

State of the State

- Is going to be like the state of the union addresses
- Won't be a lot of policy that is articulated during this time
- Real focus on the 3 of the governor's priorities – affordability, public safety, and housing/homelessness crisis

COVID and Illness

- Rate is low on surveillance report
- JN.1 is what we're mainly seeing
- Deaths are down
- In the month of December, we're back to the mid-teens for death (similar to August)
- Vaccination rate is 21% overall population
 - 43% vaccination rate for those over 65
- For flu vaccine we are at 33% vaccinate
 - 59% vaccination rate for those over 65

Opioids

- Opioid advisory committee are planning for \$5 million in settlement funding, and these are their prioritized items
 - Overdose prevention centers – reality is that will provide a significant friction point between the legislator and governor
 - Evidence based that they do accomplish goals (keeping people alive, less needles on street, lower crime rates, treatment options, etc.)
 - One site in Burlington and probably one in the south
 - Expanding methadone through Burlington – would expand staff and hours in the current hub
 - Joint venture between Johnson Health Center and the Vermonters for criminal justice reform
 - Health care that would use nurse practitioners in providing medical care, case management, and service to those that are recently released from incarceration
 - Stabilization bed program for retention – many people fail countless times in their attempt at achieving sobriety
 - Removed from recovery housing
 - Need ways to be stabilized so they can get back on the next program
 - In the recover arena – we do not have enough recovery beds
 - It is to fund what takes to fill a bed because many people don't go to these environments because they must pay for it. This would provide this across all recovery centers in the state
 - Prevention – enhancing school services and allowing contingency management programs to expand further and be better supported in the 2nd year
 - VCJR – non-medical things they do

Questions and Answers

For RSV, the South has peaked already but in the North the PICU is swamped. It is a little frustrating because we can't get any RSV products. AAPVT has been in contact with the immunization program to get the vaccine for infants that need it. We are encouraging pregnant people to get the maternal vaccine, but we are hearing that people are going to pharmacies and being told that the vaccine isn't approved for pregnant women. Can we get the word out to pharmacies?

ML: I will work on this and talk to the immunization program and reach out to OPR. But it is a nationwide shortage for the RSV vaccine.

Opioid funding - how do new recommendations play into programs that were recommended for funding last year? Was that one-time funding or is that ongoing?

ML: Some of those things listed above take so long to set up that we will not need the money right away. We will build into the contingency management plan to receive funding. Test strips and Narcan money are currently supplemented with other money. Outreach workers who are trying to find people that we wouldn't normally find are people we do not know if they will need more support or not. We don't see any crisis if previously funded actions don't receive maintenance funding.

This is a small portion of opiate issue, but the availability of Narcan and training in schools is limited - especially the knowledge that Narcan can be administered to kids. Whatever support we can get to expand training on how to use Narcan would be helpful.

ML: Came across my radar. We do want to get Narcan immediately to the school, but the training is priority 2. We do want to do the training and have been working with OAE on developing this training because it is critical.

Our next call will be February 1, 2024

Zoom Information

<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdJlJZG4yQT09>

Meeting ID: 867 2625 3105 / Passcode: 540684

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