

Vermont Governor's Opioid Coordination Council

Meeting Minutes Date: 2/12/2018

Location and Time: 1:00 – 3:30 p.m. Waterbury State Office Complex, Sally Fox Conference Center, Cherry (2nd Floor)

Present: Chairs: A. Gobeille, T. Anderson, J. Leddy. Members: D. Allaire, L. Augustyniak, M. Bucossi, J. Bowen, A. Bunting, S. Byers, Clarence Davis (designee), S. DiSanto, L. Genge, M. Levine, MD, P. Mallary, R. Marcoux, C. Nolan, D. Ricker, S. Thompson. Staff: J. LaClair, R. Gowdey, J. Zanin (intern).

Absent: B. Bick, T. Donovan A. Chetwynd (for J. DeLena), B. Grearson, K. Sigsbury

Visitors: Chris Bell, Diane Derby, Kayla Donohue, Leilani Heath, Jane Helmstetter, Christine Johnson, Lara Keenan, Vincent Livoti, Sarah Munro, Kirby Parker, Yashira Pepin, Kate Shaper, Kathryn Van Haste, Kevin Veller. Guest Presenters: John Brooklyn, MD, Anne VanDonsel, Beth Tanzman

Agenda Item	Discussion	Action/Next Steps
Welcome (chairs), Introductions, updates from chairs	Gobeille: Wash DC Testimony to Ways & Means Committee <ul style="list-style-type: none"> • Senators very open and supportive. VT well-spoken of • California copying Hub and Spoke • \$6 billion dollars in Fed. budget bill for opioids • As part of the Governor's speech promoting use of Medicare in Hub &Spoke 	Opening comments, introductions
Approval of minutes	Motion: Allaire. Second: Byers. No changes.	Approved, Unanimous voice
Director's report (J. LaClair)	<ul style="list-style-type: none"> • Successful press conference in January highlighting the report. • A lot to be proud of: Strong recovery network, nationally renowned treatment, school programs • Legislature activities <ul style="list-style-type: none"> ○ Many bills referencing opioids or in tandem with strategies ○ 2020 support of continuum of care ○ Care in detention facilities: Corrections taking the lead • Many outreach activities planned. Let Jolinda/Rosi know about a planned event for which you'd like support/help identifying a speaker <ul style="list-style-type: none"> ○ Congressman Welch conducted a great roundtable in St. Albans • New Strategies Committees: <ul style="list-style-type: none"> ○ Recovery: Chairs Sara Byers (OCC), Sarah Munro (VT Recovery Network) ○ Prevention Committee: to launch April 	Report Director's update by email approx. every 2 weeks
OCC Strategies Next Steps Jolinda LaClair	OCC Strategies: Update and explanation	Review of priority strategies and plans for action in 2018
Marijuana Advisory Commission: 1/15 report update. Prevention & enforcement alignment.	<ul style="list-style-type: none"> • Informal recommendations are out. Formal due in December. • Roadway Safety Committee: Commissioner Anderson <ul style="list-style-type: none"> ○ Saliva-based testing H.237 is enabling legislation. If passed, a multi-year process. ○ Drug Recognition Experts (DREs) need funding. 	Report update

<p><u>Presenters:</u> Commissioners Levine and Anderson</p>	<ul style="list-style-type: none"> ○ Forensics lab: Costly to send out of state. Continue building capacity. ○ Not recommending a blood THC threshold (of intoxication) yet. ○ Begin gathering baseline data: crime, quality of life, costs, youth impact ○ Search and seizure law will be affected by legalization. ○ H.511 touched on protecting youth under 21. ● Prevention and Education: Dr. Levine. Synergy with OCC strategies. <ul style="list-style-type: none"> ○ Expand Intervention, education and screening programs in schools. ○ Health Dept. looking to invest in curriculum/program materials 12-18 months. Looking to collaborate with other states. ○ Treatment capacity: data show incidence of use disorder increases with legalization. Further study needed to assess demand. ○ Youth focus: Targeted education campaign, limiting sales to adult-only outlets, not allow sales where minors can enter, buffer zones. ○ Issues: potency; funds for research. 	
<p>Strategy Development/Program Updates: This month's focus is on: <u>Community-Based Prevention:</u> Build, replicate, and support strong community-based prevention models through multi-sector partnerships, innovation, and research, resulting in outcomes that exceed previous, less collaborative efforts; and <u>Treatment:</u> Support, evaluate and improve Vermont's Hub and Spoke system . . . to sustain, and expand where needed, Hub and Spoke treatment services across the state.</p>		
<p>Primary Prevention: RiseVT – A Regional Model for Statewide Replication <u>Introduction:</u> Commissioner Levine <u>Presenter:</u> Jill Berry Bowen, CEO, Northwestern Medical Center, St. Albans Includes discussion.</p>	<ul style="list-style-type: none"> ● Rise VT is a collaboration between community and health care to embrace healthy lifestyles: mental health (including ACEs), addiction, cancer, obesity. ● Community Resilience. ● Community inventory, then action plan. Short/long-term indicators. ● US Chamber of Commerce aided in gathering information. ● Original focus on obesity rates. ● Strong programming and change in schools. ● Modeled on "EPODE" (acronym for French name: "Ensemble Prévenons l'Obésité Des Enfants" (EPODE, <i>Together Let's Prevent Childhood Obesity</i>) <ul style="list-style-type: none"> ▪ Community based, involves all players, to aid good choices for children ▪ Has shown great results in Netherlands replicating results of France ● Working with UVM to research, Dept. of Health on 3-4-50 	<p>Presentation/Discussion</p> <p>Slide deck available on OCC webpage</p>
<p>Treatment: Vermont's Hub/Spoke System for Treatment: <u>Introduction:</u> Commissioner Levine.</p>	<ul style="list-style-type: none"> ● <u>Commissioner Levine</u> <ul style="list-style-type: none"> ○ Celebrate the success of the system ○ Being modeled around the country ● <u>John Brooklyn, MD</u> <ul style="list-style-type: none"> ● Epidemic that will kill people (Fentanyl) 	<p>Presentation</p>

<p>Presenters: Dr. John Brooklyn, Family Medicine, Addiction Medicine, Community Health Centers of Burlington; UVMHC Assistant Professor (history, experience); Anne VanDonsel, VT Dept. of Health (assessment report findings); Dr. Levine, Beth Tanzman, Tony Folland (Hub and Spoke update)</p>	<ul style="list-style-type: none"> • VT late to the game on methadone • Hubs/Centers of Excellence <ul style="list-style-type: none"> ○ Resource for community needing help ○ Docs can increase understanding and training -- increasing capacity and reaching more people • Without outlet for help, people lose treatment • About 8,200 people in treatment <ul style="list-style-type: none"> ○ 1.6% of adult population on MAT ○ Greater than any other state ○ Virtually no waiting list • <u>Anne VanDonsel</u>: Hub and Spoke Evaluation Results <ul style="list-style-type: none"> • Study based on 80 people in treatment (40 in Hubs, 40 in spokes), and 20 not in treatment. Quantitative and qualitative analysis. • Findings: those in treatment showed statistically significant improvement in key factors. Those out of treatment showed no change. <ul style="list-style-type: none"> ○ Reductions across the board except marijuana use ○ 25% overdose prior to treatment down to 0% in treatment • Leading challenges: Employment. Mental health issues (trauma). Also, high turnover in clinic workforce • <u>Beth Tanzman</u>: Hub and Spoke update <ul style="list-style-type: none"> • Hub and Spoke data available on OCC webpage • Waiting period is sharply reduced; eliminated in some places • Need more providers still • Lower overall health costs, lower in-patient days, with MAT treatment • Targeting data comparing with incarceration and employment data • Tony Folland: We do not know the total number of individuals in VT who need treatment for opioid/substance use disorders <ul style="list-style-type: none"> ○ We are treating almost double what national estimates suggest as VT's total need based on population (.85) ○ John Brooklyn: Need to plan for long-term treatment • Challenges: Early hours at Hubs is a major hurdle/hard for people to get dose before work day. Human factor. 	<p>Slides and summary available on OCC webpage</p> <p>Slide deck available on OCC webpage</p>
Public comment		No remarks
Closing remarks. Adjourn.	Adjournment motion: B. Bick, Second S. Byers	Adjourned 3:30