

# BUILDING BRIDGES

The Opioid Coordination Council's Recommended Strategies for 2019

## Executive Summary



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Vermont's opioid crisis affects all Vermonters, across all socioeconomic and geographic boundaries. By establishing the Opioid Coordination Council (OCC) in 2017, Governor Phil Scott made it a priority to leverage resources and support collaborative approaches to positively impact systemic change. In answer to this call, the efforts of many have resulted in successes that serve as a foundation for next steps. The OCC's initial strategy recommendations released in 2018 focused on broad, comprehensive supports in the areas of prevention, treatment, recovery and enforcement. In 2019, strategies address these core areas, and intervention. They will help turn the tide on the opioid epidemic and build resilience in our youth, families, workers, businesses, and the economy.

## Insights

Over the past year, the OCC has learned from the agencies, departments, community organizations and leaders who have joined in this work. Six insights have emerged:

1. A multi-substance approach to prevention is essential. Substances – opioid, alcohol and other drugs – cannot be siloed.
2. Vermont needs a coordinated, comprehensive statewide approach to preventing substance use disorder.
3. Intervention is all about human connection.
4. There can be no wrong door to services – we must weave together Vermont's many resources.
5. The first day of treatment is the first day of recovery.
6. Stigma thrives in darkness – telling our stories generates light.

## Priority Strategies

These strategies have emerged as having potential to power change well beyond their articulated scope, and so have risen to the top of the OCC's priorities for 2019 (each is included in the full list of 2019 strategies that follows):

1. **Prevention: *Develop a plan for sustainable investment in primary and secondary prevention*** that integrates school-based and community-based programs, resources and collaborations.
2. **Prevention: *Implement a statewide, multi-generation prevention care continuum to promote protective factors and identify risk including substance use disorder (SUD), through screening and sustained home visits,*** for pregnant and parenting women and their children.
3. **Intervention: *Expand and reinforce intervention and harm reduction programs and services statewide.*** Meeting people "where they are" is key to transitioning those with SUD into treatment and recovery. This involves a suite of intervention priorities, including syringe services programs, rapid access or low-barrier medication-assisted treatment (MAT),<sup>1</sup> Screening, Brief Intervention and Navigation to Services (SBINS), SUD and mental health professionals embedded with law enforcement, and recovery coaches at critical intervention sites.
4. **Recovery: *Build and support the Recovery Bridge - A home, a job, and human connection.*** Recovery Friendly Housing, Employment and Recovery Friendly Workplaces, and Recovery Coaching are essential supports for prevention of relapse.

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<sup>1</sup> The goal of rapid access to MAT (RAM) is specifically targeted to initiate MAT within 72 hours from first contact with an individual, when medically appropriate. This is accomplished through collaboration, creating gateways to access with defined clinical pathways, peer-based recovery supports, refining processes using a critical eye within a specific provider and across the system, and tracking time to treatment. Ongoing community provider meetings are utilized to identify barriers, seek creative solutions and refine collaboration both systemically and on a case-by-case basis.

## 2019 Recommended Strategies

### **PREVENTION: Build a comprehensive statewide system of primary and secondary prevention.**

- A. Establish and sustain a statewide infrastructure for primary and secondary prevention to ensure consistent and equitable leadership, programming, and use of resources. This includes: 1) an investment model (priority strategy); 2) a statewide prevention committee; 3) a statewide prevention leadership position; and 4) strengthening prevention networks, coalitions and collaboratives.
- B. Implement statewide comprehensive school-based prevention.
- C. Increase geographic equity and access to afterschool programs and out-of-school activities.
- D. Implement a statewide multi-generation prevention care approach to promote protective factors and identify risks including substance use disorder, through screening and sustained home visits, for pregnant and parenting women and their children (**priority strategy**).

### **INTERVENTION: Expand and reinforce intervention and harm reduction programs and services statewide.**

Meeting people “where they are” is key to transitioning those with SUD into treatment and recovery.

- A. Expand and reinforce syringe services programs statewide.
- B. Build a human bridge of intervention where services engage people with addiction at critical moments of risk/harm (injection, overdose, withdrawal, illness and injury). These services include law enforcement, emergency departments, syringe services programs, primary care, and other clinical settings.

The bridge includes a statewide approach to all of the following:

- Expand the use of and training for Screening, Brief Intervention and Navigation to Services (SBINS) in emergency departments, primary care, and other clinical settings.
- Use Rapid Access to Medication-Assisted Treatment (RAM)<sup>2</sup> in emergency departments and syringe services programs where clinically appropriate.
- Expand SUD and mental health professionals embedded in state and local police departments.
- Deploy recovery coaches throughout the state to support and encourage just-in-time transitions toward treatment and recovery resources.

### **TREATMENT: Support and expand a statewide system of treatment that ensures timely accessibility to comprehensive care.**

- A. Vermont must continue to evaluate, improve quality, and increase capacity as needed. Vermont’s nationally recognized Hub and Spoke system of care for opioid use disorder provides critical medication and supports. Two important areas to continue reinforcing are outcomes measurement, and evaluation of capacity and scope of services.
- B. Continue implementing the expansion of medication-assisted treatment (MAT) in correctional facilities, including refinement of intake assessment, data collaboration; and recovery supports within and beyond the facilities.

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<sup>2</sup> See Footnote 1.

**RECOVERY: Build and support the Recovery Bridge: Integrate recovery services across Vermont to ensure access to robust recovery supports is available to all in need. (priority strategy)**

- A. Recovery-Friendly Housing: Support statewide collaboration and resources to ensure recovery housing is available for those in need in every region of Vermont.<sup>3</sup>
- B. Employment in Recovery: Partner with community and state organizations to promote recovery-friendly workplaces across Vermont, and to expand the Employment Services in Recovery Pilot Program through the Department of Labor, Department of Disabilities, Aging and Independent Living and the Department of Health.
- C. Recovery Coaching and Recovery Coach Academy: Develop a Recovery Coach Workforce to build resilience and improve outcomes in recovery, treatment, intervention and prevention.
- D. Transportation: Support the continuation of the transportation quality process improvement initiative in the Agency of Human Services, and through collaboration with VTrans, improve services for clients and ensure a single/unified point of entry regardless of payment method.

**ENFORCEMENT: Support law enforcement efforts to increase resources to address drug trafficking and roadway safety.**

- A. Increase coordination/resources for drug trafficking investigations. The OCC will support law enforcement’s efforts to secure federal and state funding to meet these new challenges.
- B. Improve roadway safety. The OCC fully supports Gov. Scott’s Marijuana Advisory Commission in its recommendations to address drug impaired driving, including: 1) legislation allowing for the collection and testing of oral fluid to determine the presence of drugs in impaired drivers; and 2) ensuring there are adequate drug recognition experts and funding for same.

**Next Steps**

The OCC acknowledges the hard work by many partners within state government and across the state, resulting in real progress since the OCC’s launch in May 2017. The full report includes details of all strategies, as well as continuing priorities, and priorities under development for 2019.

In the coming year, the OCC is committed to amplifying best practices, identifying barriers, and overcoming Vermont’s opioid-related challenges through prevention, intervention, treatment, recovery and enforcement.

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<sup>3</sup> “Recovery Housing refers to safe, healthy, and substance-free living environments that support individuals in recovery from addiction While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery and recovery services and supports.” National Council for Behavioral Health *Recovery Housing Issue Brief: Information for State Policymakers*. May 2017.

[https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief\\_May-2017.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief_May-2017.pdf)



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