

**Testimony: House Human Services, S.146**

**April 10, 2019**

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Thank you for inviting me to comment on S.146, a bill which would consolidate existing Councils focused on substance use and create a new Substance Misuse Prevention Advisory Council.

My lens as the Director of Drug Prevention Policy, and Executive Director of the Opioid Coordination Council, created by Executive Order 02-17 (modified in 09-07), will highlight the strengths of a Council which for the past 2 years focused on improving Vermont's response to the opioid crisis.

The Opioid Coordination Council's mission is *"to lead and strengthen Vermont's response to the opioid crisis by ensuring full interagency and intra-agency coordination between state and local governments in the areas of prevention, treatment, recovery and law enforcement activities."* Our work on Prevention and Recovery in particular, quickly made apparent that "A multi-substance approach to prevention is essential. Substances – tobacco, marijuana, alcohol, stimulants, depressants, opioids – cannot be siloed. This is one of six Insights the Council highlighted in our 2019 report of strategy recommendations.

[http://www.healthvermont.gov/sites/default/files/documents/pdf/OCC\\_2019\\_Report\\_Final\\_1.2\\_2019\\_2-5.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/OCC_2019_Report_Final_1.2_2019_2-5.pdf)

Building a big table matters: Assets of the OCC

- Forum for conversation, education, policy and program consideration, identifying gaps in services, best practices, opportunities for collaboration, partnership.
- All sectors – public, non-profit, private
- Stakeholders – prevention, treatment and recovery professionals; education; housing non-profit; municipal representation; law enforcement – local, regional, state, federal; elected and appointed officials; judicial branch, and people personally impacted by the opioid epidemic. Cross-pollination of perspectives, ideas, positions.
- Prevention, intervention, treatment, recovery and enforcement are the drivers of Vermont's response to substance use challenges. The OCC didn't limit the conversation to any one of those drivers; we learned early on that it is the nexus between them that is key. A strong continuum of programs, supports and services, from one driver to the next, results in greater efficiency and effectiveness.

Examples of collaborations and outcomes:

- Workforce Development: Streamlining the rules governing the Licensed Alcohol and Drug Counselor (LADC) – Office of Professional Regulation and the Council.
- Education: AoE repurposed a staff position to include all substances (formerly tobacco only);

- Prevention: Safe Needle Disposal – community tool kit and VDH website;
- Opioid-based community collaboratives...become prevention collaboratives with all stakeholders at the table:
  - Project Vision, Rutland; Chittenden County Opioid Alliance; DART (St J); Hartford Community Coalition.
  - New: Pitr (Prevention, Intervention, Treatment, Recovery) Newport; ProjectCARE, Brattleboro.
- Intervention: Expansion of Syringe Services Programs: \$1 million tobacco \$ appropriated.
- Employment in Recovery, Workforce Development:
  - VDH/ADAP; DAIL/Voc Rehab; Dpt of Labor:
    - created a statewide system of employment services connecting people in recovery with skills building, job training, and employment opportunities;
    - creating an employer toolkit to support employers hiring people in recovery – access to EAP, state resources including tax credits and bonding.
- Recovery Residence report and action plan identifying need and gaps in regional infrastructure;
- Transportation:
  - AHS/VTrans transportation working group
    - Efficiencies for state, customer
    - Potential financial savings
    - Identifying Gaps in Service; Resources needed

**Designated Positions:**

- State representation: Leadership-level position critical for decision-making. \*OCC includes Sec of Human Services, Commissioners of Health and Public Safety on the Council and Executive Committee.
  - Commissioner of Health or designee must be included on the Council;
  - Commissioner of Public Safety or designee;
  - Secretary of Education or designee

**For Consideration:**

- Director of Prevention – connection to new Council provides important connection to Governor, Secretary of HS;
- Treatment provider;
- Recovery Community representation (strong recovery supports are a form of prevention for families and can alter generational cycles of addiction);
- Municipal representation;
- Legislative participation;
- Youth representation;

**Committees:** Issue-specific committees added great value to the work of the Opioid Coordination Council. Wider representation of stakeholders including people with lived experience, identification of best practices and gaps in programs and services, creation of working groups to propose recommendations for greater efficiency, customer service and improved outcomes.

The OCC currently has two committees to move forward the work recognized for further development:

- **Prevention:** Build upon the OCC and Marijuana Advisory Commission Strategies recommended:
  - **Create a statewide comprehensive system for primary and secondary prevention**
  - **Identify an investment model** for enhanced and sustained program delivery throughout the state – school and community-based.
  - **Coordinate a statewide Prevention Committee** to harness existing prevention efforts and expertise in a single, comprehensive committee. The unification of overlapping advisory and decision-making bodies will amplify and clarify the priorities with prevention. This is to include funding and resources to sustain successful operational functions including research, policy, outreach, coordination and facilitation. Members to include multi-sector, multi-discipline representation.
  - **Elevate the priority of prevention and designate a statewide prevention leader.**
- **Intervention, Treatment and Recovery:** Support the creation and expansion of programs and services that meet people with substance use disorder where they are...
  - Decreasing the individual and societal impacts of substance misuse;
  - Increasing the number of individuals who transition from active use into treatment and recovery
    - **Intervention:** Syringe Services programs; Rapid Access to buprenorphine in emergency departments
    - Continuous Quality improvements for **treatment** – hub and spoke system for opioid use disorder, residential, outpatient substance use and mental health
    - Continuation and expansion of wraparound **recovery** supports with evidence-informed and innovative approaches...to ensure housing, employment, transportation and social supports are available to all who are on the treatment and recovery continuum.

**Powers and Duties: For consideration**

- Support development of data driven performance measures to help the state and communities determine if their programs are effecting change. Data and surveillance need to be timely.
- Consult and coordinate with federal resource providers as well as other states engaged in this work;

**Inventory of All Prevention Programs:** High praise.

- Critical to identify cost, geographic reach, effectiveness and gaps in service for both school and community-based prevention programs.