

## Opioid Settlement Advisory Committee

**Date:** 11/29/2023

**Location and Time:** 2 – 5 p.m.

**Present:** Caroline Butler, Senator Ruth Hardy, Monica Hutt, Jessica Kirby, Mark Levine, MD, Scott Pavek, Representative Dane Whitman, Miro Weinberger, Madeline Motta, Stacey Sigmon, Mike Doenges, Shayne Spence, Heather Stein, MD, Shawn Burke, Deb Wright, Scott Cooney

**Absent:** [Click here to enter text.](#)

**Meeting Facilitator and Note Taker:** Mark Levine, and Sarah Gregorek

Meeting Objectives:		
Agenda Item	Discussion	Next Steps/Funding request
<p>Welcome</p> <p>Discuss Funding and Overdose Prevention Sites</p> <p>Mark Levine, MD</p>	<p>We have \$4.9M available to date for the upcoming year. We are waiting for five more settlements that said they would be putting money in our treasury this calendar year, but we haven't seen it yet.</p> <p>Are there members of the committee who have questions about overdose prevention sites? We received a proposal from Grace Keller from the Vermont Overdose Prevention Network. The budget includes funding for staffing, facility, medical supplies, equipment, program, and miscellaneous costs in the amount of \$2,632,000 annually for two fixed sites.</p> <p>Senator Hardy: Introduced legislation last session regarding Overdose Prevention Sites. There are two bills on the wall of the Judiciary Committee.</p> <p>Monica Hutt: The issue of legality and limited liability needs to be addressed. She's glad that the topic will be taken up in the legislature this upcoming session so we can hear from</p>	<p>We will still prioritize all our recommendations later in December – obviously the amount we have to spend will be relevant but should not impact our decision-making process.</p>

	<p>Vermonters to get community buy in and she asked for data that represents a reduction in overall overdose deaths for places that have sites and operation.</p> <p>Rep Whitman: H.72 An act relating to a harm-reduction criminal justice response to drug use was introduced last session and was passed out of House Human Services and is with House Appropriations.</p> <p>Scott Pavek: British Columbia this year has called for changes to overdose prevention centers mainly to ensure that they allow for safe inhalation because the majority of deaths are now involving inhalation. Only 19 of 47 allow for safe inhalation, so if anything, we're just seeing a need to expand services, not that they've become less efficacious.</p> <p>Discussion occurred about the NYC's two sites and the different outcomes which were based on different types of drugs used.</p>	
<p>MAT Utilization in DOC Annie Ramniceanu and Jessica King-Mohr</p>	<p>The cost to switch from subutex pill form to suboxone film will result in an additional unfunded budget expense of approximately 1,250,000.00. This includes the cost of the medication, 1 FTE Analyst for ongoing analysis of Medicaid claims data regarding retention in buprenorphine MAT post incarceration, and 2 FTEs to provide statewide MAT engagement, retention and continuity of care analysis using Medicaid claims data.</p> <p>Narcan vending machines at each facility and P&amp;P offices – already distributing harm reduction packs, simplify data reporting, get rid of manualized data tracking since vending machines would track inventory/distribution.</p>	<p>\$1,250,000</p>

<p>Recovery Partners of Vermont Gary DeCarolis Issac Dayno Tracie Hauck</p>	<p>Recovery coaches training for people in DOC. Provide continuity of care for people leaving corrections and going into the community. Match a recovery coach with someone in DOC and then they continue to coach them after they're released or a warm handoff to another recovery center. Overdose is the leading cause of death for people recently released from incarceration nationwide. The immediate period following release from incarceration poses particular risk for overdose death.</p>	<p>Core center project staffing: \$900,000 1.5 FTEs x6 centers @\$100,000 per FTE per year Auxiliary center support: \$350,000 0.5 FTEs x7 centers @\$100,000 per FTE per year Recovery Partners of Vermont administrative support &amp; staffing: \$100,000 0.275 FTE per year (includes 10% fund management) Anticipated RPVT administrative costs: \$72,500 DOC administrative staffing/new coordination facilitation duties: \$150,000 Covers annual cost for staff time + 0.25 FTE project manager + executive oversight: \$150,000 Total annual project cost: \$1,500,000 Total three-year project cost: \$4,500,000</p>
<p>Prevent Child Abuse Vermont Linda Johnson</p>	<p>Provide 61 Programs statewide that include people with trauma and 80% with Substance Use Disorders. Programs include Nurturing Parenting® Programs, Strengthening Families Programs and Circle of Parents® Support Groups. These funds allowed PCAVT to hire one Safe Sleep Trainer, one Child Trafficking Prevention Trainer, and two additional Family Support Programs Coordinators. We anticipate the state will provide no additional funding in FY24 which will put the continuation of these programs in jeopardy.</p>	<p>\$250,000 per year</p>

<p>Housing First Supports Jeffrey Moreau</p>	<p>Less than 100 recovery resident beds statewide which helps approximately 300 people per year. Critical for long term recovery. Funding would be for scholarships support.</p>	<p>\$325,000 This equates to \$25,000 per recovery residence and anticipates 13 certified locations of fiscal year 2025. How many scholarships would this cover? \$1000 per person which covers the first 4-6 weeks of housing costs. Typical length of stay is 3 – 6 months</p>
<p>Managed Medical Response Partnership Jessica Kirby Caroline Butler</p>	<p>Johnson Health and VCJR are jointly requesting opioid settlement funding support to provide critical and life-saving medical care and wrap-around support to a very challenging to reach and serve population. Often asked to leave traditional settings; we have lower bar/lower barrier Overutilization of EMS, urgent care, EDs</p> <ul style="list-style-type: none"> <li>• Provide easy access to medical care for individuals directly impacted by the opioid crisis.</li> <li>• Provide intensive medical case management and service coordination (outreach, engagement, crisis response, provider/patient trust building, medical treatment retention, hospital visitation/retention, medication adherence, support in following medical recommendations, transportation, problem-solving, accompanying to appointments)</li> <li>• Address social determinants of health by assisting individuals in securing stable housing, employment and access to community resources</li> <li>• Reduce drug overdose, wounds and infections.</li> <li>• Improve mental health outcomes.</li> <li>• Reduce barriers to healthcare.</li> </ul>	<p>\$300,000 Grow their Managed Medical Response Partnership. Funding would support general operating and staffing for 1 FTE for each program. New people are accessing services each week and with this funding support we anticipate serving at least 75 new people over the next year.</p>

	Contribute significantly to a safer and healthier community. Served 29 participants since July, 2023	
Medical Services in Low Barrier Emergency Shelter Pilot Sarah Russell	<p>Nurse for 5 hours a day for 63 days over the winter in an emergency shelter.</p> <p>The majority of people experiencing unsheltered homelessness have substance use disorder and struggle to access basic needs including medical care. Our shelters prioritize people who are unsheltered, without the ability to treat wounds occurring from substance use disorder (SUD). Because of this, many guests present in the shelter environment with significant wound-care needs. We propose a pilot project to determine the effectiveness of providing access to wound care and preventative healthcare within three low-barrier shelters within the City of Burlington: Elmwood Community Shelter (35 guests), Champlain Place (20-30 guests), and the Burlington Temporary Overnight Winter Shelter (30-40 guests).</p> <p>The addition of nursing services within our shelters will increase guests' ability to access medical services including wound care, frostbite/exposure care, management of hypertension, diabetes, and other preventative healthcare services. Guests will connect and build trust with our healthcare system in a setting that promotes harm-reduction and trust which we anticipate will enable referrals to substance use treatment and engagement in primary care.</p>	<p>\$31,178.00</p> <p>Because the initiative begins within a month, settlement money would not yet be available. The Chair will work with DSU to find an alternative sources of funding.</p>
Funding Proposals for 2025 Discussion	Will schedule a meeting in December to discuss the funding proposals. Members will receive the final proposals in advance to rate them Tier 1, Tier 2 or Tier 3.	Next meeting will be scheduled in December.
Public Comment	Grace Keller - The next piece of that continuum of care in harm reduction is overdose prevention centers, a large portion of the	

people who die in Vermont die alone, all of the strategies that have been put forward don't solve the problem of people using alone, this is the only intervention that will help.

Dawn Tatro - I am very passionate about this settlement money. This money needs to fix this mess that's been created. I can't tell you how important housing is, and I can't tell you how important it is, and it has made such a difference. Need more resources like Johnson Health Center.

Ed Baker – Overdose deaths have sextupled since Shumlin was in office. The number one priority per the attorney general guidelines for the disbursement of settlement money was preventing overdose deaths and other harms. We have to fund pure harm reduction now and we need overdose prevention centers, this committee has the power to prioritize it.

Sarah Russell – The Chittenden County Homeless Alliance is comprised of over 35 agencies in Chittenden County, and they voted unanimously to advocate for overdose prevention centers.

Phyllis Phillips - I am the mother of a 40-year-old daughter and she is very deep into substance use disorder at this time, and I've listened, and we appreciate all the suggestions that have been made but if she's dead, nothing else matters. If being able to use in a safe space gives her one more day and one more day of access to resources that she might decide to avail herself of, then that's what that for me.

	Theresa Vezina – I want to be really clear that Vermont Cares and myself as a person who has recovered from life threatening, chaotic drug use that overdose prevention centers is something that I absolutely do support.	
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