Vermont Governor’s Opioid Coordination Council
August 14, 2017 1:00 – 4:30 p.m.
Waterbury State Office Complex; Cherry Conference Room
MINUTES

Designees: M. Maksym
Staff: J. LaClair, R. Gowdey
Presenters: (included in minutes below)
Guests: Cooper Babbitt, Chris Bell, Diane Derby, Paul Dragon, Will Eberle, Sam Francis-Fath, Devon Green, Tori Houston, Mairead O’Reilly, Beth Tanzman, Kathryn Becker-Van Haste, Kevin Veller.

I. [1:03 p.m.] Meeting called to order by Al Gobeille.

II. Minutes approved unanimously as provided.

III. Monthly Update: Jolinda LaClair
• ONDCP visit a powerful success
• Framing the recommendations underway
• Introduced new member Ken Sigsbury

IV. Prevention & Education Programs: Enhancing & Aligning to Maximize Youth Engagement
Moderator’s Opening comment: Adam Bunting, Principal, Champlain Valley Union High School
• Quote: “... vision without systems thinking ends up painting lovely pictures of the future with no deep understanding of the forces that must be mastered to move from here to there.” (Peter M. Senge, The Fifth Discipline: The Art & Practice of The Learning Organization)
• Handout – 40 developmental assets
• How to stay engaged in the work? Example of the success of student “Faith” – and how wraparound supports works to bring a young person from high risk to success

Prevention at the Community Door: Lori Augustyniak, PreventionWorks!
• “An ounce of prevention . . . is a lot of work!”
• Slide deck available on prevention – what works, how it works.
  o Coalitions work (there are 23 in VT).
  o Schools can’t do it alone – there are 12 sectors where prevention happens. Much of state lacks a prevention network.
  o Changing norms, culture, is long term work (smoking went from smoking lounges for students 40 years ago, to today’s culture – result of taxes, education, outreach, etc.)
  o 12 recommendations (see slides)

Prevention in Schools: Agency of Education: Rebecca Holcombe, Secretary
• “Every system is perfectly designed to get the results it gets.”
• Fighting parental substance abuse more than student substance abuse.
  o Poor academic competence and lack of self-regulation are highest risk factors for youth. Significant number of students moving through the system lacking these and executive function, requiring early intervention. Extraordinary tardiness and absence.
• Discussed the programs, approaches, support services that pay off in improving protective factors against risk.
• Discussed universal curriculum, and the need for governance reform that better-supports sharing of services (“bigger systems are more robust”).
• Early intervention is key – “If we don’t support (the youngest and most vulnerable), they will disrupt the whole class. If we do support, it benefits the whole community.

• Family/parent support also key.

Prevention in Schools: SAPs and Programs in Schools:

• Kelly Lamonda and Justin Barton-Caplin, Alcohol and Drug Abuse Programs, VT Department of Health
  o Majority of ADAP programs are school based.
  o Funding: Regional Prevention Partnerships (RPP) – SAMHSA – 5 years, renewable once. Intersection with schools. Evaluation just completed. Prevalence rates going down, but greater in the funded regions. Expanded funding to the entire state. A few gaps (Orange is hard, lack of coalitions) most state covered. Partnerships formed around the needs.
  o Handout: 4 major goals, strategies being implemented. Goal: prevention services in every part of Vermont.
  o Capacity is a big challenge – schools may not have staff to administer/implement – depends on the community.

• Student Assistance Professional: Dawn Poitras, LADC, President of the Association of Student Assistance Professionals of VT, Student Assistance Program Counselor, Barre Supervisory Union
  o 2 of us in the district: ADAP grant and Medicaid reimbursement.
  o Job is to build relationships with the kids, connect them to resources.
  o Quote from 5th grader: “When life gives you heroin, you can either join, or find another path to follow.”
  o Story – How we work as a wraparound service – turned a student who went from marijuana to heroin around, with engagement of parents. Many families don’t have this – not strength-based families.
  o Prevention programs have declined. Used to have 12 step programs specific to youth in the school. Now, hard to find. Recovery House offers to adults.
  o Hard to reach out to family given confidentiality laws. No mandate for counseling if you get methadone or buprenorphine.

• Dept. of Mental Health Resources: Charlie Biss, Director of the Child, Adolescent and Family Unit, VT
  o 25 years of systems building with schools and mental health.
  o History: “Success beyond Six”. 25 years ago, AHS and AoE found a way to get Medicaid into schools. Now, over 700 FTEs in schools. 90% of supervisory unions. 500 working with special education issues – to keep them engaged, avoid alternative placements. 200 are mental health clinicians.
  o Positive behavioral supports (PBIS) – works! Making sure it works in schools. More of students are graduating. Less disciplinary action in places using PBIS well.
  o How to focus the human power on addressing trauma/building skills.
  o Seeing younger kids who are at higher risk – substance use in family, ACEs, etc.
  o How do we bring in family? Most will not turn around without intervention.

Discussion: How do we deliver effective programming to all schools in VT?

• Is a high number of behavioral interventionists the best/most effective? High one-on-one for behavioral intervention. A systems approach might get us farther.

• Re 24 regions – is there a difference in outcomes based on resources? Lori – yes, national and state show yes, better outcomes with coalitions.

• Efforts across VT seem almost random. No fixed place of leadership, funding, policy. Imperils efforts. Plan for failure. Need a coordinated strategy.

• Needs to be student driven. How do we tap them (for the Summit?) (There is a precedent for using the SAPs (can’t be another project – has to happen fast)) Dawn has a list of existing SAC groups – can provide.
For recommendations, focus on the actions we recommend (address funding as a separate issue – don’t let it get in the way).

What are the specific outcomes we’re trying to achieve? Document these.

Consider role of family supportive housing to support improvement – how can we use the environments we already have?

V. VT System of Corrections: Pathways for Diversion, the State of Incarceration, Community Reentry

Moderator’s Opening Comment: TJ Donovan, VT Attorney General

Diversion, incarceration, reentry, etc. We often talk about what happens when one gets out of jail. Need to work on the front end as well (diversion). Role of prosecutor is key.

Corrections Today: Current/Best Practices, Strategies for the Future: Lisa Menard, Commissioner; Kim Bushey, Program Services Director

Numbers: 1790 incarcerated. 418 of those detained (pretrial); 100 of them turned over day-to-day. There has been an uptick in detainees. Flow is 7,000 annually.

1,000 incapacitated persons per year, mostly alcohol, detained 24 hours.

Approximately 1400 incarcerated in-state. 264 out of state. In 2009, 770 were out of state.

Approximately 70% of the incarcerated population has substance use disorder involvement. Similar figure for detainees.

Most police departments try to refer. Chief Seth DiSanto indicated that arrest is not first resort – strong partnerships with service providers in Newport.

Discussion with Panel Members:

Pre-Trial and Diversion: David Scherr, Assistant Attorney General; Willa Farrell, Director, Diversion and Pretrial Services

Community Restorative Justice: Laura Zeliger, Community and Restorative Justice Director, VT Dept. of Corrections; Julie Payne, Executive Director, Community Justice Network of VT; Alfred Mills, Reentry and Circles of Support and Accountability (CoSA) Coordinator, Montpelier Community Justice Center

Circles of Support and Accountability (CoSA) – they work. When layer addiction into the picture for the person in first year of release, success is more conditional – timing for recovery needs to be right. Addiction is the biggest barrier to success after release. Housing, employment next. Stigma is a problem – justice center helps bridge with employers.

Most victims want someone to say they are sorry.

Discussed biology of trauma, role of criminality. “Trauma changes your genes.”

Resource: the film, “Resilience”.

Corrections recidivism = 50% on a 3 year cycle. For CoSAs (not aggregated), 23 – 27% recidivism (or, a reduction in recidivism of 86% for those who complete CoSA). CoSA program receives those with high risk of recidivism.

Discussion:

In every silo, we hear, “I’m not a social worker.” (prosecutor, defense lawyer, corrections, police, etc.) – No fixed point of leadership. What could that system of leadership look like?

Collaborative projects like Project Vision – success, and model for others.

VI. Wrap-up:

a. Next meetings: September 11, October 2. Committee and Working Group chairs will present in September. Recommendations will be developed and reviewed at next committee meetings. Final draft recommendations at October meeting.

VII. 4:35 p.m. Meeting adjourned.