Vermont Governor's Opioid Coordination Council

Meeting Minutes *Date:* 4/9/2018

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, J. Bowen, S. Byers, B. Grearson, S. DiSanto, M. Levine, MD, P. Mallory, R. Marcoux, G. Cowles (for C. Nolan), D. Ricker, S. Thompson, K. Sigsbury. Staff: J. LaClair, R. Gowdey, J. Zanin (intern).

Absent: B. Bick, M. Bucossi, A. Bunting, T. Donovan, Kevin Black (for J. DeLena), L. Genge

Presenters: Megan Trutor, Tracy Dolan, Mourning Fox, Melissa Bailey

Visitors signed in: Will Eberle, Cory Gustafson, James Pepper; Leilani Provencal, Kirby Parker, Judy Rex, Chris Bell, Kevin Veller, Kathryn Van Haste, Carolyn Payne

Agenda Item	Discussion	Action/Next Steps
Opening of meeting	Chair: Commissioner Tom Anderson. Opening comments, introductions	
Approval of minutes	No changes. Motion to approve: Mallary, 2nd: Byers.	Approved, unanimous voice
Director's report (J. LaClair)	• Connections made this month: Valley Vista site visit; UVM Integrative Pain Management Conference; State Librarian and staff from Dept. of Libraries to reach out via 180 libraries in VT. • Opioid Overdose Awareness Event on Wednesday. • Recovery Committee progress on recovery coaching, transportation, housing • Prevention Committee will engage Agency of Education new position with other departments; and Marijuana Advisory Commission • Grants: USDA-rural development; northern borders grant -- transportation working group will explore options	
Member updates Stephanie Thompson Roger Marcoux	New role as analyst for NE HIDTA (New England High Intensity Drug Traffic Area) – intelligence monitoring, Vermont Intelligence Center. Monthly community forums with 24 partners. Stigma reduction – media and police participation. Drug Disposal – have collected 3500 pounds in six months. Drug Takeback day on April 29. Working with Commissioner Anderson on kiosks at state police barracks. Needs: SAP in every school, SUD training for all school staff. Sending 16 students to CADCA training and organizing a community opiate forum. Aspire to Youth Leadership Cabinet as NH has.	
Strategy Development Topic: Statewide Drug Prevention Messaging Campaign		
Moderator: Commissioner Levine, Dept. of Health **Presenters:**	Opening comments (Dr. Levine): • High ranking approach of the Council. • Messaging not necessarily seen by the older population Deputy Commissioner Tracy Dolan; Megan Trutor	

<table>
<tr><td><u>Tracy Dolan,</u> Deputy Commissioner of Health
<u>Megan Trutor,</u> Substance Abuse Information Director</td><td>

Behavior change marketing. Contractor: “Rescue Social Change” (Calif)
Burdens of change ([Slide 2) - Building blocks. Broad campaigns not as effective as a targeted message repeated and unique to your situation.
(Slide of different populations targeted and how)
Increasing understanding of risks/different strategies for different groups
Parent UP is longstanding campaigns for parents and caregivers of teens. Will boost marijuana message this summer.
Currently developing campaign for youth substance prevention. Highly targeted digital campaign: Social media, YouTube, Pandora, etc.
Reorganizing resources on Health Department website to aid providers in having conversations about SUDs.
Most messaging funding is Federal. $1.5 million dollars/year. Evaluation: this approach gets high click rates, linger on sites twice as long as other sites
Will provide Vermont-specific links to resources
Additional promotions will accompany implementation of the call center

<u>Discussion</u>

How do you choose platform? Research with contractor; trends within the state and nationwide.
3 Measures of effectiveness: (cannot connect to actual changes):
Exposure; Engagement; Effect
Why no specific campaigns on marijuana for adults and young adults?
Subcommittee is working to develop the targets of the campaign
Limited by Federal grant restrictions

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<tr><td colspan="3">Strategy Development Topic: Mental Health and Addiction: Vermont’s System of Care</td></tr>
<tr><td><u>Moderator</u>: Peter Mallary

<u>Presenters:</u>
Melissa Bailey, Commissioner of Mental Health
Mourning Fox, Deputy Commissioner</td><td>
<u>Introduction (Peter Mallary)</u>: Panel in 2 parts – Dept. of Mental Health overview and current status; co-occurring disorders

<u>Melissa Bailey & Mourning Fox: System of Care for Mental Health</u>

Substance Abuse is under Dept. of Health (ADAP). SUD and MH are not combined (See Overview slide). DMH partners with as many departments as possible
Central Office focuses on ensuring flow of people through care; and creating and guiding policy
1/3 of people with Adverse Childhood Experiences (ACEs) excel, and 2/3 struggle. Need to do more with resilience training, children and families.
Numbers have stayed steady or increased, as overall population has declined

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Presenters:
Dan Hall, Director of Howard Center Outpatient Services
 	
Marcia Stricker, Chief of Adult Division Services, Northeast Kingdom Human Services
	• Supportive housing is important for those exiting inpatient treatments
	• Been providing legislature with copious amounts of data
	Discussion:
	• Dr. Levine noted:
	  o Overlap between SUDs and mental health issues is in the 60-70% range
	  o Hub and Spoke evaluation reveals a failure of hubs to provide concomitant mental health supports with SUD treatment
	    • Staffing issues: hinders ability to fill beds, is a statewide issue
	    • Current utilization is running higher than it should – close to 100% at hospital. Emergency beds- around 70%.
	    • Impact on Emergency Room: Showing up to EDs with mental health issues disrupting normal operations
	• Acuity has increased but there is a combination of factors.
	• Alternative to sending individuals with mental health issues to the emergency department is the criminal system. Peer to peer in emergency department may help, as ED is sometimes used to combat loneliness.
	
	Co-Occurring Disorders
	Dan Hall
	• 70% of clients have co existing mental health and substance use disorder
	• Best practice: provide treatment for both in one facility
	• Howard Center is a co-occurring clinic; 60% of staff are dually licensed
	• High costs to dually license people, licenses have varied requirements
	• Need better alignment MH and SUD
	• Possibility of single clinical license with “specialty” sub licenses
	Marcia Stricker
	• Northeast Kingdom Human Services: All clinicians are dually licensed
	• Funding sources are siloed based on the primary concern for the individual
	• High staff turnover (compensation competition); license and degree requirements. High cost of retaining staff.
	Discussion
	• Average wait time for a bed, for a patient entering emergency dept:
	  o Varies between 1 day and 1 week (only track involuntary data)
	  o Voluntary may wait extended periods if refuse beds (distance, etc.)	

Public comment		No remarks
Closing remarks. Adjourn.	Next meeting Monday, May 14, 2018	Adjourned 3:35