

**OCC Prevention Committee
March 27, 2019 Meeting Notes**

Department of Health:

- Mark Levine, Commissioner (Chair)
- Kelly Dougherty, Deputy Commissioner
- Alcohol & Drug Abuse Programs (ADAP):
 - Cindy Seivwright
 - Lori Uerz
 - Michelle Salvador
 - Matt Whalen
 - Charles Gurney (p)
- AHS Field Directors
 - Suzanne Legare Belcher
 - Jane Helmstetter
- Agency of Education:
 - Beth Keister
 - Susan Yesalonia
- Office of Congressman Welch
 - Kevin Veller
 - Ally White

Attendance

- Judy Rex, Policy and Planning Director, Dept. for Children and Families
- Teresa Randall, State Police
- Jason Broughton, Acting State Librarian
- Willa Farrell, AG's Office Court Diversion Pretrial Svcs
- Christina Nolan, US Attorney
- Roger Marcoux, Lamoille Sheriff
- Lori Augustyniak, Prevention Works! VT
- Stephanie Thompson, New England HIDTA
- Matt Prouty, Rutland Police/ProjectVISION
- Peter Espenshade, VT Association of Mental Health and Addiction Recovery (VAMHAR)
- Grace Keller, Howard SafeRecovery
- Kreig Pinkham, Washington County Youth Service Bureau
- Mark Redmond, Spectrum Youth Services
- Sarah Kleinman, UVM Extension/4-H
- Debby Haskins, Assoc. of Student Assistants Professionals (ASAP) VT
- Marcy Couillard, WCMHS – CVCRT
- Ginny Burley, Central VT New Directions
- Ashley Hutton, Blueprint RN, Mt. Ascutney
- Cheryl Chandler, NE VT Regional Hospital RRP
- Sunny Naughton, NE Kingdom Learning Services
- Larry Bayle, Boys & Girls Clubs
- Aimee Koch, VT Chiropractic Association
- Janet Kahn, UVM/Integrative Health Care (p)
- Mary Ellen Mendl (VT 211) (p)
- JoEllen Tarallo, Ctr for Health & Learning (p)
- Mary Ann Morris, The Collaborative (p)
- Mariah Sanderson (Burlington Partnership)(p)
- Mitch Barron, Centerpoint (p)
- Melanie Sheehan, Mt. Ascutney (p)

Presenters: Lori Uerz, Dept. of Health/Alcohol and Drug Abuse Programs; Holly Morehouse, VT Afterschool; Cindy Hayford, Deerfield Valley Community Partnership, Catherine Antley, MD, Dermatopathologist.

Staff: Jolinda LaClair, Director, Drug Prevention Policy; Rose Gowdey, OCC Community Engagement Liaison

Draft Prevention Committee charge statement

- Identify and support replication of best practices for successful and sustainable school- and community-based prevention and early intervention strategies, with a focus on substance misuse;
- Identify and assess gaps in prevention programs and services, and develop pathways to ensure equitable access statewide;
- Identify and support enhanced intra- and inter-agency coordination and collaboration which support strong school- and community -based collaborations;
- Each Fall, provide recommendations to the Administration and the Opioid Coordination Council to address policy, program, infrastructure, and/or resource improvements to achieve the goal of reducing demand for and misuse of substances including opioids, marijuana, alcohol, tobacco, stimulants and depressants.

Agenda Item	Discussion	Action/ Next Steps
Convene, Introductions, Director's & Commissioner's Updates (J. LaClair, M. Levine)		
TOPIC/Presentation: Review of Strategies and Recommendations: Opioid Coordination Council and Marijuana Advisory Commission		
Presenters: <u>Jolinda LaClair</u> , Director of Drug Prevention Policy	<ul style="list-style-type: none"> • Business community will be important to include in this committee • Spirit of OCC joint committee meetings (Prevention & Recovery) – big table, interests in common, ideas shared. • Thanks to OCC members who are here, and others • S. 146 is the bill that would create a prevention council that would incorporate OCC and other councils addressing substance misuse. VTDigger article. • Re strategies – School/community inventory not completed yet. Comprehensive statewide system will be hard to create. Funding streams are many and complex. 	Slides: (available on OCC webpage: www.healthvermont.gov/opioid-coordination-council)
<u>Mark Levine, M.D.</u> , Commissioner of Health	<ul style="list-style-type: none"> • Theme: one set of strategies, universal substance misuse • How to protect the most vulnerable • Funding – targeted funds – changes, limitations • Research and policy – house and senate may not agree, but won't go away entirely • Policies that do not require funding 	
TOPIC/Presentation: Regional Prevention Partnerships: The VT Prevention Model		
Presenter: <u>Lori Uerz</u> , Director of Prevention, Division of Alcohol and Drug Abuse Programs, VDH	<ul style="list-style-type: none"> • VT Prevention model – population level health • Strategic prevention framework – 2005 Center for Substance Abuse Prevention came up with this model, and is the basis for funding. Must be used in everything you do. • Although every committee in VT may have the same risk and protective factors, the WHY may be different locally • Speaks to need for investment • Data-driven, risk/protective – like Iceland and Finland • To increase capacity, important to engage beyond usual partnerships (not just the usual non-profits, etc.). e.g. Rutland • <u>Question:</u> Does it worry you that 98% of the money comes from federal money? <u>Answer:</u> Yes! • RPP grant ends next year. \$2.3 million will go away. Fed has not informed of a replacement yet. • Exciting – RPP grantees are in the room (Slide – RPPs – who and where they are) • Key partners – Drug Free Communities slide <ul style="list-style-type: none"> ▪ Folks on the ground need local dollars ▪ Focus on LGBTQ because their rates are 4 times higher than their peers 	
TOPIC/Presentation: Models that Work: Iceland, Finland and Vermont		
Presenters: <u>Holly Morehouse</u> , Afterschool, Inc.	Vermont Afterschool, Inc: <ul style="list-style-type: none"> • State structure; statewide; 450 schools • Never do anything in isolation! Always work with partners. • Afterschool is broad: ages 5 up to 26 years old • 80% of waking hours are outside of school • Equity issue in Vermont 	

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	<p>Recent connections with Finland and Iceland programs:</p> <ul style="list-style-type: none"> • Both have strong youth outcomes. • Finland: <ul style="list-style-type: none"> ○ “YouthWork” – A whole professional field dedicated to expertise with youth. High priority. Specialists. ○ Invest in 3rd space. Short school days. <ul style="list-style-type: none"> ▪ Youth centers, ping pong, digital art, HOBBIES – connection and engagement. ▪ One hour of exhausting physical activity daily. ▪ Youth have a big budget. They decide how it is used. “Engaged citizenship.” • Iceland: <ul style="list-style-type: none"> ○ Prevention model focused on substance use ○ Data tool is key element ○ Domains of focus: family, peers, leisure space ○ Not so much focus on youth centers, but no one rejected from sport activities ○ A youth profession (not as advanced as Finland) • Re Finland and Iceland presenters in Vermont: <ul style="list-style-type: none"> ○ Finland drew educators; Iceland drew medical professionals. ○ Iceland lacks high youth engagement (in planning/policy). ○ What they have in common (slide): “Wholesale culture change.” <p><u>Question:</u> Regarding youth models – how are adults/parents looking at their role as models for children? E.g. in Iceland, they’re all fit.</p> <p><u>Response:</u> In Iceland, it’s not about abstinence – it’s about delay of first use. In Finland, the focus is on hobbies.</p> <p><u>Slide:</u> In Vermont: What we need to do/where we start.</p> <ul style="list-style-type: none"> • focus on all substances • Social-Emotional Learning (SEL) • Data 	<p>Prevention Committee to address who Vermont’s key audiences are/will be for next steps.</p>
<p>Catherine Antley, M.D.</p>	<p>Represents a perspective from the private sector and as a medical person. Cares about this because moms and dads call her regularly, and she hears many stories of families who spend tremendous amounts of money, their whole retirement, relocate – all in an effort to find lasting treatment for their loved one, and are still unable to break the grip of addiction.</p>	
<p><u>Cindy Hayford</u>, Deerfield Valley</p>	<ul style="list-style-type: none"> • Community Coalition began in 1997 – primary prevention and preventing early onset. • Only game in town – suicide, overdose – bringing partners together • Opioid taskforce began in response to the overdose death of a 25 year-old in the community • Follow the 7 CADCA strategies. • Strategies included: <ul style="list-style-type: none"> ○ SAP in school for almost 20 years ○ School staff trained 	

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	<ul style="list-style-type: none"> ○ Parenting skills addressed ○ Evaluation – prevention curriculum in grades 5 – 8 wasn’t getting good results. Changed it, retrained. Success. ○ Sustainability: Relationship with Mt. Snow – results in \$12,000/year from the mountain <ul style="list-style-type: none"> ▪ 2 low-funded years, but otherwise fortunate ○ Why it works (advantages): <ul style="list-style-type: none"> ▪ easier here because spans five towns and only one supervisory union. Other programs must serve an entire county and multiple SUs ▪ Part of the Community Partnership, and share resources ○ Key: This <u>is</u> the Vermont model – comes through ADAP ● It’s been a process – e.g. kids were embarrassed at first to be associated. As programs matured, renamed (from SAD to PRIDE), status shifted ● Parent engagement <p>Community-Based Collaboratives: OCC work currently underway (S. Thompson)</p>	
Discussion: Prevention Committee 2019 – Next Steps		
	<ul style="list-style-type: none"> ● Sub-group to create an action plan, scope of work ● Elders at risk – alcohol, suicide ● Need mental health professional development: Sunny Naughton and Cheryl Chandler (NEK) – need a strategy to leverage funds. Barrier: lack of access to supervisory unions, supplanting funds; results in lack of coordination on strategies ● “Diseases of despair” (CDC language) ● Matt Prouty/ProjectVISION: Mentorship – will be reaching out ● “Housing is healthcare” model ● 18-25 age: important. Need outreach, monitoring, college/workplace engagement ● Who is not at the table (yet)? ● Unified voice in health care reform is needed – about changing the culture ● Data informs policy – one of the big lessons from Iceland ● Rural communities isolated. Towns have diverse cultures. E.g. Alburgh – <u>no</u> services. Need adaptable strategies, unified voice, to amplify message at statewide level ● What does parent engagement look like? ● Middle school youth is a gap ● We can improve health education 	
Potential ACTION ITEMS and Ideas	<ul style="list-style-type: none"> ● Stephanie Thompson, Matt Prouty, Christine Johnson working on toolkit for community-based initiatives/collaboratives ● Matt Prouty: mentorship ● Need a Data and Surveillance sub-group focused on timely, local data – perhaps combined with a policy group ● Workforce development working group? ● Potential presentation re the cultures, geography, etc. of Vermont? 	

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	<ul style="list-style-type: none"> • Potential working groups: <ul style="list-style-type: none"> ○ Family Action Group ○ 18 – 25 • Next meeting – finalize a scope of work 	
Wrap-up	Alternate 4 th Wednesdays (May, July, September, November (Thanksgiving conflict – may be rescheduled closer to the date).	Next meeting, Wed. May 22, 2019, 10:00 am

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