

## Strategic Actions & Progress Report • 2017-2018

In January 2018, Gov. Phil Scott and the Opioid Coordination Council (OCC) issued strategies to strengthen Vermont's response to our opioid challenges. These strategies have enabled the Council to support multi-sector partnerships. This report provides a collection of the results of those efforts since the Council began in May 2017 - expanding access to services, increasing public awareness, and reducing stigma. The Council is grateful for everyone's work. We have made progress. We can and must continue to work together to achieve our next goals.

### Statewide Coordination

**Opioid Coordination Council** – Gov. Scott created the OCC by executive order with a mission to strengthen and expand Vermont's response to the opioid crisis through prevention, treatment, recovery and enforcement, while improving coordination across all state and local entities that have a role in addressing the crisis. The executive order created the position of Director of Drug Prevention Policy to lead the Council. [www.healthvermont.gov/opioid-coordination-council](http://www.healthvermont.gov/opioid-coordination-council).

### Primary Prevention in Schools and Communities

*Engage children, adults, families and communities through programs that aim to deter illegal drug use and prevent substance use disorder.*

**School Substance Use Prevention Coordinator** – In consultation with the OCC and Gov. Scott, the Agency of Education repurposed its Tobacco Use Prevention Coordinator position into a Substance Use Prevention Coordinator, allowing state government to address a wider range of prevention efforts in our schools.

**Prevention Strategies Committee** – The OCC convened this committee, engaging a diverse, multi-sector, geographically broad group of prevention professionals to identify successes, gaps, needs and actions.

**School and Community-based Prevention** – The OCC and the Marijuana Advisory Commission have focused on achieving equitable access to quality school and community-based prevention targeting use of opioids, marijuana and other substances.

**Raising Public Awareness** – The OCC contributed to public education efforts to strengthen community resiliency, such as the public access cable series "Understanding Vermont's Opioid Crisis: Working Together to Build a Resilient Community." The Vermont Department of Libraries created a healing kit for youth and families as part of a three-pronged strategy to support local library outreach for prevention and wellness.

**Community Collaboration Toolkit** – A toolkit is being developed to help communities create effective collaborations such as Project VISION of Rutland. Seven such initiatives are known to the OCC.

**Prevention Campaigns** – The Health Department has launched and directed multiple campaigns focusing on preventing use, misuse and addiction to opioids and other substances (tobacco, alcohol, marijuana). These campaigns raise awareness about the dangers of opioid misuse, encourage physician-patient conversations, and promote proper medication storage and disposal. Work on 2019 campaigns is underway including *ParentUp* (parents of middle-school children), *RxAware* and *Do Your Part* (adults), *Over the Dose* (high risk young adults), and prescriber outreach videos.

### Intervention and Harm Reduction

*Provide Vermonters access to interventions that will point them away from risk and toward help, prevent overdose deaths, and encourage the safe use and disposal of medications and needles (sharps).*

**Naloxone Rescue Kits and Training** are now available in almost every Vermont community. All 169 EMS agencies carry naloxone. The Health Department provides more than 8,000 free doses of naloxone each year to 42 sites, including recovery centers, treatment providers and community organizations.

**Buprenorphine** (medication-assisted treatment) is now being prescribed as a short-term intervention with referral to longer-term treatment through Howard Center’s Safe Recovery program in Burlington, and in UVM Medical Center and Central Vermont Medical Center emergency departments. This provides rapid access to treatment, connections to recovery coaches and case managers, and referral to the Hub and Spoke system. Data show such efforts increase transitions to longer-term treatment and reduce overdose deaths.

**Mobile Syringe Services** received support through a USDA-Rural Development grant to Vermont Cares mobile syringe services program unit.

**Safe Needle Disposal** – The Health Department convened a task force of partner agencies, community organizations and businesses, resulting in a central hub of resources for use by Vermont communities as they explore local solutions for safe needle disposal: [www.healthvermont.gov/needledisposal](http://www.healthvermont.gov/needledisposal).

**Safe Drug Disposal** – Collection of medications has expanded beyond sheriffs’ departments to include state and local police stations. Distribution of medication mail-back envelopes has also expanded. The Health Department’s storage and disposal messaging campaign “Do Your Part” promotes “lock, drop, and mail” strategies, and a new PSA promotes biannual National Drug Take-Back Days.

**Vermont Prescription Monitoring System** – Administered by the Dept. of Health, the Vermont Prescription Monitoring System (VPMS) launched two new tools in 2018: Prescriber Insight Reports allow prescribers to compare their prescribing to similar prescribers, and Clinical Alerts notify prescribers and pharmacists when a patient they have served has a potentially risky prescription history. In addition, outreach to unregistered providers resulted in a 33% increase in the number of prescribers registered to use the system. These steps, along with changes in the pain rules, and increased prescriber and consumer education, resulted in a 30% reduction in the amount of opioid analgesics dispensed between Q1 2016 and Q3 2018 (110,140,916 to 77,278,753) based on total morphine milligram equivalent (MME) and a 33% reduction in the percentage of Vermonters receiving at least one opioid analgesic prescription (From 6.9% in Q1 2016 to 4.6% in Q3 2018).

**Screening, Brief Intervention and Referral to Treatment (SBIRT)** – This program has proven successful, with 18 provider sites performing 92,000 screenings. Of those, 13% screened positive for risky alcohol and/or drug use, 71% of whom received an intervention (8,727).

## Treatment

*Build on Vermont’s nationally recognized Hub & Spoke treatment system. Continue quality improvements, expand access and options for treatment and pain management.*

**Vermont Correctional Facilities** – Implementation of expanded treatment in facilities began July 2018:

Medication Assisted Treatment – Transition to providing medication-assisted treatment (MAT) to people in custody for as long as medically necessary, with help to prepare them for community re-entry, is underway. For those on MAT upon release, up to a four-day supply of buprenorphine is provided as a bridge to treatment until the patient can access a community-based treatment provider.

Peer Recovery Coaching – Use of peer recovery coaching has expanded in correctional facilities throughout the state. The Open Ears Forensic Recovery Coach training prepares people in custody to provide peer support within the facility.

Naloxone – Since September 2017, the Department of Corrections offers naloxone and information about accessing substance use services across the state, to all inmates upon release.

## Treatment Supports

Spoke Prescribers – Ongoing recruitment continues. There has been an approximately 10% increase in Spoke prescribers, as well as more waived prescribers.

Substance Use Disorder Centralized Intake and Resource Center is being developed by the Health Department to provide a single integrated source for substance use disorder information and referral.

Commission on Family Treatment Dockets is led by the Vermont Supreme Court, with critical engagement of the Department for Children and Families, to explore the feasibility of establishing treatment dockets to respond to the increase in cases and backlog in the juvenile Children in Need of Care or Supervision docket. Proposals expected early 2019.

1115 SUD Medicaid Waiver – Vermont applied for and was awarded the 1115 SUD Medicaid waiver effective July 1, 2018, allowing VT Blueprint for Health (DVHA) to pay for inpatient residential treatment for substance use disorder using Medicaid funds.

Medicare Expansion – The Federal Support for Patients and Communities Act was passed this fall to expand Medicare coverage for opioid treatment services, effective October 2019 (FFY2020).

## Recovery

*Expand wraparound supports: employment, housing, transportation, health care and social supports.*

**Technical Assessment of Recovery Supports** – To strengthen Vermont’s system of recovery supports and services, the Health Department obtained technical assistance consultation by SAMHSA experts. The assessment, completed in September 2018, will be the foundation for a strategic planning process.

### Employment

Employment Services Pilot integrates services from the Department of Labor, Vocational Rehabilitation, and the Health Department’s Alcohol and Drug Abuse Programs Division, and works with recovery centers and Hubs to support employment for people in recovery. As rollout continues, employment consultation will be available in all recovery centers in the state.

Recovery Friendly Workplace Initiative is under development in partnership with the Chittenden County Opioid Alliance. This will provide employers a range of strategies for workplace benefits, policies, and resources.

**Recovery Housing** – OCC and the Recovery Committee supported the launch of a multi-faceted approach to expanding availability and access to recovery housing statewide, including: adopting national standards for recovery housing through the creation of the Vermont Association of Recovery Residences; and commissioning an inventory and needs assessment for people in recovery (expected in January 2019).

### Transportation

VTrans Collaboration – Critical gaps in transportation supports for individuals and families in treatment and recovery are being addressed through collaboration with the VT Agency of Transportation (VTrans). OCC 2019 recommendations will reflect the work of VTrans and the OCC’s transportation working group.

Agency of Human Services Transportation Supports – In response to the OCC’s work, the Agency of Human Services initiated a quality improvement process and formed an intra-agency working group to assess the effectiveness of transportation services across departments. (Report expected Winter 2019).

### Recovery Coaching

Recovery Coach Training & Certification – Recovery coach trainings have been expanded through the Recovery Coach Academy. Development of training for specializations is underway, and progress is being made toward certification with the International Certification and Reciprocity Consortium.

Recovery Coaches in Emergency Departments – This is a collaboration between the Health Department and the Vermont Recovery Network, in conjunction with three recovery centers and their local hospitals in Bennington, Central Vermont, and Chittenden County. Recovery coaches respond to patients seeking ED medical services due to an opioid overdose or an emergency where a substance use disorder is

diagnosed. Recovery coaches partner with the patient, loved ones, and staff to support and help link the patient to services, and follow up after discharge.

New Moms and Moms-to-be Support Group – An expansion of this effort is being funded with federal dollars through the Health Department.

## Enforcement

*Reduce the supply of opioids, keep Vermont's roadways safe, interrupt drug trafficking, and ensure that law enforcement officers and first responders have the training they need.*

**Increased Resources for Drug Trafficking Investigations** – Vermont law enforcement continues to leverage available resources to maximize its ability to target those distributing controlled substances in Vermont. Law enforcement is working hard to secure additional funding to better identify, investigate and arrest Vermont-based individuals and organizations selling at the retail and street level.

**Provide Drug Recognition Training:** In the absence of oral fluid/saliva testing, Drug Recognition Experts (DREs) continue to be vital in detecting and holding accountable those who threaten the safety of our highways by driving impaired by drugs, including opioids and marijuana. There are currently 57 trained DREs, two short of the State's initial goal of 59 by year's end. Over the past year DRE evaluations have increase by approximately 20 percent and significant progress has been made to ensure a DRE is available for "call out" as needed. With the recent legalization of small amounts of marijuana and the likelihood of a "Tax and Regulate" system for retail marijuana sales being taking up during this legislative session, continued monitoring of the DRE program will be critical.

## Supporting Data and Provider Workforce

*Multi-sector and interagency collaboration to strengthen prevention, intervention, treatment, recovery and enforcement efforts.*

**Data Interoperability** – The Health Department received a grant of \$999,990 over three years to build an online system for reporting and integrating data on regional substance misuse and associated physical, mental, environmental and social health consequences. Communities can use this information to identify measures of concern, which can then be used to prioritize efforts and allocate resources best suited to community needs. An ongoing collaboration to improve data collection and analysis is underway between the Health Department, Department of Public Safety - Vermont Intelligence Center, and New England High Intensity Drug Trafficking Area Vermont-based Heroin Response staff.

**Governor's Summit on Vermont's Substance Use Disorder Workforce** – Designed and facilitated this summit with a team that included Vermont State Colleges (April 2017). Two working groups resulted: Licensure and Higher Education Working Group – With the leadership of the Secretary of State's Office of Professional Regulation, this effort streamlined the Licensed Alcohol and Drug Counselor (LADC) rules through emergency rulemaking (October 2017). This change maintains statutory competence standards while eliminating unnecessary barriers.

Affordability and Professional Development Working Group – Identified important areas of focus for improving access to and retention in SUD workforce professional education and development, including loan repayment and forgiveness, improvements in availability and supports for supervision.

**Substance Use Disorder & Mental Health Workforce** – The Vermont Legislature appropriated \$5,000,000 over four years to expand the provider workforce. To achieve this goal, a working group led by the Secretary of Human Services, University of Vermont and Vermont State Colleges is developing a plan that would enhance degree programs and provide financial incentives to enter the field.

