

## Opioid Settlement Advisory Committee

*Date:* 11/25/2024

*Location and Time:* 10 - noon

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

*Absent:* Michael Doenges, Heather Stein, MD,

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

| Meeting Objectives:                                     |   |            |
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| Agenda Item   | Discussion  | Next Steps |
| Community Safety Organization Team voting clarification | <p>The Community Safety Organization Team proposal received 6 yes votes, 5 no votes and 1 abstention. The committee had not previously addressed how they would handle proposals that received a majority of votes that were less than 7 due to an abstention. The Committee discussed the intent of the motions from October 1, 2024.</p> <p>Motion:<br/>Dane Whitman – Close voting now and modify the voting process, retroactively, as follows: If the majority of Committee members who complete the application review process, excluding those who recuse themselves, vote yes on a proposal, those who made the proposal will be invited to present to the Committee regarding the proposal. All proposals that receive less than a majority of yes votes from Committee members who complete the application review process, excluding those who recuse themselves, will not be further considered by the Committee.</p> <p>Ruth Hardy seconded the motion<br/>10 members voted yes<br/>2 members voted no</p> |            |

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| <p>Vermont Office of Economic Opportunity Proposal</p> <p>Abby Erwin<br/>Lily Sojourner</p> | <p>The Office of Economic Opportunity (OEO) a division within DCF that partners with community organizations and government agencies to increase the self-sufficiency of Vermonters, strengthen Vermont communities and eliminate the causes and symptoms of poverty. Our office works extremely closely with homeless shelters. Shelter staff are on the front lines when it comes to drug misuse and require more support and funding for harm reduction and healthcare on site. Over the last year, OEO partnered with the Department of Health to create a survey to collect data regarding substance use and homeless shelters. The survey highlighted the following was most needed:</p> <ul style="list-style-type: none"> <li>• Transportation</li> <li>• Harm reduction tools, supplies and trainings</li> <li>• On site Medical Staff</li> </ul> <p>Their Budget request is for \$800,000 for homeless shelters to apply for these funds via State Grants.</p>  |  |
| <p>Vermont Judiciary, Judge Zonay</p>   | <p>The Vermont Judiciary is requesting \$50,000 to train judges on the nature of substance use disorders and the opportunities within the justice process to address them.</p> <p>The National Judicial Opioid Task Force created by the Conference of Chief Justices and Conference of State Court Administrators issued a comprehensive Report in 2019 entitled "Connecting, Collaborating, Connecting: Courts as Leaders in the Crisis of Addiction" The Report noted that, inter alia, after self-referral, the criminal justice system is the single largest source of referral to substance use disorder treatment.</p> <p>Significantly, the Report further identified the importance of specialized judicial education to address substance use disorder, in particular opioid use disorder, and set forth specific recommendations for such training in the states.</p> <p>The training would involve training judges on substance use disorders, including opioid use disorder, and proven treatment court strategies that could be used in all dockets. It would also provide funds to send a number of Vermont judges to out-of-state trainings which address issues relating to substance use disorder. According to the research-based best practice standards developed by the National Association of</p> |  |

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|   | <p>Drug Court Professionals, training on the following topics would be appropriate for judges in this context:</p> <ul style="list-style-type: none"> <li>• Legal, ethical, and constitutional issues in court-based treatment settings</li> <li>• the disease of addiction</li> <li>• key elements of evidence-based substance use disorder and mental health treatment• behavior modification</li> <li>• community supervision</li> </ul> <p>The Judiciary is seeking \$50,000 annually to supplement its judicial education budget to include content on court-based intervention for people with substance use disorders.</p>   |  |
| <p>Brattleboro Fire Department, Billy Fritz</p> | <p>This proposal aims to utilize Opioid Settlement Funds to establish comprehensive community training programs through the Brattleboro Fire Department. These programs will focus on equipping community members with critical life-saving skills empowering residents to take action in emergency situations related to opioid use.</p> <p>Primary Objectives:</p> <ol style="list-style-type: none"> <li>1. Narcan Administration Training:<br/>Increase the availability and proper use of Narcan by training community members to recognize signs of an overdose and administer this life-saving medication.</li> <li>2. CPR and First Aid Training:<br/>Equip individuals with the skills to respond to a variety of medical emergencies, from cardiac events to injuries, creating a safer and more prepared community.</li> <li>3. Stop the Bleed Training:<br/>Teach residents how to control severe bleeding in emergencies, enhancing their ability to manage trauma-related incidents in both opioid-related emergencies and other scenarios.</li> </ol> <p>Requesting one time funding of \$32,157.60 for the following:</p> <ul style="list-style-type: none"> <li>• Staffing &amp; Oversight (e.g.: teaching, administration)</li> <li>• Direct Cost Materials (e.g.: books, take-home CPR masks)</li> <li>• Start-up Costs (e.g.: training equipment, instructional materials)</li> <li>• Consumables (e.g.: gauze, alcohol wipes)</li> </ul> |  |

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| <p>Community Safety Organizing Team, Malaika Puffer and Em Megas-Russell</p> | <p>They are seeking funding to create two centers in Brattleboro, an emotional support center and a community center, which will share staffing and leadership. They emphasized that neither of which is an overdose prevention center or shelter in any way.</p> <p>These would be separate programs, but the staff will be cross trained to work in either program to support fluidity of movement between the programs. Effectively getting their needs met as well as staffing. These will be located in Brattleboro. But serving Windham County as a whole.</p> <p>Brattleboro’s Community Safety Review in 2020 identified “a severe lack of truly voluntary support related to mental health, substance use and addiction” and a critical need for the creation of alternatives to carceral responses and opportunities for belonging. On 9/17/24, the Brattleboro Selectboard approved behavioral ordinances which further exclude those most impacted by poverty, the housing crisis, and the opioid epidemic. These programs will help fill the gap that the town Government and social service agencies are not able to fill to create opportunities for truly voluntary support, inclusion, and belonging for all.</p> <p>The Community Center (CC) will be a vibrant hub for activities, mutual aid, volunteering, information sharing, resource distribution, organizing, and socializing and will focus on and prioritize the needs of people who are unhoused, using drugs, and at high risk for carceral interventions and/or death but will also ensure that it is a space that it is meaningful to and utilized by the community at large. The CC will be open to the public during daytime hours with a minimum of two staff and available as a usable space for clubs, groups, and events that promote collective wellbeing during closed hours. Harm reduction and first aid supplies, a full kitchen, food, a shower, washer and dryer, and other basic resources will be available. The Emotional Support Center will provide services in a homelike setting.</p> <p>The Community Safety Organizing Team is seeking \$1.7M to start this new program from this committee, with plans to seek money from other partners as well.</p> |  |
| <p>Health Care and Rehabilitation Services</p>                               | <p>HCRS seeks funding for an ongoing consortium called Project Connectionworks. The goal of the project is to reduce substance use disorder (SUD) and opioid use disorder</p>  |  |

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| <p>of Southern Vermont (HCRS)<br/>Peter Baldwin and Kate Lamphere</p> | <p>(OUD) morbidity and mortality in Windham County, through linked prevention, treatment, and recovery services. Project Connectionworks centers the perspective and voices of people with lived experience with SUD, OUD, homelessness and/or involvement with the criminal justice system to create meaningful engagement and involvement in their recoveries from SUD/OUD.</p> <p>The funding would support the following:</p> <p>Peer Support – People with lived experience with Opioid Use Disorder identify and screen individuals at risk for SUD/OUD and co-occurring disorders disorders/infectious complications (including HIV, viral hepatitis, mental illness, etc.), and provide, or make referrals to, prevention, harm reduction, early intervention, treatment, and other support services</p> <p>Relapse prevention within the Groundworks Drop-in shelter and Permanent Supportive Housing (PSH) sites through skill development, recovery groups, and process facilitation in restorative practices with participation from individuals experiencing housing insecurity and SUD</p> <p>Wrap-around services in the emergency shelter and PSH sites</p> <p>HCRS is seeking \$309,000 for one year.</p> |  |
| <p>Connecticut Valley Addiction Recovery Inc, Clifton Lord, MD</p>    | <p>Connecticut Valley Addiction Recovery seeks to enhance and expand substance use treatment and support services in rural Windsor County. While great progress was made under a previous HRSA grant, gaps in treatment remain. The project will:</p> <ol style="list-style-type: none"> <li>1) Increase the availability of treatment by recruiting prescribers for medications to treat substance use disorders, focusing on opioid use but including alcohol, stimulants, and novel psychoactive substances,</li> <li>2) establish addiction psychiatry to fill a large gap in that specialty,</li> <li>3) add treatment programs, including intensive outpatient treatment and contingency management enhanced by cognitive behavioral therapy and other appropriate modalities.</li> </ol>  |  |

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|  | <p>4) partner with local educational institutions to offer training opportunities in addiction medicine to primary care residents, addiction psychiatry fellows, and physician assistant students.</p> <p>Sustainability will be addressed by including in the grant plans a development program that will seek community and local corporate support<br/>The end result of this project will be expanded treatment services for substance use and related disorders and closer affiliation with educational institutions.</p> <p>The budget request is for \$492,383.00.</p>  |  |
| <p>Elevate Youth Services,<br/>Favor Ellis</p> | <p>Elevate Youth Services is the only nonprofit in Washington County dedicated to the unique needs of adolescents and young adults (ages 12-24). Our programs address challenges such as poverty, addiction, mental health struggles, and disconnection from families, empowering youth to lead fulfilling and healthy lives.</p> <p>We want to create a Basement Teen Center to provide immediate, trauma-informed care and resources in a familiar setting. Counselors will deliver harm reduction strategies, prevention programs, intervention services, and treatment resources tailored to the unique experiences of youth. Create a Safe and Welcoming Environment. Establish a space where young people (age 12 – 18) feel safe to engage in discussions about their challenges and access the support they need.</p> <p>Funding request: Siting and integration of Healthy Youth Program counselors within the Basement Teen Center. This funding will cover a two-year program:</p> <ul style="list-style-type: none"> <li>• Staff Salaries, compensating qualified substance use and mental health counselors.</li> <li>• Training and Resources, providing ongoing training in trauma-informed care and harm reduction.</li> <li>• Community Outreach, engaging the community to raise awareness of available services.</li> </ul> <p>\$200,000/year Ongoing</p> |  |
| <p>Public Comment</p>                          | <p>Ed Baker<br/>On May 28th, this committee heard a presentation by Doctor Thomas Jones, a professor at the Connecticut School of Public Safety. Doctor Jones gave a</p>   |  |

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|              | <p>comprehensive and eloquent presentation on ethics. He mainly focused on conflict of interest and recusal. He elaborated quite a bit on something called the Good Faith statement, where out of good faith you could choose to not recuse yourself. Even though there was an apparent conflict of interest, and I believe he noted, subject matter expertise is one of the reasons why a person with an important view, an important vote, would not recuse themselves.</p> <p>I just would like to say that my impression from Doctor Jones presentation was that there was a high bar for recusal and there were many good reasons for a person to not recuse themselves and vote. And I think the first 45 minutes of this meeting today is evidence that we need to revisit that.</p> <p>General Counsel Lauren Layman responded to Mr. Baker:<br/>The definition of conflict of interest is actually quite broad.<br/>It's really the recusal process that could be narrowed down and there is a thorough recusal process where we would document it and engage with the committee.</p> <p>If you do find yourself having questions about having a conflict and whether to recuse or not, I'm happy to advise on that. VDH does provide this committee with legal assistance, so please feel free to reach out if you have any questions.</p> |  |
| Next Meeting | Monday, 12/23/24 10 - noon   |  |