

**Vermont Alcohol and Drug Abuse
Advisory Council**

Department of Liquor Control
13 Green Mountain Drive
Montpelier, Vermont

Wednesday, February 27th, 2013
10:00AM – 12:00PM

I. Welcome and Introductions

Welcome

Welcome everyone

Introductions

Barbara Cimaglio
Lauren Fisk
Mark Depman
Andy Snyder
Ryan Mitofsky
Lori Augustyniak
Mark Ames
Trudee Ettlinger
Mitch Barron
Patrick Martin
Mourning Fox

Regrets

Patty McCarthy Metcalf
Chauncey Liese
Joy Mitchell
Willa Farrell
Steve Waldo
Michael Macarilla

II. Approval of Minutes: January 23rd, 2012

February 27th– Minutes approved with the following changes: Add Marcia LaPlante to Introductions list.

III. Deputy Commissioner Report: Barbara Cimaglio

Program Updates –

Partnership for Success Grant – Marcia LaPlante

We received joint fiscal approval to accept the grant. We have issued an evaluation contract. There are a complex set of evaluation requirements for this grant. That bid is out now and bids are due in early March. We will be doing the review process in March. We had proposed to carry out this project primarily with our existing state staff and partners. We have 0.5 FTE Administrative Assistant and that position will be posted shortly. We have also received permission to continue and augment our existing training grant with the Center for Health and Learning to be able to provide training to the grantees on this program. The approach is that we are going to be working with 6 districts in the state. Those districts are Brattleboro, Morrisville, Windsor, Burlington, Barre and Rutland. We will make the planning and training tools available to all regions in the state. Primarily we have been working with the district office staff that are going to be implementing the early phase of the assessment and planning with stakeholders in their regions. We have developed regional profiles and tried to expand those a little bit beyond the usual data that we've looked at. For example, in Barre, the district office received a profile that looked at how many people ages 10-24 were in the region, what the issues are in terms of prevalence rates. We have tried to ask for some capacity of service information, for example, the percentage of people in that age group who have been seen by a publicly funded alcohol and drug treatment provider, DLC compliance rates for alcohol retail establishments, and information from emergency departments. The district office staff has received training on how to utilize this data and how to interpret it. These regions were chosen based on the size of the population of ages 12-25 within the region, socio-economic disparities, alcohol and prescription drug misuse and prevalence rates. The second phase was, did the district have the capacity to carry out a prevention grant that is this complicated. It requires a certain level of staffing and a certain level of training. We also looked at whether or not there was an organization within the region that also had training around this type of work that could serve as the lead agency. The district offices will take the lead on the planning but then a grant needs to go to someone other than the district office to carry out the plan. We hope that by sharing some of the outcome information that people will see that if we did invest in our communities, community development and youth development, we do see a difference. We are also doing collaboration with some of our public health partners on chronic disease prevention. We have done more planning at the state level, and we have developed a shorter list menu of evidence based approaches, and also Vermont specific supporting activities from which communities can choose. Communities can choose to do something different but will have to do a justification of that based on research. We are hoping to do training for our district office staff on the tool kit and how to roll that out in the community sometime this March. The prevention unit is hopeful that the governor's council will serve as the advisory board on this project. What this means is that the prevention unit will give brief regular progress updates and if there are large questions, having short discussions to get the councils input. In addition, the prevention unit is developing a rapid response small advisory group to help with design issues which may take a bit more time. So far members from this council include Steve Waldo from DLC. Still looking for additional community input.

This brings up a conversation that this council has been waiting to have around roles and responsibilities of this group. What can this council do to be meaningful?

One of components of this grant that we have not starting working on is that we are holding about \$100,000 for a communications campaign. We will have to narrow down our target group and our focus for that particular project. Because we have done very little in the area of young adults, we may look at doing something through social media with young adults.

We are thinking about preparing a Screening Brief Intervention and Referral to Treatment (SBIRT) grant application. This is a model that SAMSHA developed and has put out grants periodically for states. We will use this grant to look at screening around alcohol abuse. ADAP is putting together a small workgroup to work on an application.

School Based Health Grant – Marcia LaPlante

About 1.5 years ago, schools experienced a large loss in resources in terms of substance abuse prevention. As part of Governor Douglas's deter program, there was a very large investment in student assistance program for counselors in schools around the state. That program was cut by 50%. The Governor's highway safety program discontinued the grant that was supporting Students against Destructive Decisions in many high schools around the state. ADAP lost one of the demonstration grants. Those grants were going to community entities that were providing support to schools around the state. At the time that the SAP grants were cut, we received specific guidance from the legislature around funding Supervisory Unions versus positions to carry out evidence based substance abuse prevention services. The program has been revamped and we have a competitive process. 21 Supervisory Unions now receive grants with us. We are hoping that these will be 3 year continuation grants. We received a little bit of funding for evaluation. The contract with that evaluator will be full executed in March. We asked the schools to report on what they are doing terms of substance abuse prevention in a variety of areas. All of our work with schools is now being done as part of the state health improvement plan within the context of coordinated school health. We have asked the evaluator to take our existing readiness checklist on which the schools are required to report as part of our evaluation strategy, and take an additional look at the research and buff that checklist so that we can fully integrate it with our peers at the Department of Health into the conversation about coordinated school health and what do the schools need to have in place. Also, the Agency of Education is updating the school quality standards. We are hopeful that this updated tool, as part of the school health index, will be a way for us to have a conversation around school quality standards. Barbara had a conversation with Commissioner Chen, Deputy Commissioner Tracy Dolan (VDH), Secretary Villaseca (AOE) (?), Deputy Commissioner Fisher (AOE), and Jill Revik (?) to talk about the relationship with public health and continuing our work together. It was a very positive conversation. There is awareness, interest and acknowledgement of the importance of alcohol and other drug issues in the school environment. The question becomes, how do we continue to work systematically. Breena Holmes from VDH - Maternal Child Health Director will be the point person for all of the school based health work. The Association of Student Assistance Programs annual conference will be held in March. Breena, Marcia, and Jackie will be meeting with them to talk about substance abuse prevention within the context of coordinated school health and also what that has to do with indicated prevention services.

Health Department Budget for FY14 for Drug and Alcohol – Barbara Cimaglio

The budget is level funded. We are requesting a position to focus on development of the Hub and Spoke system for opioid treatment. There is a 3% increase across the board for Treatment Providers. The recovery centers had \$100,000 additional in the budget adjustment in FY13. That will be continued in the governor's budget for FY14. This brings the total for the recovery centers to about \$800,000. There is money in the budget for additional residential treatment beds for Maple Leaf Farm if they move to Pine Ridge.

Hub and Spoke Update– Barbara Cimaglio

The Chittenden hub specialty center for opioid dependents, operated by HowardCenter is still struggling to get approval for a new location in South Burlington, however they are functioning as a hub.

The spokes – medical practices working with Opioid dependents have begun to come up in the Chittenden region.

The hub in Rutland is now going to be operated by Rutland Regional Medical Center. The goal is to startup this fall. Central Vermont and Southeast Vermont are in negotiations to begin

start-up in July for the hubs. The spoke providers will be identified as we move towards July. The Northeast Kingdom target is January 1, 2014.

Legislature – Barbara Cimaglio

Prescription Monitoring is our large bill. This bill is around whether or not law enforcement should have access to the system and under what circumstances. We are confident that we will get something this year.

IV. New Business

V. Old Business

VI. Future Guests

Shayla Livingston – YRBS – Coming to March Meeting
Brian Reamer – Suicide Prevention U Matter – Invite to a future meeting
Craig Jones or Beth Tanzman – Blueprint for Health
Ena Backus – Green Mountain Care Board

VII. Member Reports/Announcements

Ryan Mitofsky has accepted the position as the Prevention Consultant in Chittenden County.
Mike Hogan – No big bills in legislature this session. The bills we do have a part in are shipping, tastings, manufacturing, fees, gambling issues.

Mark Ames – The Recovery Centers are in the process of applying for a grant. There is no staffing in the centers. The idea with this grant would be that each center would have a part time person that could work with the opiate program in their area. The hope is to create better peer groups in the centers.

Chauncey Liese – A bill was introduced that would require an Ignition Interlock Device for license reinstatement for any person with a DWI.

Lori Augustinyak – Prevention works has been working on prevention day which will be held on April 25th. The marijuana workgroup has continued to meet. This workgroup is now called Smart Approaches to Marijuana Policy in Vermont. This workgroup meets every Monday from 12:00-12:30. Also, the alcohol workgroup has started meeting again. A few folks went to CADCA conference earlier this month. It is very important for Vermonters to understand that we are not talking about people growing a few marijuana plants in their backyard; rather there are already machines in place for this to become the next Tobacco. While in Washington, Prevention Works members met with Senator Leahy's staff. He is convening a group to talk about legalization of Marijuana in Washington and Colorado, and what the Justice Department's response will be. Kevin Sabet, who is a policy expert, will be coming to VT for Prevention Day.

NEXT MEETING: Wednesday March 27th