

## 1. What is Discretionary Funding?

Discretionary funding is a duly-appropriated sum of money in the Town's expense budget allocated to an eligible not-for-profit organization by the Selectboard and approved at Town Meeting.

## 2. What Types of Organizations May Receive Discretionary Funds?

Discretionary funds may only be allocated to not-for-profit; community-based social services providers. In order to receive discretionary funds directly, an organization must be incorporated as a not-for-profit and registered with the State of Vermont, unless exempt and have a Federal Employer Identification Number (EIN).

## 3. What Types of Organizations May Not Receive Discretionary Funds?

For-profit entities may not receive discretionary funds, except when the primary non profit contractor subcontracts with a for-profit entity as part of the delivery of services. Such subcontracts, however, must be only an ancillary part of the program to be funded, not the primary basis for the discretionary award, and must be approved by the contracting agency.

## 4. What are the Restrictions on the Use of Discretionary Funds?

All public funds, however awarded, must be used for a Town purpose. In general, a Town purpose is defined as an activity or service that is open to all members of the public, regardless of race, creed, gender, religious affiliation, etc., without restriction, and which does not promote a particular religion.

Programs and services provided by religious or religiously-affiliated organization must be able to demonstrate that the program is open to non-members, is not a religious program, and does not promote the religion.

Closed membership groups, which are those to which membership is restricted or subject to eligibility based upon prohibited factors, may generally not receive funding.

Groups that serve a particular population, for example, those age 65 and above in a particular community; are not considered a closed membership group, as long as the program is open and accessible to all seniors in the community. Similarly, tenant organizations in public housing may also receive funding, as long as they provide equal access to all residents of the public housing units they serve.

Funds may only be allocated for a public purpose and may not support political activities and private interests.

## 5. How to Apply for Discretionary Funding?

All organizations that wish to receive discretionary funding must submit a "Request for Special Appropriations" application to the Town Manager. The application elicits information about an organization's experience, qualifications, and integrity, and the project or service for which the organization is requesting support. The form is available on the Town website by clicking on [BOARDS & MEETINGS > SELECTBOARD](#) then scroll down to FY26 Budget and "FY26 Discretionary Funding Policy-for applicants" or by emailing Duncan Wardwell, Assistant to the Town Manager, at:

[dwardwell@richmondvt.gov](mailto:dwardwell@richmondvt.gov).

Deadline for submission is the end of the day, October 7, 2024.

Town of Richmond

### Request for Special Appropriations

#### Request for Fiscal Year: 2026

Organization's Name: Lund

Address: 50 Joy Drive

City, State, Zip: South Burlington, VT 05403

Website address: lundvt.org

#### A. GENERAL INFORMATION

1. Program Name: Lund General Operating

2. Contact Person/Title: Ellie Howell, Development Associate

Telephone Number: (802) 861-2572

E-mail address: [ellieh@lundvt.org](mailto:ellieh@lundvt.org)

3. Total number of individuals served in the last complete fiscal year by this program:  
4816

4. Total number of the above individuals who are Town residents: 14

Please, attach any documentation that supports this number.

This number was pulled from our Electronic Health Records system.

Percent of people served who are Town residents: .3%

5. Amount of Request: \$1,000

6. Total Program Budget: \$11,641,124

Percent of total program budget you are requesting from the Town of Richmond:  
.00009%

7. Please state or attach the mission of your agency: Lund helps children thrive by empowering families to break cycles of poverty, addiction and abuse. Lund offers hope and opportunity to families through education, treatment, family support and adoption.

8. Funding will be used to:

Maintain an existing program \_\_\_\_\_ Expand an Existing Program \_\_\_\_\_ Start a new program

9. Has your organization received funds from the Town in the past for this or a similar program? Yes

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase.

No

b. Were any conditions or restrictions placed on the funds by the Selectboard? No

If yes, describe how those conditions or restrictions have been met.

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## **B. PROGRAM OVERVIEW**

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need, or problem exist in the Town of Richmond?

Lund is focused on addressing needs in three key areas that exemplify our commitment to supporting the entire family system and underscore the interconnectedness of these needs: child abuse and neglect, maternal health, and family well-being. Within these areas, Lund has seen two needs that directly impact Town of Richmond residents: ongoing supports families and substance use treatment for pregnant and parenting individuals.

### **Family Well-being**

Lund continues to provide the necessary supports for families to increase family well-being, including in rural areas and those affected by flooding, where parental stress is high. A 2023 American Psychological Association survey found that 33% of parents reported high levels of stress in the past month, compared to 20% of other adults. Parental stress directly impacts the well-being of the whole family, contributing to higher stress levels for children and negatively impacting them during critical years of brain development. As a Parent Child Center serving Chittenden County, Lund works to improve the overall well-being of families in our community by supporting them in developing healthy habits, positive relationships, resilience, social support, mental health, and helping families avoid trauma. As Vermont's oldest and largest nonprofit adoption agency, we are also committed to supporting families throughout every aspect of the adoption process, from recruitment to finalization and beyond. When a family is formed through adoption, Lund understands that well-being looks different for every family, and that each needs different levels of support to thrive. In FY24, Richmond residents accessed adoption recruitment, post-adoption services and Family Education services through Lund.

### **Substance Use Treatment & Prevention**

Vermont continues to see high levels of substance use and overdose-related deaths, and Lund works in particular to address the effects of substance use on pregnant and parenting individuals and their children. Between October 2021 and early 2023, eight perinatal deaths were recorded in Vermont – all eight were linked to substance use. Lund offers varying levels of continuous, quality care to pregnant and parenting individuals navigating substance use, as well as prevention and early intervention services through our childcare, family education, and other Parent Child Center Services. Treatment at Lund is provided through the Regional Partnership Program (RPP), our Residential Treatment Program, and Outpatient Clinical Treatment. Each provides a continuum of care and supports, tailored to the unique recovery needs of each family. In FY24, Richmond residents accessed substance use treatment through

both Lund's Outpatient Clinical Treatment services and RPP.

## 2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

Lund staff work with Vermont's most vulnerable families, identifying each family's unique needs and providing services at a level that works for them and continues for as long as they need. This includes new parents, families navigating substance use and mental health disorders, incarcerated mothers and their children, children in state custody waiting for their forever homes, and families facing generational poverty. We anticipate we will support up to 20 Town residents in the upcoming fiscal year, based on current staffing numbers and past trends. Most of Lund's programs are open to all families in Vermont; only our childcare and Residential Treatment Program has eligibility requirements solely based on the ages of the children they serve. Lund strives to make our services available to any family seeking support and can be accessed wherever they are at the level they need.

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive?

Lund programs are designed to empower families to grow their social connections and supports, keep their family together and safe, and pursue school and career opportunities that enable parents to support their children and be integrated into the community. Our programs increase and strengthen the five family protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need, and social and emotional competence of children. Depending on the nature of the program, Lund staff make their services known to the public and advertise openings when they are available. We strive to ensure our board, committees, and staff represent the diversity of the communities we serve so that all families in need feel welcome engaging with Lund.

## 3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.)

Funds will be used to support Lund's general operating costs.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost?

The majority of Lund's funding comes through state and federal grants and contracts, as well as United Way of Northwest Vermont, corporate support and private foundations, and individual donors. Bolstering our general operating support funds is essential to ensuring Lund can respond to the most critical needs as quickly as possible and remain accessible through wraparound, integrated services for as long as a family

needs support. Loss of general operating support can delay actions taken within programs that ensure families have the support they need.

### **C. ORGANIZATIONAL CAPACITY**

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise.

Since 1890, Lund has served families in need – first as a maternity home for unmarried mothers, and then adding and changing programs over our 134 year history to remain relevant to the changing social landscape and needs of families. Today, we provide a continuum of quality care through wraparound, integrated services including adoption, Parent Child Center, and Clinical Treatment Services. Lund is in a strong financial position to maintain our current services, and our leadership is equally as strong. Lund recently welcomed a new Interim President & CEO, and our leadership team and passionate Board of Trustees are working to carefully recruit and select a permanent President & CEO in the next year, as well as recruiting for other key leadership roles in the organization. Our strong financial position, core staff and board leaders put Lund in an excellent position to grow and maintain quality services to Vermont families in the current and upcoming fiscal years.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection).

Lund utilizes a Results Based Accountability (RBA) Framework to gauge program outcomes including improved quality of life for Vermont's children and families, increased family strengths, and reduced likelihood for child abuse and neglect. Each program answers the following questions:

How much did we do? How well did we do it? Is anyone better off?

Programs answer these questions through a combination of client survey data and quantitative data from our Electronic Health Records system.

3. Summarize or attach program and or service assessments conducted in the past two years.

Please find attached the FY24 assessment for our Regional Partnership Program (one of four services accessed by Town residents). We recently hired an Assistant Director of Operations, who is working with programs to develop a comprehensive data and assessment system to improve our reporting abilities and capacity.

4. Does your organization have a strategic plan and a strategic planning process in place? Yes - If yes, please attach your plan.

This spring, Lund began a strategic planning process to develop our goals for the next three years. In September, the Board of Trustees and the leadership team came together for a retreat, guided by our consultants to discuss our mission, challenges, and opportunities ahead. We are excited to move forward with the process and produce a

final plan in the coming weeks.

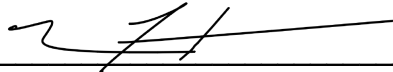
The strategic plan should include a mission statement, goals, steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? 20

How many meetings were held by the board last year? 5

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of  
Applicant



Date 10/3/2024

Ellie Howell, Development Associate

Print Name of Applicant and Title



## Regional Partnership Program FY24 Data and Program Review

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## Program Overview:

The Lund Regional Partnership Program (RPP) is a collaboration between the Department of Children and Families (DCF) Family services Division, The Vermont Division of Substance Use Programs (DSU, formerly ADAP) and Lund. RPP is a voluntary program designed to improve the well-being of and permanency outcomes for children affected by parental substance misuse by increasing access and engagement of parents in treatment. RPP staff, collocated in DCF Family Services offices in each district, work in partnership on the front end of the child protection case screening for problematic substance use, linking parents to indicated treatment services and addressing barriers to successful engagement, both at the individual level, and across the system of care.

### **RPP Case Manager's provide the following services:**

1. Screening for parental substance misuse using the UNCOPE screening tool and client interview; coordinate referrals for SUD assessment as indicated.
2. The Lund case manager addresses barriers to treatment engagement and/or services for each caregiver.
3. Make necessary referrals and support linkage to treatment and other services to foster successful treatment engagement. Work in collaboration with the FSD FSW to establish, determine and communicate treatment recommendations.
4. Provide consultation and information necessary to FSD in assessing child safety as it relates to parental substance use, and provide general consultation and education as appropriate to FSW's regarding addiction and treatment.
5. Work with the local system of care to identify gaps and address barriers to timely treatment access for parents involved with Family Services. RPP case managers also assist the two systems to better understand goals, policies and practices and how to effectively partner on behalf of families.
6. Gather data to routinely assess and report on effectiveness of the service, identify trends and family outcomes.

The Case Manager's average time working with clients is 2 to 3 months. During this time, they support clients to engage in treatment services that they may not have been able to successfully access independently. Additionally, clients who identify already being engaged in treatment are still able to receive RPP services to assist FSD with confirming treatment engagement as well as receive case management support to address barriers that may be impacting effective engagement and therefore creating increased risk for their child. Given the collaborative nature of this partnership, the case manager's work with parents is shared with FSD to aid in their safety assessment, case determination and planning. A case will end with RPP services once the case managers have confirmed the client's enrollment in the initial phase of treatment. While participation in Lund RPP is voluntary, the overall rate of participants who agree to engage in services is high.

Lund Case Managers attend trainings throughout the year related to substance misuse and evidence based, new or emerging strategies for effective client engagement and treatment. All case managers either hold an AAP or are working toward obtaining the AAP. In FY22, all RPP case managers were trained in Motivational Interviewing. The team also completed extensive training in addiction, treatment, and substance use trends, totaling over 250 hours of Continuing Education Units. In FY24, one new case manager obtained the AAP.



## RPP FY24 updates and looking ahead to FY25

RPP case managers continue to provide in person services. RPP case managers have continued to provide case management coverage to FSD Districts when there has been a Case Manager vacancy. All 12 districts have been offered coverage, and at times multiple case managers and supervisors have provided coverage to one district. Case management coverage has primarily been virtual with phone or video screenings. However, Lund continues to support RPP staff in traveling on site to provide in-person coverage on an as needed basis. This has allowed for more rapport building between FSWs and covering Case Managers.

Case Managers continue to report working with clients with increasingly acute needs than in the past, requiring more time and support from the CM than we have typically seen. Case managers continue to report experiencing reduced access to treatment services due to staffing shortages across providers statewide and increased wait times for treatment. Case managers are experiencing increased delays in hearing back from providers in general and for some providers a 1-2 month wait for an assessment, which does not meet the needs of the population RPP serves. RPP staff are routinely working within their regions and across the state to leverage services where there are gaps as best they can. Case managers are consistently reporting working with clients who do not have access to phones. This has created additional barriers to accessing treatment as well as barriers for the case managers to remain in communication with the individuals.

While client deaths have decreased in FY24, case managers continue to provide Narcan and Fentanyl test strips, as well as resources such as the “Never Use Alone” hotline, in an effort to reduce overdose. Case managers have also increased their own knowledge through trainings and attending community meetings, around preventing overdose and keeping up to date on evolving substance trends. Case managers have also provided education to community providers who were unaware of Xylazine. RPP leadership has also actively worked with FSD policy and planning staff to advise on effective and appropriate use of urine drug testing within child protection and has supported FSD with a transition in urine testing from the VDH lab.

In FY24 Lund RPP began to track data on individuals who are engaged in treatment but present with additional unmet treatment needs. FY24 data reflect clients who are “partially complete” to indicate that they are engaged in treatment but could benefit from additional services. An example of this would be a client who is engaged in MOUD, receiving their medication daily, attending monthly “check-ins” with their provider, but have a recommendation to also attend regular weekly counseling and are experiencing a barrier in engaging in this additional service.

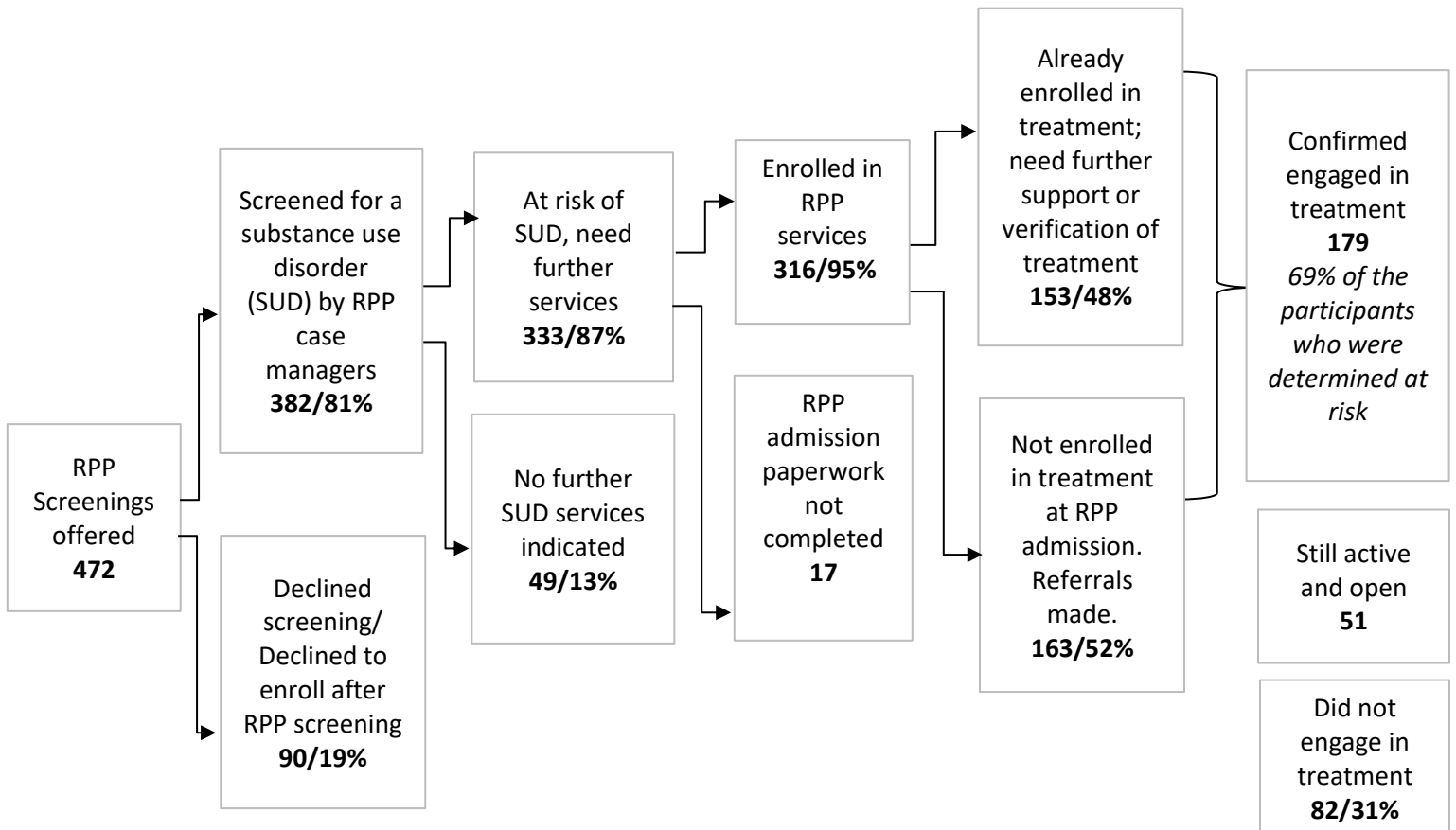
It is important to note that in our annual data review, we continue to observed decreased engagement and completion rates for districts when a remote coverage plan was in place. While this strategy helps to provide support to families/DCF when there is a vacancy, it is clear from the data that in-person responses and commencing cases with the FSW lead to better overall outcomes. It is also apparent that early engagement with clients is essential to positive outcomes. Also, like many human service providers across the state however the program has experienced increased vacancies this year. Over the next year as the program continues to work toward full staffing, RPP supervisors and staff will continue to engage FSD staff in how to best collaborate and utilize case management support.

## FY24 RPP data:

In FY24 the Regional Partnership Program (RPP), offered services across the state in all 12 DCF district offices. The RPP case managers offered an SUD screening to **472** parents and caregivers and provided on-going RPP case management services to **316** parents and caregivers. **17** Clients completed their screening via telehealth but did not return admission paperwork and/or did not respond to case manager's attempts to schedule in-person meetings to complete the admission. The program tracks each districts referrals, services provided, assessment completion, and program completion rates. The Program currently separates the data for clients who completed SUD assessments and differentiating outcomes between clients who had treatment recommendations and those who did not.

\*At the time of this reporting period **51** clients were still active and their outcomes are not reflected in this chart.

\*Clients who moved out of state, were incarcerated, or who passed away during RPP involvement are not included in the overall RPP completion rate – 5 for this fiscal year



### Feedback from RPP participants

"I am so thankful I answered your phone call today."

"I envy what you do I can almost see myself working in a field helping kids and being there for them."

"Thank you so much for your support"

"This is exactly the support I have been looking for, thank you for connecting me."

"I appreciate everything you have done. Thank you again, for everything."

"I really appreciate everything you are doing."

"You were so kind with how gentle you were helping me get back to who I knew I really am!"

### FY24 Outcome Highlights:

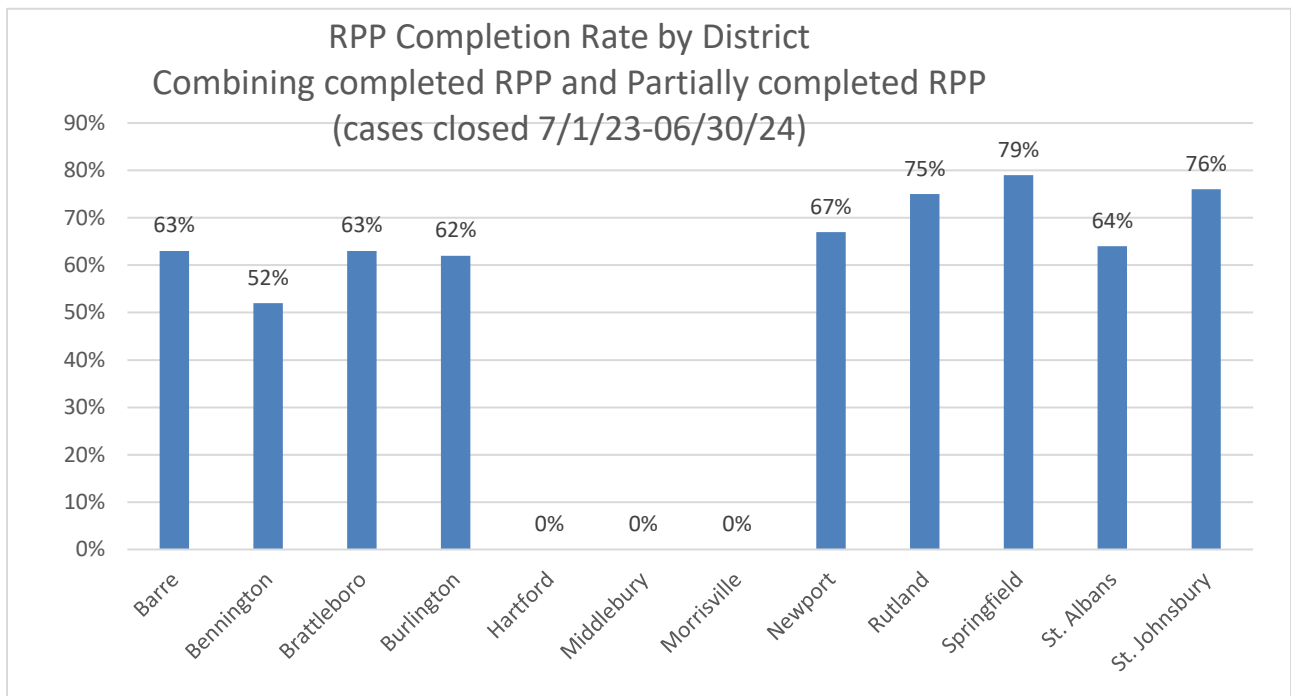
- **81% of parents offered RPP screening and services engaged in the screening**
- **87% of parents screened were determined to be at risk of SUD and requiring additional services**
- **51% of participants enrolled in FY24 who were recommended for an assessment, completed their assessment**
- **74% of the individuals who completed an assessment and had a treatment recommendation, went on to access the recommended treatment and completed RPP services.**

Lund continues to collect data on how many clients are in treatment at admission to RPP. For FY 24 statewide, this data set indicated:

- **48% of referred participants enrolled in RPP were already engaged in treatment and required additional case management services to address barriers and increase treatment engagement.**

## Program Outcomes for cases closed in FY24:

RPP is designed to improve the well-being of and permanency outcomes for children affected by parental substance use by increasing access and engagement of parents in treatment. Therefore, the outcomes that the program measures are: RPP engagement rate, RPP services completion rate, SUD assessment engagement, and Treatment engagement. The following data includes clients who were enrolled in RPP during FY23 and FY24 but who were all closed in FY24. 67% percent of clients who were closed in FY24 successfully completed RPP.

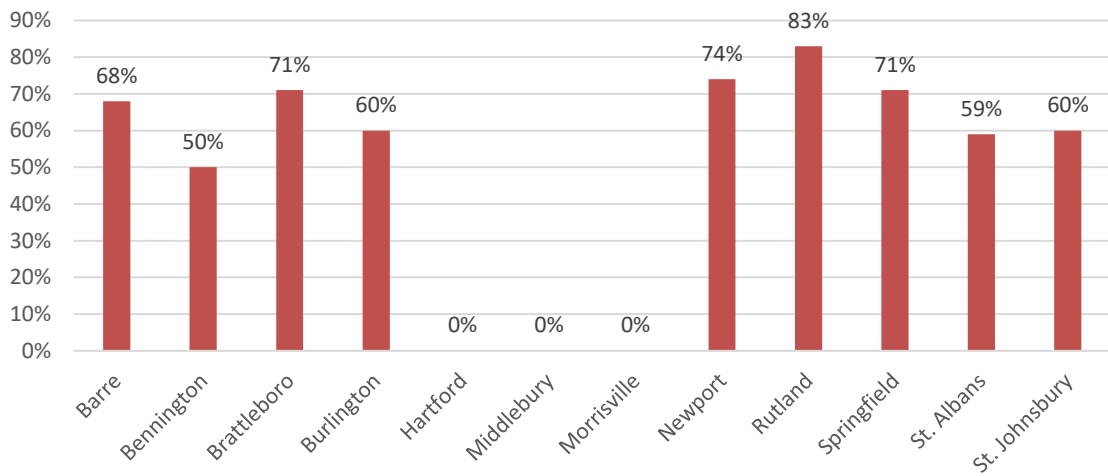


### Overall SUD Assessment Completion and Treatment Engagement:

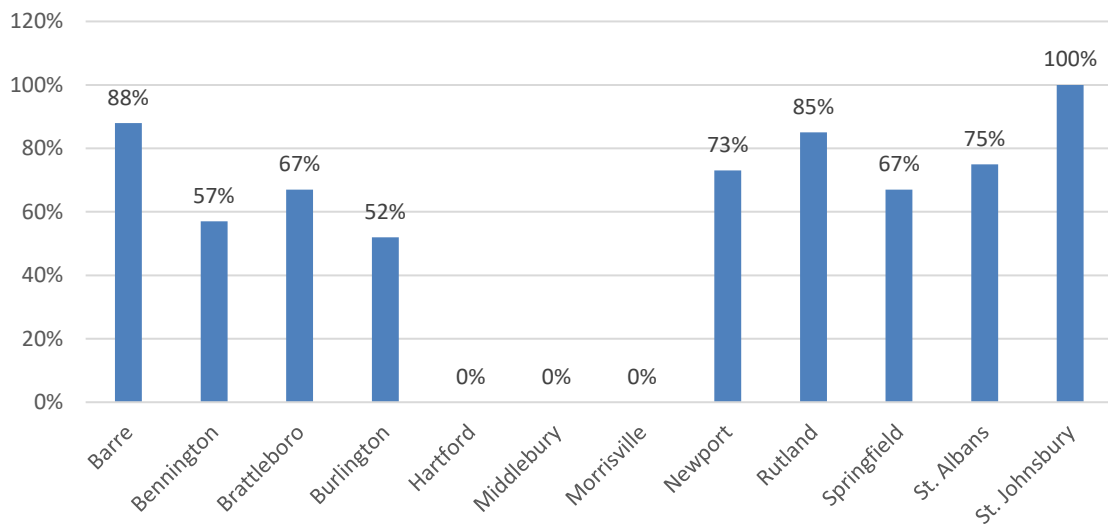
**202** RPP clients screened positive indicating a need for SUD assessment. Of this, **133** successfully completed their assessment. This indicates a **66%** follow through rate statewide.

Additionally, **74 %** of the clients who completed an assessment and had a treatment recommendation, went on to complete the RPP Program by successfully engaging in the treatment recommended to meet their needs.

### Assessment Completion Rate (for cases closed 7/1/23-06/30/24)

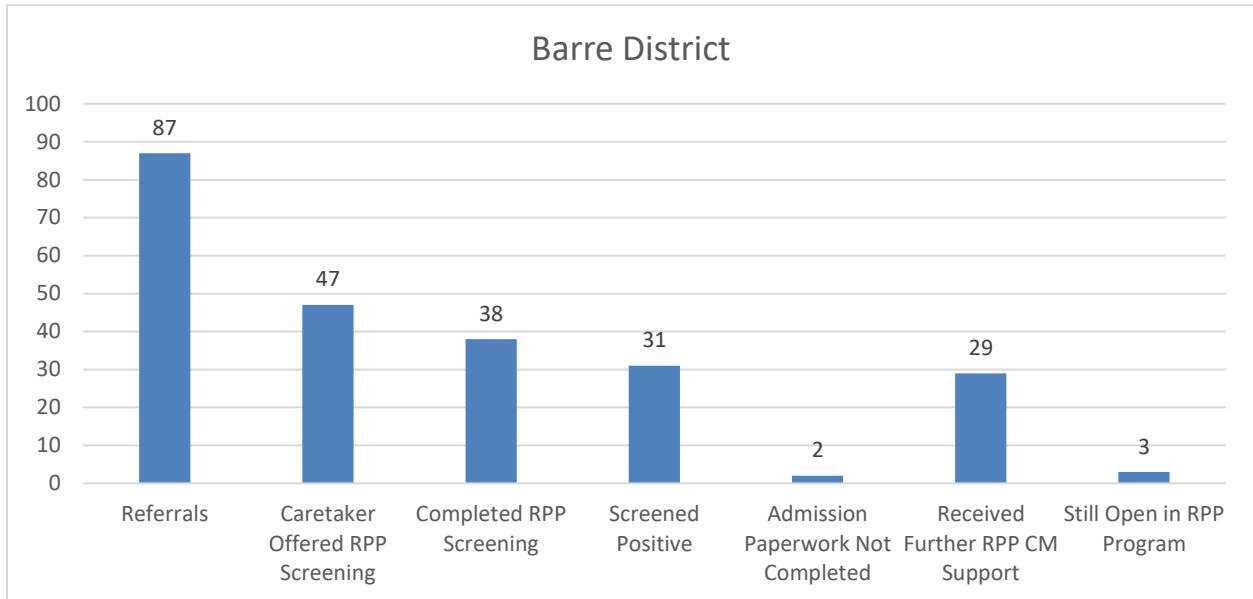


### Treatment Engagement Rates of those that Completed Assessments (for cases closed 7/1/23-06/30/24)

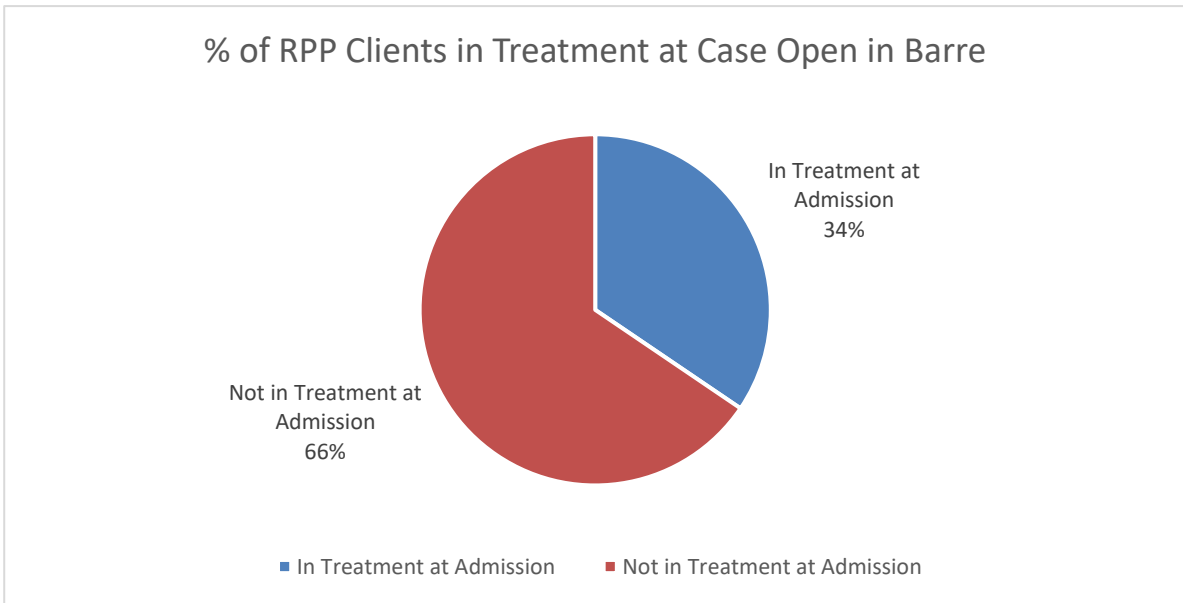
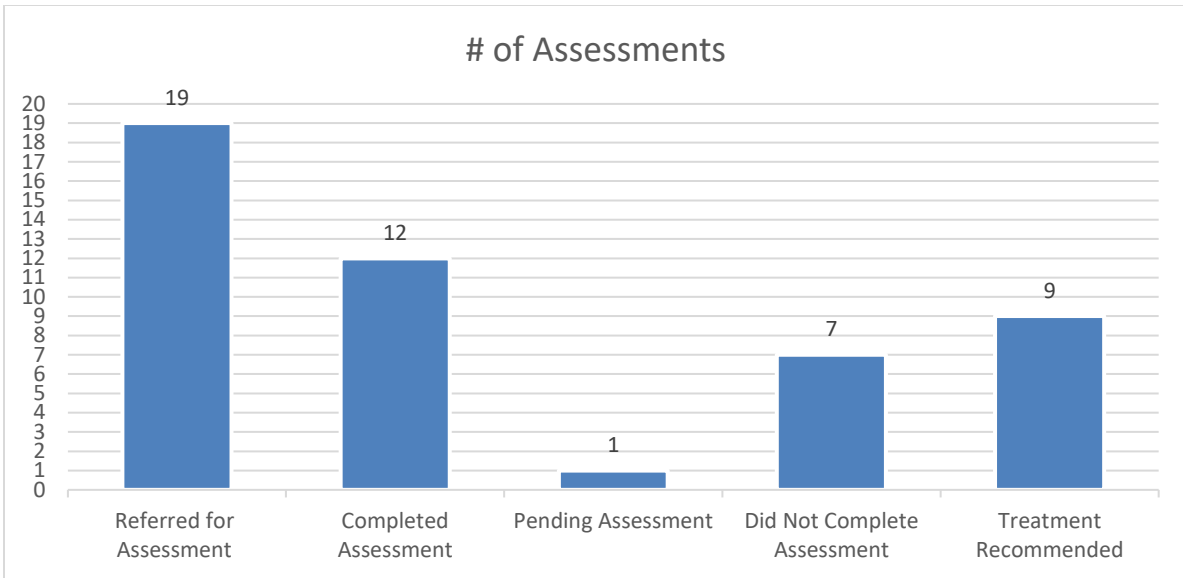


## District Overviews

### Barre District:



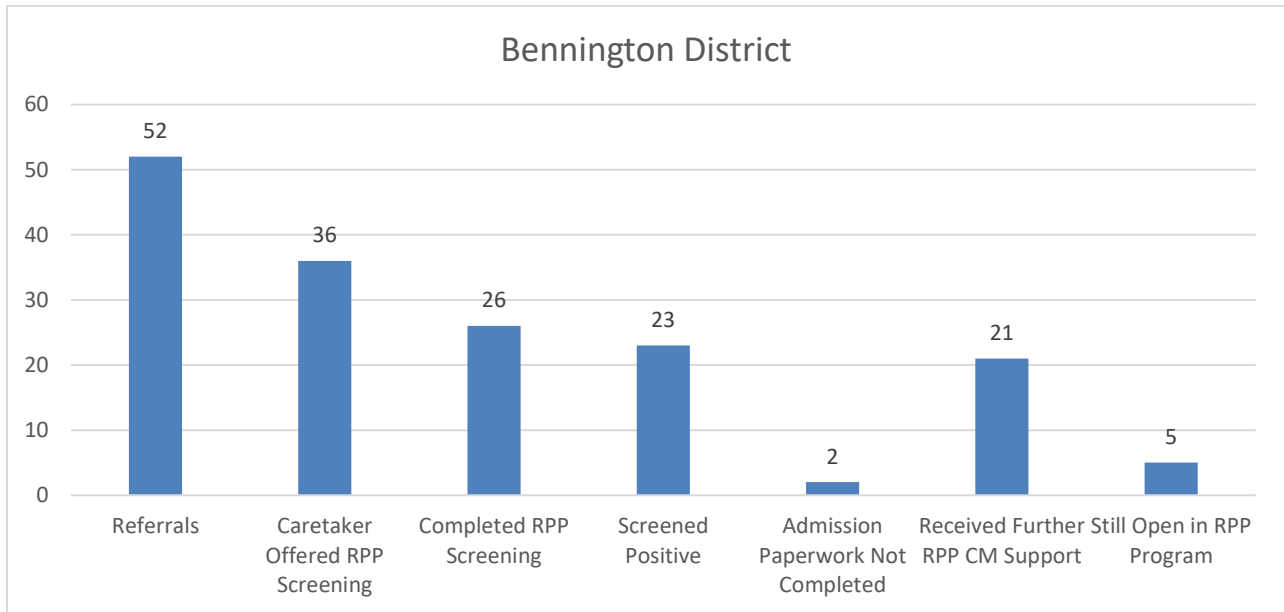
- In the Barre District Office, **47** caretakers were offered an SUD screening and **81%** of caretakers who were offered a screening, engaged in and completed the screening.
- **82%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **29** clients received further RPP case management services to support their engagement in assessment and treatment.
- **65%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program
- **83%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to successfully complete RPP by engaging in treatment.



In Barre, **10** clients were in treatment at RPP admission and **19** were not in treatment at RPP admission.

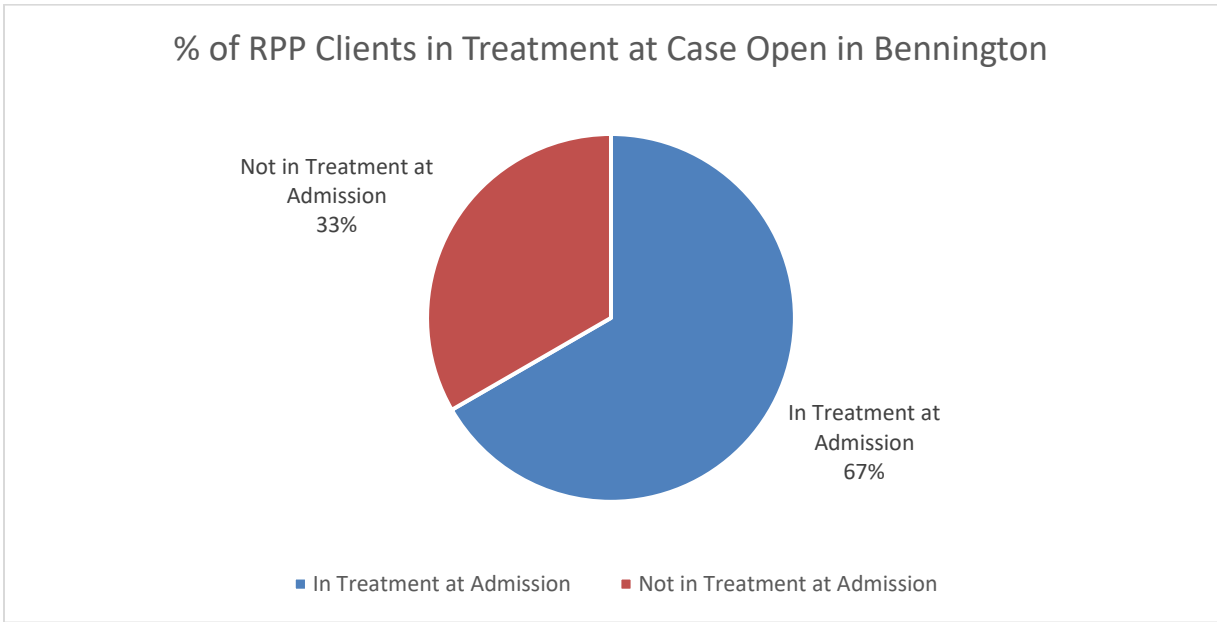
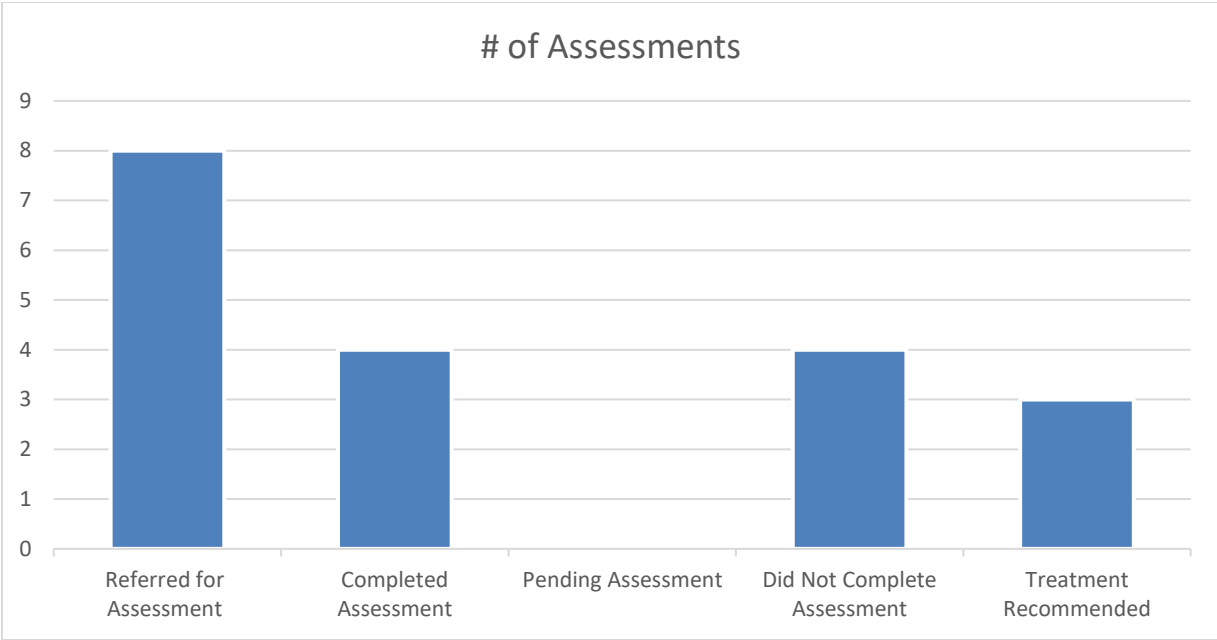
“I had a client who was using crack cocaine and fentanyl. She went to Valley Vista and did well. After two weeks home she was using again. She decided to apply for LUND residential. She did not want to go but felt that if she didn’t it would be “too much trauma” for her four-year-old daughter. It has been approximately eighteen months since. I recently heard that she was doing well.” – RPP Case Manager

## Bennington District:



- In the Bennington District Office, **36** caretakers were offered an SUD screening and **72%** of caretakers who were offered a screening, engaged in and completed the screening.
- **88%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **21** clients received further RPP case management services to support their engagement in assessment and treatment
- **50%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program
- **50%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment

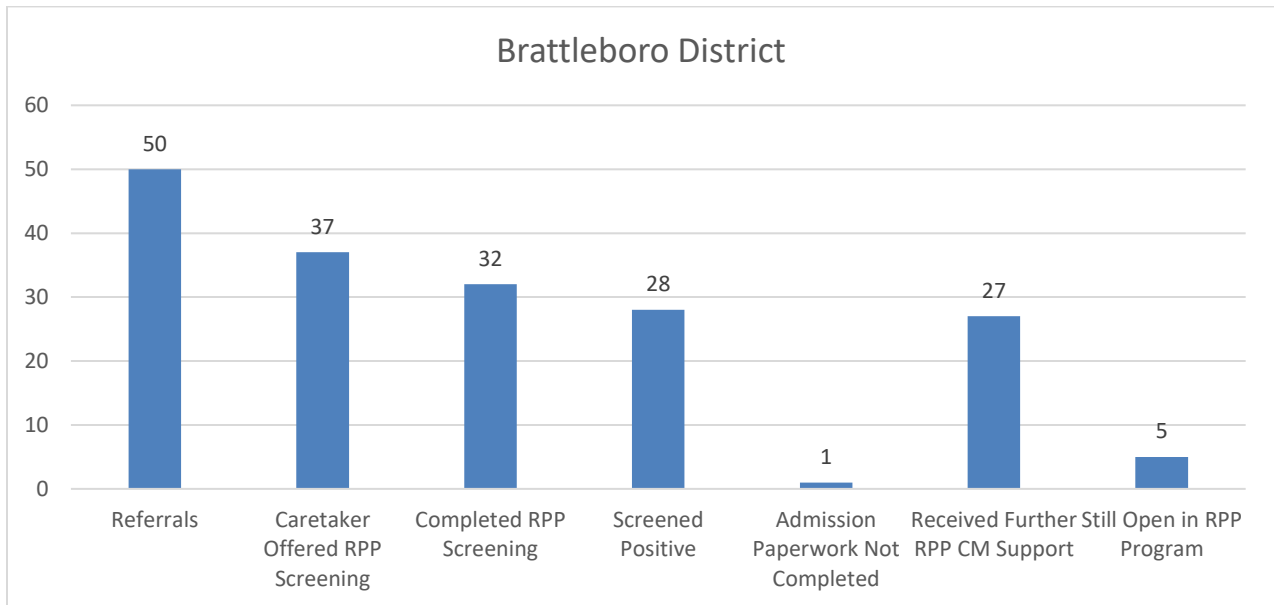




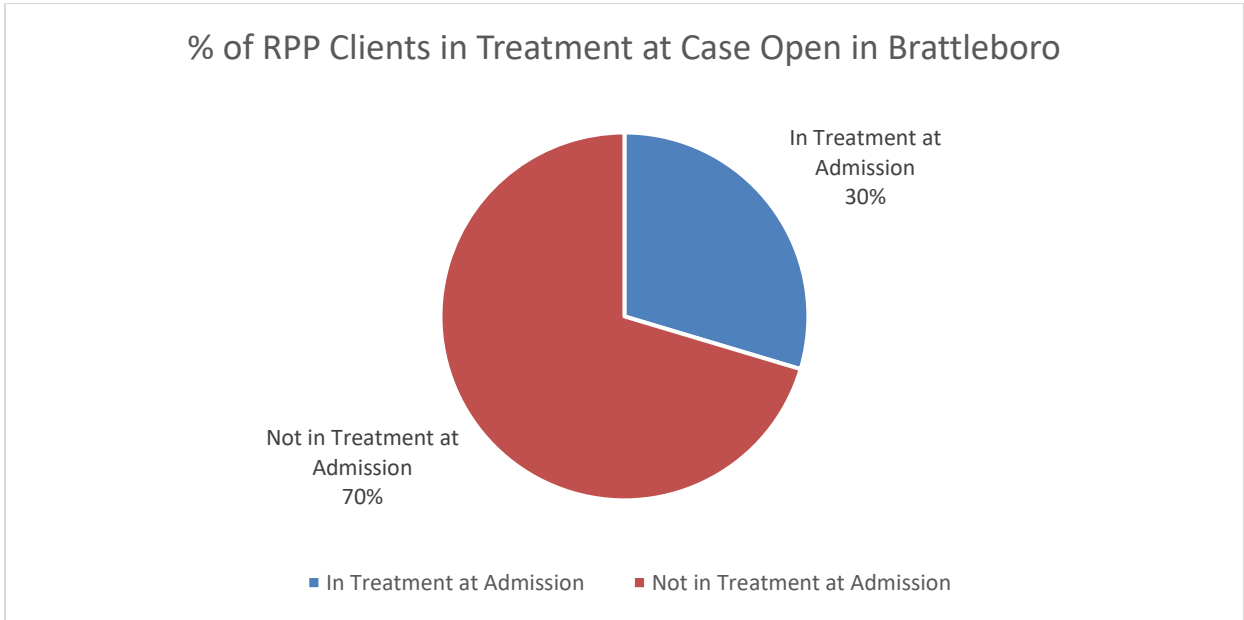
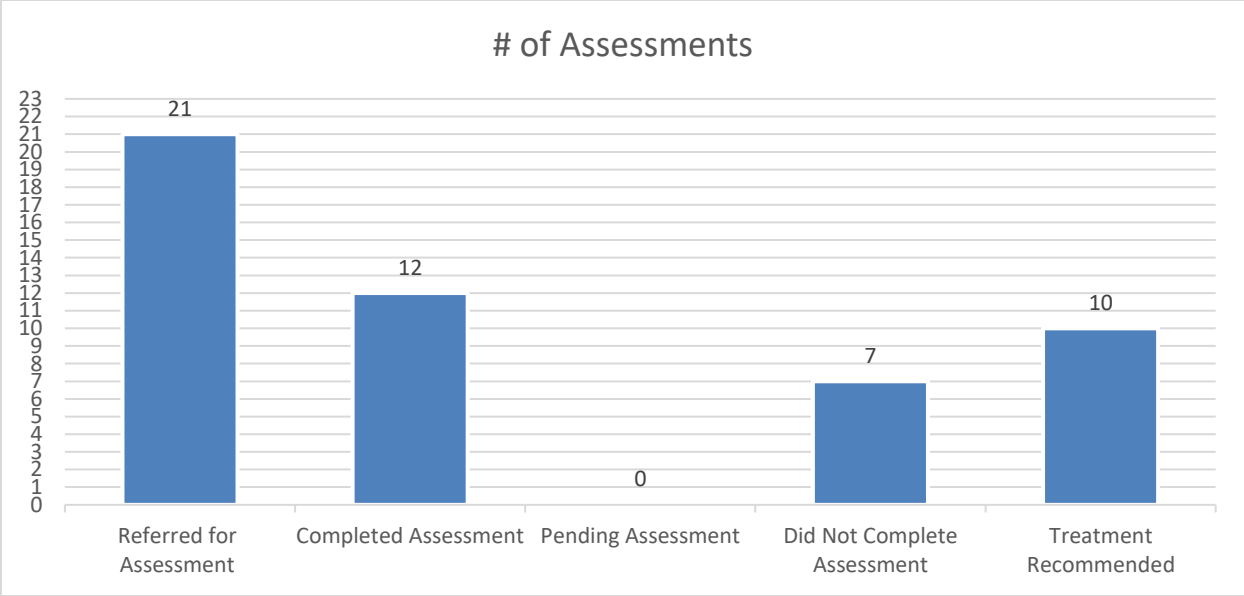
In Bennington, **14** clients were in treatment at RPP admission and **7** were not in treatment at RPP admission.

“I was able to take a client to Serenity House. Hearing how grateful she was after she returned and was committed to staying sober was an indescribable feeling.”– RPP Case manager

## Brattleboro District:



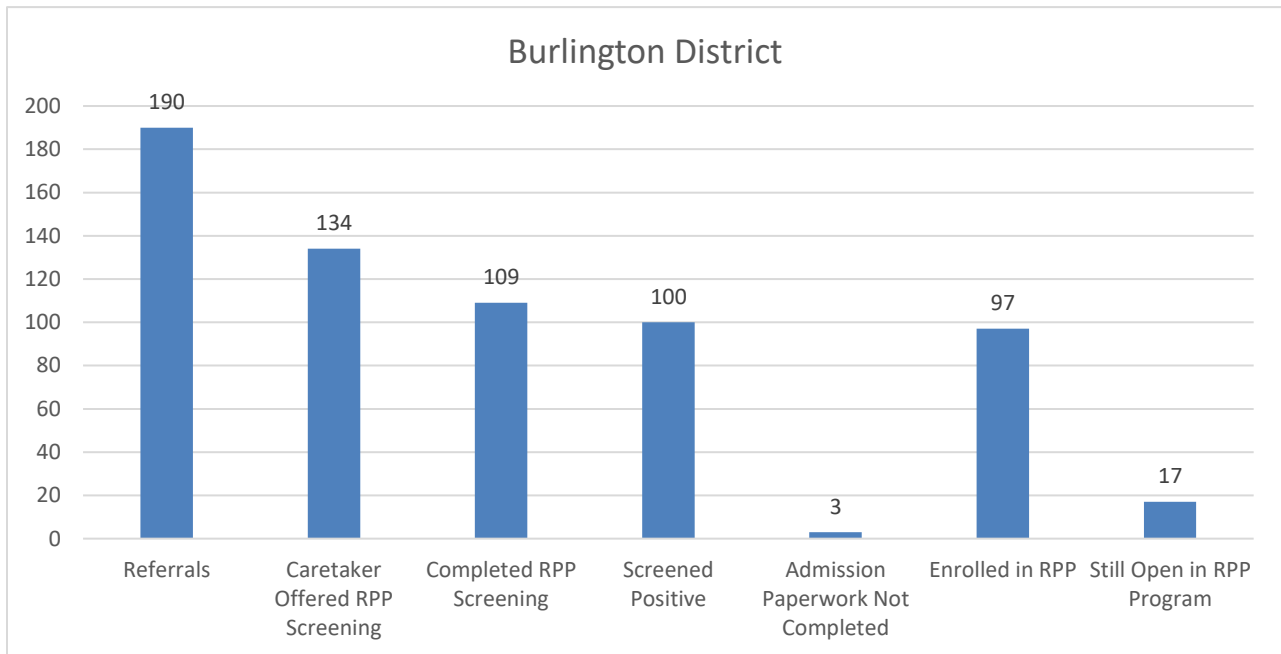
- In the Brattleboro District Office, **37** caretakers were offered an SUD screening and **86%** of caretakers who were offered a screening, engaged in and completed the screening.
- **88%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **27** clients received further RPP case management services to support their engagement in assessment and treatment
- **50%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program by engaging in treatment.
- **64%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment



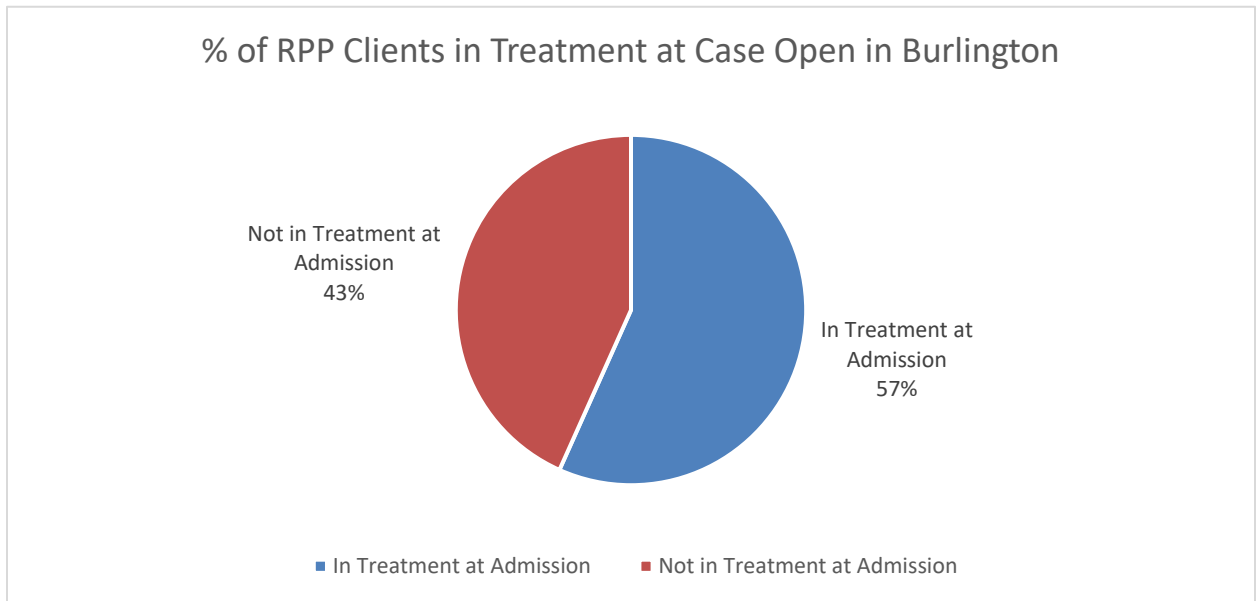
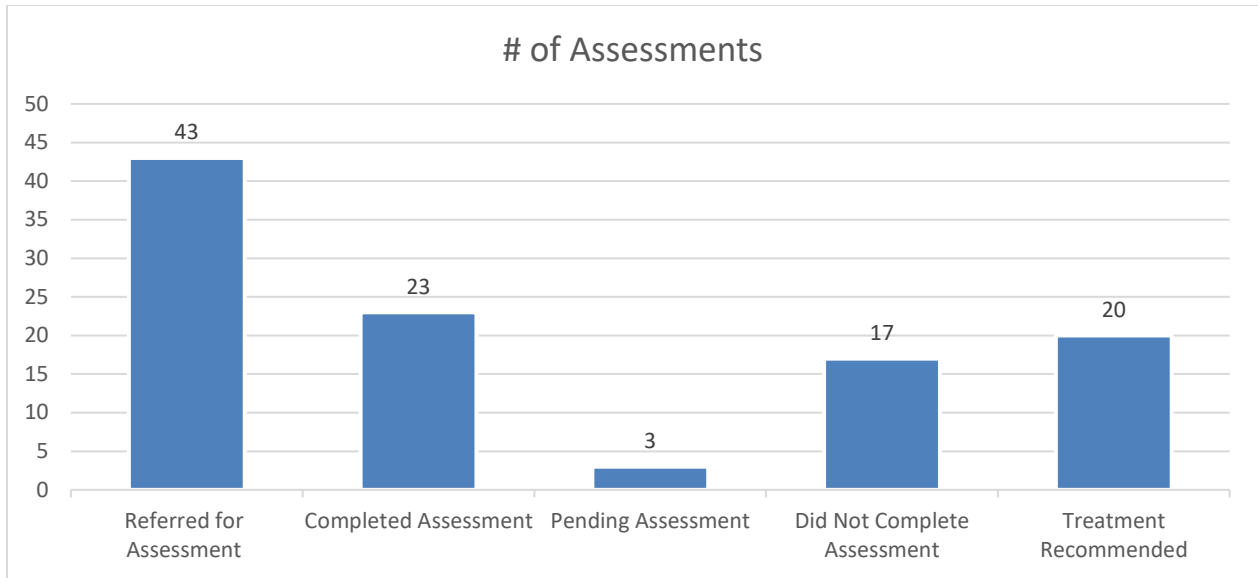
In Brattleboro, **8** clients were in treatment at RPP admission and **19** were not in treatment at RPP admission.

“DCF received a report around a previous client, who’s child was TPR, was now pregnant, homeless, using illicit substances. Typically, this type of case is put on hold until 30 days prior to birth. However, with so many unknowns, the FSW and this writer searched for several weeks in community for client, last known residences, tent city and other known places where people use. We located client under bridge, after she had just used intravenous substances and she agreed to come to hospital with is to be examined. Baby was born exposed to substances and taken into DCF custody. Mom is now on MOUD, having several visits a week and just completed her first semester of college.” – RPP case Manager

## Burlington District:



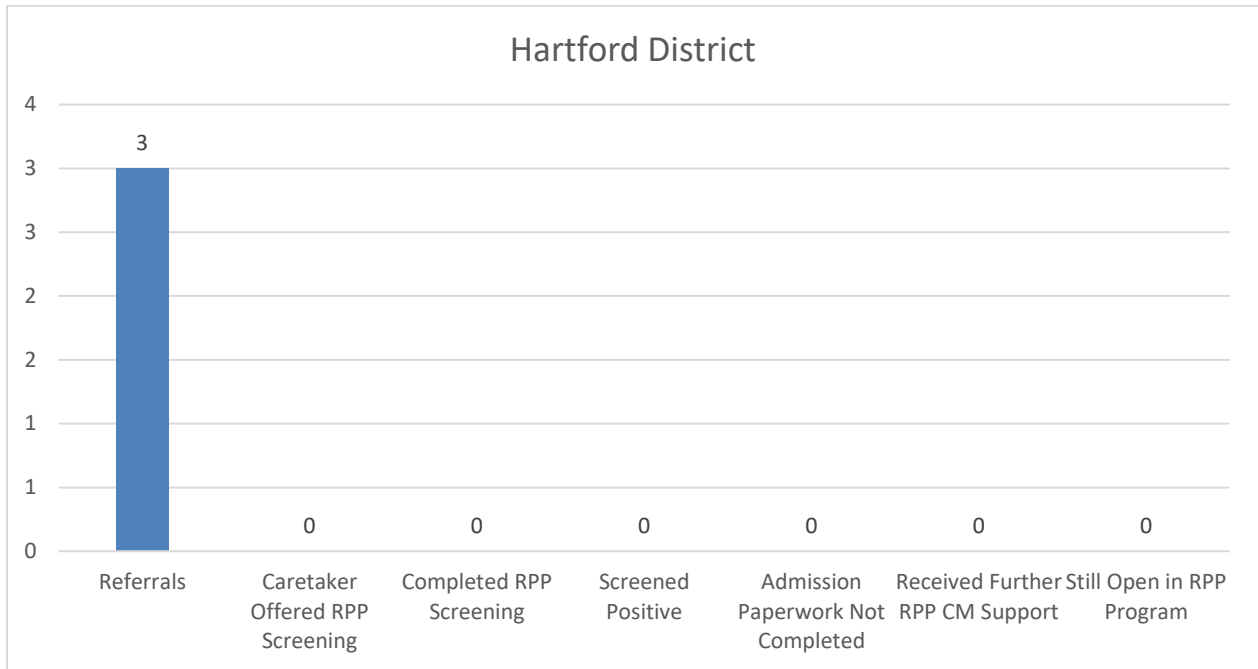
- In the Burlington District Office, **134** caretakers were offered an SUD screening and **81%** of caretakers who were offered a screening, engaged in and completed the screening.
- **92%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **97** clients received further RPP case management services to support their engagement in assessment and treatment.
- **64%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program by engaging in treatment.
- **68%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment



In Burlington, **55** clients were in treatment at RPP admission and **42** were not in treatment at RPP admission.

“I worked with a client who was alleged to have arrived at her daycare job under the influence of alcohol and was found to have alcohol in a water bottle while working. Denied and diminished concerns at first but was able to be vulnerable and honest after a one-on-one follow up conversation where she was able to admit to struggling with alcohol use and struggled to make it past her withdrawal periods time and time again. Connected client with local provider for IOP and she did amazing. Engaged in groups and outpatient counseling and was able to keep her child in her care throughout the case. Attended an FSP meeting where she was able to reflect positively on the experience with RPP and her IOP providers and had been abstaining from alcohol use since beginning IOP weeks prior.” – RPP Case Manager

Hartford District:



- In the Hartford District Office, there were 3 referrals to RPP and no screenings completed for FY24

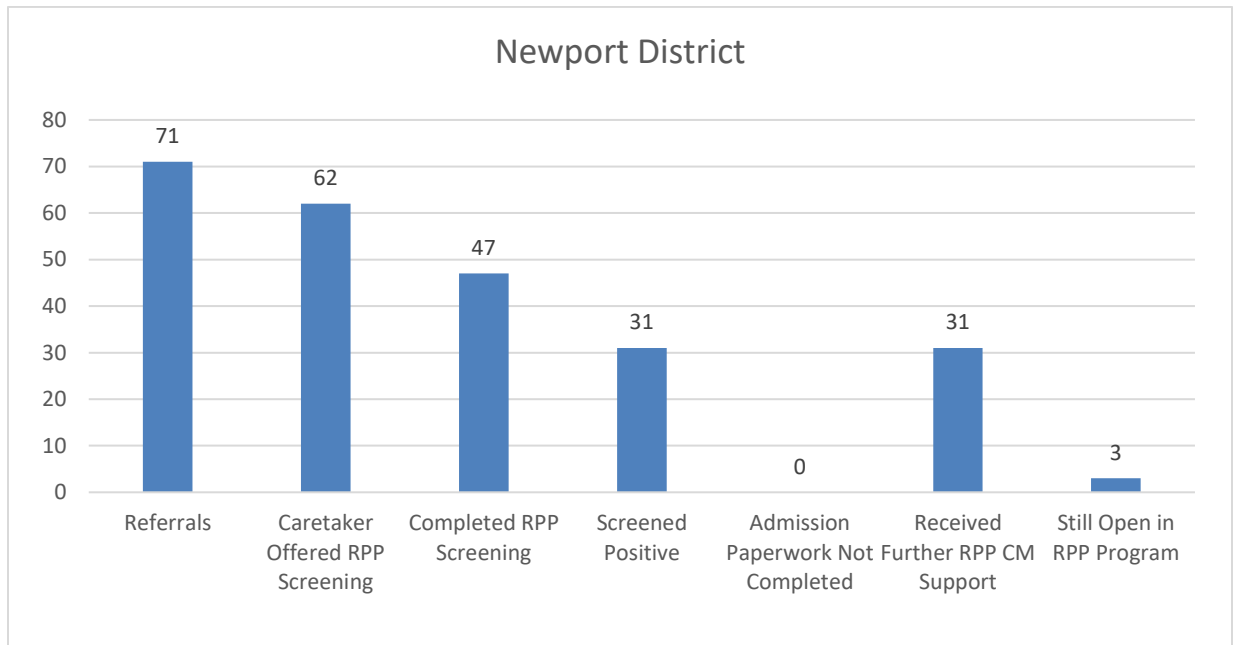
Middlebury District:

In Middlebury there were no referrals to RPP in FY24

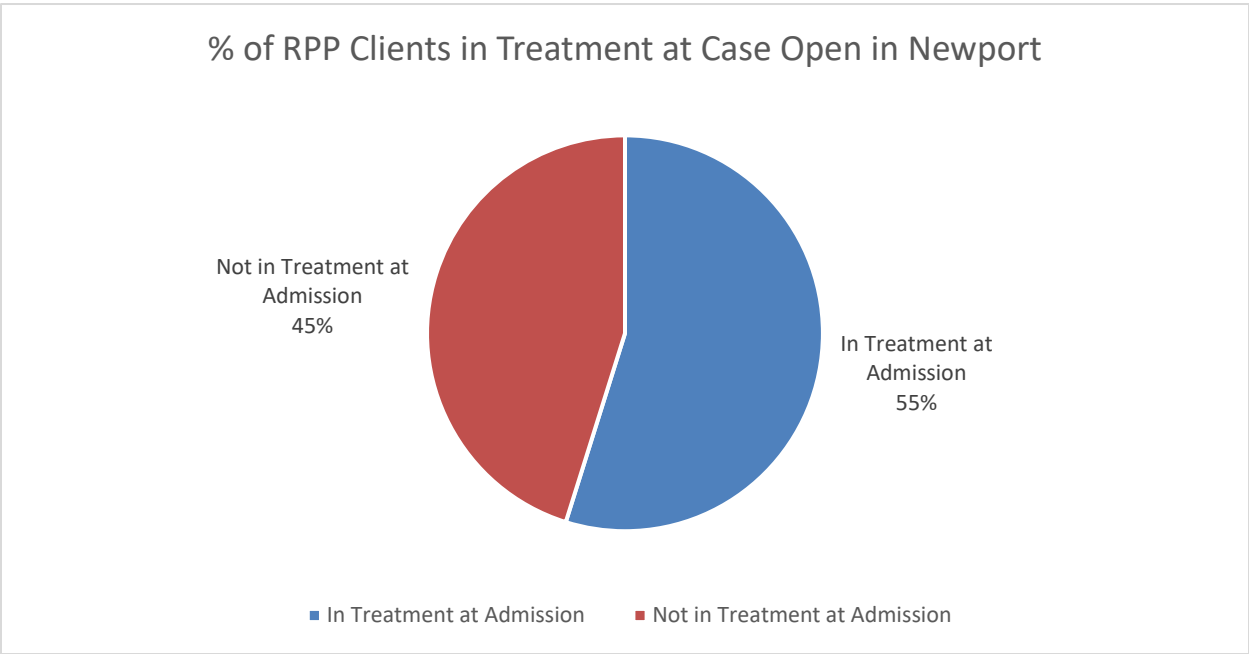
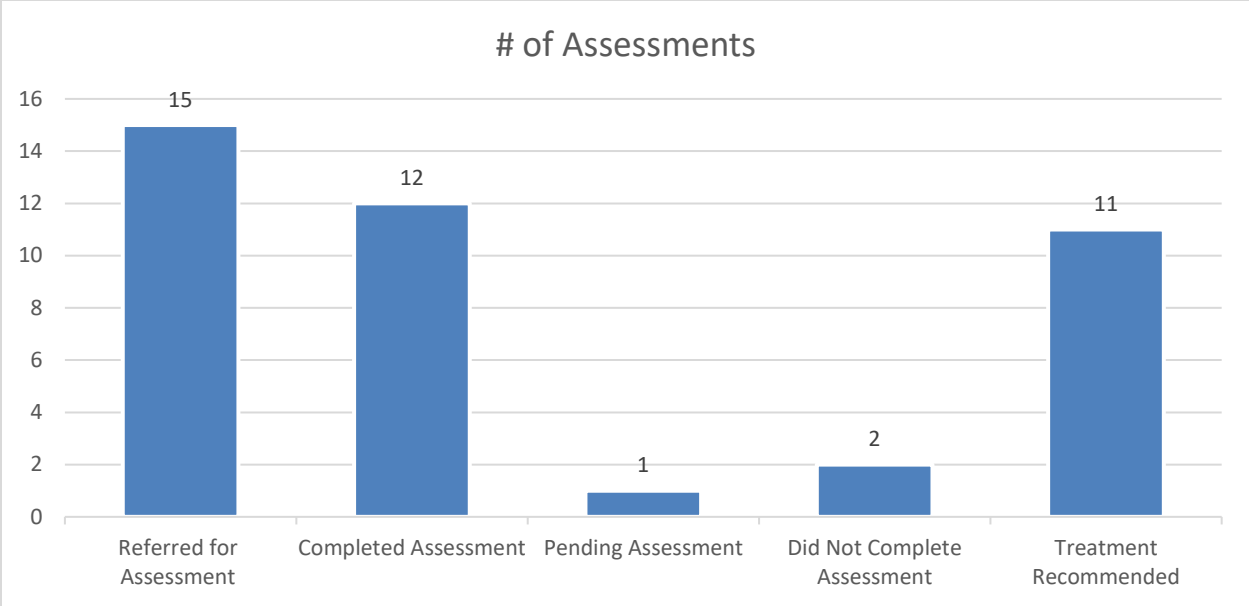
Morrisville District:

In Morrisville there were no referrals to RPP in FY24

## Newport District:



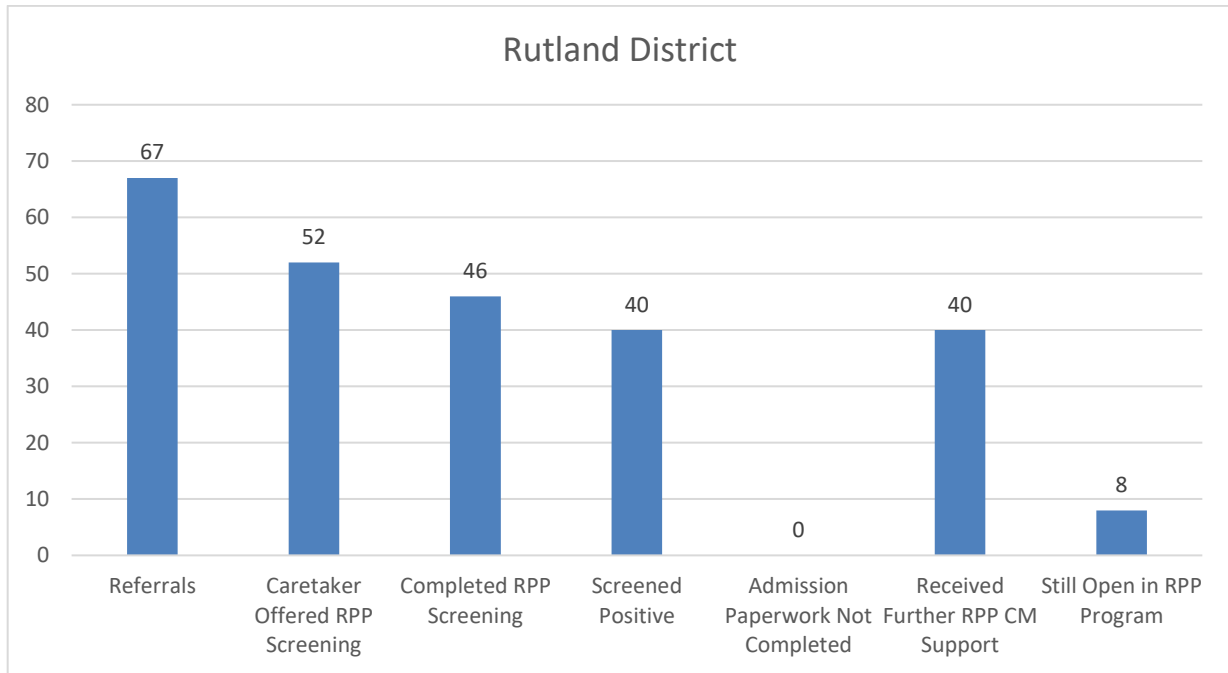
- In the Newport District Office, **62** caretakers were offered an SUD screening and **76%** of caretakers who were offered a screening, engaged in and completed the screening.
- **66%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **31** clients received further RPP case management services to support their engagement in assessment and treatment.
- **71%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program by engaging in treatment.
- **70%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment



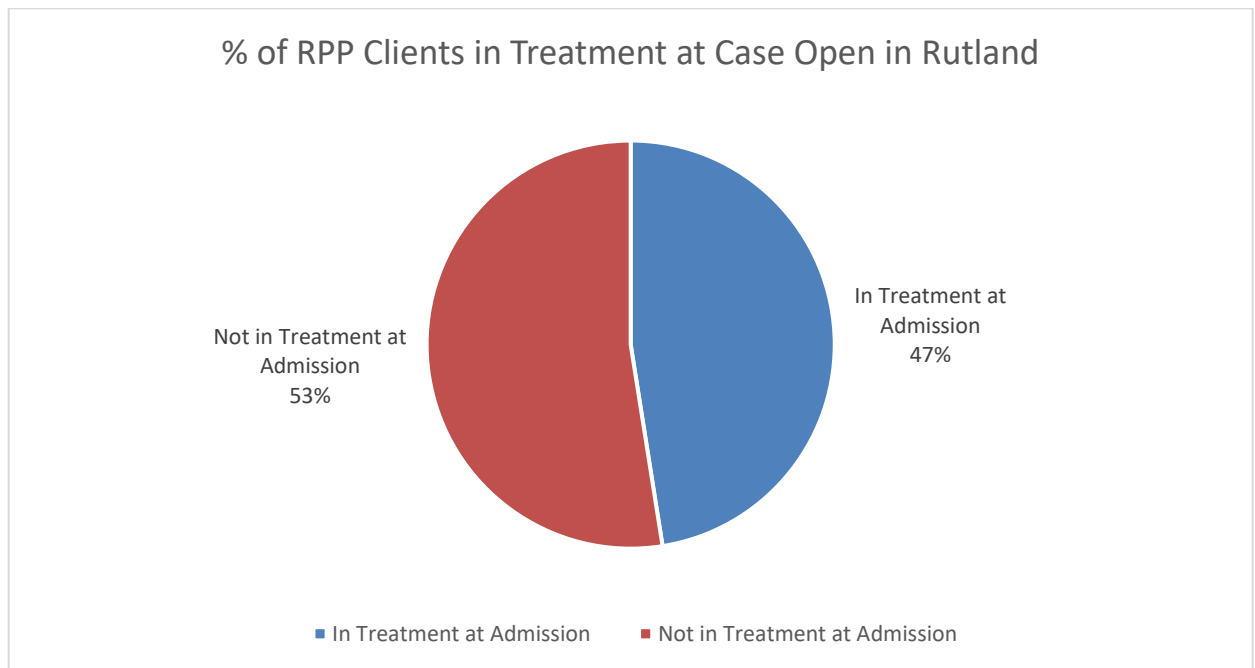
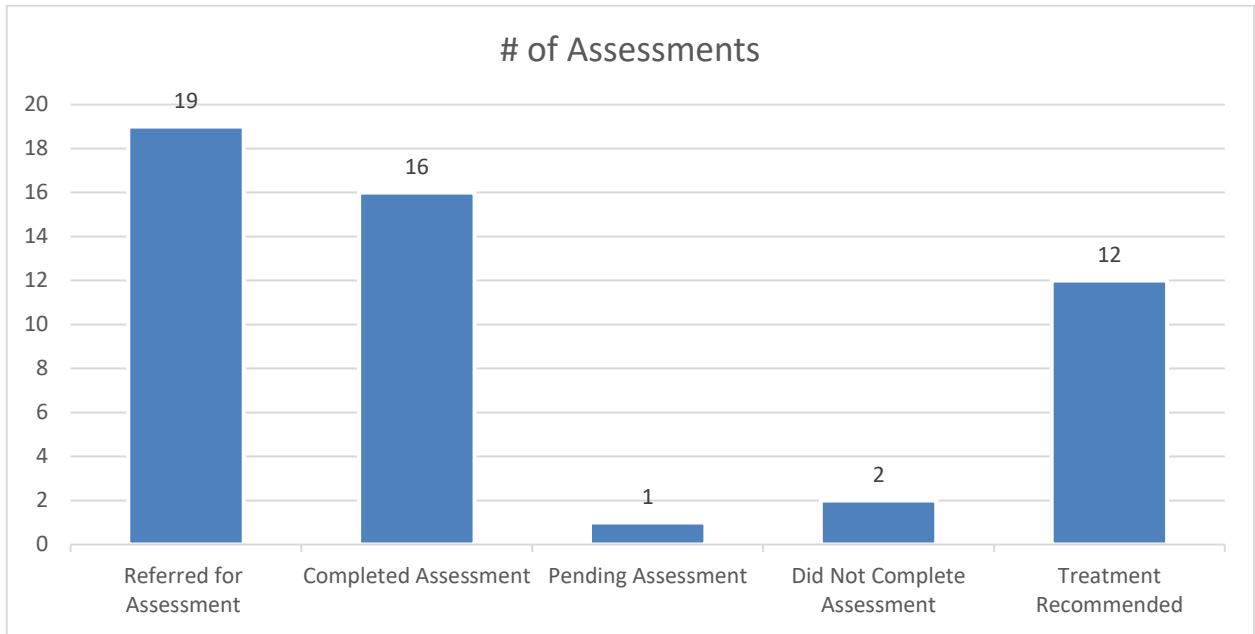
In Newport, **17** clients were in treatment at RPP admission and **14** were not in treatment at RPP admission.



## Rutland District:



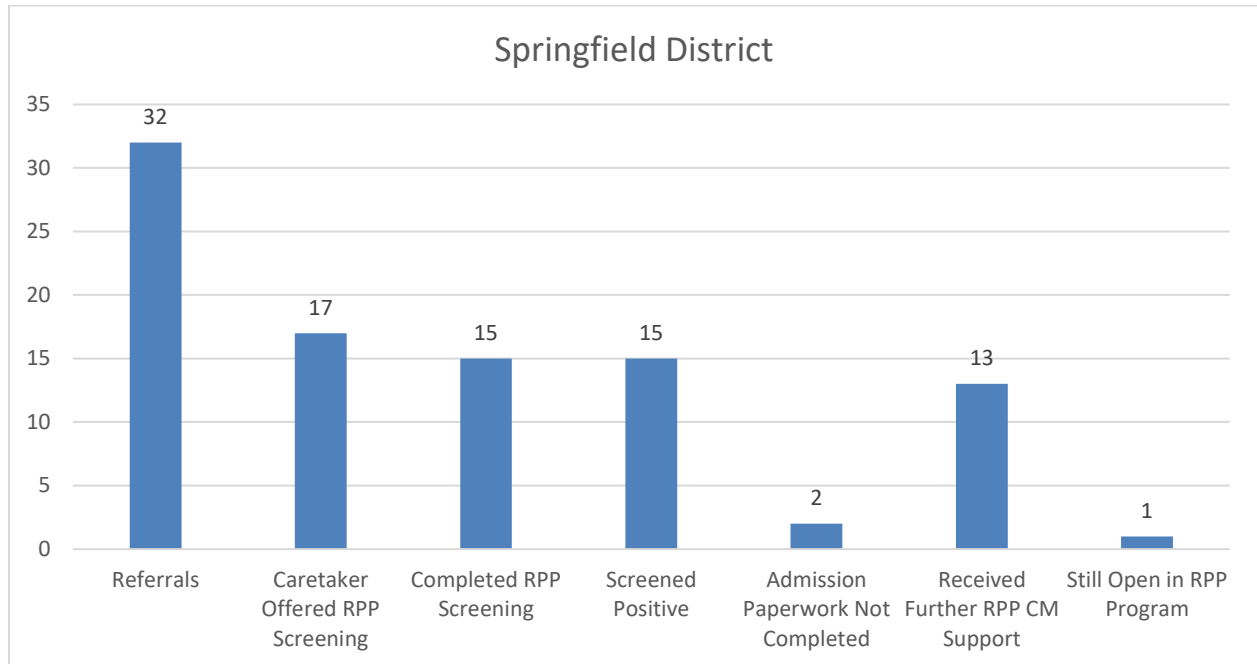
- In the Rutland District Office, **52** caretakers were offered an SUD screening and **88%** of caretakers who were offered a screening, engaged in and completed the screening.
- **87%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **40** clients received further RPP case management services to support their engagement in assessment and treatment
- **78%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program by engaging in treatment.
- 83% of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment



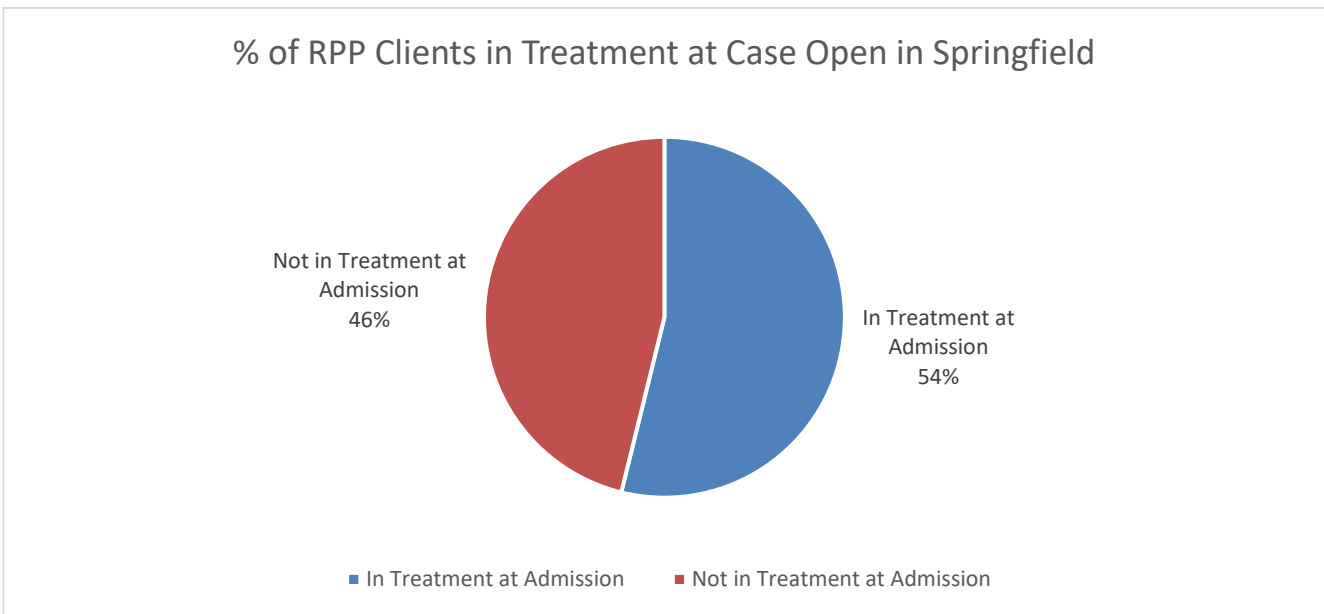
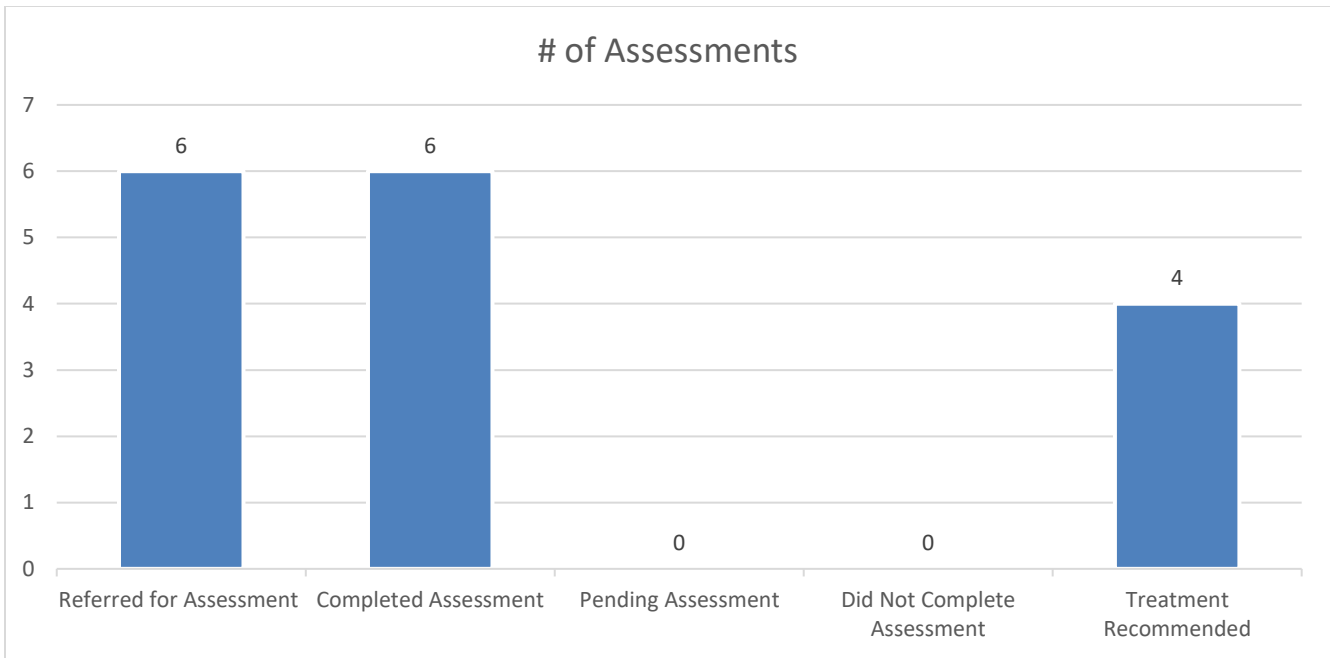
In Rutland, **19** clients were in treatment at RPP admission and **21** were not in treatment at RPP admission.

“It was really gratifying to have the opportunity to support a parenting couple in accessing MOUD. They were buying Suboxone illicitly, and the financial strain was compounding an already difficult homelife (parenting challenging teens, loss of employment, risk of losing housing, family conflict). One of the parents was also able to engage in anger management therapy with her MOUD provider.” -RPP Case Manager

## Springfield District:

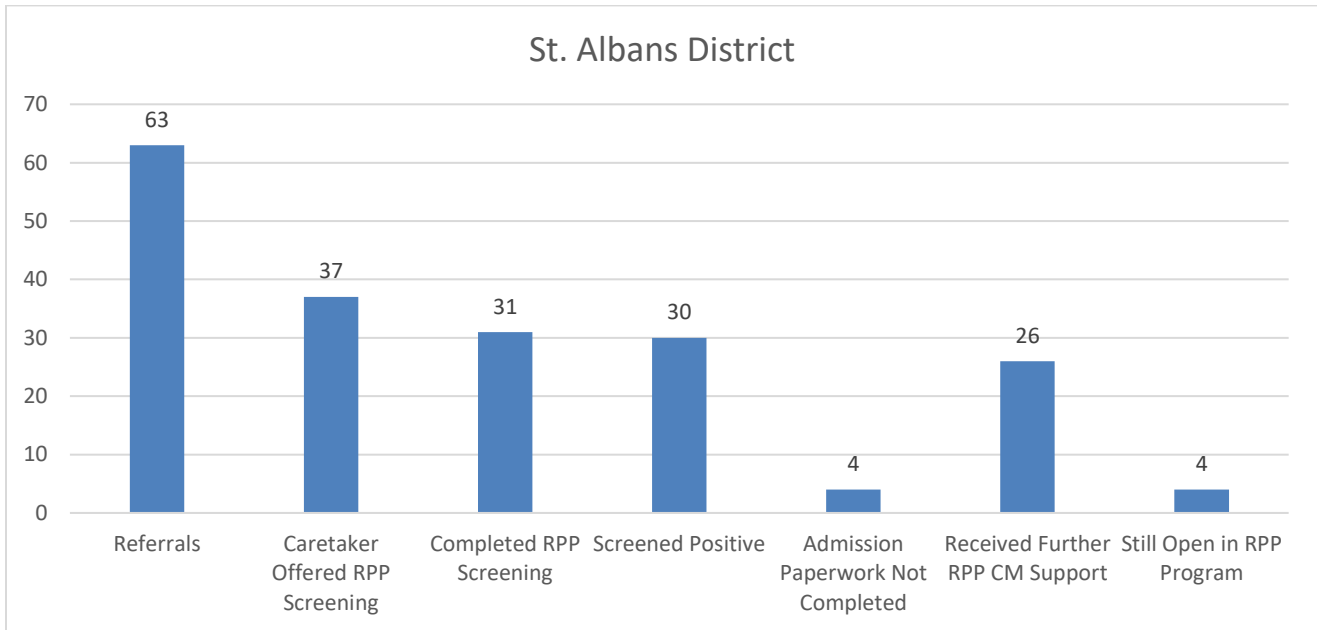


- In the Springfield District Office, **17** caretakers were offered an SUD screening and **88%** of caretakers who were offered a screening, engaged in and completed the screening.
- **100%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **13** clients received further RPP case management services to support their engagement in assessment and treatment
- **92%** of parents opened in FY24 with a positive screening who were in need of further services and successfully completed the program by engaging in treatment.
- **80%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment

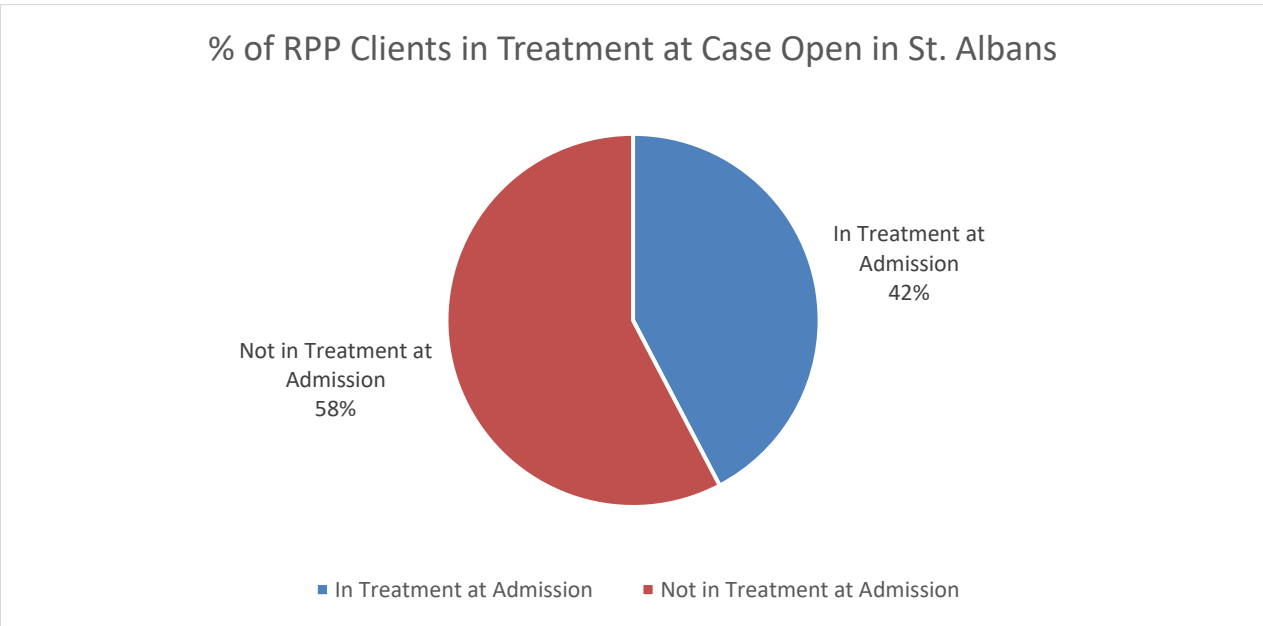
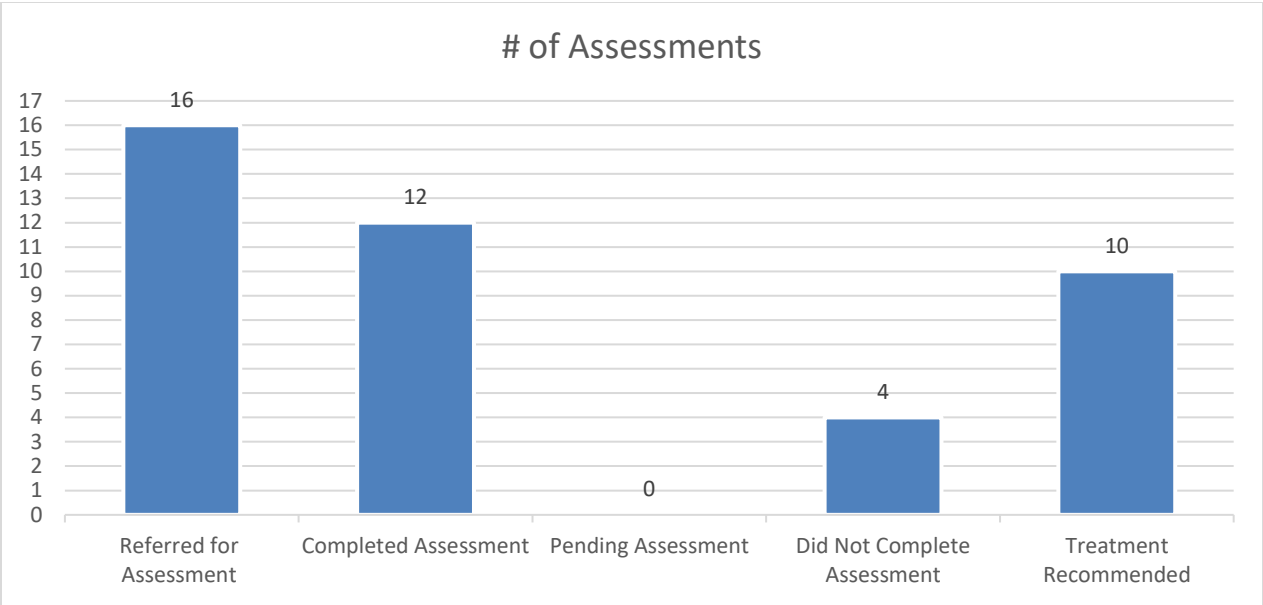


In Springfield, **7** clients were in treatment at RPP admission and **6** were not in treatment at RPP admission.

## St. Albans District:

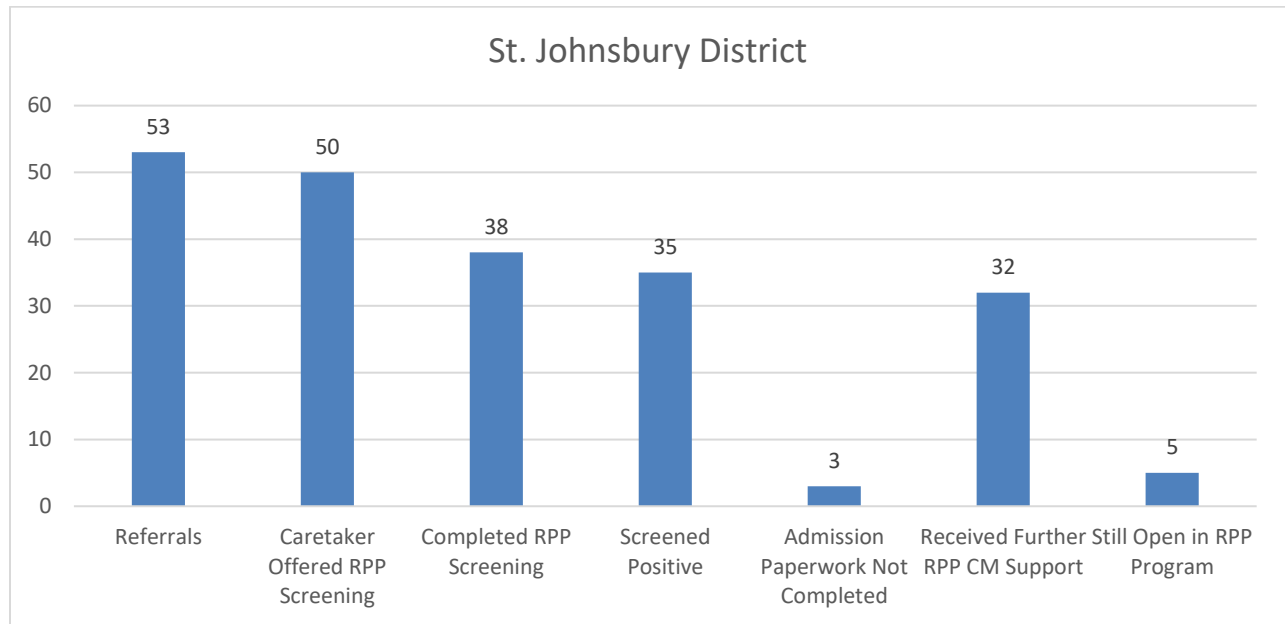


- In the St. Albans District Office, **37** caretakers were offered an SUD screening and **84%** of caretakers who were offered a screening, engaged in and completed the screening.
- **97%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **26** clients received further RPP case management services to support their engagement in assessment and treatment.
- **68%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program by engaging in treatment.
- **75%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment

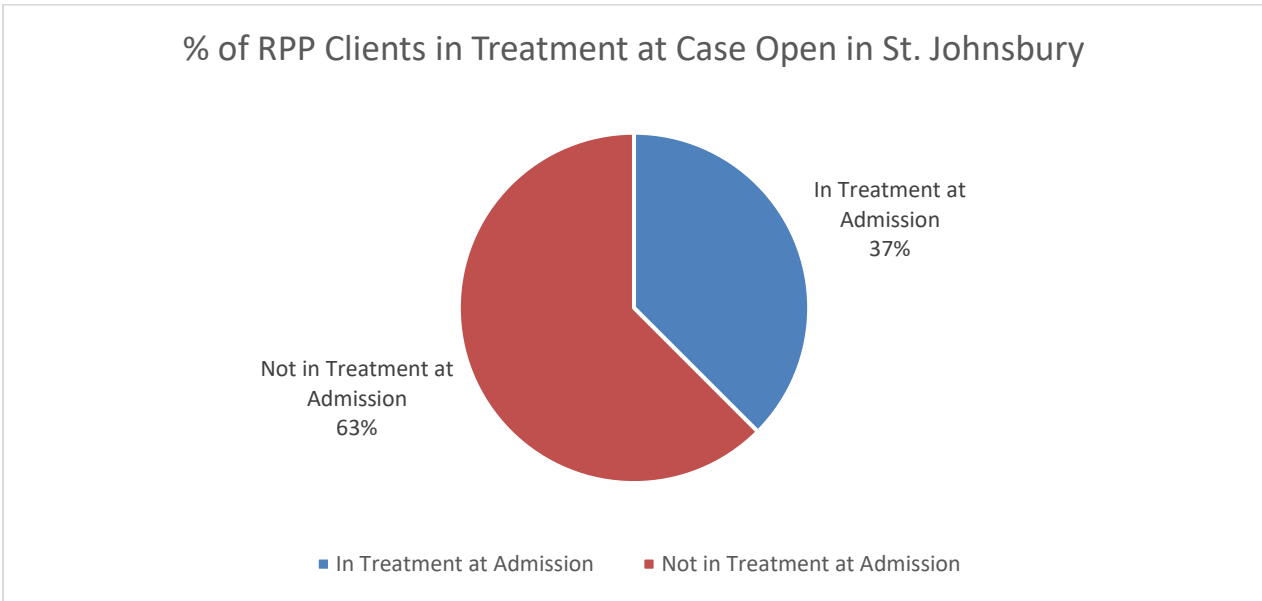
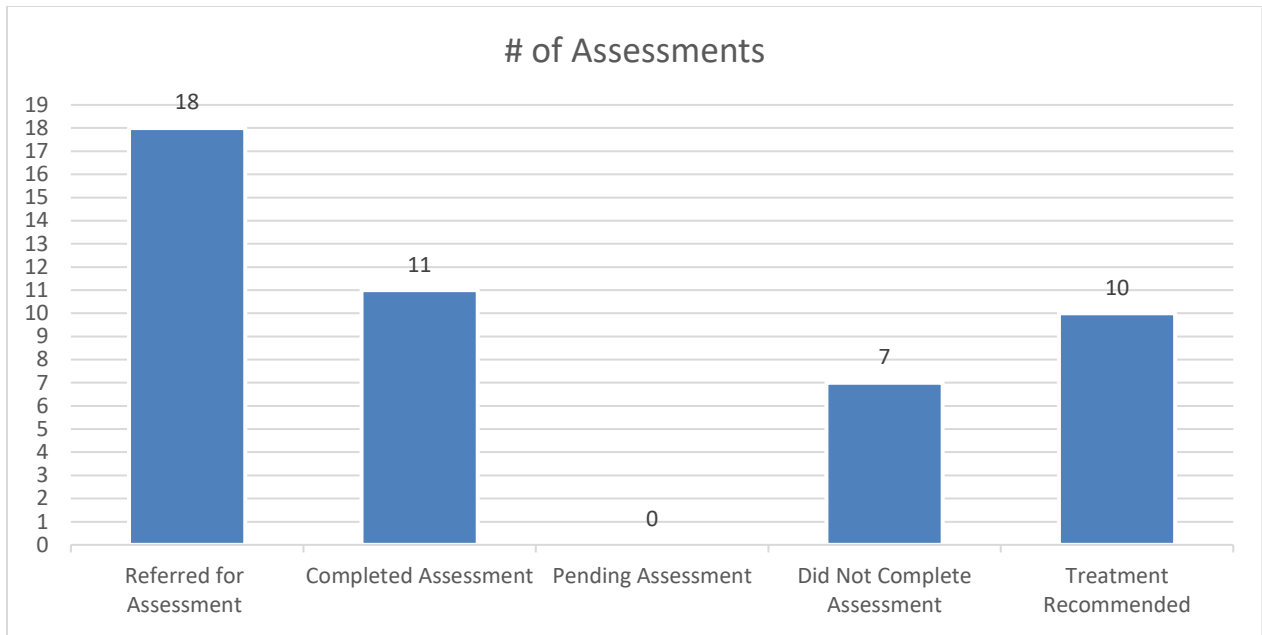


In St. Albans, **11** clients were in treatment at RPP admission and **15** were not in treatment at RPP admission.

## St. Johnsbury District:



- In the St. Johnsbury District Office, **50** caretakers were offered an SUD screening and **76%** of caretakers who were offered a screening, engaged in and completed the screening.
- **92%** of those screened had an indicated need for further assessment and RPP services. Subsequently, **32** clients received further RPP case management services to support their engagement in assessment and treatment
- **78%** of parents opened in FY24 with a positive screening who were in need of further services successfully completed the program by engaging in treatment.
- **91%** of parents enrolled in FY24 who had a treatment recommendation after assessment, went on to engage in the recommended treatment.



In St. Johnsbury, **12** clients were in treatment at RPP admission and **20** were not in treatment at RPP admission.