

Opioid Settlement Advisory Committee

Date: 10/28/2024
Location and Time: 10 - noon
Present: Mark Levine, MD, Shawn Burke, Caroline Butler, Ruth Hardy, Monica Hutt, Liz McLoughlin, Madeline Motta, , Jess Kirby, Dane Whitman, Deb Wright, Stacey Sigmon
Absent: Kristin Atwood, Michael Doenges, Scott Pavcek, Heather Stein, MD

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

Meeting Objectives:		
Agenda Item	Discussion	Next Steps
Welcome	The board has a new member, Elizabeth McLoughlin, from Brattleboro. She is a member of the Brattleboro Select Board and was a member of the Planning Commission prior to that. She has also worked with the homeless shelter, Ground Works.	
Community Feedback on Proposal Process	<p>The Department of Health has received feedback from the community regarding the proposal process which was shared with the committee. The feedback asked for more information regarding why proposals weren't moved forward for consideration or asked to be reconsidered.</p> <p>We received 54 proposals and 20 were voted to move to the next round in the process. The 20 organizations that were selected will present their proposals and budgets to the committee in October, November and December. Once that is complete, the committee will vote on those proposals to narrow them down which will include consideration of our five principles, geography, gaps in service and the funding available for FY 2026. The committee will make a recommendation to the legislature in January 2026.</p>	<p>The Department of Health will draft a response to the community feedback for the committee to review including explaining the review process, acknowledging their hard work and show them gratitude.</p> <p>We will be more descriptive about the process and note we are an advisory and not grant awarding committee</p>

		(purpose of the committee) so that expectations are tempered when we do this process next year.
FY 2026 Application Proposal Presentations	<p>We invited five organizations to present their proposals and budgets to the committee.</p> <p>Two presentations from Chittenden County, two presentations from Northeast Kingdom and one presentation that bridged both Burlington and Newport.</p>	
Umbrella Amanda Cochrane Chantelle Paradise	<p>Umbrella is a nonprofit organization working in the Northeast Kingdom. Their mission is to cultivate a Northeast Kingdom where all people thrive, free from abuse and oppression and serve Orleans County, Caledonia County and Essex County.</p> <p>Proposal</p> <ol style="list-style-type: none"> 1. Integrate with Kingdom Recovery Center to better serve those experiencing the intersection of Intimate Partner Violence/Sexual Violence and Substance Use Disorder in Caledonia and Essex Counties. 2. Crosstrain Umbrella Advocates and Recovery Coaches in the Northeast Kingdom and other community partners to best respond to individuals experiencing Intimate Partner Violence/Sexual Violence and Substance Use Disorder. <p>Requesting \$20,824.18 and would like to receive ongoing funding.</p>	
Champlain Housing Trust Taylor Thibault	<p>Champlain Housing Trust is a Community Land Trust that supports the people of Northwest Vermont and strengthens their communities through the development and stewardship of permanently affordable homes and related community assets.</p>	

	<p>Their proposal is to increase access to medical services in low barrier shelters.</p> <ol style="list-style-type: none"> 1. The # of people experiencing homelessness and housing insecurity in Chittenden County has almost tripled from pre-pandemic while shelter access has stayed stagnant to what was available in Spring 2022. 2. Most recent data demonstrate a rise in unsheltered homelessness in Chittenden County from 80 individuals in 2022 to 367 individuals according to CRC data from September 2024 (including 6 families w/12 children) <p>The expected outcome is to increase guest ability to access medical services, including wound care, hypertension management and diabetes and other preventative healthcare services, and build trusted relationships.</p> <p>They want to provide this service in two shelters from December 1, 2024, to 3/31/2025 and are requesting \$44,229.00</p>	
<p>HireAbility James Smith</p>	<p>HireAbility (HA) Vermont helps Vermonters with disabilities prepare for, obtain, and maintain meaningful careers and help employers recruit, train, retain and promote employees with disabilities.</p> <p>Their proposal is a pilot to support recovery through employment for Vermonters with opioid use disorder.</p> <ul style="list-style-type: none"> • Approximately, \$40,000 per year, per site, in case service funds to pay for training and education programs, transportation, work clothes and other needed supports. • Access to a statewide network of 12 Business Account Managers with ongoing relationships with over 2,000 employers. • Access to paid work experience and HA’s Career Training Offset which pays participants minimum wage for attending training leading to a workforce credential. 	

	<ul style="list-style-type: none"> • Access to HA workforce training contracts with ReSource Inc, and Vermont Adult Learning for HVAC, construction, heat pump and weatherization certifications. In addition, teams will be supported by the infrastructure of experienced HA managers and supervisors and will use a modern electronic case management system to record participant services and outcomes. HA has a robust data management and tracking system which will allow the State to closely monitor the program’s outcomes. <p><u>Option 1. Total Cost: \$340,000.</u> It costs \$170,000 to support the pilot staffing for one site. Therefore, HireAbility needs \$340,000 to sustain the existing sites in Burlington and Newport. However, based on the response to the pilots and need statewide, HireAbility is proposing three additional options beyond simply sustaining the existing sites.</p> <p><u>Option 2. Total Cost: \$510,000</u> Sustain the existing sites and add a second team to Burlington. Chittenden County has by far the largest pool of potential participants. The existing team is already at capacity.</p> <p><u>Option 3. Total Cost: \$850,000</u> Sustain the existing sites, add a second team to Burlington, and add new teams in Rutland and Bennington Counties. Rutland County has the second largest pool of potential participants.</p> <p><u>Option 4. Total Cost: \$2,210,000</u> Statewide implementation. A team in each Agency of Human Services district (12) and two teams in Chittenden County.</p>	
Spectrum Youth & Family Services Chris Smith	Spectrum Youth and Family Services is a 501(c)3, nonprofit organization with programs for youth and their families in the Burlington and St. Albans areas. Providing services for over 1400 youth and families.	Spectrum provided evidence-based outcome data on 10/29 which will be located on the web site.

	<p>Spectrum will use Opioid Settlement funding to expand access to screening for youth and young adults through its centralized intake team and expand brief treatment and case management services available to youth on the waiting list for existing programs. These services have had positive results and can be expanded to more widely connect youth who are at-risk for substance use and opioid use concerns to appropriate levels of intervention.</p> <p>Spectrum to fund 3 FTE intake clinicians Continuing current service delivery & partner with schools in Chittenden, Franklin and Grand Ilse Counties to support increased screening, prevention, early intervention and treatment (SBIRT). By implementing use of evidence-based brief interventions we can shorten waitlists and prioritize serving youth and young adults with highest need.</p> <p>Expanding the central intake clinical team will enable Spectrum to expand its partnerships with schools in Chittenden and Franklin counties to conduct SBIRT screening</p> <p>The intake clinicians will provide universal SBIRT screening for youth who are referred to Spectrum’s clinical programs, regardless of their insurance status or ability to pay (approximately 700 per year). Increase the number of local schools partnering with Spectrum to conduct SBIRT screening for students, expanding access to care to more locations.</p> <p>Strengthen prevention efforts to reduce the use of opioids, including through targeted messaging for all individuals who complete the online intake process; psychoeducation; and school-based outreach.</p> <p>They are requesting \$250,000.00.</p>	
--	--	--

<p>Northeast Kingdom Community Action Jenna O’Farrell</p>	<p>Northeast Kingdom Community Action (NEKCA) is a leading non-profit organization in the Northeast Kingdom (NEK) addressing poverty through education, community collaborations, and community action.</p> <p>The Housing Peer Support proposal will support people who are unhoused using substances or in recovery, people who are transitioning out of the Emergency Department, and people who are transitioned out of residential treatment. This will be a low barrier shelter</p> <p>They opened a bed shelter in January 2024, have 9 emergency apartments, offer transitional housing through DOC, and have a specialized women's apartment. They provide housing support and financial assistance through the Housing opportunity program.</p> <p>NEKCA would like to partner with Journey to Recovery Community Center (Orleans/Northern Essex Counties) and the Kingdom Recovery Center (Caledonia/Southern Essex Counties) to provide housing support to those in recovery who are transitioning out of homelessness to safe, permanent housing. We would like to hire 4 Peer Support Specialists to work across the Northeast Kingdom to help people with substance use disorder (SUD) obtain and retain long-term housing. Many people struggling with SUD are often housing insecure and need support and strategies to rebuild their lives.</p> <p>They are requesting \$550,000.00</p>	
<p>Public Comment</p>	<p>Jill Stahl Tyler</p> <p>There are some proposals in Brattleboro (including an OPC) that a lot of us have some concerns about. Is this the only time for public input? And once you pass it on to the legislators are they required to receive public input. Who makes the final decisions on the proposals? Can you walk me through that process?</p>	

When does the public get to say if you all feel that the right thing to do is a specific proposal, does the town itself, where the proposal is going to be put in place, get to have a voice?

Is it decided by the folks in Montpelier and we just get whatever you all choose?

Dr. Levine and Senator Hardy provided an explanation of the process for public comment.

Ed Baker

I want to say that of all the programs presented today are all worthy, they're all focused on real need, so anything that I say is not in any way diminishing or attempting to diminish the importance or of any of them. What I think is of paramount importance, and I think it's becoming more important now that the committee is in its third cycle. I would have preferred to have seen would have been an expert evaluation of the state population of people using drugs. Clarifying those areas or counties or communities most in need because they have populations of people using drugs that were at risk for death and then a proposal issued.

To suggest programming to deal with those specific needs where there are people who are concentrated and most at risk for death.

Now I think over the 1st, 2nd cycles this committee has done an outstanding job. I think right now there's a looming threat that money will be allocated to programs that again are pursuing could be very effective, but not focused on those most at risk for death and that that'll be my point.

We have many thousands of people in this state using drugs chaotically and they are at risk for death. Those are the people that I believe this particular Council or committee is tasked with reaching and there are a few proposals today that I think are accurate, and I think focused on that

particular group and there are a few proposals today that are obviously focused on, you know, people who are more abstinence based, or recovery based and less harm reduction based that I think is a looming threat. There's always an opportunity cost if we spend \$10 here, then we cannot spend it anywhere else and I'm afraid that we will be spending money going forward on programs that are praiseworthy at the cost of programs that could be designed to focus on people using drugs chaotically at risk for death, namely home reduction.

My point is to committee members to please keep your focus on that group who's dying because if we start spending money on other than that population, then we're not spending this opioid settlement money the way it has been meant to be spent and that's my call to you is to keep your focus on the people dying.

Dawn Tatro

Dawn submitted a dental proposal to assist people with OUD to get dental treatment, but it wasn't moved forward. At least 90% of the women that have come into Jenna's Promise, Valley Vista, and Serenity House have major dental issues and we feel like this should be reconsidered.

There are opportunities by contacting your local representatives and senators and reminding them of these so that they can be they can become perhaps more involved and also making sure to track what's going on up in legislature to see when you can testify as a member of the public.

Dawn introduced Mariah, who has limited number of teeth and she's trying to get dentures right now so she can even eat, and she speaks for so many of the women and men out there. Mariah, I have a heart problem that I got from drugs and my teeth can reinfect my heart. It's

	embarrassing to have bad teeth, it's hard to smile and talk. We know that Medicaid pays for some dental coverage but it's not enough.	
Next Meeting	November 25, 2024, 10 – noon	