

Opioid Coordination Council
Prevention Strategies Committee
Thursday, June 28, 1:00 – 4:00 p.m.
Waterbury State Complex
Meeting Notes

Attendance: Lori Uerz, Bess O'Brien, Chris Herrick, Jim Leddy, Suzanne Legare-Belcher, Mitch Barron, Cheryl Chandler, Jason Broughton, Cass Mabbott, Jesse Brooks, Matt Prouty, Grace Keller, Stacy Jones, Judy Rex, Janet Kahn, Ellen Rowe, Liz Genge, Jane Helmstetter, Kayla Donohue, Jackie Corbally, Christine Johnson, Ron Stankevich, Cathy Nellis, Melissa Bailey, Alexandra Frey, Susan Yesalonia.

Staff: Jolinda LaClair, Rose Gowdey, Eleanor Springer.

Presenters: Cheryl Huntley, Laurel Omland, Breena Holmes, Reeva Murphy, Amy Fowler.

Introductions and Welcome: Chair Stephanie Thompson, NE HIDTA, OCC member; Jolinda LaClair, OCC Director; Rosie Gowdey, OCC Community Engagement Liaison

Updates

Lori Uerz, ADAP

- Received State Opioid Response grant, looking for up to \$2 million in additional funds in next year. Grant is focused on MAT and recovery
 - Currently justifying a shift in use to prevention use
 - Application to use funds is due August 13
- Marijuana Advisory Commission is facilitating ad hoc committee on community-based prevention solutions; working on alignment of recommendations with OCC and prevention work. Potential recommendations:
 - Levels of funding for community-based services, evaluation, reviewing CDC recommendations for tobacco, education, etc.
 - Regional Prevention network centers, linkages with healthcare providers, etc.

Jolinda LaClair, Drug Prevention Policy and OCC

- Video of CVUHS Graduation Speaker Willow Goldberg; the power of human connection
- Upcoming interim report which will touch on prevention, recovery, transportation, employment, education, etc.
- 8-part TV cable public access series on opioids and Vermont, will complete production end of July. Will be shared with OCC and committees. A tool for education, public awareness, stigma reduction
- Congressman Welch's opioid roundtables around the state – Upcoming: Barre, Springfield. These will lead to a white paper that will complement OCC and MAC reports.
- Governor Scott and the Cabinet are planning to move county to county over the next six months to have a "Capitol for a Day"
 - Some emphasis on street/embedded social workers
 - The best ideas come from the community door

Comment: Block grants to communities would provide some freedom, flexibility, and may have bi-partisan support

Panel on Children and Families: Impact of substance and opioid use and addiction, opportunities to promote protective factors and resilience, and how to set the stage for early prevention.

Moderator: Carolyn Wesley, Deputy Director, Building Bright Futures

Substance use disorders affect children during their lives, impact families' ability to care for and support children, and impact their likelihood of misusing substances in the future.

Panel: *What do we mean when we talk about prevention in terms of childhood and why is it so important at this phase of life?*

Reeva Murphy, Deputy Commissioner, Dept. for Children and Families, Child Development Division

- "Prevention is all about building strong foundations for human development" – "humans develop from contact with other humans"
- 80% of humans brain develops by the age of 3; people reach optimal development if they've been given infrastructure
- We spend a fraction on early childhood of what we spend downstream in education, intervention, etc. But spending more earlier on can lighten the cost burden later in life of those interventions
- Two generation approach: Treating SUD with both adult and the child in the relationship, can also be a strong motivator for people with SUDs
- Video: The long-term impacts of toxic stress – a level of stress that physiologically impacts development and lives on to adulthood
- Building resilience by strengthening families

Breena Homes, Maternal and Child Health Director, Vermont Dept. of Health:

A public health approach to support in early years and the ability to support families.

- We have opportunities to change the trajectory of a person's life
- Evidence-based support for home visits and for universal approached (DULCE)

Laurel Omland, Director of Child, Adolescent and Family Unit, Dept. of Health

Toxic stress, resilience, and mental health supports.

One in seven school-aged children has experienced 3 or more adverse childhood experiences (ACEs).

Amy Fowler, Deputy Secretary, Agency of Education

How do we think about the protective factors and strengthening opportunities in education sector...?

- ACEs are not determinants, they're indicators; identifying ACEs in now-school aged children should initiate not a hopelessness but a "now we know what to do" response
- Early MTSS: Universal, secondary, specialized.
- 15 percent of school-aged children are not in public schools, and thus receive education from unlicensed individuals, and aren't subject to state-level directives
- Educational stability is being maintained when children enter foster care (won't change family and school at the same time). There is a less of a process when a child enters temporary custody

Cheryl Huntley, Operations Director, Council Service of Addison County

Tell us about the experience of children and families in your community as they navigate services.

- We need to define, in each region/ at a local level, we need to figure out what an integrated effective system of care looks like
 - When systems work together with families, they have better outcomes

- System of Care work is largely recognized as developmental, but people also start to articulate common values over time and work together in terms of policy, practice, and even funding

Discussion:

- Part of OCC's charge is to think about systemic programming, so applaud Cheryl's approach.
- Additional Panelist Observations:
 - When a child's development is impacted by its environment it is an opportunity to intervene. The distinction between disability and delay is very important in funding and classification, but not about a person's potential.
 - Integrating is not always the answer – not about all service areas doing the same thing at the same time. Focus on different sectors practicing their expertise (with connection to others).
 - Children's Integrated Services is a good model. If the different providers and requirements that Cheryl outlined communicate with each other, they don't need to overlap.
 - One of the huge missing pieces in a community impact model is the backbone – who has the money to get everyone together, do the administration, take the meeting minutes, rather than it all falling on one or two people with separate full-time jobs?
- We can build from the community up rather than the state down, and build connection between sectors.
- Jolinda: OCC's #1 recommendation was Continuum of Care. This panel has gotten at that for 0-8 age bracket. How do we create a systemic model, county-by-county or by district? What is the best community-based collaborative?
- Blueprint for Health: team-based care rather than 'integration', bringing together people in community to provide care.
- Stigmatized language can slow down the conversation. The Council could have a large role in defining the language and what we mean by using the different words (integration vs team-based vs community). It's not about siloing, but about where we're bring things together.
- Project Vision didn't originally intend for all of these disparate groups to come together in one room every month, but what has come out of it is a great collaboration and an opportunity to share ideas and identify redundancies.
- Creating a guidebook of best practices. Police officers "home visits" might notice a carpet with a smell and make a referral for a replacement and the result is reduced healthcare visits. So, people doing home visits need to get out of their box to notice other problems/issues/interlocking
- Are we paying enough attention to bringing people [clients] who are struggling and/or in early recovery around the table for [RutSTAT, CommSTAT, OCC, Committees...]

3:51 Community-based prevention for Committee's development: Stephanie Thompson, Committee Chair. Work underway through Marijuana Advisory Commission
Will bring together people involved with community-based initiatives to identify best practices, especially where the evidence base is not yet solid. Identify commonalities, providing mentorship to other communities, looking at replicating existing models (like RutSTAT/CommSTAT)

3:55 Next Steps, Conclusion

- Meeting on July 26: Community Based Prevention Models
- August 23 meeting: School-based/School-aged Prevention