

Vermont Governor’s Opioid Coordination Council

Meeting Minutes - APPROVED

Date: February 25, 2019

Location and Time: 1:00 – 3:30 p.m., Waterbury State Office Complex

Present: Chairs: A. Gobeille, M. Anderson. Members: D. Allaire, L. Augustyniak (p), B. Bick, K. Black, S. Byers, S. Cooney, P. Mallary, R. Marcoux, E. Peltier, D. Ricker, S. Thompson, J. Tieman. Staff: J. LaClair, R. Gowdey. Visitors: C. Antley, K. Branch, J. Broughton, D. Burns, J. Caceres, S. Carchidi, V. Collins, J. Corbally (p), K. Donahue, W. Eberle, J. Helmstetter, A. Hutton, C. Johnson, B. Keister, A. Koch, A. Marti, M. Mendl, M. O’Neill, A. Ramniceanu, Virginia Renfrew, J. Rex, Cindy Seivwright, R. Stankevich, K. Veller, A. Watersong

Agenda Item	Discussion	Action/ Next Steps
Convened	1:06 p.m.	
Introductions	<ul style="list-style-type: none"> • Scott Cooney, Fire Chief, Hartford. (filling First Responder Seat) 	
Approval of Minutes	October 1, December 10, 2018. Motion to accept without change: Allaire, Byers	Approved - unanimous voice
Director’s report (J. LaClair)	<ul style="list-style-type: none"> • Thank you to Council members who have served on the OCC these past two years: Mike Bucossi, Ken Sigsbury • Ingredients for Council success: Partnership, Leveraging resources • Legislature: Testimony before House Human Services; Senate Health & Welfare • Recent outreach efforts, most of which have included members of the OCC and our committee participants: <ul style="list-style-type: none"> ○ January 25 OCC informational session with the Rapid Access to MAT team at Central Vermont Medical Center ○ February 6 Recovery Day at the Statehouse – including recognition of the OCC ○ February 7 Press Conference with Governor Scott, releasing the OCC 2019 report, Building Bridges ○ February 20 OCC informational tour and discussion at CenterPoint youth services in Chittenden County ○ Regular presence at CommSTAT, and periodic visits to ProjectVISION meetings ○ Upcoming: March 15 tour, discussion of recovery residence in Chittenden County <p><u>The OCC this year: Role is to convene, facilitate, build collaborations; prompt and support action:</u></p> <ul style="list-style-type: none"> • Strategic Actions & Progress Report 2017-2018 • Building Bridges: 2019 Recommended Strategies • Thanks to Ben Truman/VDH; AHS Central Office; OCC Executive Committee 	

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TOPIC/Presentation: Overview and summary of the OCC 2019 report of recommended strategies		
Presenter: Jolinda LaClair, Director of Drug Prevention Policy	Slides and report available on OCC webpage	
TOPIC/Presentation: National & VT Perspective on the Opioid Crisis and Substance Misuse (an update) VT Dept. of Health		
Presenter: Mark Levine, MD, Commissioner of Health	<ul style="list-style-type: none"> • Slides available on OCC webpage. • Epidemiology information, trends. • How VT compares to the rest of the country. • Overdose death figures change later in the year as Vermonters who died of overdose outside of Vermont are added to the count. • Role of fentanyl in overdose and in treatment and enforcement strategies. Fentanyl makes measurement difficult. • Federal Reserve Bank of Boston is studying the fiscal impact of the opioid crisis in New England. Comparing VT and NH, VT focused more resources on treatment, NH on enforcement. Outcomes may be indicating the treatment focus is the stronger path. • Changes in prescribing practices. • Harm reduction strategies. • 8,000 in Hub and Spoke treatment, positive impact. We know how many are receiving hub and spoke treatment in VT. Hard to determine what percentage of people who need treatment are receiving it. • Recovery – as Jolinda described in her report. Over 4,000 serviced in 2018 (double the number served in 2014). • Innovation opportunities (including telehealth and “Project Echo” – focus on role of primary care. • Future is Prevention – messaging, home visiting, afterschool and “3rd space”, Iceland model, school-based primary prevention, community mobilization through coalitions. 	
OCC member thoughts	Debra Ricker addressed the OCC regarding completion of her term, expressing gratitude and encouragement.	
Presenter: Tom Simpatico, MD	<p>This presentation focuses on how the brain works, neurochemistry – but: Think about what kinds of policies make sense, in keeping with the fundamental nature of addiction.</p> <p>Program for veterans.</p> <p>MHISSION Translation Systems – 2000 – technology to connect across mental health, substance misuse, and criminal justice systems. Harder for people to fall off radar/out of system.</p> <p>Highlights of Presentation (presentation document on OCC website)</p>	

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	<ul style="list-style-type: none"> • Can find substances in prehistoric bone fragments. Often played a role in early society – ritual. As substances were refinement and made more potent, they became addictive. Pathological seen by 17th century. • Recovery of brain after use is slow. Amphetamines – drop in normal function for a year, and not necessarily a full recovery. • Synapses are delicate. All kinds of things can make them more or less likely to fire. • With addictions, if not working with someone for 90 days, not enough time to influence the tidal effect of substance(s) on system. • The memory of drugs – (amygdala) is powerful and easily triggered. <p><u>13 principles of treatment</u></p> <p>Synapse makes it a chronic illness – similar to the other chronic illnesses. Relapse expected in a chronic illness.</p> <p>Therefore, treatment, then chronic care.</p> <p>Slide – less than 90 days of treatment = significant amount of relapse.</p> <p>Must match services to needs.</p> <p>Urinalysis – not as a “gotcha”, but to assess treatment needs. Trust and verify.</p> <p><u>Interventions</u></p> <ul style="list-style-type: none"> • Residential – 90 days is most effective. • How do you square compelling science with policy – figure out what the pathophysiology is and then determine what you need to do to move it the other way. • Comments and questions: <ul style="list-style-type: none"> ○ In Corrections, assessing the criminogenic risk of individuals is relevant. Targeted episodes of treatment may be appropriate. ○ Re 90 days of treatment, would corollary be that any major investment in a 30 day model is likely to fail? <p>Yes. Not out of the woods before that. Not enough to allow for the new influences to take hold.</p> <ul style="list-style-type: none"> ○ What is the definition of effective? Is evidence out there? Financial evidence? ○ Federal Reserve Bank of Boston study comparing New England states, VT and NH. Global determinants, economic burden of disease. <p>It’s a yes-and game. There’s a lot of work that folks impacted need to do, and not just because they’re addicted. We all have issues in our backpack. Get the alcohol (substance) out of the way and you’re left with the other issues.</p>	

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	<ul style="list-style-type: none"> ○ Funding just isn't there for more than 21 days. What is the role of other programming? Wraparound supports. Pool the resources. Group therapy, IOP, not just one thing. ○ Treatable and therefore preventable drug abuse. The system only works if we have addicts. 20% use 80% of the drugs. With tobacco, we handicapped the industry more than we established a treatment system. Get a handle on the industry that has to make addicts to be profitable. ○ More than drug industry/prescription pathways to addiction. 90 days of treatment solution can be modified/moderated/adapted with other wraparound services/supports to sustain recovery. ● Role of fentanyl. ● Economics of Buprenorphine (chart). ● US spends more on health services than on social services, compared to other countries – we're way behind. ● Highest incarceration rate in the world (US). Vermont is more at the 200 per 100,000 rate (US, 800 per 100,000). India, less than 50/100,000. ● Long-term care facilities – Council members will explore (VAHHS). 	
Member update: Kevin Black, DEA	Next drug takeback day on April 27. PSAs, Channel 3. Event in Williston. Council connections: Hospital Association, Dept. of Health, Senator Leahy's office.	
Public Comment		No comments
Upcoming; Adjourn	Next meeting, Monday, March 18, 2019, 1:00 pm	Adjourned 3:30 p.m.