

**OCC Prevention Committee
May 22, 2019 Meeting Notes**

Chairs

- Mark Levine, Commissioner, Dept. of Health
- Cindy Hayford, Coordinator, Deerfield Valley Community Partnership

Presenters

- Mark Redmond, Spectrum Youth Services
- Mariah Sanderson, Burlington Partnership for Health Communities
- Kreig Pinkham, Washington Co. Youth Services
- Mitch Barron, Centerpoint

Opioid Coordination Council

- Jolinda LaClair
- Rose Gowdey

Dept. of Health

- Kelly Dougherty, Dep. Commissioner
- Cindy Seivwright, Director, ADAP
- Lori Uerz, Prevention Director, ADAP
- Charles Gurney, ADAP & DAIL

Attendance

- Matt Whalen
 - Hillary Fannin
 - Michelle Salvador, ADAP
- Agency of Human Services

Auburn Watersong
Jane Helmstetter, Field Director
Agency of Education

Beth Keister
Congressional Offices

Diane Derby, Senator Leahy
Kathryn Van Haste, Senator Sanders

Community Partners

- Theresa Randall, State Police
- Janet Kahn, UVM/Integrative Health Care, Mission Reconnect
- Sara Byers, Leonardo's Pizza
- Debby Haskins, Assoc. of Student Assistants Professionals (ASAP) VT
- Ginny Burley, Central VT New Directions

- Catherine Antley, MD, Dermatopathology Lab Director
- Helena Van Voorst, United Way Addison County
- Jesse Brooks, United Way Addison County
- Sunny Naughton, NE Kingdom Learning Services
- Cheryl Chandler, NE VT Regional Hospital RRP
- Michelle Tarryk, NE Kingdom Learning
- Sarah Kleinman, UVM Extension/4-H
- JoEllen Tarallo, Ctr for Health & Learning
- Jillian Rolla, VT National Guard
- Brendan Connolly, VT National Guard
- Grace Keller, Howard Center SafeRecovery
- Maryann Morris, The Collaborative
- Melanie Sheehan, Mt. Ascutney (p)
- Lori Augustyniak, PreventionWorks! (P)
- Martha Hafner (P)

Convene, Introductions, Director's & Commissioner's Updates (J. LaClair, M. Levine)

- Mark Levine, Commissioner of Health: Nelson Mandela: "There can be no keener revelation of a society's soul than the way in which it treats its children."
- Jolinda LaClair, Director of Drug Prevention Policy:
 - With S.146 passing, creating the Substance Misuse Prevention Oversight and Advisory Council, ("New Council"), we are seeing OCC strategies becoming law, including the creation of a chief prevention officer, and statewide system of comprehensive school-based prevention.
- Kelly Dougherty, Dep. Commissioner of Health: Chair of the Intervention, Treatment and Recovery Committee. Strategies under this committee are a part of prevention work and will continue. Example: syringe services programs, and wrap-around supports that are essential to secondary prevention. Clay Gilbert will be co-chair. Next meeting will be June 26, 9 – 11 a.m., Waterbury.

Agenda Item	Discussion	Action/ Next Steps
TOPIC/Presentation: Updates and Information		
<p>Presenters: <u>Mark Levine, M.D.</u>, Commissioner of Health</p> <p><u>Kelly Dougherty</u>, Deputy Commissioner of Health</p> <p><u>Sara Byers</u>, OCC member, business leader</p> <p>M. Levine, J. LaClair</p>	<p><u>The Substance Misuse Prevention Oversight and Advisory Council</u></p> <ul style="list-style-type: none"> • Prevention becomes overarching • There is no other state entity that deals with overall SUD issues, so this Council will continue to build in attention to intervention, treatment and recovery. • Will continue to monitor prescribing practices; watch for the rise and fall of other substances; explore an integrative approach to pain treatment • Importance of address the issues “way upstream” – e.g. teens and social isolation • Need to change the conversation statewide, to create cultural change. The OCC changed the conversation by having Judiciary, law enforcement, service providers, family members, etc. at the same table. <p><u>Family Action Group</u> Just beginning – a forum to identify their needs, including the need to address stigma, and the need for information and resources, especially treatment and recovery.</p> <p><u>Headstart Summit</u> 3 OCC members and several other Vermont delegates attended this regional summit. The focus was to explain the root cause of substance misuse. It was incumbent upon the Headstart team to learn and become fluent in the issues and strategies surrounding substance use disorder and its prevention, treatment and recovery. Vermont is seen as a leader. It was clear that what successful states are doing differently from others is collaboration and partnership.</p> <p><u>Community-Based Collaborations</u> Beginning with the strong collaboration efforts of Project VISION Rutland and Chittenden County Opioid Alliance, we have seen several collaborations grow, including Pitr (Prevention, Intervention, Treatment, Recovery) in Newport, Deerfield Valley, WCSARP in Washington County, and Brattleboro’s Project CARE. A toolkit is under development by a working group of the Prevention Committee, with plans for a statewide convening of collaboratives in the next three months.</p> <p><u>Employer Toolkit</u> The CCOA is releasing a toolkit for employers to guide the development of recovery-friendly workplace practices.</p> <p><u>SAMHSA Grant/HRSA grant (Diane Derby)</u> Vermont grantees and applicants (some represented in this meeting)</p>	

Agenda Item	Discussion	Action/ Next Steps
TOPIC/Presentation: 18 – 25 year olds		
<p>Moderator: <u>Cindy Hayford</u>, Co-Chair</p> <p>Introduction: <u>Dr. Levine</u> <u>Lori Uerz</u>, Director of Prevention, Division of Alcohol and Drug Abuse Programs, VDH</p> <p><u>Mark Redmond</u>, Spectrum Youth Services, Burlington</p> <p><u>Kreig Pinkham</u>, Washing Co. Youth Services Bureau</p> <p><u>Mitch Barron</u>, Centerpoint</p>	<ul style="list-style-type: none"> • See slide decks on OCC webpage (www.healthvermont.gov/opioid-coordination-council) • Note the self-reinforcing nature of substance use disorders • Very consistent qualitative responses, making data credible • Important to think of this age group as not only those in college, but at least as importantly about those who are not in college. (College students are a special population who have access to support systems not available outside the college environment.) <p><u>Comments</u></p> <ul style="list-style-type: none"> • According to the NISUH, Vermont is first in several areas of concern (e.g. substance use reported within the past month) • These data represent a threat to our workforce, which is already hurting. <ul style="list-style-type: none"> • Services at Spectrum address a big group without borders between issues. The drop-in center, shelter, transitional residence, car detailing all support individuals with addiction and mental health issues. • Wanting to start in St. Albans • Issues include foster care kids, children discharged from DCF without a plan for a home. • We get our staff out of the building as much as possible. Trying to catch kids younger. • The car detailing shop is not job training. It's a way to connect with the youth. <p>Brain chemistry – between 18 and 25 the brain begins to balance out the ratio of oxytocin (social connection) and dopamine (pleasure) – toward social connection (evolutionary advantage to be risk-taking between 18 and 24, better to balance out after that). Critical to build positive experiences during this time. Therefore, prevention is radically different for this age group – not about in-school/after school, but about community, job sites, faith communities, regional planning boards, town meetings – helping kids to relocate in safe and supportive environments.</p> <p>Many Centerpoint clients are still within a family context – primary prevention. Let go of these notions: that every 18-25 year old is:</p> <ul style="list-style-type: none"> ○ In college ○ Homeless in Burlington ○ Employed on a career path <ul style="list-style-type: none"> • Just got an email about a positive outcome – a success letter. • There <u>is</u> an answer. 	

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<p><u>Mariah Sanderson, Burlington Partnership</u></p>	<ul style="list-style-type: none"> • We know what works. • Most of the money comes from federal sources • The strategy needs to be about how to use what works, and put the resources there. • See slide deck. We see an acceleration of us, and younger. Younger people’s use is more social/experimental. Older, not so social. • Trend is for people to marry later, get stable jobs later. Delayed “settling down” target – makes risk of misuse greater and for a longer period of time. <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Recognition of Lori Augustyniak, PreventionWorks! contributions • Professional workforce in prevention is shrinking • Substance misuse in particular workplaces – resorts have higher rate, e.g. • Important to broaden the substances addressed. Cocaine use is high in Vermont. • Use of screen time and the impact on prefrontal cortex, dopamine and oxytocin is similar to drugs and may be reinforcing a pathway to addiction earlier. • Parents need support and tools for working with their teens, especially parents whose own substance misuse in teens and early adulthood is know to their teens. • Must also regard impact of toxic stress on young adults of color, LGBTQ, and support building resilience • Pay attention to norms that are currently evolving regarding marijuana, and the longstanding norms about alcohol. • Evidence indicates that ducation is very effective with elders – more effective than treatment – if delivered in an environment where they are already engaged. • How do we embed social skills in learning proficiencies? • Transportation is a part of EVERYTHING 	
<p>Potential ACTION ITEMS and Ideas</p>	<p>List of matters going forward – possible action:</p> <ul style="list-style-type: none"> • Pregnant and parenting moms • Elder needs/challenges • Vermont culture – rural, etc. • Data/surveillance • Evidence-based prevention models 	
<p>Wrap-up</p>	<p>Alternate 4th Wednesdays (July, Sept., Nov. (may be rescheduled for Thanksgiving).</p>	<p>Next meeting, Wed. 7/24, 9 am</p>