Substance Misuse Prevention Oversight and Advisory Council Meeting Minutes

Meeting Facilitator: Nicole Rau Mitiguy Meeting Recorder: Tammie Bridge Where: Microsoft Teams meeting

Date: 11/10/201 Start Time: 11:00 am End Time: 12:07 pm

Council Attendees

Mark those present with an "X"

	Name	Organization and Role		Name	Organization and Role
х	Kelly Dougherty	Health Department, Co-Chair		Skylar Dryden	Youth Representative
	Melanie Sheehan	Mt. Ascutney Hospital and Health Center, Co-Chair		Peter Espenshade	Recovery Vermont
	Daniel French	Agency of Education, Executive Committee Member		Courtney Farrell	Lund
	Chris Herrick	Dept. of Public Safety, Executive Committee Member		Clay Gilbert	Rutland Mental Health, Evergreen Recovery Center
Х	Monica Hutt	Office of Governor Phil Scott, Executive Committee Member		Cindy Hayford	Deerfield Valley Community Partnership
х	Amy Brewer	Northwestern Medical Center		Roger Marcoux	Lamoille County Sherriff Department
Х	Rebecca Brookes	Upstream Social Marketing	Х	Maryann Morris	The Collaborative
X	Moses Delane	Youth Representative		Jill Rinehart, MD	University of Vermont Medical Center
X	Kimberley Diemond	Big Brother Big Sister		David Allaire	City of Rutland
X	John Searles, Ph.D.	Retired, Dept. of Health	Х	Daisy Berbeco	Vermont Department of Mental Health
X	Stephen Von Sitas	Regional Treatment Court	х	Janet Potter	Student Assistant Professional Hartford School District
	Skyler Genest	Dept. of Liquor and Lottery	х	Kheya Ganguly	Director of Trauma Prevention and Resiliency Development
X	MarkLevine				

#	Time Allotted (Optional)	Type of Topic	Agenda Item (Topic/Objective)	Notes
1	11:00	☑ Inform☑Discussion☐ Decision	Welcome, Introductions,	Kelly: Welcome everyone, Introduction of the newest member of the SMPC Fox coming from the Department of Public Safety as Chris Herrick has accepted a new position. Mark Levine: I have been following with interest despite not being able to be physically present. When I give a talk about covid, I always make a point talking about things that got worse. Clearly the topic of this meeting is high on that list. I purposefully draw attention to all the stuff we are doing in this council. Your work is mor critical now than ever before. It is always great to see Fox, welcome! Fox, Mourning: Thank you Kelly and Doctor Lavine. It is great to be here. This is a lot of the work that I really enjoy being a part of. Nicole: Introduction of SMPC members.
2		☑ Inform ☑ Discussion ☑ Decision	SMPC Recommendation	SMPC Recommendations To inform the upcoming Legislative Session, the SMPC has developed the following recommendations for consideration related to substances at risk of misuse. These recommendations fall into three of the four areas represented by our subcommittee work.
		☑ Inform☑Discussion☐ Decision		Nicole: We talked about the intervention treatment and recovery committee including them as part of our report as well for the great work that they are doing. We did an Introduction of the recommendation last week; we will be going over if you have any additional question and vote on those recommendation. Rebecca and I had a conversation around the communications and recommendations that had come forth. Rebecca previously had a contract with rescue, social marketing. They hold multiple contracts within the Department of Health so there were some thoughts around wanting to ensure there is not a conflict of interest. We bring that up because we need folks to join our subcommittee of communications as we look into the next year to allow for Rebecca to facilitate our conversation around communication needs but allow for some buffering of any potential contract connection that she may have in the future with the Department of Health. Putting on the back burner for now but do welcome folks to jump on board to help ensure that we can have that key component of the health promotion in our recommendation moving forward.

Equity:

Areas of immediate opportunity for advancing equity in substance misuse prevention were explored to formulate actionable policy recommendations. The four themes below align with SAMHSA's Office of Behavioral Health Equity's policies and key strategies, and are cornerstones for achieving the first stated intent of A.82, "prevention efforts focus on social and environmental factors to ensure that all Vermonters have opportunities to be active, engaged, connected and heard throughout their lifetime".

We have our full Committee on today. *Representation and Leadership*

a. Amend Act 82 to specify Substance Misuse Prevention Council membership inclusion of diverse racial, ethnic and cultural communities in Vermont, including but not limited to: Black, Indigenous, People of Color (BIPOC), New Americans, people with disabilities, older Vermonters, and the LGBTQ+ communities.

Kheya: When you look at this group, I think I am the only obvious BIPOC member. Which says something in how we are dealing with these communities. All voices need to be heard because all these communities have different relationships with substances.

Data driven correction of inequities

b. Ensure that substance misuse prevention data are included and incorporated into the dashboarding at the Office of Racial Equity to ensure substance misuse prevention data are considered as part of policy and funding decision making.

Wider net that we are casting with this information with best intentions. However, most is centered around whiteness and those values. We need look at what is being sent out and look at it from a variety of angles.

Example: From my community a part of our practices is chewing betel nuts, which have a mild hallucinogenic properties. That is part of our culture is a part of what people do, so understanding what that is and how it works for different communities. I think it is important one of messaging and that we want equitable access. We want to leverage new and emerging technology.

Work with under representative and underserved communities to find out how we are going to reach them.

Monica: I just want to make sure that when we are talking about equity, we are really thinking about all the population that might be disenfranchised or disconnected or sort of outside of the norm in terms of the way that we target prevention efforts.

Daisy: Language need to include Older Vermonter*

		c. Develop an inclusive, trauma responsive and resilience-based strategy for informing messaging on substance misuse and prevention to effectively reach communities with culturally responsive and linguistically appropriate resources. A lot of stuff is being sent out Equitable Access d. Leverage technology and evidence-based tools/instruments to pilot and evaluate innovative outreach and engagement strategies to more effectively engage underserved, under-represented communities including but not limited to: Black, Indigenous, People of Color (BIPOC), New Americans, people with disabilities, older Vermonters and the LGBTQ+ communities. Nicole: I would like to Thank this subcommittee; I know you all did a deep dive to refine language to make these clearer and stronger.
4	 ☑ Inform ☐ Discussion ☑ Decision 	Policy: a. Reconsider a safe level of THC outlined for adult use cannabis to align with the most recent science related to the impact of high levels of THC on mental health. b. Develop a process by which the legislature reconsiders the allowable THC limits for adult use cannabis at regular intervals to ensure alignment with evolving scientific research. c. Enact a comprehensive ban of the sales of flavored tobacco and nicotine products in Vermont, including but not limited to menthol flavored products, in advance of potential federal prohibitions. d. Develop an appropriation strategy to the Department of Health for the 30% excise tax on retail sales of cannabis and cannabis products allocated for substance use and misuse prevention. Nicole: a. & b. Develop a process in which those THC limits, which are in statute are reconsidered. Some trickiness we have talked about with the Cannabis Control Board have discussed whether the THC should be increased, but not talking about and decrease. c. This would be pushing us ahead of the federal work. That has been outlined but will take a few years to put in place.

Janet: Can we include under ban of sales of flavored tobacco add disposable e- cigarettes?

Prevention Inventory:

- Build upon the previously completed Prevention Inventory to provide more up to date data following the impact of COVID-19 on prevention organizations and substance misuse prevention work in Vermont. This inventory should have, but is not limited to having, an intentional focus on ensuring data capture prevention strategies for the following populations or areas of focus, to inform the development of an equitable and sustainable prevention system in Vermont:
 - School based prevention strategies
 - Community based prevention strategies
 - Older Vermonters
 - Members of the LGBTQ+ community
 - o Members of the BIPOC community
 - Low-income Vermonters
 - o Transition aged youth and young adults
 - o Other gaps that emerge from the data
- Setup that 30% spending making sure that all the above is included.
- o Heading changed to Prevention Inventory instead of just Prevention.
- School based prevention strategies need to be more detailed.
- SMPC data collection methodology for the council to do an analysis so the thought of keeping it board and translate it into what the gaps are.
- o Transition ages youth and young adults added to the list.
- Other gaps that emerge from the data
- o Combine School and Community based prevention strategies to one bullet
- o Changed it back to being separate School & Community

Many suggestions and discussion on the Prevention Inventory language.

Kimberly: Suggest instead of saying complete a new inventory to use the wording of buildup on the prevention inventories that had previously been done because we don't want to start from scratch.

Maryann: Are we voting on ITR? Just the SMPC

Kelly: I think we should vote on everything as a whole.

Nicole: The Intervention Treatment and Recovery would like for your consideration the following recommendation to be included in the report.

Housing we have talked about the language it is intentionally both vague and specific. Baseline need to increase housing in Vermont. Increased wrap around evidence-based recovery. It's the strategies such as recovery coaching in those housing settings. Additionally, there was a call it to explore renegotiating Vermont 1115 Medicaid waiver and to also allocate state funding to pay for residential treatment options outside of Vermont. Build upon some current resiliency and skill building pieces, in both parenting education as well as other more general coping skills of resiliency building giving options for folks in engaged in substance use treatment or recovery options. Just see how folks would like to move forward with all the recommendations proposed. Decision to Keep ITR recommendations discussion to another time. Kelly: I would propose that we eliminate under Residential Treatment delete Explore renegotiating Vermont's 1115 Medicaid Waiver recommendation from the SMPC. Decision made to not accept ITR recommendations. John: Made a motion to accept the SMPC only recommendations as written. Janet: I would second that. Recommendations approved Nicole: I will ensure that we have cleaned up the language in t the annual report. I ask that you all take a look at the full report by the end of the day on Friday. So, I can ensure that we have incorporated all edits to move through for the executive committee's review and approval.

#	Action Item	Due Date	Staff Responsible
1	All go over the Annual Report	Friday, November 12th	SMPC Council
2	Submit Annual Report to VDH Policy	Monday, November 15 th	Nicole Rau Mitiguy

Approved on 12/13/2021.