

## Vermont Governor's Opioid Coordination Council

### Meeting Minutes

**Date: December 10, 2018**

**Location and Time:** 1:00 – 4:00 p.m., Waterbury State Office Complex

**Present:** Chairs: M. Anderson, M. Maksym, J. Leddy. Members: D. Allaire, L. Augustyniak (p), B. Bick, M. Bucossi, A. Bunting, S. Byers, S. DiSanto, B. Grearson, P. Mallary, C. Nolan (p) E. Peltier, D. Ricker, K. Sigsbury, S. Thompson, J. Tieman. Staff: J. LaClair, R. Gowdey. Visitors: D. Derby, J. Helmstetter, W. Eberle, J. Broughton, B. Keister (p), C. Morgan, C. Johnson, K. Donahue, K. VanHaste, K. Veller, J. Sudhoff-Guerin (p)

Agenda Item	Discussion	Action/ Next Steps
Convened	1:07	
Introductions	<ul style="list-style-type: none"> <li>• Jeff Tieman, replacing Jill Berry Bowen for VT Assoc. of Hospitals &amp; Health Systems</li> <li>• Eileen Peltier, designee for Liz Genge, Downstreet Housing</li> <li>• Update: Department of Libraries (Jason Broughton)</li> </ul>	
Approval of Minutes	October minutes (no meeting in November)	Tabled for next meeting
Director's report (J. LaClair)	<ul style="list-style-type: none"> <li>• Review 2018 Actions and Outcomes Document (Progress Report) <ul style="list-style-type: none"> <li>◦ Discussion items: Spoke services expansion; rapid access/low barrier MAT</li> </ul> </li> <li>• Review 2019 OCC meeting schedule: recurring day of month yet to be determined. No meeting January 2019. First meeting will be February.</li> <li>• Membership terms: Most began May 1, 2017 and run two years (relevant to appointed positions).</li> </ul>	
<b>TOPIC/Presentation:</b> The draft strategies: Review and Sense of the Council		
<b>Facilitation:</b> M. Maksym; Presenter: J. LaClair	Preliminary priorities: <ul style="list-style-type: none"> <li>• Investment model needed for comprehensive statewide system of school and community-based prevention.</li> <li>• Re intervention: At this time, not recommending support for safe injection facilities. The Council does encourage expansion of and investment in syringe services programs (SSPs).</li> <li>• Multi-generation approach, including juvenile justice.</li> <li>• Build a recovery bridge – a home, a job, and wraparound supports.</li> <li>• Discussion: information about SSPs (services, funding). Addressing stigma. Minimizing destructive impacts of use while working on prevention.</li> </ul>	
<u>Prevention:</u>	Introduction by A. Bunting, S. Thompson – Note the “big table” of OCC, progress report sets the table. OCC has facilitated learning across the drivers. M. Levine: Need consonance across the whole climate. Primary prevention keeps anyone from going down the path. Secondary prevention addresses those already exposed (recovery). Primary prevention exists in pockets across the state, but not in all of Vermont, and not in all places that need it most. Note – although the continuum of care is in the treatment section of the report, it is a prevention strategy.	

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	<p>Inventory of school-based resources is still needed. Suite of services is in this section.</p> <p><b>Sense of Council:</b> <u>Support for the suite</u>, with concerns expressed that there should <u>not</u> be a funding stream that includes marijuana tax and regulate.</p>	
<u>Intervention:</u>	<p>Introduction: J. Leddy, B. Bick. Resources are needed. This group is inspiring; when we listen to each other, we learn. 8,000 in treatment, probably 8,000 who need it (estimates range from 5,000 – 20,000). Intervention is interfering with the outcome or course. Involves intentional insertion of help. Harm reduction includes practical strategies to decrease the negative consequences of drug use, and considers the rights of people who use drugs. A public health philosophy.</p> <p><b>Sense of Council:</b> <u>Support for the suite</u>. Two reservations raised about ease of access to buprenorphine and diversion. More study may be needed.</p> <p>Discussion – Buprenorphine is effective and already available through spokes. combination of coaching and access will increase the number in treatment. Address/define low-barrier. The goal is to reduce overdose deaths. Buprenorphine does so.</p>	
<u>Treatment:</u>	<p>Introduction: M. Levine, M. Maksym. 65 – 70% of incarcerated have SUD. Growing pains, but we are making progress toward hub-like access. In Vermont, it is legislated that MAT be available in correctional facilities.</p> <p><b>Sense of Council:</b> General support, with 3 concerns and one abstain, relating to MAT in corrections.</p>	
<u>Recovery:</u>	<p>Introduction: S. Byers. Availability of treatment without wait list has made a huge difference for individual in her life. Recovery supports essential, given the fragility of early treatment and recovery. Recovery strategies are great prevention tools.</p> <p>Discussion: touched on all aspects – coaching, recovery centers, housing/recovery residences, criminal records.</p> <p><b>Sense of Council:</b> Full support – with the exception of criminal records. Many reservations expressed, and request to rewrite to reflect the council provided input to State’s Attorneys office but has made no recommendations.</p>	
<u>Enforcement:</u>	<p>Introduction: T. Anderson. Focus on traffickers.</p> <p>Discussion: Need a roadway test now (saliva). Street workers embedded with law enforcement is noted in intervention strategies, but is important to reinforce as effective practice being embraced by law enforcement.</p> <p><b>Sense of Council:</b> Support. One abstain.</p>	
<b>Public Comment</b>		No public comments
<u>Next steps:</u>	<ul style="list-style-type: none"> <li>• Finalize Document/Review by Executive Committee</li> <li>• Present OCC Strategy Document to Governor (TBD)</li> <li>• January – Planning/2019 scope of work</li> <li>• First 2019 meeting will be in February. Date to be determined.</li> </ul>	