

Opioid Settlement Advisory Committee

Date: 6/28/2024

Location and Time: 9 – 11 a.m.

Present: Mark Levine, MD, Caroline Butler, Ruth Hardy, Stacey Sigmon, Scott Pavek, Jess Kirby, Shawn Burke, Shayne Spence, Kristin Atwood

Absent: Michael Doenges, Heather Stein, MD, Monica Hutt, Dane Whitman, Madeline Motta, Deb Wright

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

Meeting Objectives:		
Agenda Item	Discussion	Next Steps
Introduction of new member, Kristin Atwood and General Counsel Lauren Layman	<p>Kristin is the Barton Town Clerk and Treasurer and has been appointed by the VLCT Board to replace Scott Cooley.</p> <p>Lauren is the Department of Health’s new General Counsel; she comes to us from the Secretary of State’s Office/OPR.</p>	
Proposed Application Process Kelly Dougherty	<p>Kelly sent the application process to the committee after the May meeting for their review. It includes the purpose of the process, the charge of the committee, a summary of the process and the timeline. This is a more formal process than we've had in the past, whereby we would issue a request for applications.</p> <p>Applicants will fill out a form with information about their plan, geographic area, who they serve, how much money they are requesting and request one time or ongoing funding.</p> <p>When the applications are received through the VDH web site, we can poll the committee to assess interest and decide which applications they want to</p>	<p>Shayne Spence made a motion to adopt the proposed application process and Scott Pavak 2nd the motion. The motion passed unanimously.</p>

	<p>further consider., We will extend invitations to applicants to attend these meetings to present further and give the committee an opportunity to ask questions or get additional information. That will happen in the October, November and December meetings, or earlier, and then the committee would be sent an online voting form. We will have to consider the amount of funds that are available for new projects.</p> <p>The applications will be shared with the committee in full, hopefully through a SharePoint site where everyone can access the applications and then we will solicit votes from the Committee on which proposals to recommend for funding.</p> <p>We will advertise this process on the business registry, our web site and ask the committee to share it with their community partners.</p> <p>The committee requested that when we get these presentations, we have time at the end of each meeting to discuss.</p>	
<p>New Portal Status, CT Portal - Scott Pavak</p>	<p>Scott did some canvassing with other state settlement committees to see what public input portals had been developed. Initial concerns of some members of the committee were that developing a public input portal would require a significant amount of VDH resources, time, upkeep, maintenance.</p> <p>He asked Connecticut and New Jersey about the software that was used for the public input portal, who developed the portal, a contractor of a department or agency, what resources were required to maintain it, and how much did portal maintenance cost.</p> <p>CT and NJ used a free version of Survey Monkey and worked with their IT department to come up with prompts on the form. After 30 days, the survey closed, and the opioid services director could see the responses as they were</p>	<p>Scott will frame the public portal option so that it's clear for the committee members if it will be included in the application process or handled separately and we will discuss it at the next meeting.</p>

	<p>coming in and exported the data into Excel to sort the recommendations and distribute to their Opioid Settlement Committees.</p> <p>Their process was to open it for 30 days and then receive support internally to sort through recommendations for distribution to the entire Connecticut statewide Opioid settlement committee.</p> <p>Scott thinks it would be not a tremendous lift if we want to do the exact same thing as these other states had done pretty successfully but also to consider whether or not we want this portal to be an ongoing offering, something that exists throughout the calendar year and something for responses to which the entire committee could have access to view in real time.</p> <p>Scott perceived a lot of benefit in the committee being able to see responses in real time as they're received and start brainstorming independently without a quorum coming back to meetings. And seeing the entire universe of submissions, might do a great deal for both accountability and transparency.</p> <p>He also felt being able to interact with portal users and just confirm that their submissions have been received and seen would do a lot of good in and of itself.</p> <p>There were several questions asking do we need this portal if we are going to adopt the application process on the VDH website and clarify the need for the public portal.</p>	
<p>Post-legislature session: Decisions regarding the work of OSAC, the future use of settlement funds, and the decisions on</p>	<p>If you look at the spreadsheet here, 2024 Opioid Abatement Settlement Fund Appropriations (healthvermont.gov) starting with the governor's recommendation, then the House, the Senate, and then how it eventually passed after the COC (Committee on Conference). The final committee budget decision is in the final column, the top is Act 22, which we passed last year in 2023. So that was the first year that we used the opioid settlement funds. And</p>	

<p>use of current funds in the 2025 budget Senator Hardy</p>	<p>for those of us who were on the committee from the very beginning, you'll recall that we made those recommendations which didn't really change after the legislature agreed on its appropriations.</p> <p>The one thing that that did change this year in the budget adjustment bill, funding was added (due to passage of H.72) for the opioid treatment centers and increased some of the funding from the evidence-based education and research fund:</p> <ul style="list-style-type: none"> \$1.4 million for the Overdose Prevention Center pilot program in Burlington which includes \$300,000 to VDH to evaluate the OPC \$1 million to the syringe services program expansion \$1.2 million for certified recovery residences \$795,000 for prevention coalitions <p>There is \$22,000 left in the abatement fund.</p> <p>Scott had a question about the Howard Center Funding. Why was the funding reduced from \$2M to \$1.5M and it is split across three or four initiatives?</p> <p>Senator Hardy: The intention is that it's supposed to be 3. One in Windsor, one in Addison and one at a correctional facility.</p> <p>Per Kelly, we got clarification on 6/27 that the legislative intent was to appropriate \$500,000 in funding for a second Chittenden clinic addiction treatment center operated by the Howard Center also reduces the original \$2,000,000 appropriation for specialized opioid treatment programs to \$1.5 million.</p>	
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It is the intent of the General Assembly that the \$1.5 million be split equally among the four existing specialized treatment programs, including the existing Howard Center program.

Dr. Levine:

Howard Center gets to expand their hours and availability at the existing center and develop a second site and that \$2,000,000 total would take into account both of those initiatives plus the other three sites that were already discussed.

And the question is, will that still be sufficient funds to allow those sites to get off the ground in the way that was envisioned? We'll need some clarification as we don't understand how the money will work out and be adequate for each site. If it's four initiatives with \$2,000,000 as opposed to three initiatives with \$2,000,000. Senator Hardy will seek clarification.

In Act 133 many of the recommendations that the committee and Commissioner made were what the legislature ended up doing. It is beneficial to examine the appropriations in this light.

Most of the initiatives that were originally proposed and the overdose prevention centers, (which of course required that additional piece of legislation and a veto override), were regarded as priorities by the legislature. The Chair also discussed the fact that many of the legislature's decisions make it necessary for ongoing continued funding to support initiatives. This brings up the whole issue of charting a pathway to sustainability for many initiatives so new and innovative ideas can still be funded. And the concern that with the recent Supreme Court decision on the Sackler family that Purdue Pharmaceutical money may not be available for some time. At the next meeting we will review the status of future settlement funds and if they will be sufficient to cover both existing and future initiatives.

<p>Board Members bring your suggested topics/ideas that we haven't heard yet for future meetings</p>	<p>Geographic distribution of funding across Vermont including the rate of overdose deaths. Update on the recommendations from the first round of funding. Update on the Settlement money received in Vermont Learn the outcomes and impact on the current initiatives, are we putting the money where it's needed and making the most impact?</p>	
<p>July Meeting</p>	<p>The group agreed to cancel the July meeting due to summer vacation schedules.</p>	
<p>Public Comment</p>	<p>Ed Baker</p> <p>You know when I look at the way the funds available to the committee have been spent over the past number of cycles, you know it makes me really happy to see that you've had the ability to really focus on some of the most pressing needs in Vermont and spend available allocations on saving lives and so I can join you in rejoicing about that.</p> <p>I'm glad that Senator Hardy is here because I really want to rejoice about what happened in our legislature, you know, 104 House representatives and 20 senators.</p> <p>The other thing I want to say is that amongst you, I feel like I'm in a room full of giants and I am humbled. Humbled by your expertise and your ability to integrate information and remember things and plan and sequence and everything you're do.</p> <p>I'm a simple person. At this point in my life, I have one focus and my focus is trying to keep this committee's attention on harm reduction. We have money coming into the state of gigantic block grant program from the Biden administration focused on prevention, we have cannabis taxation focused on prevention. These funds coming in from opioid settlements need to continuously be focused on harm reduction.</p>	

	<p>Where we need to rule out anything but harm reduction, basically because it I'm going to put a study in the in the chat that recently was published by the National Institute of Health, and it's a massive study in certain regions in America, where the overdose rates were high. So multiple year study and what they found is that they made no difference in overdose stats using a massive influx of naloxone and safe syringe programs and medication for opioid use disorder with no impact on overdose death. The fact that the matter is that it's getting worse no matter what we do. There are new drugs that are fentanyl is being, uh, cut with incredibly powerful sedative hypnotics. Characterized by acute sedation and profound bradycardia, the person becomes acutely sedated and the heart rate diminishes, plus the effects of fentanyl. You know, this is not going to go away.</p> <p>You know, we might say in Vermont, oh hey, you know we have 231 overdose deaths this year, where you know, we're seeing a plateau, I don't think so. First of all, we had 258, that's not 231. Second of all, we had two opioid suicides, third of all, we had 15 uncertified deaths. So, this is potentially 275 deaths and we're talking about a plateau.</p> <p>There's no plateau. This thing continues to get worse. You know, and prevention money, this opioid settlement, money spent on anything but harm reduction to me.</p> <p>I would urge this committee to stay focused and keep rejoicing about your focus.</p>	
Next Meeting	August meeting TBD, moving from current date on 8/26 due to school starting.	