

**Opioid Coordination Council
Prevention Strategies Committee
July 26, 2018 1:00 – 3:00 p.m.**

Attendance: Lori Augustyniak, Sarah Kleinman, Cass Mabbott, Stacy Jones, Hal Porter, Melinda Lussier, Bess O'Brien, Lori Uerz, Gail Finkelstein, Mariah Sanderson, Adam Bunting, Jesse Brooks, Jeff Danoski, Suzanne Legare-Belcher, Chris Herrick, Mitch Barron, Mark Redmond, Janet Kahn

Staff: Jolinda LaClair, Rose Gowdey, Eleanor Springer

Presenters: (See agenda for affiliations) Kayla Donohue, Cmdr. Matt Prouty, Katrina Caouette, Lt. Bob Lucas, Nick Tebbetts, Tony Stevens, Cheryl Chandler, Don Waterman, Sunny Naughton, Chief Doug Johnston (Springfield Police)

Welcome, Introductions – Stephanie Thompson, chair

OCC Update – Jolinda LaClair

- Important to have every sector at the table (in every community)
- Jolinda and Sara Byers this morning on WBEZ radio show
 - Importance of raising public awareness and reducing stigma
- Recovery (treatment)
 - Transportation is still a big part of the conversation
 - Housing, access and affordability – as well as transition between housing
 - Employment
- MAC is deep-diving into prevention, in alignment with OCC
 - Reports due to governor at same time in December, will attach money to those in anticipation of commercialization of marijuana (new prevention needed)

Briefing on Icelandic Model info session from 7/24

- **Engaging every member of community, strong focus on parents** and schools
- Evidence-based model that has reduced by half their SUDs
 - Provide a stipend to every child of \$500 to take part in community activities/extracurriculars

Panel: Community-Based Coalitions and Initiatives: Sharing Experience, Supporting Initiatives

- S.Thompson: Looking at strategies/ key piece between organization and what recommendations could replicate these models across VT communities

Chittenden County Opioid Alliance – Kayla Donohue, Data Analyst

- Collective Impact Model
- Governed by Executive Committee with leadership from community partners, chairs are UVM president and Mayor Wienberger
- Backbone staff: Executive Director, Data Analyst, part-time Communications
- Four Action Teams and CommSTAT
- CommSTAT based on NYC model
 - Stakeholders sit in one room to talk about problems to rapidly deploy resources. This is a police model so it's very fast-paced

- SubSTAT (Substance STAT, mostly law enforcement) identify at-risk individuals across teams based on need and what's in policy data; FamSTAT identify high-risk families, parents at risk of death/incarceration due to substance use; KidSTAT domestic violence response team focus on providing wraparound services

Project VISION, Rutland – Cmdr. Matt Prouty and Katrina Caouette

- High crime, chaos, quality of life issues, death of Carly Farrow – galvanized community
- City officials, police department (initiative of Mayor and Chiefs), DOC, community leaders representing different neighborhoods, faith leaders
 - Project VISION is not funded, so everyone works from their organizations' budgets
- Organized in three committees:
 - Crime and Safety
 - Community Health
 - Building Great Neighborhoods
 - Each group sets their own outcomes and have no set attendees
- Rutland Regional Medical Center provides leadership since establishment of Hub
- Educational component
 - How the brain is affected, SUD, etc.
 - Law enforcement officers looking at it from new perspective, generated buy-in
- Hard to bring to table:
 - State workers
 - Local officials with their own agendas
 - Service Providers
- Once Project VISION started having successes, easier to bring to table (can't keep score, look forward to next issue)
- Share data as much as possible, any organization can get info from Project VISION
- Share workspace (VISION center)
- Let community decide what they want to work on (cannot force an agenda)
- Partner with a group you would not typically work with "disparate partners"
- "Stop chasing funding, start actually doing something"
 - Chased \$1.5 mil, weren't able to get it, went forward anyway
- Communication, VISION makes use of listserv, keeps people engaged
- Establishing strategies to deal with environmental factors in community that are influencing substance use, other struggles, to begin with
 - In a system where everything is a secret, developing trust with neighbors/ families, develop individual worth
- Katrina, Council on Aging:
 - Created sense of pride because of collaboration
 - Bring together multiple organizations every week in VISION center, so the minute an issue comes up, walk to other side of the room where other case managers and service providers might have creative solutions

DART and 302 Cares, St. Johnsbury and Wells River – Cheryl Chandler, Don Waterman

- DART has existed since 2000, in response to community members whose family members were victims of SUD or they themselves were in need of support
 - No funding for DART
 - "Silo-buster"

- Volunteers sit on steering community, including stakeholders and families of and people in recovery
- Deliberate decision not to become nonprofit. It's grassroots, didn't want a staff member driving actions/ initiatives (would have lost community stake?)
- As RPP coordinator, worked to build capacity of DART (logo, website, Facebook)
 - Drug Abuse Recovery
 - Prevention
- Wells River was indicated by Department of Health as needing particular attention
 - There were a number of overdose deaths
- Don Waterman is Village Trustee in Wells River, importance of receiving TA:
 - Again, catalyzed by the death of someone in community who everyone knew
 - Brought together a village-wide meeting where concerns were voiced, people in recovery spoke up and addressed the stigma
 - Recently have set up sobriety checkpoints, which are visible within community
 - Working with town of Averill has been innovative
- Cheryl: Advocate for funding to someone in each town with drug prevention experience for technical assistance, etc.

PITR, Newport – Sunny Naughton

- Two things catalyzed PITR:
 - Designated mental health agency started to have meetings to understand how DHS was working with pharmacies, etc. to address Opioid crisis
 - Led to Regional Informational Sharing Consortium (S. DiSanto)
 - Just law enforcement and parole (very limited at first)
- Received RPP grant, but had nowhere to go in community to access the prevention resources to give history/context/opportunity
- PITR still in infancy stage, working on putting together Steering Community
- Project VISION presented, which started conversation about who needed to be at the table
- Two exploratory meetings hosted by RISC with 30+ community partners, but noticed a voyeuristic aspect, so tightened the RISC list and thought about who to bring to PITR
- Tricky to bring in community-member involvement (hesitant to bring in too early when they can't see the overall objective), but NEK Stand Strong (treatment and recovery) and NEK End Addiction (prevention and schools) are two existing grassroots movements

St. Albans – Lt. Robert Lucas, Nicholas Tebbetts

- Embedded Crisis worker – develop trust with first responders/ troopers
- Northwest Counseling Support Services and Northwest State Police Barracks
- Started with St Albans City Police to hire someone with corrections and mental health history
 - Recognized that Law Enforcement was first responder in many circumstances that involved SUD and mental health. Many people using LE only and not calling for mental health support. So this would be a way to limit repeat callers to police when not necessary
- Nick stationed with state police but also lends out to city police, sheriffs
 - Now community members can call Nick independently (not just in emergency situations)

- Nick coaches people out of crisis and then into the relevant service (DCF, mental health mobile unit)
- Primary goals were to decrease time on scene for mental health and SUD calls; which fall to first responders even when they're not the best suited
 - Also address repetitive callers

ACTION, Springfield – Stephanie Thompson

- Declining economy had a big role, as well as drug-related arrests
- AHS area group (REACH) met several times, but realized that to create community buy-in, needed a town-specific group
- Committee structure like Project VISION
- Major barrier has been lack of funding, and lack of dedicated resources
 - Need someone with capacity to keep group on front burner for collaborators
 - There is desire in community to bring group forward
- Congressman Welch's roundtable in Springfield (governance, zoning, partners, recovery, health, etc.) was opportunity for reenergizing

2:36 Discussion:

- Jolinda's notes
- What is being done to address next generations (children of indiv with SUD) stigma?
 - VISION: Wish that more people in recovery would tell their story, it has unknown impact on other people/organizations' perspective and drive
 - Addison County HELP: Bringing kids to make PSAs (tell them the stories of SUD recovery and children of those in recovery etc.)
- What is the timeframe on triaging information?
 - VISION: used to be 6-7 months just to get someone connected to their resources, now there can be same-day entry to wraparound services when intakes are being completed in under a month (unless individual is actively working against; or diminished ability)

2:59 Conclusion, Jolinda LaClair

- OCC is committed to writing up a really focused recommendation to the governor on Community-based initiatives (toolkit), create powerful model for opportunity