


MEMORANDUM

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

FROM: Mark A. Levine, MD Commissioner 

DATE: January 16, 2024

SUBJECT: Opioid Settlement Funding Recommendations for Fiscal Year 2025

I am pleased to provide the recommendations of the Opioid Settlement Committee to the VT General Assembly for fiscal year 2025.

The committee continues to adhere to the set of five principles for the use of funds from opioid litigation:

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

Themes reflected in the newest initiatives revolve around fostering engagement with and enhancing our system of treatment and intervention and supporting health-related social needs of those in recovery. We are also delighted to direct settlement funds this year to further expansion of primary prevention programming.

Vermont has received \$13,099,962 in payments as of the end of 2023. Of this amount, \$8,196,000 was appropriated for our inaugural set of recommendations one year ago. This leaves \$4,903,962 available for appropriation in fiscal year 2025. There are a number of settlements that were originally scheduled to pay in the last quarter of 2023 but which we do not anticipate will be deposited into the Vermont treasury until the first or second quarters of 2024, hence none of those prospective monies are included in these recommendations.



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



One of the highest tier priority recommendations from the committee that does not appear in this letter is for the funding of two overdose prevention centers. It is clear that the legislature plans to fund these centers from a non-settlement source. Therefore, in keeping with principle one, we have excluded this from the current set of recommendations for use of settlement funds so as to maximize our ability to support a broad array of initiatives. The committee heard testimony on and/or directly discussed over 30 proposals. Those that are detailed below were clearly those that committee members overwhelmingly felt should be considered the highest priority for Vermont's use of settlement funds in fiscal year 2025. These proposed initiatives will be evaluated for outcomes and effectiveness.

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 \$4,903,962 from the Opioid Abatement Special Fund to support these initiatives in fiscal year 2025.



Activity	Description	Budget Detail	Budget Proposal
Treatment/Intervention			
Expanded Methadone Treatment Access in at least <u>three existing</u> Hubs by expanding staff and hours of operation	Burlington has already expressed interest and submitted budgetary information. It is proposed two other sites will be identified via an RFP process.	\$200,000 - \$400,000 per site.	\$900,000
Managed Medical Response Partnership	<p>Johnson Health and VCJR are jointly requesting opioid settlement funding support to provide critical and life-saving medical care and wrap-around support to a very challenging to reach and serve population – a justice involved population often newly released from incarceration.</p> <ul style="list-style-type: none"> • Provide easy access to medical care for individuals directly impacted by the opioid crisis. • Provide intensive medical case management and service coordination (outreach, engagement, crisis response, provider/patient trust building, medical treatment retention, hospital visitation/retention, medication adherence, support in following medical recommendations, transportation, problem-solving, accompanying to appointments) • Address social determinants of health by assisting individuals in securing stable housing, employment and access to community resources • Reduce drug overdose, wounds and infections. • Improve mental health outcomes. • Reduce barriers to healthcare. 	Funding would support general operating and staffing for 1 health care related FTE for each program. New people are accessing services each week and with this funding support it is anticipated the program will serve at least 75 new people over the next year.	\$300,000



Activity	Description	Budget Detail	Budget Proposal
Stabilization Bed Program	Lack of housing is often a barrier to beginning residential or MOUD treatment, re-entering programs after separation, or transitioning to different levels of either mental health or substance use-related care. This program would offer an opportunity for individuals removed from recovery housing or inpatient substance use disorder treatment (usually due to relapse) to stabilize and return to programs/services, rather than begin new intake processes and treatment episodes. Expenses for this program may include cost of transportation services, staff (intake, night observations, transport), medications, etc.		\$1,000,000
Vermonters for Criminal Justice Reform (VCJR)	<p>In August, 2022, VCJR opened Vermont's first specialized re-entry and recovery center for justice-involved people. Start-up funds, much of them one time support, were provided by the City of Burlington, University of Vermont Medical Center and the United Way. New approaches include new community-based interventions like contingency management and community settings like the low barrier walk-in specialized reentry and recovery center model for justice-involved people. The center has been very well received by justice-involved people and the broader community.</p> <p>The center is successfully engaging very high-risk people, most of whom were not accessing drug treatment or recovery services at the time of intake.</p>		\$150,000
Ongoing Support for Contingency Management	Continue funding Preferred Providers and expand to specialty spokes through Blueprint.		\$800,000



Activity	Description	Budget Detail	Budget Proposal
Recovery			
Recovery Housing Supports	The funding is for stipend for rent support for a minimum of one month at a certified recovery residence.	This equates to \$25,000 per recovery residence and anticipates 13 certified locations in fiscal year 2025.	\$325,000
Prevention			
Expansion of Student Assistance Professionals/School Based Services	<p>Data supports school-based services effectiveness. From 2011-2019, rates of any alcohol use, binge drinking and prescription drug misuse in Vermont all trended downward in funded schools.</p> <p>Student Assistance Professionals are:</p> <ul style="list-style-type: none"> • Available to all students • Proactive - offers prevention to students, parents/guardians, and the school community. • Responsive - provide 1:1 support and referrals for higher risk youth. • Comprehensive - addresses mental health; often trained and licensed mental health or alcohol/drug abuse clinicians but not providing treatment in the school setting. 	<p>There are only 21 School-Based Prevention grants in SDs/SUs (40%), for 31 schools total (12.4% of VT schools). Funding from settlement dollars will allow expansion to 31 grants, which will:</p> <ul style="list-style-type: none"> • Place additional Student Assistance Professionals (SAP) in schools in gap areas to increase equity across Vermont. • Establish a connected, statewide infrastructure for school-based substance misuse prevention staff. • Establish a unified professional development framework for all school-based substance misuse prevention staff • Provide convening opportunities to support and nurture evidence based work and innovative practices. 	\$1,428,962

