

Vermont Governor's Opioid Coordination Council

Meeting Minutes 05/14/2018

Location and Time: 1:00 – 3:00 p.m. Waterbury State Office Complex, Sally Fox Conference Center, Cherry (2nd Floor)

Present: Chairs: A. Gobeille, J. Leddy. Members: L. Augustyniak, M. Bucossi, S. Byers, S. DiSanto, L. Genge, B. Grearson, M. Levine, P. Mallary, D. Ricker, S. Thompson. Clarence Davis (alternate designee). Staff: J. LaClair, R. Gowdey, E. Springer (VISTA), J. Zanin (Intern)

Absent: T. Anderson, B. Bick, J. Berry Bowen, A. Bunting, K. Black, T. Donovan, R. Marcoux, C. Nolan, K. Sigsbury

Visitors: Chris Bell (VDH), Diane Derby (Sen. Leahy), Kayla Donohue (CCOA), Devon Greene (VAHHS), Jane Helmstetter (AHS), Vin Livoti (Lib), Cass Mabbott (Lib), James Pepper (SAS), Judy Rex (DCF), Jill Sudhoff-Guerin (VTMD), Joy Worland (Lib)

Agenda Item	Discussion	Action/ Next Steps
Opening of Meeting	Secretary Al Gobeille. Opening Comments, introductions	Quorum not reached
Director's report (J. LaClair)	<ul style="list-style-type: none"> • Recovery Committee progress on employment, transportation and housing. New partnership with VTrans, working with AHS, DVHA, ADAP) to support transportation to treatment and recovery centers and employment. Partnership with Dept. of Labor for an employment consultant at six recovery locations • Introduce Eleanor Springer, OCC VISTA through August, who will work on S.107 (Safe Consumption Sites report for Senate Judiciary Committee) • No meeting in July. Interim report on strategies due. • Prevention Committee: continuing focus on primary/secondary prevention, and on intervention and harm reduction. What is working and not working: <ul style="list-style-type: none"> ○ Highly trained counselors in some schools across state Schools need resources – not just money, but personnel	
		Attained quorum
Approval of Minutes	No Changes. Motion to approve: Deb Ricker, Second: Peter Mallary.	Approved unanimously voice vote.
Legislative Summary (Sec A. Gobeille, Comm. Anderson, Comm. M. Levine)	A. Gobeille: <ul style="list-style-type: none"> • On Sat. 5/12 senate approved operating budget bill, Governor intent to veto. • AHS has \$2.5 billion budget • Tobacco money should be coming, more information to be shared with Council as finalized M. Levine: Harm reduction strategies: <ul style="list-style-type: none"> • Naloxone: Good Samaritan Laws. Costs (special fund/pharma companies). No one needing has been turned away. Hope funding continues. • Syringe Exchange Programs: need funding – becoming standard practice. Historically not high priority for funding. Avenue for treatment and preventing viral diseases. • Safe Consumption Sites: not widely accepted as harm reduction; require more discussion. Vancouver, BC as role model. • Fentanyl Testing: Pilot in VT through VDH to provide kits to test for fentanyl by those who use street 	

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	<p>opioids has shown on type to be successful. Knowing fentanyl is present changes behavior for the better. Requires funding.</p> <p>“Social Autopsy” initiative underway to learn more about any person that dies from overdose, to then inform conversation about continuum of care.</p>	
<p>Strategy Development Topic: Law Enforcement and Vermont’s Opioid Crisis: Supply Reduction and Effective Community Strategies to Address Substance Use Disorders and Mental Illness</p>		
<p>Moderator: Jim Leddy</p>	<ul style="list-style-type: none"> For every victim, there are many others (family members, etc.) who usually do not get help. Recognize Sara Byers for receiving the Mercy Connections Catherine McAuley award 	
<p>Drug trafficking and supply chain in Vermont</p>		
<p>Presenters:</p> <ul style="list-style-type: none"> Asst. U.S. Attorney Kevin Doyle VT State Police Lt. Teresa Randall 	<p>K. Doyle</p> <ul style="list-style-type: none"> Refer to PowerPoint presentation States attorneys are limited in capacity, must rely on local and state policy and sheriff’s offices, multi-faceted approach Many drug dealing operations have financial incentive to buy property in the towns they ‘serve’ The Five Tier supply chain (slide 4), with prosecution only for tiers 2-5. Tiers 2 and 3 are good candidates for drug court. Lower tier offenders are given incentive to testify against higher tiers. (Final slide) Rutland Drug Court, soon in Burlington, allows those convicted of drug crimes to go through regulated program of treatment and recovery to reduce sentence. Re-release into the community is not the best outcome for some addicts. <p>T. Randall</p> <ul style="list-style-type: none"> VT State Police Drug Task Force – grant funded. 4 quadrants for local/state work. Most of drugs are either primarily fentanyl, or at least laced. State police now working to collect information on Vermonters being picked up for drug-related crimes beyond state borders 	
<p>Impact of the Opioid Crisis on Regional and Local Law Enforcement</p>		
<p>Presenter: Newport Police Chief Seth DiSanto</p>	<ul style="list-style-type: none"> Drug trafficking organizations working through the woods of the NEK; marijuana, cocaine, and synthetic pills come from Canada in exchange for cash and guns In 2009, a bust with 100-200 bags was big. Today, 1,500 and more Police no longer field-test drugs -- high-risk for officers. Cases take longer to prosecute. Drug investigations are lengthy and expensive. 75-80% of cases in Newport related to opioid crisis 	

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	<ul style="list-style-type: none"> • Tier 4 and 5 offenders are immediately referred to task force and federal partners. Less than 5% of pursuits are Tier 1 offenders 	
	<p>Building Community Relationships via Intervention: Law Enforcement & Street Social Workers/St. Albans</p>	
<p>Presenters:</p> <ul style="list-style-type: none"> • VSP Lt. Maurice Lamothe • NW Medical Ctr: Nick Tebbetts, Melinda Lussier 	<ul style="list-style-type: none"> • Increase in police calls for mental health service over past two decades, sparking conversation for embedded case worker to enhance ability to deal with people in mental health crisis • Street social worker embedded with State Police barracks 40 hours/week from Northwest Medical Center; mental health and SUD expertise • Includes follow-up • Benefits – troopers on the scene for less time per situation (worker helps to de-escalate). Increased referrals and access to help • Challenges – one FTE – could use more (night shift) • Act 49 seed funding • Development of Thrive empanelment: a number of services and centers that can share information about an individual to provide services as a suite (individual signs release) 	
	<p>Building Community Relationships through Intervention: Law Enforcement and Street Social Workers ... South Burlington and Surrounding Communities</p>	
<p>Presenters: City Manager Kevin Dorn and Police Chief Trevor Whipple, South Burlington</p>	<ul style="list-style-type: none"> • Chittenden County Community Outreach – about partnership – local communities with Howard Center and AHS • Increase in calls for social services needs (mental health, drug abuse, etc.), which was starting to take a mental/emotional toll on service providers • Started program for 4 full time embedded social service workers. Now that the program exists, there is abundant need for the outreach workers • This is the start of a county-wide program <ul style="list-style-type: none"> ○ Training and resources ○ Full access to databases (law enforcement and mental health) ○ Utilized in a variety of ways ○ Available to go out on calls, including calls where officers are not needed. 	
	<p>Discussion: Demand reduction, prevention, referral to treatment, and recovery</p>	
	<ul style="list-style-type: none"> • What about statewide programs to embed outreach workers? What vehicle could bring together these partners to talk to and learn from each other. 	

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	<p>Can the Council facilitate this?</p> <ul style="list-style-type: none"> • Franklin County model is State Police – expansion would be at state level initiative, if deemed effective and funding/community partnership found (each community would be somewhat different). Training pilot needed • Refer to Acts 280 and 283. • Need to find a way to do this without dependence on payers • Re Fentanyl – Pilot testing program shows 10% pure fentanyl on streets, 70% pure heroin, 20% mix. • Street encounters with fentanyl and testing results may be different • Re Drug courts: <ul style="list-style-type: none"> ○ evolving quickly, as the drug trade evolves. Key to success lies in working with the right population. Needs to be the only possible measure left before jail is only option. ○ Local variations: Numbers up in Barre, with full-time coordinator. Chittenden court thriving – more accountable. Almost 70 people. Rutland fell back, and now numbers up again. ○ Proposal in Supreme Court for Chittenden family treatment court ○ Potential benefit of a judicial master with enough authority to operate juvenile court principles in docket. Take a regional approach and go county to county to implement early treatment and monitoring. ○ More judges being sent for drug court training • How/why do extreme cases – with 35 convictions including felonies – end up in treatment court (not jail)? • Only 3 enforcement strategies in the Council’s recommendations. Need more emphasis, more legislative buy-in. How can OCC support convening a statewide forum to bring together the embedded model operators in state and local police? 	
Public Comment		No remarks
Closing remarks. Adjourn	Motion to Adjourn: Bob Bick at 3:27 p.m. Next meeting Monday, June 11, 2018	