

## Opioid Settlement Advisory Committee

**Date:** 2/27/2023

**Location and Time:** Noon – 1 Via Teams

**Present:** Caroline Butler, Senator Ruth Hardy, Monica Hutt, Jessica Kirby, Mark Levine, MD, Scott Pavek, Rocket, Representative Dane Whitman, Miro Weinberger, Madeline Motta, Heather Stein, MD, Deb Wright, Chief Shawn Burke, Gwynn Zakov

**Absent:** Mayor David Allaire, Stacey Sigmon

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

<b>Meeting Objectives:</b> Third meeting of the Opioid Settlement Advisory Committee		
<b>Agenda Item</b>	<b>Discussion</b>	<b>Next Steps</b>
Top Ranking Funding Recommendations	<p>Top ranking items – 7 or more votes, \$6,876,000 package</p> <ol style="list-style-type: none"> <li>1. Naloxone, \$1,900,000</li> <li>2. Contingency Management \$560,000</li> <li>3. Opioid Medication Units (hublets) \$2,000,000</li> <li>4. Wound Care Telehealth Consult \$100,00</li> <li>5. Outreach Workers 2,216,000</li> <li>6. Fentanyl Test Strips \$100,000</li> </ol>	<b>Shared the document with the committee</b>
Discussion	<p>Mayor Weinberger wants to amend the amounts of the recommendations, the Contingency management amount of \$560,000 should be \$800,000 and the Opioid Medication Units need expansion of Methadone access in Chittenden County so the \$2,000,000 should be higher to support that expansion. This is one of the most critical recommendations. The state has done well with the distribution of Naloxone, do we need this funding?</p> <p>Mark Levine – Regarding Naloxone, there is \$440,000 educational and research fund with a \$1.9 M deficit.</p>	

	<p>Scott Pavek would like to see funding for Xylazine test strips when they're available for purchase in the amount of \$100,000. They are made by the same supplier as Fentanyl test strips, and they'll be a similar cost.</p> <p>Jess Kirby stated that she has learned from the Xylazine test strip vendor that they should be available in four months. Would like to see Outreach Workers be more like Case Managers.</p> <p>Mark Levine – All the workforce components, whether it's the recovery workforce, the clinical workforce, the prevention workforce, they generally received the lowest votes of everything and I think there are hopes that it gets covered in other ways, whether it be through current legislation or somewhere else.</p>	
<p>Additional recommendations from the Committee</p>	<p>Overdose Prevention Centers were voted on by four members, JK, RH, CB, SP</p> <p>Other recommendations:</p> <ol style="list-style-type: none"> <li>1. Respite Beds – Budget \$800,000 CB</li> <li>2. Transportation Services - \$200,000 CB</li> <li>3. Low Barrier/No Barrier harm reduction \$500,000 CB</li> <li>4. Recovery Services in ED using SAMHSA – RH</li> <li>5. Recovery Centers – MH \$500,000</li> <li>6. Recovery Centers for Justice (VCJR) JK, SP, MW \$150,000</li> <li>7. Expand Hub Dosing Hours – JK</li> <li>8. VLA Medical/Legal – JK</li> <li>9. Overdose response – anti-motion alarms – SP</li> <li>10. Xylazine Test Strips – SP – costs similar to FTS (\$1/strip)</li> <li>11. Stabilization Bed Program for Residential Treatment Retention, MOUD Induction – SP and JK, \$1,000,000</li> </ol>	

	<p>12. Elmwood Shelter Case Management Support SP 13. Support for Regional Prevention Coalitions SP 14. Treatment Courts – RH</p> <p>Dr. Levine – Where is the most urgency where we should be spending the money now?</p> <p>Mayor Weinberger – Would like to see state money spent on VCJR and contingency management where the city has been spending. It’s successful and reaching a lot of people.</p>	
<p>Budget Status in the Legislature</p>	<p>Representative Dane Whitman, the House Human Services Committee is writing up its budget memo to the House Appropriations Committee to provide recommendations, some are the same initiatives that have been mentioned in discussion today that I'm hoping to include as far as some of our budget recommendations within the realm of programs for substance use disorder. So that's going out and then goes to the Appropriations Committee for their review. We have the rest of the legislative session to incorporate the Opioid Settlement funding but the earlier it’s put into the budget, the better.</p> <p>Senator Hardy would like to get the money approved earlier than waiting for the final budget bill, which usually is the last bill passed in May. There is a bill that Representative Whitman has in his committee that could be a vehicle to put appropriations in that could potentially pass quicker. The two legislators could try to work on that with their chairs so that the money could get out sooner. This committee would need to make recommendations within the next week to get it into the bill after crossover (after 3/10).</p>	

	<p>Monica Hutt wants to be sure that the Governor has a chance to weigh in on the recommendations.</p>	
<p>Discussion of Equity</p>	<p>Senator Hardy - would definitely be supportive of a hublet in Chittenden County, just need to make sure that that's not done in lieu of putting more resources in rural places. We have many needs in rural areas too which supports expanding more hublets. DOC may be a partner for the Chittenden County pressures.</p> <p>Dr. Heather Stein - Just adding that part of the issue in Chittenden County is that we have this wonderful bidirectional referral system with Bup and because of the federal government restrictions put around methadone prescribing for the treatment of substance use disorder and MOUD, we haven't been able to have this bidirectional referral process even for people who are really quite stable on methadone. So a lot of us are really excited about potential movement in a lot of different places, to be honest with you, over the last few months and that's one of the potential areas for partnership and development that can help to offload the hub and Chittenden clinic areas because you're able to take those who are currently receiving home dosing of methadone and integrate them back into the same sort of outpatient treatment environment that we have for buprenorphine.</p> <p>Jessica Kirby – There is a huge gap for Methadone access in Chittenden County due to dosing hours and transportation issues.</p> <p>Dane Whitman - are there ways for us to look at things being scalable, especially if you know, Department of Corrections isn't</p>	

	<p>fully ready to come on board for this? Can we look at serving other areas of the state through mobile units, these satellite locations as you've said? And I think the same goes to contingency management as well as far as scalability.</p> <p>Mark Levine – Rural areas that need services – we talked about putting a hublet in Addison County, Windsor, Windham County and Northeast Kingdom and the rates of opioid overdose deaths are highest in Windham County and the Northeast Kingdom. And so those kinds of concerns about geographic equity still need to be front and center in our conversations.</p> <p>Judge Motta: My concern is geographic equity and, this spreadsheet is a pretty simple tool, but nowhere when I look at it does it tell me which recommendations are where, Windham, County, which has a 56.18% death rate, one of the highest in the state or Essex County or Rutland. Can we clarify where the recommendations will be implemented for the committee?</p> <p>Mark Levine - The hublet recommendation is the only recommendation that had that specificity to it, but the rest of the items don't really need that, they pretty diffusely spread, but we'll keep the geographic equity principle always in mind.</p>	
<p>Overdose Prevention Center Discussion</p>	<p>Mark Levine - How do we achieve geographic equity in a rural state in that arena knowing that Burlington has been talked about as the proposed location. Burlington actually has about half the rate of overdose deaths as some of the other sites that I just mentioned in the state and even though they have the highest number of deaths because of the population density, they don't have the highest rate.</p>	

	<p>So we need to think about those things as we make decisions regarding anything we're going to do. There's racial equity, there's equity in numerous arenas, but there's also in Vermont, geographic equity, which is a big factor.</p> <p>Scott Pavek: I've been advocating for this since 2017, completely certain we'd be saving lives every single day, so for that reason, although while there might be more questions about these rural locations, especially as we figure out transportation issues and necessity of a mobile site. For example, I think we've answered every question we need to for the Burlington area and it's time to move forward.</p> <p>Ruth Hardy -Chittenden County has a recommendation for an opioid overdose prevention center, funding for VCJR and a hublet, that's a heck of a lot to put into Chittenden County when we have other needs in the rest of the state. So, I wouldn't advocate for all three. We need to put resources into Addison County. Bennington County, Windham and Windsor in the Northeast Kingdom because the rates in those communities are high. The Chittenden County members need to determine their priority.</p> <p>Shawn Burke - overdose prevention sites and with the luxury of our lawmakers being here with us today, I think it's wise if Legislative Counsel weighs in on the existence of these sites and how state drug statutes may or may not have to change in order to make an enclave for a potential scenario such as this</p>	
Next steps on voting	The committee agreed that Dr. Levine would dig deeper into refining the cost estimates for hublets and CM and gain further insight into our total spend for this budget year. And better	

	<p>understand costs that will need to be supported annually vs. onetime costs. And better understand costs that will need to be supported annually vs. one time costs to ensure sufficient monies would still be available one year hence. And connect with DOC. And finally, how to address the “late to the table” recommendations that had support of several members but insufficient testimony/time for discussion.</p>	
Public Input	<p>Ed Baker – Shared a link to <a href="https://northreach.ca">https://northreach.ca</a> A lot of information about a very rural sight of overdose prevention centers. I also sent the committee members the video link to testimony, at the House Human Services Committee on overdose prevention centers on Thursday. If you get a chance to see that, please look at it.</p>	
Next Meeting:	3/8/2023 at 1:30 p.m. via Teams	