

I. Demonstrated Need

1. What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?

Justice-involved people living with substance use disorders and other co-occurring mental health disorders are often among the most vulnerable, stigmatized and difficult to engage individuals in our community. When they are not getting the support they need and they are struggling, they are at risk --as are their children, families and communities. It is not surprising that this particularly marginalized group (which includes a disproportionate number of BIPOC people, people with extremely low income, unhoused people and disabled people) is among the most affected by the serious social challenges facing Burlington, including risk of interpersonal violence, housing insecurity and drug overdose death.

Through our work with justice-involved people and their families, Vermonters for Criminal Justice Reform (VCJR) identified a need and opportunity for a low-barrier, walk-in program specifically designed to successfully engage justice-involved people in specialized community re-entry and substance use disorder treatment and recovery services. Justice-involved people often have concerns related to trust and authority, sometimes do not feel safe being open about their struggles with substance use because of fear of punitive responses, may display challenging behaviors and are often difficult to engage in services. Because our organization and our staff members have established longstanding relationships of trust and earned credibility among justice-involved people in our community over a period of many years, our specialized re-entry and recovery center for justice-involved people with substance use disorders has been very successful at attracting, engaging and retaining members of our population of focus and has demonstrated that VCJR is best positioned to reach this highly consequential group of community members.

In August 2022, VCJR opened a specialized re-entry and recovery center for justice-involved people in downtown Burlington, a first in Vermont. The center is focused on attending to the needs of justice-involved individuals living with substance use disorders including overdose prevention, improvement in social functioning and crime prevention. In October 2022, we began providing outpatient drug treatment using an evidence-based intervention called contingency management. Our contingency management program is designed to support abstinence from opioids (like fentanyl and heroin) and stimulants (like cocaine and methamphetamine), which are responsible for both significant community disruption and most overdose deaths in Vermont. We have enrolled over 76 very high-risk, justice-involved individuals diagnosed with substance use disorder in contingency management drug treatment services. In recent months, VCJR launched our Managed Medical Response Partnership (MMRP), a collaboration with Johnson Health Center (JHC) designed to address the increasingly acute medical and mental health needs of our population of focus in Burlington. Other program services designed to address identified needs include case management, post-incarceration community re-entry support, parenting support, professional and peer recovery support and basic needs assistance (food, housing, employment, transportation).

Local demand for the project has been well demonstrated in that justice-involved people rapidly enrolled in our program based almost entirely on word of mouth from peers. Intake data indicates that 98% of our program participants said that they were not currently accessing services at an existing recovery center when they chose to access services at VCJR. We had also been guided in our decision to open the center by UVM research data indicating that only 13% of prison staff

say that we are adequately preparing people for success upon release from incarceration, and that incarcerated people listed improving re-entry support as their number one need.

Vermont has been experiencing sharp increases in overdose deaths. According to the CDC, Vermont overdose deaths rose 85.1% from March 2020 to March 2021 --the largest increase in the country. The number of overdose deaths has continued to increase every year since then. The period following release from incarceration is particularly dangerous because drug tolerance is low, stress is high and many have not been getting linked to timely supports.

Our specialized re-entry and recovery center, contingency management drug treatment program, medical support program and other services addressing health disparities contribute to CDBG national objectives because they benefit low-income persons. According to our intake data, 100% of Burlington residents served meet criteria for “extremely low” or “very low” income.

II. Program/Project Design

1. Give us a short summary (2 sentences) that describe the program/project.

VCJR is implementing a specialized re-entry and recovery center for justice-involved people living with substance use disorders and co-occurring mental health disorders. Key services include case management (including specialized medical case management), re-entry services (for individuals returning to the community after a period of incarceration), professional and peer recovery support, parenting support, basic needs assistance (food, housing, employment, transportation), and overdose prevention using an evidence-based drug treatment called contingency management.

2. Explain why the program activities are the right strategies to use to achieve the intended outcomes. Why is the program designed the way it is? (cite evidence, best practices, or community input)

Stigmatized and socially isolated people with low social capital need places they perceive as welcoming and safe to successfully access services. VCJR's center is designed as a low-barrier, walk-in setting where our population of focus can access a variety of important services and supports free of charge. Our earned trust and credibility among justice-involved people enables us to successfully attract, engage and retain a significant number of high-risk people who otherwise would not access beneficial services. Our services (including case management, medical case management, re-entry services and recovery support) were identified as priority needs by justice-involved people. Contingency management was identified as a priority unmet need by UVM researchers and the City of Burlington's Community Stat coalition (City-led coalition of community-based organizations addressing substance use and related topics).

3. How will this program/project contribute to the City's anti-poverty strategy? If this activity is to respond to COVID-19, please also describe how this activity prepares or responds to the impacts of the COVID-19 pandemic.

Our program focuses on a population with very high rates of poverty. According to our intake data so far, 100% of people served by our program meet criteria for “extremely low” or “very low” income under HUD income guidelines). Case management and re-entry services, in particular, help people access employment, public benefits and housing (especially at the critical time when someone returns to Burlington after a period of incarceration). Drug treatment and recovery supports promote the stability needed for successful employment.

The COVID-19 pandemic has significantly contributed to the alarming rise in fatal drug overdose over the last several years. This program is working to reduce the incidence of overdose among justice-involved people by providing overdose prevention supplies (fentanyl test strips, naloxone); overdose prevention education and training; professional and peer supports; community reentry support; help managing the stress and demands associated with justice involvement; drug treatment and treatment retention support; relapse prevention/response and recovery stabilization support.

The housing crisis is having a disproportionate impact on justice-involved people due to the impacts of the COVID-19 crisis on housing in Vermont compounded by population-specific challenges (must live within certain geographic area, corrections residence approval often required), lack of income, lack of a recent rental history or landlord reference, and inability to pass a criminal background check. Justice-involved people visit VCJR's center to get help with emergency shelter, transitional housing, sober housing and permanent housing, including support in accessing the Chittenden Coordinated Entry system. VCJR staff help people maintain good relationships with landlords and neighbors, problem-solve housing challenges and improve access to employment, education, job training and disability benefits. VCJR provides onsite support to residents of the Elmwood Emergency Shelter Community.

4. How do you use community and/or participant input in planning the program design and activities?

VCJR staff are in daily contact with justice-involved people and their family members. We are directed by these conversations and focus our activities on the concerns identified by participants. We use an evidence-based survey tool to measure participant satisfaction and success and this tool informs our program design and implementation. The tool was recommended by UVM researchers who have been consulting with us on our program design, implementation and evaluation. We have a bulletin board where program participants post comments and suggestions. VCJR participates in community coalitions where we hear about and discuss community needs including Burlington's Community Stat, Vermont Opioid Settlement Advisory Committee and the Vermont Overdose Prevention Network. We meet regularly with a variety of policy leaders including the Burlington Mayor, Burlington City Council members and legislators. Over half of our staff and board members are people with lived experience.

III. Proposed Outcomes

1. What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating?

Intended outcomes include:

- Fewer overdose deaths
- Fewer people living in poverty
- More people have safe and stable housing
- Improved recovery from substance use disorders/co-occurring mental health disorders
- Low barrier access to medical care, mental health care and drug treatment
- Less crime, interpersonal violence and resulting community harm
- Less incarceration and related collateral consequences
- Fewer adverse childhood experiences (ACEs) among children of justice-involve parents

2. List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)

Goal 1: Reduce drug overdose deaths among justice-involved people with substance use disorder

Goal 2: Address criminogenic risk factors to improve social functioning and reduce risk of crime/interpersonal violence

Objective: Implement a low barrier, specialized re-entry and recovery center for justice-involved individuals living with substance use disorder serving **100** or more unduplicated Burlington residents **per quarter** who will each participate in one or more of the following activities based on individual need (Note: Most people will participate in one or more activity many times over a period of months as they receive ongoing services)

Activity Funded	Outcomes
Re-entry and recovery center implementation; case management; re-entry services; and recovery support	Justice-involved individuals with unmet needs engage in services that address criminogenic risk factors, improve social functioning, meet basic needs and reduce crime (especially interpersonal violence)
Re-entry and recovery center implementation; case management; re-entry services; and recovery support	Justice-involved individuals with substance use disorder who are at high risk for overdose death successfully access drug treatment, overdose prevention services and recovery support resulting in fewer overdose deaths

IV. Impact / Evaluation

1. How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected.

VCJR collects data designed to evaluate our success in meeting the previously unmet needs of justice-involved people living with substance use disorders. We are following recommendations of UVM researchers who have been consulting with us. VCJR uses the following data collections forms:

- Intake Form (demographic data, social history, risk and needs assessment)
- CDBG Beneficiary Self-Certification Form (demographics, residency, income)
- Contact Log (interventions by type, referral information)
- Progress Form (attendance, drug test results, progress notes, education completion)
- Treatment Effectiveness Assessment (TEA)(evidence based tool; progress in treatment and recovery within four domains: substance use, health, lifestyle, community)

2. How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in your last Attachment A) and your final outcomes (as noted on your Attachment C) from June 2023 (or June 2022). For non-CDBG participants – report on your achievements from the previous year.

VCJR’s specialized re-entry and recovery center for justice involved people with substance use disorders has been very successful in engaging and serving our population of focus, and VCJR successfully met or exceeded all contractual obligations. Our intake data shows that we are successfully reaching a significant number of very high-risk members of our community:

- 98% report extremely low income; the other 2% report very low income
- 52% had recently been released from incarceration
- 56% were currently unhoused; 40% said their current housing was temporary or unstable; 93% reported a history of homelessness
- 89% tested positive for stimulants (cocaine or methamphetamine); 82% tested positive for opioids; 77% tested positive for both opioids and stimulants
- 85% were currently using substances via injection
- 76% reported a history of serious wounds, blood infections or endocarditis related to drug use; 26% had current serious wounds or blood infections
- 51% reported serious mental health symptoms related to methamphetamine use
- 84% reported a history of drug overdose; 44% reported an overdose in the last 6 months; 4 reported an overdose within 24 hours prior to intake
- 98% said they were not accessing services at a recovery center prior to visiting VCJR

Beneficiaries Served

	Intended	Actual
JUL, AUG, SEP 2022	25	26
OCT, NOV, DEC 2022	75	76
JAN, FEB, MAR 2023	75	109
APR, MAY, JUN 2023	75	103
TOTAL	250	314

VCJR successfully provided community re-entry services for individuals recently released from incarceration, recovery support to justice-involve people with substance use disorders, prevention services for individuals at high risk for fatal drug overdose, specialized case management services, and drug treatment with contingency management. Staff also supported parents in successfully complying with Department of Children and Families case plans, and supported individuals under Corrections supervision in successfully complying with legal mandates including treatment court requirements, corrections community supervision requirements, abuse protection orders and sex offender registries.

V. Experience / Organizational Capacity

1. What is your agency’s mission, and how do the proposed activities fit your mission?

VCJR helps justice-involved individuals live safe, productive and healthy lives through policy reform, advocacy and direct service. This includes individuals who are incarcerated, under Vermont Department of Corrections supervision in the community, or who are at high risk for criminal justice system involvement. Proposed activities are closely tailored to promoting the health, safety and success of justice-involved individuals, their children/families and their

communities. The proposed activities enhance organizational access to justice-involved people helping us keep the leadership of those with lived experience at the center of our work.

2. Explain how your agency has the capacity to carry out the proposed activity (i.e. staff qualifications, years of experience related to this type of activity, etc.)

Our executive director is an attorney and a licensed alcohol and drug counselor with over 20 years of experience working with justice-involved people with substance use disorders in Burlington, including as the founder and longtime supervisor of the Howard Center Safe Recovery program. Our client services director is a social worker with 8 years of professional experience, including as a program director at the Howard Center. She is also a person with important lived experience (she is a person in long-term recovery from substance use disorders who experienced a range of harms associated with her substance use disorders, including insecure housing, incarceration, injection drug use and overdose). Our case manager has 5 years of professional experience working with justice-involved people and people living with substance use disorders at the Howard Center. She is fluent in Spanish. Our board of directors includes attorneys with the Public Defender's Offices in Chittenden and Franklin counties, and Vermont's first African American state trooper (retired). Half of our board members are people with lived experience. We work closely with UVM researchers who are consulting with us on an ongoing basis on our program design, implementation and evaluation.

3. What steps has your organization/board taken in the past year to address racial equity, inclusion, and belonging internally? What new commitments have been made to address racial equity, inclusion, and belonging internally in the year ahead?

VCJR has been working to improve board and staff diversity with significant success. One of the staff we hired with CDBG funding support is a member of the BIPOC community and the other is a formerly incarcerated woman in recovery from substance use disorders. We are currently working toward hiring a member of the BIPOC community with lived experience to help facilitate peer recovery support groups with the goal of engaging as many BIPOC participants as possible. VCJR was awarded a Community Health Equity Partnership grant and over the last year we have been participating in associated trainings organized by the Vermont Public Health Institute. We will continue to maintain our efforts and utilize resources available through the City of Burlington, the Vermont Department of Health and the State of Vermont Office of Racial Equity.

4. Have you received Federal or State grant funds in the past three years? Yes No

Note: We have not received direct funding from the federal government or state government, but we have received state/federal-sourced funds from United Way and CEDO (CDBG). We have also successfully completed private grants in the \$200k to \$500k range in recent years.

**5. Were the activities funded by these sources successfully completed? Yes No N/A
If No, please explain:**

VI. Proposed Low & Moderate Income Beneficiaries

1. Will the program solely serve a specific group of people? If so, check ONE below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Elderly (62 years +) | <input type="checkbox"/> People with AIDS |
| <input type="checkbox"/> Battered Spouses | <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> People with Severe Disabilities | | |

If this activity/project is designed to serve the population experiencing homelessness through housing or supportive services, is your organization or entity partnered with the Chittenden County Continuum of Care and participating in the Coordinated Entry system for the project:

Yes No Not applicable to activity/project

2. a. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at <https://www.burlingtonvt.gov/CEDO/2023-HUD-Income-Limits>

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income (30% median)	# Very Low-Income (50% median)	# Low-Income (80% median)	# Above Income Limits (above 80% median)
Re-entry services, recovery services, case management, drug treatment/overdose prevention using contingency management	100	90	8	2	0

b. All CDBG grantees serving limited clientele will be required to use CEDO's *CDBG Beneficiary Self-Certification* form to collect beneficiary data including race, ethnicity, annual income, and family size. Is your organization willing and prepared to add this documentation to the intake process for your CDBG funded program by July 1, 2024?
 Yes NO Not Serving Limited Clientele

VII. Commitment to Equity, Inclusion and Belonging

1. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community/location, race or ethnicity, or other characteristic of the people this program is intended to serve. How do you select and reach your target population?

Our population of focus is comprised of justice-involved individuals living with substance use disorders (many with co-occurring mental health disorders). Vermont's criminal justice system does not impact all individuals and communities equally. Those impacted tend to be age 25-54, extremely low income/low income and disproportionately BIPOC and LGBT+. Many are living with HIV and/or hepatitis C and many experience other life-threatening health issues related to substance use like soft-tissue wounds, blood infections, endocarditis and overdose. All services are voluntary and open to all justice-involved people with substance use disorders. We reach our population of focus primarily via word of mouth. We work to conduct specific outreach to members of the BIPOC community including under a racial justice grant from the Vera Institute of Justice specifically targeting BIPOC people who are justice-involved.

2. Describe the steps you take to ensure the project/program is accessible, inclusive, addressing racially equity, and culturally appropriate for the target population.

We believe that addressing the needs of justice-involved community members is an important component of a comprehensive movement toward health equity. Staff work hard to ensure the culture and atmosphere at our center is welcoming with the understanding that our participants often do not experience inclusion and equity in their daily lives. We value the participation of those with important lived experience in the formal leadership structure of our organization. Currently,

over 50% of our staff and board of directors are impacted by incarceration (formerly incarcerated or family members). One of the people we recently hired with CDBG funding support is a formerly incarcerated woman in recovery and another is a member of the BIPOC community. VCJR staff are in daily contact with justice-involved people and their family members. We are directed by these conversations and advocacy requests and focus our activities on the needs and concerns identified by participants. As part of our commitment to racial justice in the context of health equity and criminal justice reform, VCJR applied for and was awarded a racial justice grant from the Vera Institute of Justice, which we are using to conduct specific outreach to BIPOC community members who are justice-involved, enhance our drug treatment/contingency management program and other services, and ensure our program is accessible and inclusive.

VIII. Budget / Financial Feasibility

1. Budget Narrative: Provide a clear description of what you will do with CDBG’s investment in the project/program. How will you spend the money? Give details.

As a provider of public services, VCJR will spend CDBG funds primarily for expenses necessary to provide the Burlington community and our population of focus with a specialized re-entry and recovery center located at an accessible downtown location (109 Bank Street). This includes rent, utilities and insurance. This center provides an important venue for our highly qualified and experienced staff to attract and engage very high risk/high impact members of our community in important services that benefit the entire community.

2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.

a.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week	% of Hours per Week
n/a				

b. All CDBG grantees that use CDBG funds for salaries must submit timesheets that capture total time and effort of staff members funded with CDBG. These timesheets must record hours worked on CDBG-funded programs, hours worked on non-CDBG funded programs and the corresponding program name/funding source(s). Timecards must include a narrative for all CDBG and non-CDBG funded activities, and must be signed by the employee and supervisor. Does your organization have the ability to implement a timekeeping system for CDBG funded staff that meets these requirements by July 1, 2024? Yes No Not funding salaries

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Wages/Payroll Taxes/Unemployment	\$0	\$198,220	\$198,220
Fringe	\$0	\$49,534	\$49,534
Rent/Utilities/Insurance	\$25,000	\$19,119	\$44,119
Contingency Management Incentives, Fentanyl Testing Supplies, Drug Testing Expenses	\$0	\$45,350	\$45,350
Other Expenses (bookkeeping, payroll service, tax service, janitorial service, office supplies, staff mileage etc.)	\$0	\$20,142	\$20,142
TOTAL	\$25,000	\$332,365	\$357,365

4. Funding Sources

	Program/Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$20,000	\$25,000	\$20,000	\$25,000
State (specify)	\$0	\$0	\$0	\$0
Federal (specify)	\$0	\$0	\$0	\$0
City of Burlington (ARPA, Opioid Settlement Funds)	\$117,000	\$75,000	\$117,000	\$75,000
United Way	\$0	\$0	\$0	\$0
Private (specify) (UVMCC, Vital Projects Fund, Hoehl Family Foundation, Ben & Jerry's Foundation, Vera Institute of Justice)	\$270,000	\$270,000	\$270,000	\$270,000
Program Income	\$0	\$0	\$0	\$0
Other (specify) (Individual donors)	\$5,000	\$5,000	\$5,000	\$5,000
Total	\$412,000	\$375,000	\$412,000	\$375,000

5. Of the total program/project cost, what percentage will be financed with CDBG?

$$\begin{array}{rclcl}
 \$20,000 & \div & \$357,365 & = & 5.6\% \\
 \text{CDBG Funding} & & \text{Total Program/Project Costs} & & \text{Percentage}
 \end{array}$$

6. Of the total program/project cost, what would be the total cost per person?

$$\begin{array}{rclcl}
 \$357,365. & \div & 250 & = & \$1,429 \\
 \text{Total Program/Project Cost} & & \# \text{ Total Proposed Beneficiaries} & & \text{Cost Per Person}
 \end{array}$$

$$\begin{array}{rclcl}
 \$20,000 & \div & 100 & = & \$200 \\
 \text{Total Amount of CDBG Funding} & & \# \text{ Total Proposed CDBG Beneficiaries} & & \text{Cost Per Person CDBG Investment}
 \end{array}$$

7. Why should CDBG resources be used for this project?

This project substantively responds to Burlington’s CDBG program goal to reduce poverty and its impacts in Burlington. Proposed services address priority needs identified in the City’s 2018 Consolidated Plan: to provide public services, fund substance use recovery programs, fund programs to provide services that respond to the increase in homelessness since the onset of the COVID-19 pandemic and to protect the vulnerable (including families with children, chronically homeless persons, people with chronic substance use and mental health disorders, persons with HIV/AIDS, victims of domestic violence and people with extremely low incomes). VCJR’s public services are consistent with the City’s Anti-Poverty Strategy (meeting basic needs, decreasing social isolation and increasing social capital), are responsive to national CDBG objectives and have been identified as a priority of the City of Burlington’s Community Stat coalition and the Opioid Settlement Advisory Committee. The proposed services will impact a range of issues effecting Burlington including public safety, crime prevention, domestic and other interpersonal violence, drug overdose and homelessness.

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?

One of the intentions of this program is to provide justice-involved people and other community members with new volunteer opportunities and the positive social connections that provides. Although justice-involved people and their families generally have low income, we usually receive about \$5,000 per year in small, individual donations. CDBG funding will be used to leverage support for a public and private funding (possibly via state opioid settlement funds), and VCJR is working with the Mayor and other city leaders in that effort.

IX. Collaboration/Efficiency

1. Give 1 or 2 examples of key successful collaboration(s) between your program/project and another agency/program/group to address the needs of the people you serve.

Example 1: VCJR collaborates with Vermont Legal Aid (VLA) both on policy reform and direct service. VLA and VCJR provide walk-in legal clinics on site at VCJR's re-entry and recovery center. This allows people visiting VCJR's center to access legal services (often related to housing or public benefits) in a setting where they feel comfortable and are already getting other services.

Example 2: People with severe substance use disorder often present with emergent medical needs and face significant barriers to care that are sometimes insurmountable without specialized support. Through our Managed Medical Response Partnership (MMRP), VCJR and Johnson Health Center (JHC) are providing specialized medical case management (VCJR) and low barrier medical care (JHC) at our co-located, adjacent sites on Bank Street in downtown Burlington. The MMRP provides easy access to medical care and mental health care for this special population, which is characterized by complex needs, chronic barriers to healthcare, limited access to care, overutilization of emergency departments, and underutilization of primary care and preventive care. These factors contribute to a cycle of poor health outcomes, instability and vulnerability. Among the most common medical needs addressed through the MMRP are mental health care and crisis support, drug treatment via prescribed buprenorphine, wound care (often related to use of drugs contaminated with Xylazine), treatment of serious infections like endocarditis, vaccinations, treatment of hepatitis C, treatment of chronic health issues and preventative care.

2. Do identical or similar community programs exist? How does this program complement or collaborate rather than duplicate services? What makes this program unique?

Existing recovery centers have struggled to attract, engage and retain justice-involved people. Our earned trust and credibility with our population of focus gives us an enhanced capacity to successfully engage justice-involved people with substance use disorders and mental health disorders in services. VCJR intentionally offers services that fill unmet needs and complement rather than replicate existing recovery services. For example, existing recovery centers do not provide professional case management, specialized re-entry services, contingency management or medical support services. VCJR routinely shares cross referrals with other recovery support, harm reduction and drug treatment providers.

3. Provide 1 example of how your agency has become more efficient in achieving your outcomes or managing your project/program.

VCJR is partnering with the Chittenden County Office of the State's Attorney to address the root causes of criminal justice involvement. Prosecutors in Chittenden County are now able to refer appropriate individuals with eligible pending criminal charges to VCJR's contingency management program. VCJR's contingency management program focuses on addressing both substance use disorder and related unlawful activity that is often disruptive to the broader community. VCJR staff support behavioral change in terms of both substance use and related criminal activity. This partnership is helping us more efficiently achieve program goals including reducing substance use among justice-involved people with substance use disorder, reducing crime/interpersonal violence and reducing incarceration (which perpetuates poverty and other harms).

X. Sustainability

1. How will this project have a long-term benefit to the City of Burlington? If this program/project ends, how will that benefit continue?

Helping justice-involved people initiate and maintain long-term recovery from substance use disorder, improve social/family functioning, secure stable housing, establish health care and secure stable income has profound long-term benefits for themselves, their children and the Burlington community. These benefits impact generational cycles of poverty, substance use, trauma and incarceration, and these benefits will continue to impact our community even after this program/project ends. Expected long-term benefits include fewer drug overdoses; less poverty; less crime and interpersonal violence; less incarceration (and the social disruption and collateral consequences it brings); less transmission of HIV and HCV; and fewer adverse childhood experiences (ACEs) among children of justice-involve parents.

2. CDBG funding is intended for new or expanded services. If CDBG funding ends, will the project be able to continue?

VCJR's specialized re-entry and recovery center for justice-involved people has been operating for less than two years and we continue to enhance the program through innovation. Our contingency management program represented a major innovation in drug treatment in Burlington. Our new partnership with the Chittenden County Office of the State's Attorney is an innovative new way to reduce community harm. And our Managed Medical Response Partnership is an innovative new way to address the dramatically worsening health outcomes experienced by our population of focus in recent years (mostly caused by the arrival of new and more dangerous drugs in Vermont communities). Based on decades of staff experience in implementing new programs, strong early success implementing this project, and our accumulation of a growing body of compelling outcome data, we anticipate that we will be able to earn ongoing investment in this program.

3. How will you prioritize the proposed project activities if you do not receive the full amount requested?

We will prioritize implementation of our specialized re-entry and recovery center and associated specialized re-entry and recovery services for justice-involved people.