

Vermont Governor’s Opioid Coordination Council

Meeting Minutes (approved)

Date: April 15, 2019

Location and Time: 1:00 – 3:00 p.m., Waterbury State Office Complex

Present: Chairs: T. Anderson, M. Maksym (designee), J. Leddy (p). Members: L. Augustyniak (p), B. Bick, K. Black, A. Bunting, S. Byers, K. Doyle (designee), M. Levine, P. Mallary, R. Marcoux, E. Peltier, D. Ricker (p), S. Thompson, J. Tieman Staff: J. LaClair, R. Gowdey. Visitors: J. Broughton (p), K. Bushey, D. Derby, K. Donohue, K. Dougherty, W. Eberle, L. Flint, T. Folland, D. Franklin, C. Johnson, A. Koch (p), F. Montanye, M. O’Neill (p), C. Powell, J. Rex, J. Rolla, R. Stankevich, K. Van Haste, L. Uerz, C. Vassar, A. Watersong.

Presenters: A. Gonyea, K. Higgins, G. Keller, C. Lukonis, A. Ramniceanu,

Agenda Item	Discussion	Action/ Next Steps
Convened		1:05 p.m.
Introductions	Newly-appointed State Librarian Jason Broughton; Teacher of the Year Adam Bunting; and SMSgt. Jillian Rolla, VT National Guard Counterdrug Program	
Approval of Minutes	Approved. Moved S. Byers, 2 nd S. Tieman	Voice/unanimous
OCC Director’s Report (J. LaClair)	<p>Adam Bunting will present to House Human Services on S. 146 tomorrow (prevention council bill) Prevention Committee, chaired by Commissioner Levine, launched last month. Next meeting on 5/22. S. 146, Substance Misuse Prevention Advisory Council, continues taking testimony this week, including Adam Bunting and Dept. of Health. Jolinda testified last week on value of a diverse, multi-sector and - stakeholder Council and committees, including connections between prevention and the other drivers. Council would sit with Dept. of Health.</p> <p>Joint session of Senate Health and Welfare and House Human Services addressing federal and state resources for prevention. Thanks to Senators Leahy and Sanders.</p> <p>Upcoming OCC meetings:</p> <ul style="list-style-type: none"> • 4/17: OCC/CCOA Family Action Working Group will launch. • 4/24: Intervention, Treatment and Recovery committee will launch. • 5/20 OCC meeting • 5/22: Prevention Committee <p>VT Community Development Association and other development professionals will meet in St. Albans 5/7. ADAP All Provider meeting 5/8.</p> <p>Sara Byers, Seth DiSanto, and Howard Center’s Dana Poverman will bring their OCC and related experience to the regional Head Start Summit in New Hampshire this week. Focus on children, families, communities and the impact of the opioid crisis. They will update the OCC at May meeting.</p>	

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TOPIC/Presentation: Preparing to Launch the Intervention Treatment and Recovery Committee: Insights, Reflections		
Presenter: <u>Andrew Gonyea</u> , Director of Operations, VT Foundation of Recovery	<p>His experience is one example of intervention-treatment-recovery services and supports – when it works, and what happens when it doesn't.</p> <p>Noted that upon release – from a correctional facility or from residential treatment – there is a “tall order of life” that includes getting a 40-hour/week job, treatment, transportation issues (not being able to drive), fees to pay, personal recovery program.</p>	
Presenter: <u>Chris Lukonis, MD</u> , Gifford Addiction Medicine	<p>Working with Javad Mashkuri and others to develop and staff Central Vermont Medical Center's Rapid Access to Medication Assisted Treatment (RAM) program. How it works:</p> <ul style="list-style-type: none"> • See slide deck on OCC website. • Key components include destigmatizing with staff; working with community partners, spokes and super spokes; oversight and partnership; and data • Next: each hospital is a little different, so designing an approach that expands on the model with sensitivity to the specifics of each environment 	
Presenter: <u>Katherine Higgins</u> , Health Support Navigator, Central Vermont Medical Center Emergency Department	<ul style="list-style-type: none"> • Through Washington Council collaboration (WCSARP) – works from prevention to recovery. Also SBIRT (screening, brief intervention, and referral to treatment) – trained providers and broke down stigma. • Currently at 9 months – have achieved improved outcomes over time. • Recovery coach engagement has resulted in greater retention of participants in the program. <u>But</u>, the coaches we have are saturated – need to get the grant extended. • Definitions – “Follow-up” means they showed up somewhere for treatment or a next step after first encounter. DC = Discharged. Exp = expired (died) • 30% of those in program did all: follow-up, consistent in treatment, and steady with recovery coach. • Measuring success: opioid-free over x months is a weak definition of recovery. More complex than that. 3 measurement points: <ul style="list-style-type: none"> ○ 72 hours ○ Continuing treatment ○ Coaching • M. Levine: We know from the literature that a major determinant of success is adherence to MAT. The highest success rate is among those who have been on it for several years. • On the slide chart in yellow: comparing WCMC ED RAM results to other circumstances that involve self-referral, our numbers are at least as good. • Connection time – goal is no more than 72 hours. • Funded by SOR grant through Turning Point Center of Central Vermont. 	

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<p>Presenter: <u>Grace Keller</u>, Program Coordinator, Howard Center Safe Recovery</p>	<ul style="list-style-type: none"> • Vermont’s oldest syringe exchange program – 18 years. 5,000 members from all over VT. • Fentanyl test strips get results. For people who do not decide to dispose of heroin testing positive, many mitigate against risks by using less, self-administering with someone else present, etc. • Low-barrier program builds on Safe Recovery’s steady presence and relationships with its members to introduce idea of MAT. Same-day treatment, flexible appointments, client-centered, and addresses poly-substance use. Work with people who have burned other bridges. Manage diversion issues with options for distribution of medication, including dosing wheels. • Partnerships with Burlington Police Dept., Dept. of Corrections. • Work with families as well. 	
<p>Presenter: <u>Annie Ramniceanu</u>, Director of Addiction and Mental Health Systems, VT Dept. of Corrections</p>	<ul style="list-style-type: none"> • Act 176 implementation has kept Dept. of Corrections very busy since July 2018: MAT to all inmates who need, ASAP, as long as medically necessary. • VT is only state with this level services and detail in Corrections. Policies and procedures almost ready. • DOC will be engaging in evaluation and review processes. • Data (see handout). As of Feb 2019, 762 people on MAT. Average daily population of inmates 1,513. • Over 1,500 recovery coaching sessions have occurred. Coaches combine recovery coach training and DOC experience. Facility superintendent reports the recovery program is essential. • Evaluation of the program begins next month. • Pinch point: Increase in diversion of medication in facility. Working on options to address. • Re transitions to the community: -- housing is a major part. (segue to next presenter) 	
<p>Presenter: <u>Eileen Peltier</u>, Executive Director, Downstreet Housing, Barre, VT</p>	<ul style="list-style-type: none"> • Recovery residences are lacking across Vermont – Chittenden County currently sufficient for demand among single men, but not for women with children. • Report: Housing: A Critical Link to Recovery. An Assessment of the Need for Recovery Residences in Vermont (John Ryan) (will be available by link on OCC webpage) • Barriers to recovery residences in VT: <ul style="list-style-type: none"> ○ Prove the need (this report does that) ○ ¾ of those in treatment are Medicaid-eligible • Challenges/solutions: <ul style="list-style-type: none"> ○ Certification of recovery residences (underway with creation of VTARR, a VT affiliate of the National Association of Recovery Residences (NARR)) ○ Housing organizations and recovery organizations in collaboration (e.g. – this time last year, Eileen did not know any of the people/organizations in the Recovery Committee) 	

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	<ul style="list-style-type: none"> ○ In the past, only tool landlords had was eviction. Now, working with individuals to support treatment, referral, connections, can help ○ Need a developer’s toolkit – e.g. zoning issues – treat as a new line of business ○ Rental assistance ○ Future/longer-term: Family SASH pilot ○ Residences 4 Recovery Initiative – (https://rr.downstreet.org/residences4recovery) – get people to sign on to this need (announced with press release connected to the housing report) 	
Discussion	<ul style="list-style-type: none"> ● Q: Is 52,000 the estimate we’re using for people with addiction (any substance) in VT? A: Yes. ● K. Black: National average for SUD is 12% (including tobacco). ● R. Marcoux: DEA and partners: 4/27 is National drug takeback day. <ul style="list-style-type: none"> ○ News report that six people overdosed in Albany from fentanyl-laced marijuana. ● S. Thompson: HIDTA event at Greenfield Community College May 9. ● M. Levine: length of time on medication-assisted treatment is a measure of success. Important consideration for the Intervention, Treatment and Recovery Committee. ● Rate of people adhering to treatment beyond 1 – 2 years is not great, but rate of success increases with time, especially at 5 years. ● A. Bunting: Particularly sensitive to the fentanyl-laced marijuana issue. The ethos of the OCC is spreading among educators – importance of belonging, and programming. A change in thinking. ● Q: Where is employment at in this work? A: Chittenden Co. Opioid Alliance spearheading toolkit and outreach with other business associates. OCC is partner in this effort to engage and support employers. ● K. Higgins: How do we make treatment “adhere-able”? (40% of those in RAM program in emergency department have been discharged from treatment). ● In E.D.s the recovery coaches are pivotal, and we fear they’re burning out. ● Comment: As an MD, comparison between number of people who stop MAT treatment vs number of people who don’t show up for their internal medicine appointment shows similarity. 35% non-show was a normal day; and there were days when 50% did not show up. 	
Public Comment	Na	
Upcoming; Adjourn	Next meeting, Monday, May 20, 2019, 1:00 pm	Adjourned