Summary and Status Report for activities funded by Opioid Settlement Funds created by the Vermont Department of Health and updated regularly Last updated: February 20, 2024

	ROUND ONE – FY 2024						
Activity	Budget	Timeline and Status					
Naloxone Distribution	\$1,980,000	Community Distribution					
		Update 2/20/2024					
		Funding will be used to support current and new naloxone purchases as needed to implement all current and new community distribution					
		initiatives.					
		Community Distribution Data Reports: The Department publishes quarterly data briefs on <u>naloxone distribution by Community partners</u> and					
		Administration of Naloxone by Emergency Medical Services. The 2023 briefs have been posted.					
		 • 68,827 doses of naloxone were distributed by the health department to community partners. Community naloxone was reported to reverse 152 overdoses Naloxone Distribution by the Vermont Department of Health The following table contains data on naloxone-related kits and materials distributed to community partners by the Vermont Department of Health. This includes Narcan® kits provided to the OOPRP community naloxone distribution sites, harm reduction packs (HRP) given to distribution sites, and leave behind kits given to first responder agencies. 					
		Distribution of Naloxone Doses from the Vermont Department of Health – 2023 (Preliminary)					
		Narcan® kit program: Number of doses C 400 0 200 14 024 0 050 25 467					
		distributed to community sites 6,480 9,398 11,031 8,298 35,167					
		distributed to HRP sites 6,110 9,866 8,972 5,594 30,542 Leave behind kits: Number of doses provided 528 498 1,244 848 3,118					
		to first responder agencies (2 doses/kit) Total doses of naloxone distributed by the Vermont Department of Health 13,118 19,762 21,247 14,700 68,827					
		Vending Machines Update 2/20/2024 A Request for Information (RFI) to identify what types of vending machines/distribution mechanisms are available for purchase has been posted. The RFI can be found Vermont Business Registry and Bid System - Bid Detail]. RFI responses due by March 1, 2024 4:30PM, EST A Request for Proposal for pilot sites will follow. The distribution of the vending machines/distribution mechanisms will address geographic equity, areas of need, and areas of high burden.					

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		Mail order/home delivery		
		Active and open to the public on 10/16/2023.		
		Vermonters can place orders through the Health Department's website at: https://survey.alchemer.com/s3/7566430/Free-Mailed-Narcan-		
		Request-Form		
		Nearly 600 requests received and processed as of 2/20/2024.		
		Emergency Naloxone Boxes:		
		BGS has received bids for purchasing of emergency naloxone boxes. They are reviewing and will provide to VDH for scoring.		
		RFP for community organizations to request emergency naloxone boxes has been posted: https://www.healthvermont.gov/alcohol-		
		drugs/grants-contracts/requests-proposals-information-and-applications		
Medication Dosing	\$2,000,000	Community based locations		
<u>Units</u>		The satellite locations established pursuant to the Act are Addison County, eastern or southern Vermont, and Chittenden County.		
		RFP Issued 11/29/23		
		Proposals are currently under review		
		MDU will be a satellite dosing site from an existing Hub		
		Apparently successful vendors will need to submit a Letter of Intent to the Green Mountain Care Board for jurisdictional determination.		
		2/6/24-no updates		
		DOC-embedded		
		MOU for DOC site is under development.		
		DOC medical provider and BAART are conducting internal corporate review to identify questions/risks.		
		Regular meetings between BAART, DSU and DOC/Wellpath being scheduled		
		2/6/24-no updates		
Outreach Positions	\$1,976,000	DSU PPs were sent an opt in letter. All providers have chosen to participate.		
		15 preferred provider organizations have grant agreements executed.		
		One grant needed to be amended and is in the process of being executed.		
		The remaining grants are awaiting action by the provider.		
		Upon executed grant, funds are available to providers to reimburse for expenses incurred.		
SSP Program Support -	\$400,000	In grant negotiations with SSPs it was determined this funding would be best suited to be added into the SSPs "Core Services" grants rather		
OD Prevention		than as a stand-alone agreement specific to the Overdose Outreach Program started under COVID Block Grant funding. This shift would allow		

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		further flexibility in how these funds could be used to support overdose prevention and linkage to substance use services for those not currently engaged.			
		This decision was announced to all SSPs on 1/8/24. LSID and DSU are currently drafting updated grant language for this shift in programming related to this funding. These grants will have a retroactive start date of 1/1/24.			
		Grants are updated and before VDH Legal at present before they go out for signature.			
Contingency Management	\$840,000	DSU PPs were sent an opt in letter. Initially, all providers chose to participate. However, subsequently, five organizations have elected not to participate largely because of capacity/administrative burden.			
		12 of the 14 preferred providers electing to participate have executed grant agreements as of 1/24/24.			
		Upon executed grant, funds will be available to providers to reimburse for expenses incurred.			
		DSU is continuing to work to provide ongoing TA for implementation for DSU grantees.			
		RFP was issued for statewide application for up to \$50,000. Grant negotiations are under way with apparently successful bidder.			
		2/6/24-no update			
Wound care telehealth	\$100,000	UVMMC has signed the grant agreement. An Alchemer database has been created to track the work that is being done to monitor the impacts of the intervention.			
		More than nine partners throughout the state will be referring to a team of five infectious disease practitioners to assess presenting wounds and develop a plan for treatment inclusive of the provision of wound care materials.			
		An orientation meeting with referring entities will be held the week of 2/20, program is anticipated to launch the week of 2/26			
Fentanyl/Xylazine Test	\$200,000	Current distribution data:			
Strips		FTS:			
		2022 = 94,645 strips			
		2023 = 170,377 strips			
		2024 to date = 2,100			
		Total: 267,122			
		XTS:			
		2023 = 33,560			

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		2024 to date = 3,390		
		Total = 33,950		
		Proposals were reviewed by VDH Program staff and recommendations for purchasing contracts were provided to BGS. VDH is awaiting		
		confirmation from BGS that purchasing contracts have been put in place.		
		This RFP and contract are managed by the Department of Buildings and General Services; the timeline of the proposal review and execution		
		of the contract is outside of VDH's direct purview. Clarification when contract(s) will be in place is still needed.		
Drug Checking	\$700,000	Proposed amount is expected to be sufficient to fund at least four sites, potentially but not limited to, syringe service providers.		
Machines		Understood that this would need to proceed in tandem with the implementation of H.222 Section 12 – 18 V.S.A. §4240a – OVERDOSE		
		PREVENTION; DRUG-CHECKING FOR CONTAMINANT DETECTION.		
		This will be issued as an RFP		
		RFP and Guidelines to be posted in February 2024.		
		Guidelines must be reviewed by VDH Policy and Legal prior to being published		
		DSU met with Brandeis University to better understand the data collection platform Street Check that has been used throughout		
		Massachusetts, the current Vermont drug checking location, and New York. Information obtained from this meeting and		
		demonstration is being integrated into the guidelines and RFP.		

- (1) \$1,980,000.00 for the expansion of naloxone distribution efforts, including establishing harm reduction vending machines, home delivery and mail order options, and expanding the harm reduction pack and leave behind kit programs;
- (2)(A) \$2,000,000.00 divided equally between four opioid treatment programs to cover costs associated with partnering with other health care providers to expand satellite locations for the dosing of medications, including costs associated with the satellite locations' physical facilities, staff time at the satellite locations, and staff time at opioid treatment programs to prepare medications and coordinate with satellite locations; (B) the satellite locations established pursuant to this subdivision (2) shall be located in Addison County, eastern or southern Vermont, Chittenden County, and a facility operated by the Department of Corrections.
- (3)(A) \$1,976,000.00 to fund 26 outreach or case management staff positions within the preferred provider network for the provision of services that increase motivation of and engagement with individuals with substance use disorder in settings such as police barracks, shelters, social service organizations, and elsewhere in the community; (B) it the intent of the General Assembly that these positions shall be funded annually by the Opioid Abatement Special Fund unless and until the Special Fund does not have sufficient monies to fund this expenditure;
- (4) \$400,000.00 divided equally among the State's four syringe service providers to provide overdose prevention services and response education and resources that build trust between individuals with substance use disorder and Vermont's system of care;
- (5) \$840,000.00 to provide contingency management services to individuals with substance use disorder;
- (6) \$100,000.00 to implement a wound care telehealth consultation pilot program for the purpose of utilizing wound care experts to provide telehealth drop-in appointments to address syringe use by individuals with opioid use disorder;
- (7) \$200,000.00 to expand the distribution of fentanyl test strips and, if available, xylazine test strips;
- (8)(A) \$700,000.00 to the Department of Health's Division of Substance Use Programs to award one or more grants to an organization or organizations providing or preparing to implement drug-checking services with spectroscopy devices, including high-pressure mass spectrometer (HPMS) or Fourier-transform infrared spectroscopy device (FTIR), in a harm reduction setting; (B) the grants awarded pursuant to this subdivision (8) shall be based on an applicant's ability to provide publicly available drug-checking services.