

MEMORANDUM

TO: Senator Jane Kitchel, Chair, Senate Appropriations Committee
Representative Diane Lanpher, Chair, House Appropriations Committee

FROM: Mark A. Levine, MD Commissioner

DATE: March 10, 2023

SUBJECT: Opioid Settlement Funding Recommendations for Fiscal Year 2024

I am pleased to provide the inaugural set of recommendations to the VT General Assembly for use of monies already deposited into the Opioid Abatement Fund from opioid settlements which total \$10,370,423.

The Opioid Settlement Advisory Committee's charge is "to provide advice and recommendations regarding remediation spending from the Opioid Abatement Special Fund" and "to identify spending priorities as related to opioid use disorder prevention, intervention, treatment, and recovery services and harm reduction strategies for the purpose of providing recommendations to the Governor, the Department of Health, and the General Assembly on prioritizing spending from the Opioid Abatement Special Fund. "Act 118 (2023)

From the outset, the Committee has explicitly acknowledged the tension between dedicating all funds to harm reduction efforts with the obligation to also recognize the continuing need to invest in primary prevention efforts.

The Committee agreed to adhere to and expand upon a set of five principles for the use of funds from opioid litigation espoused by Johns Hopkins:

1. Spend money to save lives; use the funds to supplement rather than replace existing spending.
2. Use evidence to guide spending.
3. Invest in youth prevention.
4. Focus on all forms of equity, including geographic/rural.
5. Develop a transparent, inclusive decision-making process guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.¹



¹ <https://opioidprinciples.jhsph.edu/wp-content/uploads/2022/02/Opioid-Principles-Doc.pdf>



These are indeed the most challenging of times for all states, Vermont being no exception, in trying to rapidly and meaningfully respond to the escalating deaths from unintentional opioid overdoses.

The inescapable conclusion and prevailing sentiment have been to fund harm reduction and treatment engagement at this early juncture, and as increasing settlement dollars become available in subsequent years to then strategically allocate funds to prevention programming and initiatives.

The time-honored public health adage “meet people where they are” helped to frame the following set of strategies selected for FY 24. It concerned the committee that 75% of opioid overdose deaths occur in people who have no prior connection with the treatment system. We are obligated to focus on strategies to help find those vulnerable people and to focus on reducing any barriers to accessing care and treatment that may have impacted some of them.

The Committee and the Department agree that strategies should be creative, bold, thoughtful, cutting edge and rapidly implementable, and evidence-based whenever possible. In keeping with this philosophy, the Committee wishes to better understand the scientific underpinnings behind Overdose Prevention Sites (recently established in the state of Rhode Island under the name “Harm Reduction Centers”) and their potential feasibility in a rural state like Vermont and will be taking testimony in the coming months. The Committee will also monitor, with interest, the testimony and actions on the House and Senate bills currently before committees of jurisdiction that address this strategy.

Activity	Description	Budget Detail	Budget Proposal
Naloxone	Expand naloxone distribution efforts to include Harm Reduction/Narcan® vending machines, NaloxBoxes, mail order/home delivery options, expansion of the Harm Reduction Pack program, and expansion of the Leave Behind Kit program to include law enforcement agencies (state and local)	Consistent with budget testimony provided by VDH.	\$1,980,000



<p>Opioid Medication Units</p>	<p>Allows for Hubs to partner with other healthcare providers to expand to “satellite” locations for dosing of medications. Federal regulations allow this for Hubs. Costs would include any physical plant requirements in the healthcare partner locations, staff time at the Hubs for preparing medications and coordination with partner location, staff time at the partner locations for dosing.</p> <p>Anticipated locations include 3 community sites:</p> <ol style="list-style-type: none"> 1. Addison County 2. Eastern Vermont between the Brattleboro hub and NEK hub 3. Providing flexibility to expand access to treatment in Chittenden County, especially for Methadone, by either increasing capacity at the current site, such as increased hours, or adding a second smaller site within Chittenden County, <p>In addition: 1 DOC site within the NSCF.</p>	<p>\$500,000 per site.</p>	<p>\$2,000,000</p>
<p>Outreach Workers</p>	<p>Funding for outreach staff through Preferred Provider network as well as four syringe service organizations to provide outreach to individuals with substance use disorder to increase motivation to engage with substance use disorder treatment. Outreach can occur in settings such as, but not limited to, police barracks, shelters for the unhoused, transitional housing programs, other social service organizations, and street outreach. Additionally, Outreach through the SSPs includes connecting with Vermonters through their peer networks to provide overdose prevention and response education and resources to build trust with Vermont’s system of care (inclusive of harm reduction agencies).</p>	<p>Approximately \$76,000 (salary and fringe) per outreach worker for 26 Preferred Provider locations.</p> <p>An additional \$240,000 for Harm Reduction Overdose Outreach Work. This is based off a 12 month spend to complete this work for 4 SSPs.</p>	<p>\$2,216,000</p>



Contingency management for stimulant use disorder	The Contingency Management (CM) approach, sometimes also referred to as “motivational incentives,” is based on the principle of operant conditioning – that behavior is shaped by its consequences. It is comprised of a broad group of behavioral interventions that provide or withhold rewards and negative consequences quickly in response to at least one measurable behavior.	\$750 per person/per year x 1,120 projected individuals to be served	\$840,000
Wound Care Telehealth Consultation	Piloting an opportunity to allocate time from wound care experts to be available for telehealth drop-in appointments for Vermonters using SSP services. Given the increase in xylazine’s involvement in opioid overdoses, and it’s known impact on wounds, this opportunity may allow for Vermonters to be seen by a medical professional earlier in the development of their wound.	This would provide a \$100,000 budget for clinical services and a one-time cost of \$5,000 or less to purchase data enabled tablets for SSPs to use when a client requests this service.	\$100,000
Fentanyl Test Strips (FTS)	Expand FTS distribution beyond the Harm Reduction Pack resource. This would include having more availability of these for our other distribution pathways (Leave Behind Kits, and Narcan® Kits – see descriptions above) which do not currently have FTS to offer. Also, with an additional equal allocation should xylazine test strips come into the marketplace this summer, as anticipated.	This would support the purchasing of over 97,000 FTS and 97,000 Xylazine test strips.	\$200,000

Pursuant to 18 V.S.A. § 4774 (a)(2), the Department, having been informed by the recommendations of the Committee, hereby requests the authorization to spend \$7,336,000 from the Opioid Abatement Special Fund to support these initiatives in fiscal year 2024.

