



# **Vermont Department of Health Div. of Substance Use Programs**

## **Substance Use Programs Budget Presentation**

July 21, 2025

# Vision

All people and communities in Vermont have equitable opportunities to achieve their highest level of health and well-being.



# Mission

Promote the physical, mental, and social well-being of people in Vermont by advancing equity, protecting against disease and injury, and preparing for health emergencies.



# Values

Equity • Collaboration • Inclusion • Harmony • Data



# Health Department Organizational Structure

Health  
Department

Environment  
al Health

Family &  
Child Health

Laboratory  
Sciences &  
Infectious  
Diseases

Substance  
Use  
Programs

Local Health

Health  
Promotion  
& Disease  
Prevention

Emergency  
Preparednes  
s Response  
& Injury  
Prevention

Health  
Statistics &  
Informatics



# DSU Purpose and Principles

**Prevention Works**

**Treatment is Effective**

**People Recover**

## **Purpose**

The Division of Substance Use Programs partners with the community to plan, support, and evaluate the substance use system of care to ensure fair, compassionate, and equitable access for all individuals in Vermont.

## **Principles**

- Substance use disorder is a brain disease and requires a public health approach, not one that is driven by stigma and shame.
- Prevention and wellness are for the whole population, not only for people with an illness.
- A response to alcohol and other drug issues requires an effective long-term response involving the whole community.
- The system of care must be guided by person and family centered approaches.
- Policies and approaches must be data driven and informed by available evidence.
- Treatment must address the whole person, not just the addiction.

# Substance Use Programs

Oversees a network of prevention, intervention, harm reduction, treatment and recovery services to prevent, reduce and eliminate the health impacts of alcohol and other drug use.

- Community Prevention Coalitions and Prevention Consultants
- Syringe Services Programs
- Impaired Driver Rehabilitation Program
- VT Helplink
- Preferred Provider Network
- Recovery Center Network
- Certified Recovery Housing Providers
- Policy development
- Planning, Communications, Workforce Development and Health Equity
- Data collection and evaluation
- Fiscal oversight
- Grants and Contracts Management



- Visit the [webpage](#)

# NEW DSU Needs Assessment and Strategic Plan

The Health Department has recently published a new needs assessment and strategic plan for substance use services.

[Substance Use System of Care Needs Assessment – A Community Perspective](#)

Published December 2024

[Vermont Division of Substance Use Programs Strategic Plan 2025-2028](#)

Published April 2025

# Key Needs Assessment Themes for Strategic Plan

Findings from data collected through focus groups, interviews, the secondary data review, and the environmental scan were compiled, reviewed, and synthesized to identify a set of key themes which serve as the unifying framework for the findings.








## Strategic Plan Snapshot

Priority Area	Goal Statements	Objectives
<b>Priority 1: Coordination &amp; Collaboration</b>	<b>Goal 1:</b> Vermont's unified substance use system of care has effective and systemic collaboration and coordination between state agencies, community partners, and people impacted by substance use.	1.1: Increase the number of regular/routine cross-cutting convenings/forums with state agencies, community partners, and people impacted to enhance collaboration and coordination.
		1.2: Establish a continuous quality improvement (CQI) approach across the system of care.
		1.3: Improve the sharing of person-level information to better coordinate services.
<b>Priority 2: Expansion of Supports or Services</b>	<b>Goal 2:</b> All people in Vermont have person-centered, high-quality, equitable, and accessible services and supports along the full substance use system of care.	2.1: Increase the quality of care across the system of care (prevention, intervention, harm reduction, treatment, and recovery) by 2028.
		2.2: Increase the person-centered services and supports across the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.
		2.3: Increase the accessibility (timely, affordable, geographic, culturally responsive) of services and supports throughout the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.
		2.4: Improve navigation throughout the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.



Priority Area	Goal Statements	Objectives
<b>Priority 3: Resources &amp; Capacity</b>	<b>Goal 3:</b> Vermont's system of care has the financial, structural, and workforce capacity to anticipate and respond to the evolving impacts of substance use.	3.1: Improve recruitment within the Vermont substance use workforce by 2028.
		3.2: Increase the support for organizations to retain their workforce.
		3.3: Increase funding from diverse sources for direct and indirect services and community-based supports.
<b>Priority 4: Training, Education, &amp; Awareness</b>	<b>Goal 4:</b> All people in Vermont have a compassionate, empathic, and informed understanding of substance use, its root causes, and have an awareness of resources available across the system of care.	4.1: Increase awareness of substance use resources and services available in Vermont through VT Helplink.
		4.2: Expand the types of education and training opportunities for providers working in the substance use field by 10%.
		4.3: Increase policymaker education efforts on substance use to help inform their decisions.
		4.4: Increase education efforts in order to improve understanding, reduce stigma, and foster empathy and compassion towards those impacted.

# SUBSTANCE USE PROGRAMS SYSTEM OF CARE

-  Peer-run Services
-  Community Organization
-  Preferred Providers
-  Private Providers
-  Communications

## Residential Treatment

144 total beds

High intensity residential  
ASAM Level 3.5/3.7  
2 Facilities | 116 Beds

Low intensity residential  
ASAM Level 3.1  
2 Facilities | 28 Beds

## Medications for Opioid Use Disorder

Est 12,000+ clients/year

Hubs  
9 Facilities | 4,500 clients

Spokes  
>241 Prescribers | 8,200 clients  
Led by the Blueprint for Health

Emergency Departments  
Rapid Access | 13 ERs

## Outpatient/Intensive Outpatient

Youth OP/IOP  
3 Locations | 245 Clients

Adult OP/IOP  
18 Towns | 2700 Clients

LADC, MSW, LMHC,  
Psychologist  
3609 Licensed Professionals

## Intervention & Harm Reduction

Withdrawal management  
3 Facilities

Public Inebriate  
5 Providers | 8 Beds

Syringe Services Programs  
6 Fixed Sites | Statewide Mobile Coverage | 4,100 Served

IDRP  
4 Locations | 1200 People

Drug Court  
4 Counties

## Recovery Supports

Recovery Coaches in the ED  
14 Hospitals

Transitional & Recovery Housing  
12 Facilities | 104 Beds

Recovery Centers  
12 Centers | >5,000 People SFY24

## Prevention & Early Intervention

Prevention Messaging Campaigns  
630,000 People

Education/training  
2000 People Trained

Prevention Consultants  
12 Regions

Regional and Community-Based Prevention Coalitions and Partners

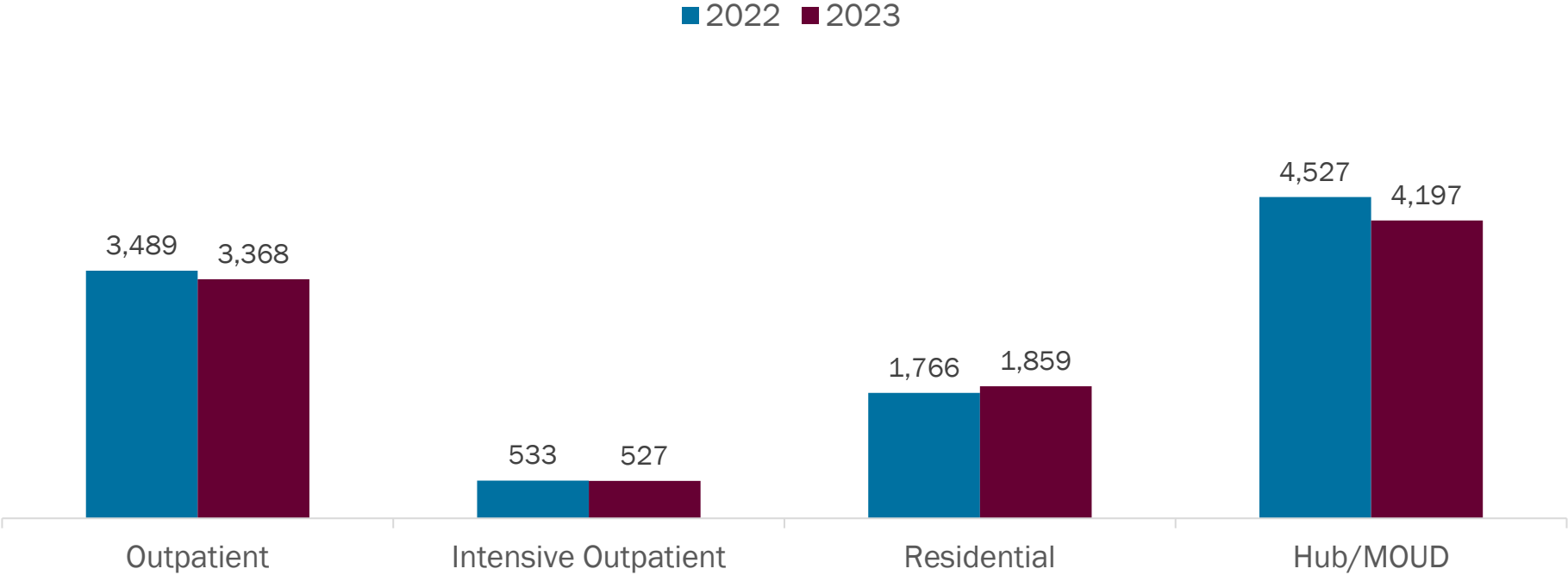
School-Based Health  
19 SU | 9000 Students

VT Helpline  
24/7/365  
Call | Chat | Text  
> 30,000 Contacts/year

11 awareness and social marketing (behavior change) campaigns for various audiences to prevent alcohol, cannabis, stimulant and opioid use, misuse, and addiction and promote access to treatment, harm reduction, and recovery services

# More Vermonters receive Hub/MOUD services or other Outpatient (OP) treatment than other types of care

Type of Substance Use Disorder Treatment Received By Clients in Fiscal Years 2022 & 2023



**Note:** Clients may receive more than one type of treatment in the year

# What makes up DSU's budget?

## FEDERAL FUNDS

As the name indicates, **all federal receipts**, whether on-going support for federal programs like [3SquaresVT](#) (food stamps), or specific grant awards to the State, from the Federal government. This is not a State Fund.

## GLOBAL COMMITMENT FUND (e.g., MEDICAID)

The State of Vermont received a **Medicaid waiver** from the federal **Center for Medicaid/Medicare Systems** to operate an **expanded Medicaid program** and the State's long term care program (Choices for Care). The Global Commitment Fund is a consolidated funding source composed of appropriated receipts from the [General Fund](#), [Special Funds](#), State Health Care Resources Fund, Tobacco Fund, Catamount Fund and Federal Funds. Once assembled, the Global Commitment Fund is used to fund Human Service operations and benefit programs provided primarily through the [Agency of Human Services](#) departments and programs. All appropriations funded with the Global Commitment Fund are [duplicated appropriations](#).

Vermont Department of Health

## GENERAL FUND

This fund includes all [revenue](#) and receipts that are not required by law to be accounted for or deposited into other funds, including tax receipts, fees, and other income. **Receipts deposited in the GF include: Personal Income Tax, Corporate Income Tax, a portion of Sales and Use Tax, Rooms and Meals Tax, and other miscellaneous taxes and fees.** Expenditures from GF include support of functions such as [General Government](#), Protection to Persons and Property, [Human Services](#), Labor, [General Education](#), Higher Education, [Natural Resources](#), [Commerce and Community Development](#) and Debt Service.

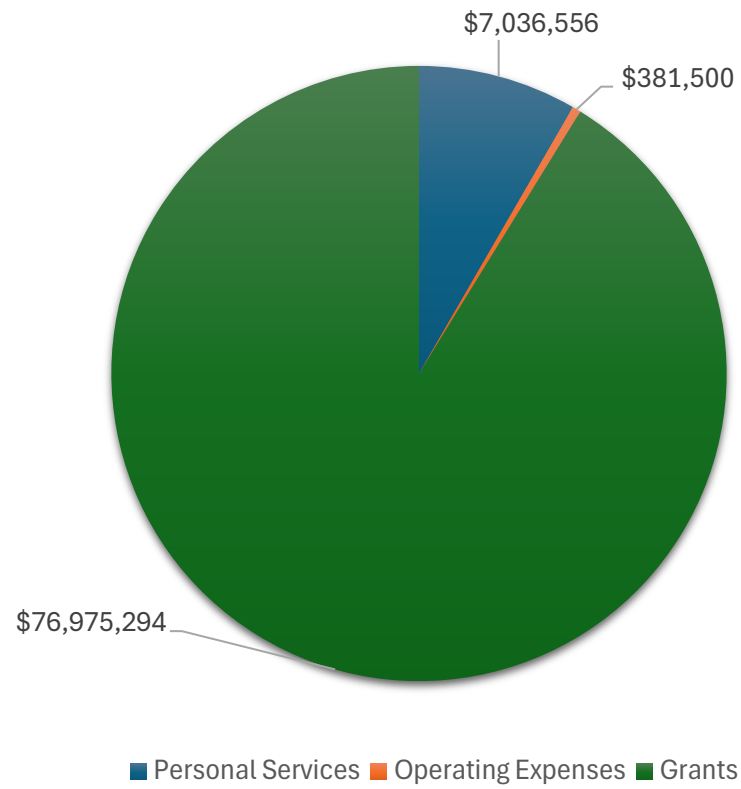
## SPECIAL FUNDS

Special Funds (State) are directed toward a specific, or special, program or purpose. Examples of State Special Funds are: Fish and Wildlife Fund, DUI Enforcement Fund, Tobacco Settlement Fund, Act 250 Permit Fund, and many more. Special Funds may be reported individually or grouped together as Special Funds.

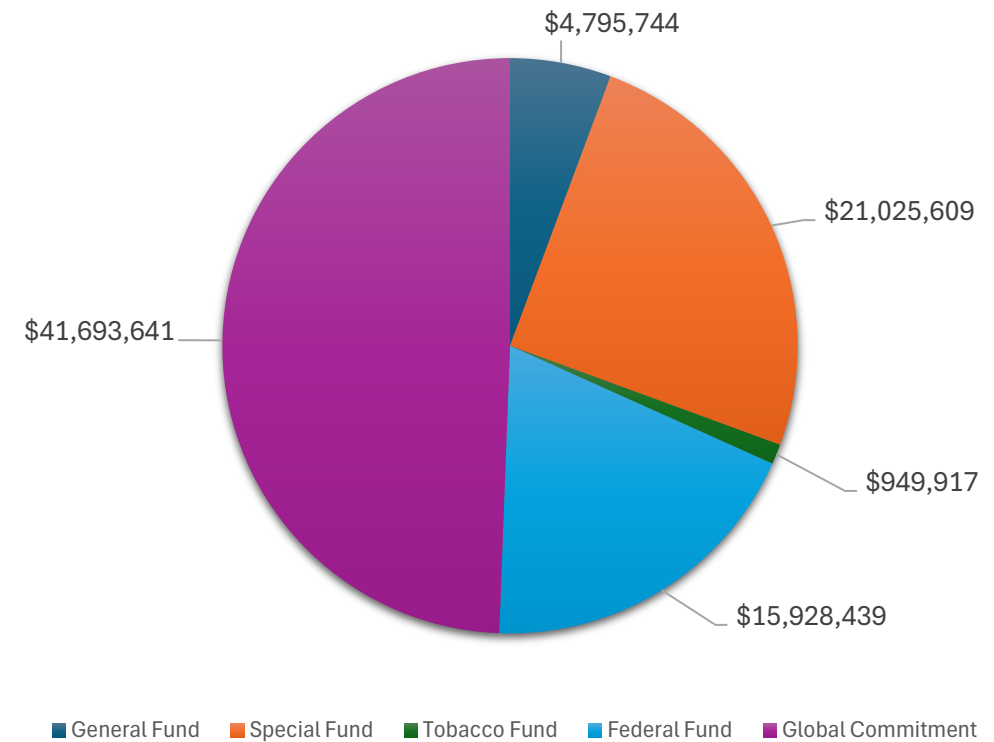
# VDH/DSU FY 26 BUDGET

## Big Bill + OSAC Bill As Enacted = \$84,393,350

SFY 26 Budget Appropriations



SFY 26 Budget Appropriation By Funding Source



# Federal Funds



# Federal Funds – Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

## Approx. \$7.5 Million Annually

- Funding Entity: Administration for a Healthy America (AHA), formerly SAMHSA
- Each state and territory receives the block grant
- 20% minimum set-aside for primary substance misuse prevention
- Maintenance of Effort expectations – state general fund contribution requirements
- Priority Admission criteria
- Oversight expectations – certification, site visits, client chart review
- Data collection mandates
- Subject to federal audit

## What are we investing in?

- 20% Prevention set-aside
  - 11 Statewide Prevention Consultants
  - Prevention Training/Education
  - Prevention Data Collection Systems
- School Based Services
- Uninsured/Underinsured Treatment Services (Full Treatment Continuum)
- Residential Treatment Room and Board
- Recovery Housing
- Workforce Development/Training
- Data Collection and Evaluation
- Program Compliance and Oversight
- Fiscal and Grant Management
- DSU Division Infrastructure

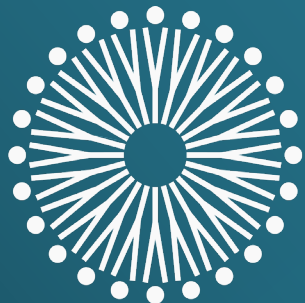
# Federal Funds: State Opioid Response (SOR) Grant

## \$6 Million Annually FFY25 – FFY27

- SOR program began in 2018
- Current notice of award is a 3-year demonstration grant
- Activities are required to address opioid and stimulant use disorder
- Data collection mandates
- Overdose prevention mandates

## What are we investing in?

- VT Helplink ([vthelplink.org](http://vthelplink.org))
- Prevention/intervention services and law enforcement education for Vermont's New American populations
- Vermont Afterschool
- Family Engagement Services (Spectrum and Elevate Youth)
- Recovery coaching in emergency departments
- Recovery parenting programs
- Recovery coach academy
- Recovery housing vouchers



# VT Helplink

Alcohol & drug support center

**vthelplink.org**

**Alcohol Continues to be the most common substance reported as "primary" by people who contact Helplink**

More VT Helplink  
Information:



VT Helplink: Alcohol & Drug Support Center has launched enhancements to the service.

## Text Messaging



- VT Helplink launched text message access in Fall 2024. People can now text message with the same VT Helplink resource specialists who answer calls.
- To access, text "LINK" to 802-565-LINK (5465) — the same number as the live call service — to connect with a resource specialist.

## Expanded Hours



- Beginning January 2025 VT Helplink resource specialists are available 24 hours a day, 365 days a year, including all holidays.
- In addition to access the website any time, people can call, text, or chat online with a resource specialist any time of day or night.
- VT Helplink will continue to partner with 988/crisis lines and Vermont 2-1-1 to ensure Vermonters can access the resource that best meets their needs.

## Marketing & Communications



- Since its launch in March 2020, people in Vermont have engaged with VT Helplink over 200,000 times, getting information, support, and referrals for substance use prevention, treatment, harm reduction, and recovery services throughout the state.
- In December 2024, over 8,000 people visited the VT Helplink website. Most people who reach out to VT Helplink for support are looking for treatment and recovery information related to alcohol use.

# Federal Funds: Strategic Prevention Framework – Regional Prevention Partnership (RPP)

## 5 year - \$5M grant FFY21 – FFY25

- Funding Entity: Administration for a Healthy America (AHA), formerly SAMHSA
- Goals:
  - To build, maintain and strengthen the state, regional and community level infrastructure capacity needed to address substance use and misuse prevention and intervention across Vermont, and
  - To prevent and reduce **underage drinking, binge drinking, underage cannabis use and cannabis misuse** among youth and young adults.

## What are we investing in?

- Media Campaigns
- Technical Assistance
- Vermont Young Adult Survey
- Prevention Coalitions – 5 regions
- For more information:  
<https://www.healthvermont.gov/sites/default/files/document/dsu-rpp-grant.pdf>

# Federal Funds: Overdose Data to Action (OD2A)

Approx. \$3M per year - 5 years  
2023 – 2028

- Funding Entity: Centers for Disease Control and Prevention (CDC)
- Purpose: Understanding and tracking the complex and changing nature of the drug overdose epidemic and using that information to guide overdose prevention efforts tailored to the needs of Vermont and local communities.

What are we investing in?

- Data Surveillance
- Social Autopsy – a report to identify trends in how Vermonters who died of a drug overdose interacted with state systems prior to death to identify opportunities for intervention.
- Recovery Housing
- Monitor ED data and Emergency Medical Services (EMS) data
- Spike Alerts
- Vermont Prescription Monitoring Program support
- Naloxone Program support
- Syringe Services Programs Support
- Media Campaigns - KnowOD

# **Global Commitment (Medicaid) Funds**



# Global Commitment (Medicaid)

## FY26 Appropriation: \$41,693,641

- Medicaid Program – SUD Treatment Fee-For Service
- Medicaid Investments
- Medicaid Admin

## What are we investing in?

- SUD Treatment (outpatient, intensive outpatient, case management, opioid hub services, residential treatment, CCBHC) for Medicaid recipients
- Standalone withdrawal management
- Recovery Center base operations
- Public Inebriate Programming
- SUD treatment for uninsured/underinsured
- School Based Services
- Division administration/operations
- Data collection and evaluation

# General Fund

# General Fund

SFY 26 Appropriation: \$4,795,744

What are we investing in?

- Syring Services Programs
- Recovery Center Support
- Rate increase for residential treatment providers
- Treatment provider rate increase support
- Reengagement beds
- Recovery housing
- Division infrastructure

# Special Funds

# Special Funds: Drug Disposal/Evidence-Based Education

## Drug Disposal Program

**\$695,000 Annually**

### What are we investing in?

- Drug disposal mail back envelope program
- Marketing

## Evidence Based Education

**Approximately \$1.5 Million Annually**

### What are we investing in?

- Naloxone (Narcan©)
- Overdose Prevention Activities

# Special Funds: Substance Misuse Prevention Fund

**SFY26 Appropriation**  
**\$8,050,000**

## What are we investing in?

- Vermont Prevention Lead Organizations (VPLOs) – Substance Misuse Prevention Coalitions
- School Based Substance Use Services
- Youth Vaping Prevention
- Recovery Residences
- Recovery Centers
- Mentor Vermont



# Special Funds: Opioid Abatement Settlement

## APPROPRIATIONS

SFY 2024	\$	7,566,000.00
SFY 2025	\$	6,499,481.00
SFY 2026	\$	9,888,210.00
<b>TOTAL</b>	<b>\$</b>	<b>23,953,691.00</b>

## What are we investing in?

- Contingency Management
- Outreach and Engagement
- Overdose Prevention Center
- Medication Dosing Units
- Recovery Housing
- Syringe Services Programs
- Harm Reduction Activities
- Recovery Services – Corrections
- Stabilization (Reengagement) Beds
- School Based Services
- Managed Medical Response
- Training (Brattleboro Fire)
- Treatment (Spectrum/Elevate)
- Parenting Programs
- Community Projects
- Pathways VT, OEO, HireAbility
- And more....

# What should be considered when determining what funding source to use to support a program cost?

1. Payer of last resort
  - Medicaid is designed to be the "payer of last resort", meaning it only covers healthcare costs after other potential insurance or payment sources have been exhausted. This principle, also known as [third-party liability \(TPL\)](#), ensures that Medicaid funds are used efficiently and only when no other responsible party is available.
  - SAMHSA block grants are intended to be used as a "payer of last resort," meaning they should fund services for individuals who have no other insurance coverage or for services not covered by other payers like Medicaid, Medicare, or private insurance. This ensures that individuals with behavioral health needs have access to necessary treatment and support services, even if they are uninsured or underinsured.
2. Screening question: is the service/activity a Medicaid covered service? If yes, alternate source not needed.
3. Funding Source Expiration Date – usually first in, first out with a few exceptions
4. Funding source definition and allowable costs
5. Does this funding source, in the bigger funding picture, help us maximize the use of funding resources?

# Potential Federal Impacts

- Federal Reorganization – Administration for a Healthy America
- Proposed elimination of the Strategic Prevention Framework – Partnership for Success program - \$2.25M statewide
- Potential reduction in funding and scope for the CDC's Overdose Data to Action Grant
- Proposed combination of block grant funding and the State Opioid Response grant with a nation-wide funding reduction of \$4 Billion.
- Medicaid impacts:
  - Administrative burdens and barriers to services resulting from the new administrative enrollment and eligibility expectations
  - Potential elimination of approved 1115 waiver activities (expansion populations, recovery services, public inebriate services, IMD exclusion for residential programs, etc.)

# Q&A

# Thank you!

## Let's stay in touch.

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