point), Newport (Journey to Recovery), and White River Junction (Second Wind Foundation) - there are more than one residence in some locations. There are active efforts underway to bring additional beds online in the following seven geographic areas: Brattleboro, Middlebury/Addison, Randolph, Bellows Falls, and St. Albans. Increased funding is needed to support these efforts, and the number of new beds that we can bring online in any given fiscal year is dependent on investments from the State.	$2,050,000	Y in FY25 and FY26	Recovery	The General Assembly appropriated $1,400,000 in FY26 Opioid Settlement funds to support ongoing operational costs of recovery residences certified by the Vermont Alliance for Recovery Residences (VTARR). Recovery Partners of Vermont and the Vermont Alliance for Recovery Residences, both of which represent all of Vermont's certified recovery residence operators, request an additional $350,000 for a total operational budget of $1,750,000 in FY27 Opioid Settlement Funds to continue the State's ongoing support of certified recovery residences.	https://vtrecoverynetwork.org/, https://vtarr.org/	This proposal does address statewideness. This proposal will have significant ongoing fiscal pressures on the state post settlement dollars.	Yes	No
Springfield Project ACTION	9	3		Springfield, Bennington, Brattleboro, St. Johnsbury and Central Vermont	$240,000	N	Recovery;Treatment;Harm Reduction;Prevention;Intervention;PublicHealth/Public Safety Partnerships & Capacity Building in support of all areas of the continuum ;	Catalyzed by Governor Scott's 2022 10-Point Public Safety Enhancement and Violence Prevention Action Plan, Vermont communities facing crime and substance use challenges have formed a consortium to strengthen multi-sector collaborations. Each community operates a coalition that brings together law enforcement, healthcare, social services, and recovery partners.		Springfield is a gap area with not a lot of supports. No one else doing it. No other avaiable funding that I know of - they were denied funding last year and this funding will help ensure this continues region wide. This does support the Gov's PSET work, but I do wonder how much duplication there is described when discussing the coordination across with the full PSET group	Yes	No
Springfield School District	8	4		Rural Vermont	$270,000	N	Prevention;Intervention;Recovery;Family Supports;	Substance Use Counselors, Family Engagement, Wraparound Services, Campus Safety Measures	Springfield School District SG	The middle school has a DSU school-based grant (that went from $60k to $80k) this year and that employes 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 work 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 funding that is not necessary. Would be better to do a capacity building approach to make sure they are successful in what they are establishing. Narcan is provided for free by DSU	No	No
The Bridge at Ezili's Respite	7	5		Statewide, with emphasis in Orange, Caledonia, and Washington counties	$37,200	N	Prevention;Intervention;Harm Reduction;Enhancing readiness for treatment as needed;	Harm Reduction Heroes(c) (HRH), the program to be funded under 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 representing a different harm reduction skill area (gamification is an evidence-based practice widely promoted in curriculum pedagogy). The curriculum is designed to be peer-run (or self-directed), for ages 12+, and for use in intergenerational spaces.	Ezili's Respite Farm & Sanctuary	This is mainly harm reduction and focused on a harm reduction curricum. They did receive some funding from the 302 Cares substance misuse prevention coaltion in the area so are coordinating there and it is a gap area. I have no awareness of this program -- it is copywritten and I can't find an explanation that touches on the evidence base of this program	Yes	Not within DSU
Umbrella	10	2		Caledonia and Southern Essex Counties	150,060	Y in FY26	Integrating Recovery with Gender-Based Violence Services	While FY26 funding was greatly appreciated, we continue to see the need for more intensive services for survivors who also experience substance use disorder. We ramped up our efforts in FY 26 and we have determined more intensive interventions that would better help us to meet the local need. Last year, 60% of our clients in our St. Johnsbury-based shelter were struggling with substance use. Oftentimes, those individuals have dealt with multiple traumas in their lives. Helping them to find success in our shelter can lead them on their path to break cycles of abuse and addiction.	Umbrella | NEK Vermont	Per the RSO Certification Rule, we cannot provide funding for RSS to non-certified RSOs. While most of this proposal falls outside of this scope, there is a connection to Kingdom Recovery which would be best as a separate agreement or not included.	Yes	Not within DSU
United Counseling Service	8	4		Bennington County	$200,000	N	Harm Reduction;Intervention;relapse prevention;	In partnership with the Bennington Rescue Squad, we will create a Community Paramedicine Program where UCS will hire, train and supervise Peer Support staff who will be embedded within the Bennington Rescue Squad.	United Counseling Service | Building a Stronger Community	From DSU: It is unclear if this proposal is referencing the DMH Peer Support Providers or PRSS. If PRSS we run 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 have been limited. From state EMS Director: The proposed partnership between UCS 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 these two teams, community members with SUD / MH condition are more effectively assessed, treated, and 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 where they are.	Yes	Yes
Vermont Alliance for Recovery Residences	7	4	1	All locations with certified recovery residences: Johnson (Jenna's Promise), Barre (VFOR & Good Samaritan Haven), Essex (VFOR), Morrisville (VFOR), Rutland (VFOR), St. Albans (VFOR), St. Johnsbury (VFOR), Bennington (VFOR & The Turning Point), Springfield (The Turning Point), Newport (Journey to Recovery), and White River Junction (Second Wind Foundation) - there are more than one residence in some locations.	$250,000	Y in FY25	Recovery;	Scholarship funding has been available to date with Opioid settlement funds, but they will go away if new money is not allocated. Opioid Settlement funds from FY25 were carried forward to continue providing this incentive through FY26, and we anticipate drawing down remaining funds in FY26, especially if we are able to make adjustments to current grant agreements.	Vermont Alliance for Recovery Residences (VTARR) | Resource	VDH has historically funded vouchers through SOR grant monies.	Yes	Yes
Vermont Department of Corrections - Recovery Partners of Vermont	7	3	2	Statewide	$1,250,000	Y in FY25 and FY26	Recovery;	The program is currently being funded through two one-time allocations: $500,000 from the General Assembly in 2024 through the Budget Adjustment Act and $1,000,060 from the Opioid Settlement Advisory 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 helped community providers train and onboard new staff capacity for the program, though additional investments are needed to fully scale and sustain this critical infrastructure statewide.	Home +K28+J36	Without OSAC funding, this program will not continue.	Yes	No
Vermont Department of Health - Office of Emergency Medical Services	10	1	1	This funding would allow for greater than 30 EMS agencies across the state to join the PREVENT initiative.	$248,000	N	Treatment;Recovery;	PREVENT anticipates an increase in the number of individuals 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, without 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 publicly available for EMS agencies when opioid settlement funding is no longer available to support the PREVENT Initiative learning collaborative.	Vermont Department of Health	Without OSAC funding, this program will not be able to expand. Once the expansion is complete, funding will no longer be needed.	No	No

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Vermont Judiciary	9	2	1	Chittenden, Rutland, Windam, Orange, Windsor and Washington counties	$20,000	Y in FY26, not for same project	Treatment;Recovery;	The Vermont Treatment Courts are funded through grants, including two four-year Bureau of Justice Assistance (BJA) awards, now in their second year. The BJA 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 create barriers to successful engagement in the treatment court process.	Vermont Judiciary	Unclear how existing transportation and other resources could be leveraged making this request redundant (e.g. jobs and recovery transportation)	Yes	Yes
Vermont Office of Economic Opportunity	8	2	2	Emergency shelter throughout Vermont	$800,000	Y in FY26	Harm Reduction;Prevention;transportation;	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 and better address their recovery needs. These investments allow shelter staff to create safety while focusing on efforts to achieve permanent housing plans.	Office of Economic Opportunity (OEO) | Department for Childr	While this proposal says it is not reimburseable, medical care and appropriately qualified medical staff can bill insurance for their services. Additionally, there may be existing transportation resources to meet needs (e.g. jobs and recovery, medicaid transportation). Also, VDH provides test strips and naloxone so this request seems redundant.	Yes	Yes
Vermont Warden Service	10	1	1	The entire state of Vermont	$20,000	N	Intervention;Harm Reduction;Treatment;	We would like to allocate the funds towards the purchase of AEDs for our officers. In recent years, our officers have frequently responded to overdoes incidents. Given that they patrol rural areas, it would be greatly beneficial for them, as often the first responders on scene, to have AEDs readily available in their trucks.	Warden Service Division | Vermont Fish & Wildlife Departmen	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: (1) Equipping first responders with AEDs is a priority for Vermont as only 16.7% of all out of hospital cardiac arrests first attended to by a first responder were treated with an AED, (2) When EMS arrived on scene and applied an AED, >63% of all out of hospital cardiac arrest patients were in a non-shockable rhythm often due to prolonged response times in a primarily rural state, and (3) Early defibrillation is a core component of the chain of survival; AEDs have a high-impact and are a cost-effective investment for survival improvement,	No	No
Vermonters for Criminal Justice Reform	7	4	1	Chittenden County	$76,000	Y in FY26	Intervention;Harm Reduction;Treatment;Recovery;	VCJR is seeking continuation of funding to support outreach to high risk, challenging to engage clients with active substance use disorder (SUD), complex medical conditions, and justice system involvement. VCJR has a demonstrated ability to reach and support people whose life circumstances prohibit them from engaging with traditional systems of care, thereby putting that at risk for death and other serious harms. The full-time Outreach Worker position will engage with community organizations to build referral pathways for individuals with substance use disorders.	Vermonters for Criminal Justice Reform	This funding seems as though it could be redundant with the funded positions already in Burlington doing outreach and engagement work through the VDH Preferred Providers in the Burlington area. Not clear how this works with those Agencies providing treatment services. This does not enhance statewideness. 1 year grant executed 10/1/25; workplan due 11/1/25 re: coordinating w/ other organizations.	Yes	Not within DSU
Zschool, LLC	7	5		Vermont Counties: Windsor, Caledonia, Chittenden, Orange, Addison, Essex, Rutland, Washington, Windham, Lamoille, and additional VT counties; serving Fire, EMS, Rescue, and Police departments statewide.	$261,450	N	Prevention;Harm Reduction;	ZSchool, LLC, in partnership with the University of New Haven, proposes to deliver the "Operational Readiness for First Responders" (ORFR) and "Operational Readiness for Police Officers" (ORPO) certificate programs to a combined cohort of 581 participants in Vermont fire, EMS/Rescue, and rescue personnel, as well as law enforcement personnel, across 41 agencies.	Zschool - Zschool LLC	From DSU: Largely a training curriculum and training for fire, EMS, rescue and police - areas identied are largely gap or high need areas and covers a large part of the state. We have found it difficult to engage fire, EMS, and police in short term trainings (even with CEUs) given tight staffing, and many fire and EMS agencies being volunteer. From state EMS Director: The proposed certificate program builds on traditional education and training programs that have focused primarily on recognizing and treating an overdose. First responders are better prepared to connect with and support individuals with SUD. Raises awareness of and reinforces the need for collaboration between first responders and community-based support and treatment organizations; it takes a village…	No	Not within DSU
Proposals without Majority Support but Fall into areas of interest												
Boston Medical Center Corp/SafeSpot	6	6		Currently serving Massachusetts, Maine and Connecticut; proposed expansion into Vermont	$400,000	N	intervention	remote overdose response	Home - Safespot Overdose Hotline	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 supporting a staffed call center would help ensure consistency of calls being answered and grow buy in -- potentially lowering the number of individuals dying alone	No	Not within DSU
Brattleboro CTC+A45	6	6		Windham County and beyond	$200,000	N	treatment	subsize care for un/under insured, contingency management, stocking vending machine	Methadone Clinic Brattleboro | Brattleboro CTC Clinic	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 does not support statewideness of additional resources to treatment programs but Brattleboro is a historically underserved area of the state.	Yes	No
Lamoille Family Center	6	6		Morrisville Health District	$15,000	N	Prevention	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 communities	Healthy Lamoille Valley - Lamoille Family Center	(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.	No	No
State of Vermont Office of the Child, Youth and Family Advocate	6	6		Entire state of Vermont.	$540,000	N	Prevention;Intervention;Recovery;comprehensive wraparound services to individuals in recovery and to pregnant and postpartum individuals with opioid use disorder;	The Vermont Family Stabilization Project has two central components. The first is to provide collaborative wraparound child welfare self-advocacy, information, and support for families with active or historical opioid use. The second is to build a policy roadmap for multidisciplinary, pre- and post-petition child welfare advocacy for Vermont families with opioid involvement.	Home | Vermont Office of the Child, Youth, and Family Advoca	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 I am sure these kinds of supports are not adequate currently - at the same time, this is a large amount of money and wondering if it's the right funding source though and not sure how this work would continue past this grant.	No	Not within DSU
Vermont Association for Mental Health and Addiction Recovery	6	4	2	Statewide	$330,000	N	Prevention;Intervention;Harm Reduction;Recovery;Stigma Reduction;Treatment;	The Collective Learning Institute of Vermont (CLI-VT) and Recovery Friendly Workplaces (RFW) are currently supported through a limited combination of grants and philanthropic contributions. While these resources have allowed VAMHAR to establish the infrastructure and prove both impact and demand, they are not sufficient to meet the scale of need across Vermont.	VAMHAR	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. Unsure if they have the expertise to work with first responders. Additionally, we fund 3 SSPs to provide harm reduction trainings statewide to professionals	Yes	Yes
Vermont Department of Health - Green Mountain Recovery Community	6	5	1	to be determined	$1,200,000	N	Recovery;recovery housing;	This initiative looks to expand access to recovery housing services in Vermont. The Green Mountain Recovery Community is a recovery housing model offering integrated whole-person care including co-occurring SU and MH clinical services, recovery services, employment support services and Life Skills support and training. GMRC aims to address gaps in the system, particularly for justice-involved individuals, and provides for a stable environment to facilitate recovery.	Vermont Department of Health	Priority for AHS.	No	No
Winooski Partnership for Prevention	6	6		Winooski	$20,000	N	Prevention;	This project addresses Opioid Settlement Fund priorities of supporting prevention programs, specifically, evidence-based programming in schools that includes education of staff, faculty, students and their families, and support for family and school connection.	Winooski Partnership for Prevention	(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 strong substance misuse prevention coalition.	Yes	No
Connecticut Valley Addiction Recovery	5	7		Windsor County, concentrated initiallly on White River Junction	$450,000	Y in FY26	treatment	Barriers to treatment and connection with other services for a population with severely limited access to transportation, lack of insurance to finance treatment, overcoming a lack of trust and stigma in a highly stigmatized population	Connecticut Valley Addiction Recovery, Inc. | addiction treatm	This does not support statewideness, but does address a historically underserved area of the state. While many of the services described are reimburseable, start-up costs to bring on new providers and expand the client census is a real issue. The provider should have a sustainability plan for the ongoing cost of the reimburseable portions of the proposal as insurance reimbursement includes the business operations.	No, not in the geographic area proposed	Not within DSU
HireAbility - DAIL	5	6	1	Burlington, Bennington, Newport and Rutland	$875,000	Y in FY26	Recovery;Prevention;Employment and Career Development;	sustain the five OREP teams currently in place, two in Burlington and one each in Newport, Bennington, and Rutland. These teams provide dedicated employment and career development services for people with substance use disorders.	HireAbility - Where Ability Meets Opportunity	This does support statewideness and is a program that has outcomes and directly serves individuals with OUD to get them back into their communities, to engage with and maintain long term recovery and to return to the workforce as taxpayers, contributing to the economy. If they do not receive funding for FY27, the expanded services they were funded for in FY26 will end.	Yes	No
Pathways Vermont	5	7		Burlington, Barre, Brattleboro, Bennington	$150,000	Y in FY26	Treatment	implement a Contingency Management pilot program with our Housing First Permanent Supportive Housing program. All participants in the permanent supportive housing program have a mental health diagnosis. Many of them are struggling concurrently with substance use.	Pathways Vermont | 14 Years Of Creating Connection	This is for significant expansion and continuation of the CM dollars they received last round. It is unclear from the application exactly what the funds would be used for (staffing versus the actual incentives). This is not a statewide program but could potentially compliment exixting CM work through the PP network but the application does not speak to that coordination.	Yes	No
Howard Center	4	7	1	Chittenden County	$110,000	N	Prevention;Intervention;Treatment;Recovery;Child & Family Stability During Recovery;	initiate a program which focuses on enhancing supportive services to clients of the Chittenden Center and their children/families.	Opiate Addiction and Recovery - Howard Center	This proposal does not support statewideness. This proposal describes services that are reimburseable so it is not clear what, if any, additional funding would support.	No	Yes

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