## 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:
- 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  
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| Welcome (chairs), Introductions, updates from chairs | Gobeille: Wash DC Testimony to Ways & Means Committee  
- 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) |  
- Successful press conference in January highlighting the report.  
- A lot to be proud of: Strong recovery network, nationally renowned treatment, school programs  
- Legislature activities  
  - 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  
  - Congressman Welch conducted a great roundtable in St. Albans  
- New Strategies Committees:  
  - 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


- Informal recommendations are out. Formal due in December.
- Roadway Safety Committee: Commissioner Anderson  
  - Saliva-based testing H.237 is enabling legislation. If passed, a multi-year process.  
  - Drug Recognition Experts (DREs) need funding.

- Report update
| **Presenters:** Commissioners Levine and Anderson | **Prevenons 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.  
**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. |
| **Strategy Development/Program Updates:** This month’s focus is on:  
**Community-Based Prevention:** 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  
**Treatment:** Support, evaluate and improve Vermont’s Hub and Spoke system . . . to sustain, and expand where needed, Hub and Spoke treatment services across the state.  
| **Primary Prevention:**  
**RiseVT – A Regional Model for Statewide Replication**  
**Introduction:** Commissioner Levine  
**Presenter:** Jill Berry Bowen, CEO, Northwestern Medical Center, St. Albans  
**Includes discussion.**  
| **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, Together Let’s Prevent Childhood Obesity)  
• 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**  
| Presentation/Discussion  
Slide deck available on OCC webpage  
| **Treatment:**  
**Vermont’s Hub/Spoke System for Treatment:**  
**Introduction:** Commissioner Levine.  
| **Commissioner Levine**  
**Celebrate the success of the system**  
**Being modeled around the country**  
**John Brooklyn, MD**  
**Epidemic that will kill people (Fentanyl)**  
| Presentation |
**Presenters:** Dr. John Brooklyn, Family Medicine, Addiction Medicine, Community Health Centers of Burlington; UVMMC Assistant Professor (history, experience); Anne VanDonsel, VT Dept. of Health (assessment report findings); Dr. Levine, Beth Tanzman, Tony Folland (Hub and Spoke update)

- VT late to the game on methadone
- Hubs/Centers of Excellence
  - 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
  - 1.6% of adult population on MAT
  - Greater than any other state
  - Virtually no waiting list
- **Anne VanDonsel: Hub and Spoke Evaluation Results**
  - 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.
    - 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
- **Beth Tanzman: Hub and Spoke update**
  - 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**
  - 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.

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Public comment

No remarks

Closing remarks. Adjourn.

Adjournment motion: B. Bick, Second S. Byers

Adjourned 3:30