

Vermont Governor’s Opioid Coordination Council

Meeting Minutes Date: 3/12/2018

Location and Time: 1:00 – 3:30 p.m. Waterbury State Office Complex, Sally Fox Conference Center, Cherry (2nd Floor)

Present: Chairs: T. Anderson, A. Gobeille, J. Leddy. Members: D. Allaire, L. Augustyniak, B. Bick, S. Byers, S. DiSanto, L. Genge, M. Levine, MD, P. Mallory, R. Marcoux, K. Doyle (for C. Nolan), S. Thompson, K. Sigsbury. Staff: J. LaClair, R. Gowdey, J. Zanin (intern).

Absent: J. Bowen, M. Bucossi, A. Bunting, T. Donovan, A. Chetwynd (for J. DeLena), B. Grearson, D. Ricker

Visitors signed in: Tom Dalton, Diane Derby, Paul Dragon, Leilani Provencal (Heath), Will Eberle, Jane Helmstetter, Christine Johnson, Sarah Kleinman, Vincent Livoti, Cass Mabbott, Mairead O’Reilly, Kirby Parker, Judy Rex, Kevin Veller.

Agenda Item	Discussion	Action/Next Steps
Opening of meeting	Chair: Commissioner Tom Anderson. Opening comments, introductions	
Approval of minutes	No changes	Approved, Unanimous voice
Director’s report (R. Gowdey for J. LaClair)	<ul style="list-style-type: none"> Recovery Committee: Employment partnership project moving forward; Housing – building partnerships Prevention Committee to launch end of April. Build inter-dept. connections Recovery Day, Prevention Day at Statehouse Tour/discussion Chittenden Regional Correctional Facility Dept. of Libraries partnership Opioid Overdose Awareness Day on April 11 	Report, discussion Liz Genge added to housing update Mark Levine added to Correctional update
Member updates <u>Chief Seth DiSanto</u> <u>Mayor Dave Allaire</u> <u>Comm. Tom Anderson</u> <u>Judge Brian Grearson</u>	<ul style="list-style-type: none"> Newport developing new community-based coalition “RISC” team developing based on St. Johnsbury DART; Orleans developing a “mini-OCC” Working to build capacity to sustain programs Training for police dept. in mental health recognition Reports Project Vision will be traveling to demonstrate progress, provide model to other communities Updates on roadside testing bill, ER visits, efficacy of opioids for pain relief (by message)	
Strategy Development Topic: Department of Corrections Update		
<u>Lisa Menard,</u> Commissioner <u>Annie Ramniceanu,</u> Mental Health Systems Director	<ul style="list-style-type: none"> November 2017 DOC moved to 120 days of treatment. Continuation beyond 120 on case-by-case basis, with verification. Collecting data on people being tapered off MAT, who receives methadone, buprenorphine. 350 since November continued with MAT. 8 tapered. Working with VDH and Hubs to track/ensure treatment after release Described current induction process Challenges with methadone due to DEA regulation and lack of space, logistics People must choose MAT – some may refuse due to readiness/concerns. 	

	<ul style="list-style-type: none"> Looking to strengthen relationships with recovery programs Currently not initiating MAT treatment within facilities – only continuing for those who enter with MAT. Diversion to drug court and other options has increased. <p><u>Discussion:</u> Induction, use of naltrexone (Vivitrol). Highest risk time is on release. Citizenship model underway, connecting to recovery network and recovery centers</p>	
Strategy Development Topic: Intervention: Syringe Exchange		
<p><u>Moderator:</u> David Allaire, Mayor, Rutland</p> <p><u>Speaker 1:</u> Personal experience</p>	Spoke from personal experience of journey into addiction, use of syringe exchange, being on waitlist, entering treatment and sustaining recovery.	
<p><u>Grace Keller,</u> Howard Center’s Safe Recovery Program Coordinator, Burlington</p>	Goal of syringe exchange is to be an “unburnable bridge to recovery” by providing contact, anonymity, resources, and, when ready, a conduit to treatment. Service provides safe syringe disposal on site, and training; syringe supplies; community syringe pick-up; referrals to resources.	See handout on website
<p><u>Laura Byrne,</u> H2RC (HIV & HCV Resource Center), White River Junction and Springfield</p>	<ul style="list-style-type: none"> Co-located with clinic, which helps provide immediate help with infection while avoiding use of emergency department. Number of women is rising Clients are assigned unique identifiers for anonymity and tracking Only about 30% report calling 911 about overdoses Much fentanyl in Springfield 	
<p><u>Daniel Daltry,</u> Program Chief HIV/STD/HepC, Health Surveillance Division, VT Dept. of Health HIV</p>	<ul style="list-style-type: none"> More than 700 individuals with HIV in VT These programs work. Majority of VT counties have some kind of programming Still have need Helping individuals make healthy choices Challenge for all organizations to provide as much service as possible Agencies go above and beyond their quarterly goals Secondary Exchange from direct participants to others <ul style="list-style-type: none"> Primary idea for Primary clients outreaching to others and working to provide aid and access to treatment referrals Telephone referrals to treatment as well Need better outcome indicators 	See handout on website
Public comment		No remarks
Closing remarks. Adjourn.		Adjourned 3:35