

Opioid Settlement Advisory Committee

Date: 10/20/2023
Location and Time: 10 a.m. - noon
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
Absent: Deb Wright, Scott Conney
Meeting Facilitator and Note Taker: Mark Levine, and Sarah Gregorek

Meeting Objectives:		
Agenda Item	Discussion	Next Steps
Welcome and Settlement Fund Discussion Mark Levine, MD	<p>How much money do we have to spend? Sackler Settlement is still in court, won't be settled until mid-2024. We are expecting \$3M per year for 18 years.</p> <p>2022 State received 70%, administration receive 15% and municipalities receive 15%, \$8.3 million what we spent to date.</p> <p>In 2023, we received the following: Distributors \$1.658M Mallinckrodt \$606,000 Received = \$2.264M</p> <p>5 other settlements totaling \$6.054M (not deposited yet), hoping for these to be deposited by 12/31/23. If deposited, the total would be \$8.318M.</p>	Dr. Levine will keep the committee apprised as funds get dispersed.

<p>2023 Funding Update Megan Mitchel Nicole Rau Kelly Dougherty</p>	<p>1. Medication Dosing Units (MDU) Worked with the Dept of Corrections for their 1 RFP and the other 3 remaining RFP's are going out in December. We now need to include the following change into the RFP's.</p> <p>SAMHSA just updated their rules about Mobile Medication Units: The following services may be provided in mobile medication units, assuming compliance with all applicable federal, state, and local law:</p> <ul style="list-style-type: none"> • Administering and dispensing medications for opioid use disorder treatment • Collecting samples for drug testing or analysis · Dispensing of take-home medications • In units that provide appropriate privacy and adequate space, intake/initial psychosocial and appropriate medical assessments (with a full physical examination to be completed or provided within 14-days of admission) • Initiating methadone or buprenorphine after an appropriate medical assessment has been performed. • In units that provide appropriate privacy and have adequate space, other OTP services, such as counseling, may be provided directly or when permissible through use of telehealth service. <p>2. Outreach Workers & Contingency Management (CM) – broadly accepted by our treatment providers. 2 grants have been executed, 9 are pending signature and the remaining are waiting for internal routing.</p> <p>There is a training component for CM with Workforce Development Contractor ATTCE in November with Carla Rash, PhD to provide ongoing Technical Assistance for vendors.</p>	
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<p>Expanded Methadone Treatment Access In Burlington Mayor Weinberger</p>	<p>The Mayor sees expansion of methadone access as the most promising option to make an impact on the Opioid crisis.</p> <p>We understand it will be 12 – 18 months before we see these mobile units operationalized. The Mayor would like to see the</p>	<p>Will include this proposal within the 2024 funding spreadsheet.</p> <p>The substance use literature acknowledges the phenomenon of</p>

	<p>timeline shortened. How can we do that? While DSU can potentially hasten the Green Mountain Care Board’s CON process, there are abundant federal regulations and regulatory bodies that must weigh in and abbreviating their timelines is not possible.</p> <p>Rational: Buprenorphine was working until 2020 with opioids but with fentanyl use, it’s not as effective as Methadone treatment due to precipitated withdrawal.</p> <p>Per Dr. Levine and DSU, providers are still using Bup and feel that it’s still an effective treatment for fentanyl withdrawal.</p> <p>Consider additional funds be committed to expanding Methadone access within Chittenden County though the Howard Center. Need additional dosing location with expanded hours.</p> <p>The proposal includes four options costing between \$400,000 and \$700,000 per year.</p>	<p>precipitated withdrawal but does not consider it an inevitable consequence of buprenorphine induction.</p>
<p>Prevention Proposals Melanie Sheenan and Traci Sawyer</p>	<ul style="list-style-type: none"> • The Goal - To make a <u>generational shift</u> in opioid use by reducing use and mitigating long term harm for children and families. • The Strategy - Strengthen and increase availability of systems that provide evidence informed practices and support youth and families by addressing gaps and <u>data-identified</u> needs in school and youth mentoring. • Approach 	<p>Will include this proposal within the 2024 funding spreadsheet.</p>

	<p><u>In school:</u> Expand and support school-based prevention staffing, curriculum and support to ensure high quality and effective in-school programs for youth</p> <p><u>Out of school:</u> Targeted Expansion and support of Youth Mentoring</p> <p>Funding proposal is \$2.4 – 2.7M per year for three years.</p>	
<p>Treatment Court Funding Proposal Scott Griffith Judge Zonay</p>	<p>The judiciary is requesting funds to train all Vermont judges on the nature of substance use disorders and the opportunities within the justice process to address them. According to the research-based best practice standards developed by the National Association of Drug Court Professionals, training on the following topics is appropriate for judges in this context:</p> <ul style="list-style-type: none"> • Legal, ethical, and constitutional issues in court-based treatment settings • the disease of addiction • key elements of evidence-based substance use disorder and mental health treatment. • behavior modification • community supervision <p>Funding proposal is \$75,000 annually.</p>	<p>Will include this proposal within the 2024 funding spreadsheet.</p>
<p>Community Substance Use Response Proposal Voices of Hope, Robin Rieske and Cassandra Holloway</p>	<p>Shared their work in Windham County and how they collaborate with Turning Point of Windham County, AIDS Project of Southern Vermont, Grace Cottage Hospital, Voices of Hope and the Department of Health. They support people affected by substance use disorders within their community.</p> <p>The request in front of the committee is to consider the power of a community-based grassroots approach to reducing stigma, increasing access to harm reduction and providing spaces for the rural communities to have these conversations.</p>	<p>Will include this proposal within the 2024 funding spreadsheet.</p>

	Funding proposal is \$40,000 for each group to continue this work over the next year.	
Unfunded Proposals	<p>Will share the updated unfunded proposals with the committee for their review prior to the next meeting.</p> <p>We don't have an accurate budget for an overdose prevention site, so we need that from the members that brought this topic to the committee.</p>	Will discuss at the November meeting.
Public Comment	Ed Baker – The committee members are not being encouraged to put ideas on the agenda and it's influenced by the Department of Health and politics. The money should be used for preventing deaths, not prevention.	