

Vermont Governor’s Opioid Coordination Council

Meeting Minutes

Date: March 18, 2019

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

Present: Chairs: A. Gobeille, J. Leddy (p). Members: D. Allaire, L. Augustyniak (p), B. Bick, K. Black, S. Byers, S. Cooney, B. Grearson, M. Levine, P. Mallery, R. Marcoux, E. Peltier, S. Thompson (p), J. Tieman. Staff: J. LaClair, R. Gowdey. Delegates: M. Maksym, K. Doyle. Guests: K. Dougherty, A. Pugh, D. Tatro, G. Tatro Visitors: C. Antley, S. Legare Belcher, J. Broughton (p), J. Caceres, S. Carchidi, W. Eberle, D. Franklin, J. Helmstetter, C. Johnson, B. Keister, A. Koch, P. Major, F. Montanye, R. Murphy, D. Noyes, C. Powell, K. Prior, M. Redmond, MB. Redmond, J. Rex, E. Rowe (p), R. Stankevich, J. Sudhoff-Guerin, J. Tessler, K. Van Haste, L. Uerz, K. Veller, A. Watersong

Agenda Item	Discussion	Action/ Next Steps
Convened	1:06 p.m.	
Introductions	Scott Cooney, Fire Chief, Hartford. (New designee for first responder representative)	
Approval of Minutes	February 25, 2019. Motion to accept without change: Mallery, Byers	Approved - unanimous voice
Introductions	Guests: <ul style="list-style-type: none"> • Legislators Pugh, Redmond, Noyes • Deputy Commissioner of Health Kelly Dougherty • Dawn and Greg Tatro (R. Marcoux) 	
OCC Director’s Report (J. LaClair)	<ul style="list-style-type: none"> • Legislative update: bills impacting children, mental health, criminal records expungement. Touch all OCC drivers at level of policy and investment. • S. 146 would establish a Substance Misuse Advisory Council, Director of Prevention, inventory of all prevention programs (a 2018 OCC recommendation). • Deb Ricker’s reflections as OCC member, and effective questions about how to improve systems, overcome obstacles, improve outcomes. • Report on an inventory and assessment of recovery residences in Vermont has been released. Acknowledgement to Downstreet Housing and Task Force, Eileen Peltier and Liz Genge, and support from VHCB, AHS, and OCC. • Recovery Residence visit to VT Foundation of Recovery residence in Essex, with residents and manager of the home. Personal story about how a supportive and substance-free living environment made the difference. • OCC has been invited to send delegates to a regional opioid summit hosted by national Head Start and National Center on Early Childhood Health and Wellness, in Nashua, NH, mid-April. • OCC Priority Strategies: • Statewide system of school and community-based prevention 	

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	<ul style="list-style-type: none"> • Sustainable investment model • Statewide Prevention Committee - launches 3/27, chaired by Dept. of Health Commissioner Levine • Prevention leadership <p>Strengthen and align community-based prevention coalitions, collaboratives and networks</p>	
TOPIC/Presentation: Prevention in Vermont – What we have, what we need		
<p>Presenter: <u>Mark Levine, M.D.</u>, Commissioner of Health</p>	<ul style="list-style-type: none"> • Slide deck posted on OCC website: www.healthvermont.gov/opioid-coordination-council • Prevention is our future. • OCC/MAC primary prevention strategies – hoping for revenues for research – impact, and driver impairment -- in the event of marijuana taxation and regulation. • One size does not fit all – regional prevention networks are key • Iceland model – 4 key components: Community activation, parental investment, youth voice, policy changes (two decades of change) <ul style="list-style-type: none"> ○ Does VT need to replicate Iceland? Other evidence-informed models have used lessons from Iceland and customized to their own needs – Finland, Deerfield Valley (VT) 	
TOPIC/Presentation: Vermonters in Iceland: Lessons Learned from Iceland’s Prevention Model		
<p>Presenter: <u>Holly Morehouse</u>, Executive Director, Vermont Afterschool, Inc.</p>	<p>Slide deck posted on OCC website: www.healthvermont.gov/opioid-coordination-council</p> <ul style="list-style-type: none"> • Importance of assessing both risk and protective factors – in addition to outcomes, in order to target issues specific to communities • Guiding principles • Key – how youth spend their time – leave school on bus to favorite activity (hobby/leisure) -- “leisure card” (funded extra-curricular) <p>Every youth, every community, every day – societal/cultural change</p>	
<p>Presenters: <u>Humberto Soriano</u>, <u>M.D.</u>, President, Chilean Pediatrics Society</p> <p><u>Michael Mann, Ph.D.</u>, Associate Professor Boise State University, Community Intervention Specialist</p>	<p>Slide deck posted on OCC website: www.healthvermont.gov/opioid-coordination-council</p> <ul style="list-style-type: none"> • Rural country • Assessment showed top three risks were substance use disorder, obesity, and vaccination • Noted that as risk perception goes down, youth use goes up (tobacco was once promoted as a medicine ... “fool me once, shame on you ...” <p>Data slides on impact of substance use on youth under 18 *****</p> <ul style="list-style-type: none"> • Principal of alternative schools. • Things about Iceland that are not “requirements” – curfew; sports emphasis (these are culturally specific to Iceland) • It is about available decisions that are healthy 	

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for the Icelandic Centre for Social Research and Analysis	<ul style="list-style-type: none"> • Structured but flexible. Iceland has detail and structure that helps • Each community measures risk and protective factors, with family, 3rd space, school, peers • Data reports are received with a month, and at the local level, so strategies can be developed by communities based on relevant data • Most of what Iceland does is free – <ul style="list-style-type: none"> ○ Keeps people’s attention in a sustained manner (not just a surge of interest with each tragedy) ○ Enhances connection ○ Aligns collaboration unlike seen elsewhere ○ Scope of the solution is equal to the scope of the problem 	
Discussion	<p>Does Iceland apply to children before school age? (not at first, but can apply to lower ages. E.g. – in West Virginia, middle school is too late</p> <ul style="list-style-type: none"> • Epigenetics – can influence habits in 1st 3 years, therefore, e.g., no electronics under 3 years old • We stop paying for childcare at very young ages • Not more school. More engagement/connection • Parents get together/work together. Co-monitor youth <p>What about families where the parents are impaired (SUD, etc.), and need help?</p> <ul style="list-style-type: none"> • Balance between prevention and treatment • Had to make a leap to prevention (right now, we are treatment-oriented in US). Iceland made a tough decision to shift priorities. • Have to have <u>enough</u> parent engagement, but success does not require <u>every</u> parent. The effect is contagious. <p>West Virginia – doing it in 3-5 counties – always strongest at the community level, but need state investment</p> <p>Iceland worked better where there are leaders advocating for consistent and broad approach</p> <p>Re childcare – expanded subsidy up to age 19, but no one used it (programs not engaging)</p> <p>Youth voice is central</p> <p>Engage Commerce – promote people coming to VT</p>	
Public Comment	na	No comments
Upcoming; Adjourn	Next meeting, Monday, April 15, 2019, 1:00 pm	Adjourned 3:15 p.m.