

## Substance Misuse Prevention Oversight and Advisory Council October Meeting Minutes


<b>Mtg. Facilitator:</b> Nicole Rau Mitiguy <b>Mtg. Recorder:</b> Nicole Rau Mitiguy <b>Mtg. Time Keeper:</b> Nicole Rau Mitiguy <b>Where:</b> Microsoft Teams meeting
<b>Date:</b> 10/26/2020
<b>Start Time:</b> 1:00 pm
<b>End Time:</b> 3:00 pm

<b>Council Attendees</b> Mark those present with an "X"
--

	Name	Organization and Role		Name	Organization and Role
X	Kelly Dougherty	Health Department, Co-Chair	X	Skylar Dryden	Youth Representative
X	Melanie Sheehan	Mt. Ascutney Hospital and Health Center, Co-Chair	X	Peter Espenshade	Recovery Vermont
X	Daniel French	Agency of Education, Executive Committee Member		Courtney Farrell	Lund
X	Chris Herrick	Dept. of Public Safety, Executive Committee Member	X	Clay Gilbert	Rutland Mental Health, Evergreen Recovery Center
	David Allaire	City of Rutland	X	Cindy Hayford	Deerfield Valley Community Partnership
X	Amy Brewer	Northwestern Medical Center		Roger Marcoux	Lamoille County Sherriff Department
X	Rebecca Brookes	Upstream Social Marketing	X	Maryann Morris	The Collaborative
	Moses Delane	Youth Representative		Christina Nolan	U.S. Attorney
X	Kimberley Diemond	Big Brother Big Sister	X	Eileen Peltier	Downstreet Housing
X	John Searles, Ph.D.	Retired, Dept. of Health	X	Daisy Berbeco	Vermont Department of Mental Health
X	Stephen Von Sitas	Regional Treatment Court		Auburn Watersong	Agency of Human Services
X	Skylar Genest	Dept. of Liquor and Lottery	X	Erica Gibson	University of Vermont Medical Center

Non-Council Attendees					
	Name	Organization		Name	Organization
X	Amy Livingston	PIRE	X	Rhonda Williams	VDH – Tobacco Control Program
X	Amanda Froeschle	ADAP Prevention Consultant – Chittenden County	X	Nicole Rau Mitiguy	VDH – Alcohol and Drug Abuse Programs
X	Kate Nugent	Winooski Partnership for Prevention	X	Mariah Sanderson	Burlington Partnership for a Healthy Community

X	Song Nguyen	VDH – Tobacco Control Program	X	Tanya Wells	VDH – Tobacco Control Program
X	Charles Gurney	VDH and DAIL	X	Sarah Roy	ADAP Prevention Consultant – Rutland County
X	Robert Flewelling	PIRE	X	Sean Hanley	PIRE
X	Vanessa Berman	PIRE			

#	Time Allotted (Optional)	Type of Topic	Agenda Item (Topic/Objective)	Notes
1	1:00-1:10	<input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision	Welcome, Introductions, and September minute review	<ul style="list-style-type: none"> <li>Follow up from September tasks:             <ul style="list-style-type: none"> <li>SMPC members check to ensure they have access to the SMPC SharePoint Site</li> <li>Annual Report Workgroup met and will continue to work on that work</li> <li>Resiliency will be pushed out to another meeting</li> <li>YRBS data sets are out</li> <li>Still accepting resumes for the SMPC member providing substance use prevention in a public school setting. No applications had been received at the date of this meeting.</li> </ul> </li> <li>September minutes were approved.</li> </ul>
2	1:10-1:25	<input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision	Prevention Inventory Presentation	<ul style="list-style-type: none"> <li>The prevention inventory was a deliverable through Act 82 and VDH contracted with PIRE to complete this work on our behalf.</li> <li>PIRE’s presentation:             <ul style="list-style-type: none"> <li> Prevention Inventory results for SMPC 10.2</li> </ul> </li> <li>Question on the gap identified for ages 0-6 – is this for individuals who are that age, or for families with children that age?             <ul style="list-style-type: none"> <li>0-6 was one of the options for the survey respondents to identify as a population of focus for their program. There could be a combination of families and individuals who are served by the program. There were some programs represented that included nurse home visiting, or programs for mom’s in recovery, to provide family supports for children in the household. There are some programs happening at preschool level to develop important social skills and resiliency.</li> <li>We don’t have data on substance use on children of that age.</li> <li>Data from federal programs, specifically on advertising that shows a negative impact on younger children (they engage in more use) if young children are aware of those products with them.</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>○ Youth representative shared that as a child spent a significant time with The Collaborative which impacted and shaped their life, which lead them toward their work in prevention. There could be value in engaging with children (perhaps not as young as six) before they hit high school where they are more autonomous, around substance use. Echoed this as an area of concern. <ul style="list-style-type: none"> <li>▪ The Collaborative confirms that they have been calling their afterschool programs and summer camps substance use prevention programming (which serves ages 5 and older) for a long time, even though they are not discussing substances directly, they are building up important prevention skills.</li> <li>▪ Bill S. 335 did make it through, not as an independent bill but as part of the budget bill. The task force still has the SMPC listed as a Council to be consulted in their work. The SMPC recommendations made it to the AHS representative of that task force. As more information is available, the Substance Misuse Prevention Manager will share with the SMPC.</li> </ul> </li> <li>○ PIRE noted that there are some text fields for further clarification on what these programs are doing that might be able to help clarify, but their understanding is these programs were primarily focused on early childhood development skills that helped build resiliency and emotional development, rather than direct programming about substances.</li> <li>○ Prevention is looking to see how to do their work more “up stream” which has meant focusing in on protective factors including activities such as kindergarten preparedness. There are a lot of programs in Vermont that are addressing prevention in this way that may not have qualified as part of this inventory. Examples include Building Bright Futures, Let’s Grow Vermont, and Vermont Afterschool.</li> <li>○ The recommendation from this could be how do we partner with these organizations, so they understand that what they are doing is in fact substance use prevention and having that dialogue across systems. How, as a Council, do we support those protective factors building initiatives?</li> <li>● Concern that we were asking organizations about their work using terminology used in the prevention field. Is there a way that we could build some harmony of how we are all talking about the same thing?</li> <li>● There is a graphic from PIRE to show prevention funded communities and their YRBS data. It might be interesting to look at this to see where there is success and where there may be some gaps as well.</li> <li>● PIRE – wanting to share the potential usefulness of an inventory that is updated regularly rather than a point in time inventory, such as this one, that could be outdated soon after the publish.</li> <li>● Question on any duplication of efforts in certain areas where there could be some streamlining of efforts? <ul style="list-style-type: none"> <li>○ There could be some overlap. The survey was set up in a way that organizations would only report on the pieces that they were directly responsible for to minimize the duplication of reporting. With that, there could certainly be some overlap. PIRE will be providing ADAP with a data file that can be sorted by county. This might help provide this information.</li> </ul> </li> <li>● Question on what timing a school scan for prevention activities would be most optimal? <ul style="list-style-type: none"> <li>○ Secretary French will need to get back on this, as this is an atypical school year given COVID.</li> </ul> </li> </ul>
--	--	--	--	--

				<ul style="list-style-type: none"> <li>• Question on if PIRE is available to provide additional assistance on data analysis? <ul style="list-style-type: none"> <li>○ Contract ends with PIRE on October 31<sup>st</sup></li> <li>○ Data will be provided to VDH so additional analysis could happen</li> </ul> </li> <li>• Question on if there were any population center gaps, noting particular towns do not receive services from a coalition funded by, or direct funding from, VDH’s Alcohol and Drug Abuse Programs or Tobacco Program? <ul style="list-style-type: none"> <li>○ Analysis was done at a county level. The data file that is provided by VDH, so this could potentially be examined through that.</li> </ul> </li> <li>• Funding ending for 90% of the surveyed organizations in the next few years, seems to be a point that should be focused on in our report or should be further <ul style="list-style-type: none"> <li>○ PIRE noted that the funding sources could be longer, but as organizations receive annual reports from VDH, even if the federal grant is longer.</li> <li>○ Noting that it is important to highlight that this is a point in time analysis, as new federal funding that Vermont has received to continue many of these grants was not announced at the time that the survey was taken. <ul style="list-style-type: none"> <li>▪ Information on the funding for prevention can be seen in the <a href="#">September Meeting Materials</a></li> </ul> </li> <li>○ SAMHSA has regularly provided discretionary grants, and PIRE has data that shows that these grants make a difference in substance use in Vermont.</li> <li>○ Tobacco Control Program has received close to level funding from the CDC with more required activities.</li> <li>○ As a Council the SMPC is asked to make recommendations for how to sustainably fund prevention in Vermont</li> <li>○ The five current general and special fund funded programs are outlined in the SMPC annual report; in FY 2019, there were only four.</li> </ul> </li> <li>• SMPC member noting that this report is showing potentially a lack of connection between the prevention work that is happening despite knowing the VDH is working to ensure these connections happen. Federal funding streams can make this complicated, and is becoming more complicated with the current process of funding local entities rather than the state. <ul style="list-style-type: none"> <li>○ Potential duplication of efforts.</li> <li>○ Schools are in a similar place of needing to create their own system and programs.</li> <li>○ Could there be a way with state funding to bring together more cohesive and consistent programming?</li> <li>○ The Strategic Prevention Framework (SPF) is the consistent tool used across all prevention grants</li> </ul> </li> <li>• In S. 54 there is a percentage of revenue earmarked for prevention activities, though there are complications in when that funding would become available based on it being revenue; if S. 54 isn’t profitable in upcoming years, this funding will not exist, which is often the experience from other states that have commercialized cannabis. The SMPC will have input on how these funds are used.</li> </ul>
--	--	--	--	---

				<ul style="list-style-type: none"> <li>○ The SMPC will need to show that there is a good plan, based in evidence, on how to effectively use this funding. These funds would not become available until the second half of 2022, so there is time to develop this plan.</li> <li>○ We also do not have a designated fund created anymore, so this does not guarantee that this would come to prevention. We have seen this in other bills, such as the tax on vaping products.</li> <li>○ While there is time before revenue may or may not exist, it is recommended that the SMPC provide a special report early in the upcoming legislative session to detail how this funding would or could be used for to highlight this importance. This does not need to be on the same timeline as the annual report. <ul style="list-style-type: none"> <li>▪ VDH Policy can speak with the SMPC to discuss language needed to route the revenue as its intended.</li> </ul> </li> <li>• Currently the language in the SMPC annual report does not describe the funding sources clearly and need to ensure we are presenting this clearly. <ul style="list-style-type: none"> <li>○ The Annual Report Workgroup also noted this so additional language is being included.</li> </ul> </li> <li>• Prevention focused system of care – it might be helpful for the SMPC to think through how to engage our partners in healthcare reform, as prevention at a local level impacts social determinant of health. <ul style="list-style-type: none"> <li>○ This could be a gap in membership, potentially engaging with individuals from OneCare or Blueprint for Health.</li> <li>○ Erica Gibson through her work with Vermont’s Children Health Improvement Plan (VCHIP) has worked closely with the system reform efforts and she can speak to this work at a later meeting.</li> <li>○ The SMPC can add additional members to the Council as was done with the Mental Health Representative member.</li> </ul> </li> <li>• Public Comment: <ul style="list-style-type: none"> <li>○ Mariah Sanderson</li> <li>○ Charles Gurney</li> </ul> </li> </ul>
3	1:25-2:10	<input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision	Performance Measures for Annual Report	<ul style="list-style-type: none"> <li>• The Substance Misuse Prevention Manager worked to align the proposed performance measures with the SMPC Logic Model. This will be shared by email to be reviewed and voted upon during the November meeting.</li> </ul>
5	2:55-3:00	<input type="checkbox"/> Inform <input type="checkbox"/> Discussion <input type="checkbox"/> Decision	Adjourned	<ul style="list-style-type: none"> <li>• Next SMPC meeting is on November 16<sup>th</sup> from 1:00-3:00 using Microsoft Teams</li> </ul>

Action Item Log			
#	Action Item	Due Date	Staff Responsible
1	Review proposed performance measures	11/16/2020	SMPC Members

Minutes approved November 2020.