

OCC Prevention Strategies Committee
October 24, 2019
Draft notes

Present: Mitch Barron (CenterPoint), Christine Johnson (CCOA), Bess O'Brien (Kingdom County), Kayla Donohue (CCOA), Judy Rex (DCF), Charles Gurney (ADAP/DAIL), Lori Uerz (ADAP), Alicia Hanrahan (AOE), Kraig LaPorte (Asst. US Attorney), Mark Redmond (Spectrum), Jim Leddy (OCC), Mariah Sanderson (BPP), Jason Broughton (Dept. Libraries) Stephanie Thompson (OCC, HIDTA), Lori Augustyniak (OCC, PreventionWorks!), Sarah Kleinman (UVM Extension), Kraig Pinkham (Wash Co Youth Services Bureau), Janet Kahn, UVM/UVMCC Pain Clinic, Matt Prouty (Project VISION)

Staff: Jolinda LaClair, Rosi Gowdey

Updates (Jolinda)

- OCC Safe Injection Facilities report has been provided to Senate Judiciary Committee. It is posted on the OCC webpage.
- Tobacco money – approved on 9/27. \$2.5M (\$600K for afterschool programs)
- Bess O'Brien – new documentary “Coming Home” re-entering community after incarceration and the impact of Circles of Support and Accountability (COSAs).
 - 6-week tour across VT – demystifying people who are coming out of corrections. More showings coming up. Can schedule special showings/events – contact Bess
 - Important to support the people in the movies who were brave enough to tell their stories
 - COSA Outcomes – 30% drop in recidivism with COSAs – reducing stigma, --
 - There are 150 state-run councils. Kreig Pinkham is Chair of Children and Family Council for Prevention Programs, Judy Rex of DCF
 - Analogy between COSA and recovery coaching

Reflections on the Joint Committees Meeting

Stephanie Thompson, opening the conversation: powerful – energy/passion/commitment – intersections between the two groups – personal choices relates to both worlds. No wrong door for access across all systems. Looking at prevention – to turn the curve – prevent new initiates into substance use – lifelong – birth on up. Integration of systems is critical point – link systems – supportive recovery housing – all wrapped together – human interaction. I reflect on a lot how interconnected we are in our global society. But knowing neighbors is critical to underlying community health quality of life.

Other comments:

- The library books – the resource/healing kit – inspiring, exciting.
- Jason Broughton introduced a new book being added to the Healing Library: “Hey Kiddo” graphic novel – 50 copies for distribution, working on getting 150. Author Jarrett Krosoczka depicts the whole timeframe of dealing with addiction in his family. Great interview on Fresh Air.
- The power of these meetings – people come and are willing to be vulnerable – Adam B starting us out (says he has nothing to say and then shares from the heart).
- People with lived experience in the room – give us all permission to be vulnerable.

- So much negativity in our world – needs to be a list sent out to all of Vermont these are the great things that are happening! Always more to do, but a lot going on!!
- Still really like the use of folks in recovery to deliver prevention messages.
- Can't understand prevention unless I understand recovery. Also like the comment on work that Bess is doing. – Struck by the real people – a cousin of mine was one of the volunteers! Book – The New Jim Crow – obstacles we put in place – expunging records doesn't get rid of the barrier. Finally, in the movie – when he got a violation and returned to jail for NOT doing what he had considered doing – saw little benefit to that!!

The Strategies

1. Comprehensive System of Primary Prevention

- a. Drop B
 - b. Drop \$\$ amounts
- We don't have a "Prevention system" – Holly has done a good job of talking about where afterschool programs do not exist.
 - Where are the gaps in prevention programs – we support evidence-based, but there is not a single point/portal for "all things prevention"
 - A. Statewide entity/committee/commission, and a director
 - B. regional prevention partnerships
 - C. Community-based partnerships
 - Role of library, rise Vermont,
 - The way coalition funding works is through federal grants – there is not consistent state funding for prevention programs – CONSISTENT FUNDING FOR ALL THINGS PREVENTION.
 - We do have foundation consistent funding; and office of juvenile justice has discretionary grants – federal funding for mentoring programs for youth at risk – 1.2M. DCF is interested/Mobius.
 - Reinforces why we need a portal for prevention – everyone is going after a different source of funding – these kinds of meetings are not happening, say, in Brattleboro. First you have to make the connections – how do we make that systemic? And how do we meld these funding sources/not duplicate?
 - Following on DCF – 2 initiative from children and families council that tie in – Uniform brochure – council has been working on fragmented youth services – Youth Thrive is working on it. Wanted to create a tool to bring youth programming under umbrella. Piloting online portal/model, input from youth organizations – tool will sit on AHS website and linked through 211. Agencies can say, "This is who we are and what we do" and it is GIS mapped (public transportation routes, etc.) How to get your agency in there, etc. – important/exciting.
 - Kreig – second thing – children's/families council is obligated to present the "Primary Prevention Plan" – and report on that to the legislature. Concept is too big. How do we look at statute change that reframes that? – What if the council if rather than being author, is a CONVENOR – semi-annual of all orgs prevention. Opportunity to consider. (2020 earliest)
 - JL – great ideas – this council would convene and then facilitate conversation. Similar direction as MAC which sunsets soon. Don't want to duplicate efforts. OCC should recognize the children and family council's work.
 - Charlie – to improve what we have (segmented) – need unified system – how do we do that??

- A group not here – **medical providers** – who see older adults and have capacity through SBIRT – they do a lot of prevention work. (not here because they don't know they need to be here)
- Jim – All the prev. work being done – fragmented. Creative, but not able to pool the resources. Fed dollars keep the state from feeling the pressure to create the stable funding. Need leadership for this, has to come from Executive/Governor. Uniting. Legislature can't unify.
- JL – the conversation is the same across substances – can't silo prevention
- Jason – prevention so large – e.g. – role of libraries – an awareness day is nice – an awareness month is better. Do you want a flash or a conversation. When we talk about prevention, are we talking two different platforms – how we get information out to the masses, vs a lead org funneling out to subsidiaries.
- Christine – Accountable care organization and community health teams – Same people – mayor, hospital president, TPC, etc. – we're at the same tables, same conversations, **so what is the intersection with the ACO and community health teams? Partner with them.**
- Mariah – Wondering how we go to the things that are on this list – some things are missing that were on the original – some pieces of the document. And some of the recommendations were changed.
 - Changes in policy and practice – certain things not always so exciting, but do work around policies – minimum age use laws, reduction of promotions and advertising, decreases in density of selling
 - How to incorporate these?
 - Re the messaging campaign – community groups want to develop a campaign – can waste a lot of time/energy/money – the original recommendation did not make a specific recommendation re what it should look like – caution us not to make a recommendation – design should be on assessment of community need, then the people with the skills should create/design.
 - Lori U – agree – the way we fund/deliver public messaging campaigns is to look at the data re who is driving the prevalence – design, test, refine, retest. Campaign “Check Yourself” doesn't say VDH, and is only through social media.
 - JL – Sara Byers's observation about a general message – how am I going to do something different as an individual/as a collective.
 - Lori A – re media campaign – in full OCC meetings, talked re more media that promotes that it is cost effective to do prevention so more believe it. Also, some messaging that youth use of any substance increases risk.

2. School-based

- Mariah – on C – the original says **REQUIREMENT for this continuing education – recommend sticking with original.**
- Lori U – expensive to require certification – tried to hook up with NH. Year and a half of study. Tried to get OPR interested in providing. They declined.
 - We believe we have about \$10K from a fed grant to ask NH to focus on VT to do this.
 - JL – we're hearing a lot of grassroots frustration
 - ASAP – we met with SAPS organization – they feel strongly it's wonderful to be a SAP, some don't have the title (and this won't get them an SAP title) – they think the prev. specialist title may be a better way to go

- Consider what this would be like – a 50K investment from the state may be better than handing to NH?
 - But people do this all the time -not sure a system here will give us benefit; and we've been offering the training for past 5 years.
- Mitch – to what benefit? – parallel processes re credentialing (OPR in first round) – creates a set of standards for disciplines that otherwise don't have a lot of self-oversight/governance (plumbers, . . .)
 - A workforce quantity issue, not quality – re LADC, the credentialing is a barrier to quantity (e.g.)
 - In some clinical disciplines, looking for some way to validate their field/ add credibility.
- Deb Haskins/Peter Hathaway's proposal –
- Lori U – capacity/workforce # IS important –
 - Mitch: As an incentive, it doesn't exist, as a prohibition, it does.
- Jason -- What about people who are in recovery and who want to do this – recovery coaching for prevention??
- Mitch – footnote – when we add in language of lived experience – can “other” people
- Adam – re “B” – data – like how different schools are locally. Missing – where is the action on that data? How do we help schools know what they don't know? “Lead, measure, reflect, connect.” Not “respond to emerging trends” – tool. Help with developmental. Don't necessarily support the exacting measure of training.

3. Afterschool/3rd Space

Holly went back to the Pre-K Council

Bess – “D” – youth voice – and connect youth voice here too – community-based and afterschool based

Mitch: Semantics – evidence based/evidence informed – language that is softer – “demonstrated effective” – COSAs, others, demonstrated effective but not subjected to rigorous research models.

Christine – re “D” – representing vulnerable populations – foster kids, etc.

Kreig – consistency in language – make it clear that we're talking about programming for young people that is happening in the community, whether in a formal afterschool program or other programs. Do a language search that removes the assumption about formal afterschool

Jason – bring together the people doing the work – e.g. youth services librarians, academic librarians who deal with youth 18-21

Jason, Adam (Data), Judy and Kreig – follow-ups