

## Opioid Settlement Advisory Committee

*Date:* 1/6/2025

*Location and Time:* 10 - noon

*Present:* Mark Levine, MD, Kristin Atwood, Shawn Burke, Caroline Butler, Ruth Hardy, Monica Hutt, Liz McLoughlin, Madeline Motta, Jess Kirby, Deb Wright, Dane Whitman, Joe Magee, Scott Pavek, Stacey Sigmon

*Absent:* Michael Doenges, Heather Stein, MD

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

<b>Meeting Objectives:</b>		
<b>Agenda Item</b>	<b>Discussion</b>	<b>Next Steps</b>
Opening Comments	<p>The Chair reflected on several pieces of information and invited the committee's input.</p> <p>First, as of 12/31/24, slightly over \$12M dollars were available for this committee's recommendations around funding proposals.</p> <p>Second, in previous acts, the General Assembly expressed legislative intent to continue appropriating funds for four projects (outreach and case management; an overdose prevention center in Burlington; recovery residences, and syringe services programs). If the Committee supported the General Assembly's intent to continue funding these programs, about half of the \$12 million available would already be obligated.</p> <p>Third, the Chair thanked the committee for their hard work, noting the large number of proposals and the fact that we would be deliberating on 18 proposals today.</p> <p>Fourth, he noted that 11 of the 18 proposals were specifically in harm reduction, 2 in prevention, 2 in treatment, and 3 in recovery but there was significant overlap, and many included the entire continuum of services. Specifically, harm-reduction efforts</p>	

	<p>were present in the majority of proposals. Also, geographic distribution was reasonable, and a handful of proposals were clearly statewide in impact.</p> <p>After the chair’s opening reflections, there was a group discussion of 2 items that represented important areas of focus for which the committee did not receive any proposals. The first of these was in further bolstering up and making more impactful the residential treatment system of care. The second was a harm reduction strategy involving overdose hotlines, like SafeSpot, arguably the one area of harm reduction that Vermont does not have substantial programming in.</p> <p>In terms of managing these issues the Chair suggested that the next RFP process not only solicit wide ranging proposals but also that it note specific areas that the committee, through consensus, was especially interested in so that novel strategies would be submitted for review. Such as but not limited to those described above.</p>	
<p>Ongoing Funding Earmarked by the Legislature</p>	<p>\$6.1M has been earmarked for the following 4 programs; the committee agreed that contingency management should also receive ongoing funding, even though not designated in statute</p> <ol style="list-style-type: none"> <li>1. SSP, \$1M</li> <li>2. Residential Recovery, \$1.2M</li> <li>3. Outreach/Case Management \$1.976M</li> <li>4. Overdose Prevention Center, through 2028 \$1.1M</li> <li>5. Contingency Management for Stimulant Use Disorder, \$800,000</li> </ol> <p>Does the committee recommend that these programs continue to be funded with Opioid Settlement Money? Ruth Hardy made a motion to continue to fund these programs. Dane Whitman seconded the motion 9 members approved the motion, two members abstained, and the motion passed.</p>	
<p>Recommended Proposal to Fund in FY26</p>	<p>See 18 proposals that were voted on by 12 members. There is \$7M available to spend in FY 26.</p>	
<p>Brattleboro Fire Department</p>	<p>Voted to Fund \$32,157.60</p>	
<p>Champlain Housing</p>	<p>Voted to Fund \$44,229.00</p>	

Community Safety Organizing Team with sponsorship from Pathways Vermont	Voted not to Fund	
Connecticut Valley Addiction Recovery Inc	Voted to Fund \$150,000	
Elevate Youth Services	Voted to Fund \$200,000	
Friends for Change	Voted to Fund \$100,000	
Health Care & Rehabilitation Services of Southeastern Vermont, Inc.	Voted to Fund \$309,000	
HireAbility	<p>HireAbility gave several options for funding.            Mark Levine, MD made a motion to fund them at \$850,000            Ruth Hardy seconded the motion            9 members approved the motion            2 members opposed            The motion passed</p>	
Johnson Health Center & Vermonters for Criminal Justice Reform	Voted to Fund \$300,000	
Northeast Kingdom Community Action	<p>Senator Hardy suggested that the committee package the Housing Peer Support Recovery proposals together (NEKCA, OEO and Champlain Housing) so that there could be a statewide process to issue grants through OEO. The Committee did not agree with this option, so they chose to keep the proposals separate. NEKCA proposal was a recovery center proposal in addition to housing peer support, different from OEO and Champlain Housing.</p>	

	<p>Motion: Does the committee still support the Northeast Kingdom Community Action for \$550,000?          10 members approved          1 abstained          The motion passed</p> <p>Voted to Fund \$550,000</p>	
Pathways Vermont	Voted to Fund \$35,000	
Prevent Child Abuse Vermont	Voted to Fund \$80,000	
Spectrum Youth & Family Services	<p>The committee wants to fund 2 FTE intake clinicians at \$170,000          Ruth Hardy made a motion to fund Spectrum for \$170,000          Liz McLoughlin seconded the motion          The motion passed unanimously</p>	
Treatment Associates, A Division of Washington County Mental Health	Voted to Fund \$30,000	
Umbrella	Voted to Fund \$20,824.18	
Vermont Judiciary	Voted to Fund \$50,000	
Vermont Office of Economic Opportunity	Voted to Fund \$800,000	
Vermonters for Criminal Justice Reform (VCJR)	Voted to Fund \$76,000 for either one of the existing outreach positions (making available to non-preferred providers) or creating a separate appropriation for a non-preferred provider outreach worker	

Next Steps	Dr. Levine will draft the recommendation letter to the legislature and share it with the committee in the next few days. The letter will be shared with the Committee. If the Committee wishes to meet to discuss, members may request a special meeting.	
Public Comment	<p>Ed Baker</p> <p>It's hard for somebody from the public to really keep up with the deliberations of the committee and the different types of proposals that are being submitted, so I would ask that I be more included in some of the information that that the committee has, on ongoing basis, maybe I could be my comments could be a little bit more pointed for today.</p> <p>All the proposals that were voted on obviously are worthwhile and needed, and they're being voted on by a very high level, educated, experienced committee so I don't have any criticism of it. I just want to make the point that I keep making. The Northeast Kingdom proposal, there's one section where it says out of 25 people who have exited the shelters to homelessness so far this year, according to our records, eight were involuntarily discharged due to drug related activity. So 1/3 were involuntarily discharged due to drug related activity. That to me represents a barrier and prevents services from being delivered to the people who are most in need of the services and it just begs this idea of harm reduction approach where people are not penalized for using drugs. You have eight people here who are involuntarily discharged to homelessness because they were using drugs.</p> <p>Our priority should be helping people who are using drugs, and I know we'll continue to emphasize that. No, criticism to any of the people on the committee.</p> <p>I admire everything you do. You've dedicated your lives to it but I just think there has to be a way for the committee to develop a way to recruit proposals from high quality harm reduction focus. Maybe it's the recruitment of proposals that needs to be looked at, but we need more consideration of services that are actually low barrier. If we are to save the lives of people most at risk for death.</p>	
Next Meeting	TBD	