

**Vermont Alcohol and Drug Abuse
Advisory Council**

Department of Liquor Control
13 Green Mountain Drive
Montpelier, Vermont

Wednesday, December 7, 2011
10:00AM – 12:00PM

I. Welcome and Introductions:

Welcome

Welcome everyone

Introductions

David O'Brien
Barbara Cimaglio
Colleen Gorun
Trudee Ettlinger
Lt. John Flannigan
Mike Hogan
Marcia LaPlante
Patrick Martin
Patty McCarthy
Ted Minall
Joy Mitchell
John Searles
Andy Snyder

Regrets

Mark Helijas
Willa Farrell
Sarah Scrodin
Steve Waldo

II. Approval of Minutes: October 26, 2011

October 26th, Minutes – Minutes approved with the following changes.

- No changes needed

III. Deputy Commissioner Report: Barbara Cimaglio

Program Updates – Hub and Spoke Model

VDH/ADAP is working on planning for the upcoming budget for the Legislative Session. The Secretary has asked ADAP to take another look at how the services are organized for Treatment in Vermont and how we are moving towards a system where there would be a regional structure along with the continuum of care. This would insure that when someone needs treatment, they will get their assessment and level of care needed. This will also allow them to get care management if they have ongoing issues and extended treatment or multiple episodes of treatment. ADAP has been doing internal planning with DVHA and BluePrint Division around how the State can re-tool the Substance Abuse Treatment System towards being aligned with where we are headed with Medical Homes, and a more structured approach to Care Management.

The State Design Team has come up with the idea of a Integrated Addiction Treatment System (Hub and Spoke Model) (See *Handout 1 – double sided chart*). The Medical Home would be considered the “Hub” and the PCP/Specialists/Blueprint sites are considered the “Spokes”.

ADAP is in the planning part of looking at designing a concept that would allow us to have regional expertise concentrated in certain areas around the State for Substance Abuse – The area of “Hub” locations would be Chittenden, Rutland, North East Kingdom, Central Vermont, and Southeast (i.e. Brattleboro). The Hub would be where the assessment and the care coordination for complex patients would take place; the Hub would have the ability to manage Methadone and other medication treatments. The Hub location would need to be a full service facility, but not necessarily a residential facility. It will also need to have the medical and clinical expertise to determine what type of treatment and care is needed for each patient. The Hub would be the location that would connect with the other services that the patient would need, i.e. PCP/Specialists.

See the Hub and Spoke Model (See *Handout 2 - single sided*). This handout explains in a little more detail about what a Hub and Spoke is in terms of how it is defined around a treatment center for an individual with complex addiction and co-occurring substance abuse and mental health conditions. This is primarily a way to show how important it is for patients to be linked to their medical homes if they have an ongoing need for medical care.

To help ADAP determine where the locations of the Hubs would be, data was analyzed to determine where the patients are coming from, how many there are, and what kind of treatment the patients need. Results showed that the state has Medicaid, ADAP paid patients, and public system patients coming from the locations around the Hub sites defined above.

ADAP and DVHA have a meeting scheduled next week with the AHS Secretary, DOC, DCF, and MH to discuss how they see the Hub and Spoke working for them. The idea is that we have more and more patients that need the addiction services, but they get them in a very haphazard way. The advantage of working with these other departments is to work towards creating a better management structure to help the patients who have complex medical and psychological situations.

Budget Planning Update

The Governor will be announcing the budget in January.

IV. New Business

Governor's Visit: January 25th Meeting

The Governor is planning on attending the January 25th meeting. He could not make the December meeting due to another appointment.

Marijuana from Schedule I to Schedule II, Governor's Recommendation – Discussion

David asked the Council members' opinion about the Governor's recent recommendation to reclassify marijuana. Members were not sure what his move might mean in the long run, but several expressed concern about the direction that this might suggest in how the state is dealing with this growing problem.

Barbara reassured the Council that the Health Department's focus will always be making sure that people have the most current information about health facts about marijuana. The legislature addresses the public safety law related to marijuana.

The Council discussed the difference between Schedule I and Schedule II controlled substances: Schedule I means that there is no known medical use for a substance and it cannot be prescribed. Marijuana is currently a Schedule I substance.

Schedule II means that a substance can be prescribed by a medical prescriber. There are approximately 200 – 300 people on the Marijuana Registry. Currently, physicians do not prescribe marijuana; they certify that a particular patient has a certain medical condition that could enable a patient to participate in the Marijuana Registry Program. This piece of legislation created an exemption in state law from criminal penalties "for the use of marijuana to alleviate the symptoms or effects of a debilitating medical condition as long as it is done in compliance with 18 V.S.A. Chapter 86. The law also creates a registry of individuals who are eligible to receive this exemption."

Members agreed that this should stay on the agenda until more is understood about the implication of the Governor's recommendation.

V. Old Business

Council Membership Vacancies

Currently the Council has 2 at large vacancies.

The Governor's Office has mentioned that they have received applications from the public who would like to be involved in the various Councils, but there have not been any applications that stood out for this Council.

Please contact the Governor's Office if anyone from the Council has a suggestion for someone they think would be a good candidate to be appointed for the Council.

Strategic Prevention Enhancement Grant – Continue the Discussion and Planning

See the Strategic Prevention Enhancement Plan Process (*See Handout 3 – 2 pages*). The 2nd page is a summary of Vermont Strategic Prevention Enhancement Grant, which is a small planning grant that ADAP-Prevention has until October 1st.

A couple of months ago the ADAP-Prevention staff approached the Council about serving as the advisory body for the Prevention planning process. The 1st page is the information the Council asked ADAP-Prevention to bring back to share and at the bottom are some more follow up questions for the Council.

Questions:

Is the Council willing to serve as the advisory body?

Is the Council interested in using this as an opportunity for planning on overlapping goals, such as advocacy, MH promotion, reducing youth access to alcohol, increasing youth involvement in prevention?

The purpose of the grant is to guide the Health Department in its allocation of resources. It is designed to point and direct us towards where we have few resources or many resources so we have a better understanding of what the priorities are.

As things evolve in Vermont, ADAP-Prevention is looking at focusing on Prevention Infrastructure and what is most needed to maintain our Health Department District Offices, school-based prevention, and communities organizations.

ADAP-Prevention would like to understand better who would be best to partner with to ensure that Substance Abuse Prevention is a key part of both Health Care Reform and Intervention, Treatment and Recovery.

ADAP-Prevention is in the process of seeking a contractor to have the grant executed by mid January. In February and March we are planning on doing some Stakeholder interviews and review of resources. The actual planning will be the end of March through April, which will be partly electronically and possibly face-to-face meetings. ADAP-Prevention would like the Council involved by participating in the priorities and recourses discussions by phone or in meetings.

ADAP-Prevention will send an email to the Council to see who from the Council would like to be involved in a Subcommittee on this topic.

Follow up to Trudeau's Presentation on Alcohol and Pregnancy

Trudee Ettlinger will be working closely with Patty McCarthy to bring back more signage examples to see if they are able to reintroduce signage (i.e. walls of liquor stores, Chittenden Transit Buses, WIC Offices, etc.) throughout Vermont. They will be looking at this issue as a Public Health problem with all of the new information that has come forward and how best they can help with awareness for pregnant women or women who want to become pregnant.

Secretary Racine's Invitation to Council: Recommendations/Ideas

- Nothing Mentioned

Getting a Physician on the Council

- Nothing Mentioned

VI. Future Guests

- Craig Jones, Blueprint for Health Director
- Brian Remer, U Matter
- Tom Salmon, Drinking and Driving Laws
- Physician to Talk About Requirements for Health Care Reform

VII. Member Reports/Announcements

Patty McCarthy

On January 11, 2012 VAMHAR is bringing the SAMSHA Senior Advisor for Financing on Health Care Reform to speak at the Capitol Plaza in Montpelier.

Joy Mitchell

Save the Date: April 23rd – 24th, 2012 The Vermont Council on Problem Gambling has a two day conference.

Joy has accepted the offer to present at the National Association of Rural Mental Health in Anchorage, Alaska in May 2012.