



Inter Office Memorandum

To: Steven Contente, Town Administrator
From: Michael DeMello, Fire Chief
cc: File
Date: May 3, 2024
Re:

The purchase of ventilators for the ambulances is included in the capital expenditures approved during the most recent budget process. The Opioid settlement provides guidance, under Schedule B approved uses, that outlines acceptable uses for the funds received. In Part One: Treatment, number 5, the settlement may be used to support mobile intervention, treatment, and recovery services and for persons who have experienced an opioid overdose.

People that overdose on opioid substances often require not only administration of Naloxone (Narcan), but aggressive respiratory management to aid in recovery post overdose. Respiratory management is of even greater importance if the substance used contains synthetic opioid or unknown substances which often have unpredictable effects.

Those that overdose must survive first to be able to receive additional intervention and therapy. It is for this reason that the purchase of one ventilator device with funds received from the Opioid settlement is acceptable and consistent with the provided acceptable uses in Schedule B of the guidance material.

If you concur, I request this matter be forwarded to the Honorable Town Council for consideration to utilize \$19,500 for the purchase of one ventilator from the Opioid settlement funds.

*Mc
5-6-24*

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:¹³

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹³ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.