

BUILDING BRIDGES

The Opioid Coordination Council's Recommended Strategies for 2019



DEDICATION

This report is dedicated to the memory of those we have lost to opioids, and in appreciation for the many people in recovery, family members, friends and employers who share their stories of lived experience and the strength and hope that can emerge from it.

When these stories are shared – with neighbors, in social and spiritual groups, in community forums, or with the Opioid Coordination Council – the value is immeasurable in building bridges of understanding and healing.

May we celebrate the everyday successes as we work together to turn the curve on opioids and all drugs that lead to addiction and suffering.

“My personal wish for 2019 is that our citizens understand addiction is not a choice or a moral failing. It is a disease that hijacks the mind, body and soul. The notion that one chooses a life controlled by substance use is no more valid than suggesting one willingly chooses any fatal disease. Substance use disorders are progressive and so too is recovery. With understanding, compassion, and recognition that a disease does not define a person, perhaps then we will all come together in support.”

– a member of the OCC Recovery Strategies Committee

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Executive Summary

Vermont's opioid crisis affects all Vermonters, across all socioeconomic and geographic boundaries. By establishing the Opioid Coordination Council (OCC) in 2017, Governor Phil Scott made it a priority to leverage resources and support collaborative approaches to positively impact systemic change. In answer to this call, the efforts of many have resulted in successes that serve as a foundation for next steps. The OCC's initial strategy recommendations released in 2018 focused on broad, comprehensive supports in the areas of prevention, treatment, recovery and enforcement. In 2019, strategies address these core areas, and intervention. They will help turn the tide on the opioid epidemic and build resilience in our youth, families, workers, businesses, and the economy.

Insights

Over the past year, the OCC has learned from the agencies, departments, community organizations and leaders who have joined in this work. Six insights have emerged:

1. A multi-substance approach to prevention is essential. Substances – opioid, alcohol and other drugs – cannot be siloed.
2. Vermont needs a coordinated, comprehensive statewide approach to preventing substance use disorder.
3. Intervention is all about human connection.
4. There can be no wrong door to services – we must weave together Vermont's many resources.
5. The first day of treatment is the first day of recovery.
6. Stigma thrives in darkness – telling our stories generates light.

Priority Strategies

These strategies have emerged as having potential to power change well beyond their articulated scope, and so have risen to the top of the OCC's priorities for 2019 (each is included in the full list of 2019 strategies that follows):

1. **Prevention: *Develop a plan for sustainable investment in primary and secondary prevention*** that integrates school-based and community-based programs, resources and collaborations.
2. **Prevention: *Implement a statewide, multi-generation prevention care continuum to promote protective factors and identify risk including substance use disorder (SUD), through screening and sustained home visits,*** for pregnant and parenting women and their children.
3. **Intervention: *Expand and reinforce intervention and harm reduction programs and services statewide.*** Meeting people "where they are" is key to transitioning those with SUD into treatment and recovery. This involves a suite of intervention priorities, including syringe services programs, rapid access or low-barrier medication-assisted treatment (MAT),¹ Screening, Brief Intervention and Navigation to Services (SBINS), SUD and mental health professionals embedded with law enforcement, and recovery coaches at critical intervention sites.
4. **Recovery: *Build and support the Recovery Bridge - A home, a job, and human connection.*** Recovery Friendly Housing, Employment and Recovery Friendly Workplaces, and Recovery Coaching are essential supports for prevention of relapse.

¹ The goal of rapid access to MAT (RAM) is specifically targeted to initiate MAT within 72 hours from first contact with an individual, when medically appropriate. This is accomplished through collaboration, creating gateways to access with defined clinical pathways, peer-based recovery supports, refining processes using a critical eye within a specific provider and across the system, and tracking time to treatment. Ongoing community provider meetings are utilized to identify barriers, seek creative solutions and refine collaboration both systemically and on a case-by-case basis.

2019 Recommended Strategies

PREVENTION: Build a comprehensive statewide system of primary and secondary prevention.

- A. Establish and sustain a statewide infrastructure for primary and secondary prevention to ensure consistent and equitable leadership, programming, and use of resources. This includes: 1) an investment model (priority strategy); 2) a statewide prevention committee; 3) a statewide prevention leadership position; and 4) strengthening prevention networks, coalitions and collaboratives.
- B. Implement statewide comprehensive school-based prevention.
- C. Increase geographic equity and access to afterschool programs and out-of-school activities.
- D. Implement a statewide multi-generation prevention care approach to promote protective factors and identify risks including substance use disorder, through screening and sustained home visits, for pregnant and parenting women and their children (**priority strategy**).

INTERVENTION: Expand and reinforce intervention and harm reduction programs and services statewide.

Meeting people “where they are” is key to transitioning those with SUD into treatment and recovery.

- A. Expand and reinforce syringe services programs statewide.
- B. Build a human bridge of intervention where services engage people with addiction at critical moments of risk/harm (injection, overdose, withdrawal, illness and injury). These services include law enforcement, emergency departments, syringe services programs, primary care, and other clinical settings.

The bridge includes a statewide approach to all of the following:

- Expand the use of and training for Screening, Brief Intervention and Navigation to Services (SBINS) in emergency departments, primary care, and other clinical settings.
- Use Rapid Access to Medication-Assisted Treatment (RAM)² in emergency departments and syringe services programs where clinically appropriate.
- Expand SUD and mental health professionals embedded in state and local police departments.
- Deploy recovery coaches throughout the state to support and encourage just-in-time transitions toward treatment and recovery resources.

TREATMENT: Support and expand a statewide system of treatment that ensures timely accessibility to comprehensive care.

- A. Vermont must continue to evaluate, improve quality, and increase capacity as needed. Vermont’s nationally recognized Hub and Spoke system of care for opioid use disorder provides critical medication and supports. Two important areas to continue reinforcing are outcomes measurement, and evaluation of capacity and scope of services.
- B. Continue implementing the expansion of medication-assisted treatment (MAT) in correctional facilities, including refinement of intake assessment, data collaboration; and recovery supports within and beyond the facilities.

² See Footnote 1.

RECOVERY: Build and support the Recovery Bridge: Integrate recovery services across Vermont to ensure access to robust recovery supports is available to all in need. (priority strategy)

- A. Recovery-Friendly Housing: Support statewide collaboration and resources to ensure recovery housing is available for those in need in every region of Vermont.³
- B. Employment in Recovery: Partner with community and state organizations to promote recovery-friendly workplaces across Vermont, and to expand the Employment Services in Recovery Pilot Program through the Department of Labor, Department of Disabilities, Aging and Independent Living and the Department of Health.
- C. Recovery Coaching and Recovery Coach Academy: Develop a Recovery Coach Workforce to build resilience and improve outcomes in recovery, treatment, intervention and prevention.
- D. Transportation: Support the continuation of the transportation quality process improvement initiative in the Agency of Human Services, and through collaboration with VTrans, improve services for clients and ensure a single/unified point of entry regardless of payment method.

ENFORCEMENT: Support law enforcement efforts to increase resources to address drug trafficking and roadway safety.

- A. Increase coordination/resources for drug trafficking investigations. The OCC will support law enforcement’s efforts to secure federal and state funding to meet these new challenges.
- B. Improve roadway safety. The OCC fully supports Gov. Scott’s Marijuana Advisory Commission in its recommendations to address drug impaired driving, including: 1) legislation allowing for the collection and testing of oral fluid to determine the presence of drugs in impaired drivers; and 2) ensuring there are adequate drug recognition experts and funding for same.

Next Steps

The OCC acknowledges the hard work by many partners within state government and across the state, resulting in real progress since the OCC’s launch in May 2017. The full report includes details of all strategies, as well as continuing priorities, and priorities under development for 2019.

In the coming year, the OCC is committed to amplifying best practices, identifying barriers, and overcoming Vermont’s opioid-related challenges through prevention, intervention, treatment, recovery and enforcement.

³ “Recovery Housing refers to safe, healthy, and substance-free living environments that support individuals in recovery from addiction While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery and recovery services and supports.” National Council for Behavioral Health *Recovery Housing Issue Brief: Information for State Policymakers*. May 2017.
https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief_May-2017.pdf

OPIOID COORDINATION COUNCIL

2019 RECOMMENDED STRATEGIES: BUILDING BRIDGES

January 2019

Introduction

“The struggles with addiction are real, heartbreaking and found throughout our state. I see my colleagues, my friends and my neighbors struggling. I see my own family struggling, as do I. And like far too many others, each day includes dread of the phone call that brings terrible news. I wonder what I could have done and what I can still do for my family member. I hope for that little piece of control over this disease. Through the work of the Council and by many, many people across the state, I not only see ideas - I see action. I not only hear stories, I see success. I not only see response, I see prevention. We now have hope for the people and families suffering. Together, we will turn the tide on this epidemic. This is just the beginning.” — An OCC member

About the Opioid Coordination Council

In 2017, Governor Phil Scott issued Executive Order 02-17 (09-17) creating the Opioid Coordination Council (OCC) and charging it to identify best practices and strategies for communities to address opioid addiction, break the generational cycle of substance use disorder (SUD) and the stigma associated with it, and support long-term recovery. The Council’s initial strategy recommendations released in 2018 focused on comprehensive prevention efforts and strong treatment and recovery support. Strategies that address each of these core areas, implemented and sustained, will help turn this tide and build resilience in our youth, workers, businesses, parents, and the economy.

The mission of the OCC 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. Where practicable, the Council will apply the strategies and lessons learned from Project VISION to other communities throughout Vermont.

- Executive Order 02-17 (09-17): <https://governor.vermont.gov/content/governors-opioid-coordination-council-executive-order-09-17>.
- OCC 2017-2018 Strategic Actions and Progress Report: <http://www.healthvermont.gov/sites/default/files/documents/pdf/OCC-Progress-Report-20181212.pdf>

Insights from 2018

The second year of the OCC focused on convening, facilitating, listening, and engaging. The results have been inspiring. The Council has garnered and fostered tremendous insights into the successes, continued challenges and gaps in services and resources. Agencies, departments and communities have been both leaders and active participants throughout.

1. Substances cannot be siloed - a multi-substance approach to prevention is essential. OCC partners and participants concur that a multi-substance approach is essential. While recognizing that tobacco, alcohol, marijuana, opioids, stimulants, and prescription and street drugs present their own unique challenges, we must maintain a comprehensive, common-thread approach ensuring prevention, treatment, recovery and enforcement efforts across all potentially addictive substances. (See **Appendix C** for data.)
2. Vermont needs a coordinated, comprehensive statewide approach to prevention. Sharing of resources and information across communities and sectors will increase the effective use of financial and human resources.

3. Intervention: It's all about connection. Addiction is complex; it involves biological, psychological and social changes. Experts agree that prevention and recovery share this goal: to ensure youth and adults have ample opportunities for positive, protective connection – in communities, schools and homes. Delaying age of initial use of any substance critically reduces the risk of substance use problems later in life. (**Appendix C.4**, Age of First Use.)
4. No wrong door. To successfully connect people with the supports and programs they need or want, we must weave together Vermont's many resources. A coordinated system of intervention, treatment and recovery programs makes it possible for organizations and health professionals to provide seamless access to needed services.
5. The first day of treatment is the first day of recovery. Addiction is a chronic, and if untreated, progressive disease that may require specific kinds of treatment. No matter whether or what kind of treatment is first engaged, successful recovery depends on ensuring supports are timely and readily available for continued treatment and recovery care. Recovery centers, coaching, recovery housing, transportation, employment, support and social groups are essential components that may be needed intermittently through a life of recovery. (**Treatment and Recovery: The Nexus**, p. 19.)
6. Stigma thrives in darkness – telling our stories generates light. Overcoming stigma requires public engagement and education to rebuild the bridge between people with addiction and all parts of our communities – families, employers, recovery centers, people in recovery, community leaders, schools and youth. Conversations are happening in our communities today, thanks to the efforts of many of the OCC's partners. Personal stories lead to greater understanding.

Priority Strategies

Owing to the potential to be a springboard to positive change well beyond their articulated scope, these four strategies have risen to the top of the OCC's priorities for 2019. (*Details begin p. 12.*)

1. **Prevention: Develop a plan for sustainable investment in primary and secondary prevention** that integrates school-based and community-based programs, resources and collaborations.
2. **Prevention: Implement a statewide multi-generation prevention care continuum to promote protective factors and identify risk, including substance use disorder, through screening and sustained home visits, for pregnant and parenting women and their children.**
3. **Intervention: Expand and reinforce intervention and harm reduction programs and services statewide.** Meeting people "where they are" is key to transitioning those with SUD into treatment and recovery. This involves a suite of intervention priorities, including syringe services programs, rapid access or low-barrier medication-assisted treatment (MAT)⁴, Screening, Brief Intervention and Navigation to Services (SBINS), SUD and mental health professionals embedded with law enforcement, and recovery coaches at critical intervention sites.
4. **Recovery: Build and support the Recovery Bridge – A home, a job, and human connection.** Recovery Friendly Housing, Employment and Recovery Friendly Workplaces, and Recovery Coaching are essential supports for prevention of relapse.

⁴ See Footnote 1.

Background

The Opioid Challenge: United States and Vermont

The challenge of opioid addiction is one of the most tragic and complex public health emergencies of our time. The use of illegal opioids and the over-prescribing and abuse of prescription opioids in the U.S. has reached epidemic proportions — and continues to rise. Drug overdoses now kill more people than gun homicides and car crashes combined. Of the more than 70,000 Americans who died from drug overdoses in 2017, two-thirds involved opioids.⁵ In Vermont, the 2018 death toll from opioids will slightly exceed the previous year's toll of 101. Alarming, we are finding that illicit fentanyl is the cause of two-thirds of these opioid deaths, with the numbers doubling since 2015.⁶

It is the rare person living in Vermont who is not touched in some way by this crisis. Every death is a terrible loss. These are our families, friends and neighbors. We see and can quantify the far-reaching impacts of substance misuse and SUD. Between 2015 and 2017, nearly half of all children from birth to age 5 in the custody of the Department for Children and Families (DCF) were then due to opioid-related issues in the family.⁷ (**Appendix C.3**) In addition, our state and communities are experiencing a less visible but no less significant impact of the epidemic — from first responders who have seen a dramatic increase in the number of overdose interventions to employers who have seen an increased number of employees with untreated SUD. The impacts affect staff training, retention and morale. The learning curve to support employees is steep but essential, whether they are providing services or in recovery themselves.

We are ahead of much of the country, including the other New England states, in starting to make inroads to reduce the death, illness and trauma related to opioid addiction. Vermont took significant action early on to enhance prevention, promote screening and early intervention, monitor prescribing, expand treatment, and support people in recovery. A rough measure of the need is the expansion of state, regional and community collaborations and partnerships to support these actions.

The opioid crisis presents us with challenges not only to Vermonters' physical and mental health. It also shows us the need for increased social services, access to adequate housing, transportation and employment opportunities. This is in addition to access to treatment, harm reduction and recovery programs, and the role of law enforcement and the judicial system in reversing the trend.

The work of the OCC has led to greater clarity and understanding about SUD in general, and the addictive potential of the adolescent and young adult brain. Our coordinated work has also given us insights into how the underlying influences of diseases of despair, social isolation, a lack of feeling that you are a valued member of your community, and the related aftermath of dealing with trauma can, and often does, lead a person down the path to SUD and addiction. The significance of what we can continue to learn is especially pertinent to addressing substance misuse prevention for youth.

Opioids and Marijuana: Consistent with its January 2018 report, the OCC continues to counsel a cautious approach to legalization of marijuana given the lack of data on the health risks of marijuana. The Council notes, in particular a) compelling evidence that cannabis use may increase the risk of developing nonmedical prescription opioid use and opioid use disorder;⁸ b) Vermont data from the National Survey on Drug Use and Health showing the

⁵ Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep.* ePub: 21 December 2018. DOI: <http://dx.doi.org/10.15585/mmwr.mm675152e1>.

⁶ VT Dept. of Health Opioid Related Fatalities data brief:

http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Data_Brief_Opioid_Related_Fatalities.pdf

⁷ Source: VT Dept. for Children and Families, Families Services Division

⁸ [Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States](#), *American Journal of Psychiatry* (Sept.26, 2017)

decreasing and already low percentage of youth and adults who believe regular marijuana use is harmful;⁹ and c) the risk of sending a mixed message to Vermont’s youth regarding drug use. With the legalization of marijuana for personal use in Vermont, it is more important than ever that Vermont monitor research on the impact of marijuana use relative to youth risk behavior and opioid and SUDs, as well as impacts on roadway safety.¹⁰

As with youth use of nicotine products, we must be mindful that the adolescent brain is still developing, and drugs disturb that developmental trajectory. Studies in animals indicate that adolescents exposed to nicotine are essentially “training” the brain to be addicted. The earlier one starts using a potentially addictive drug, the greater the likelihood of developing a SUD. **Vermont must commit to investing in robust prevention programming and education to deter the use and abuse of marijuana and other drugs, especially among youth.**

Law Enforcement and Supply Reduction: Vigorous investigation and enforcement of the drug laws play a critical role in Vermont’s overall strategy to combat the illegal use of controlled substances. In addition to stemming the flow of drugs into Vermont, it reduces the opportunities for first-time use and creates space and opportunity to connect people with intervention, treatment, and recovery programs. Vermont law enforcement has and will continue to prioritize investigation and prosecution of criminal organizations and those engaged in selling drugs in Vermont for profit.

Federal Partnerships and Support: Federal government resources and an engaged congressional delegation have been and will continue to be critical to Vermont’s success. Through substantial grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), including State Targeted Response – Opioid (STR), the Department of Justice, and USDA-Rural Development, we have been able to pilot and sustain programs.

Raising Public Awareness and Fighting Stigma: Every aspect of the opioid crisis requires public awareness. This includes education and understanding about addiction, its impact on families and support systems, how to take action on prevention, intervention, treatment, recovery and enforcement, and how to overcome stigma and rebuild productive lives. There have been many efforts across Vermont this year that have contributed to raising awareness and fighting stigma.

They include:

- “Understanding Vermont’s Opioid Crisis: Working Together to Build a Resilient Community.” This eight-part public access cable series spotlights the history of Vermont’s innovative approaches, understanding addiction, and what comes next. <https://www.orcamedia.net/series/understanding-vermonts-opioid-crisis>
- The Vermont Department of Libraries has developed strong and creative resources and outreach to support prevention and intervention in families and communities statewide, including a healing kit for youth and families.
- Listen Up, a youth-focused media project, is under development by filmmaker Bess O’Brien, a member of the Prevention Strategies Committee. This multi-sector partnership that includes state government, educators, service providers and businesses, will engage youth to share their stories of life’s challenges and rich experiences.

⁹ National Survey on Drug Use and Health: Comparison of 2015-2016 and 2016-2017 Population Percentages, SAMHSA (p.9): <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaeChangeTabs2017/NSDUHsaeShortTermCHG2017.pdf>

¹⁰ 2017 Vermont Youth Risk Behavior Survey: http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

OCC Goals

The OCC was charged with coordinating Vermont's efforts to reduce sharply the incidence of substance use disorders, and to address the societal conditions that have contributed to this crisis. The OCC's goal is to ensure that Vermont has services in place that will minimize harm to individuals, families and communities, maximize access to treatment, and make long-term recovery the norm among those who suffer this disease.

The State of Vermont will meet these goals by:

REDUCING

- the number of people with substance use disorders.
- the incidences of opioid-related deaths.
- the risk of relapse in recovery.
- the number of babies born into addiction.
- the number of children in state custody as a result of SUDs.
- the total opioid pain relievers dispensed each year.
- the number of youth using illegal substances.
- the supply of illicit drugs in Vermont.
- incidences of opioid-related crime.

INCREASING

- the number of people in treatment.
- the number of people in recovery who have housing, jobs, and social supports.
- support for Vermont communities to be strong, safe, and resilient.

2019 RECOMMENDED STRATEGIES (Detail)

PREVENTION Strategies: Substances Cannot Be Siloed – An Integrated Approach

Prevention is the most important strategy to turn the curve on Vermont’s opioid challenges. The brain continues to develop until the age of 25, and drug use impacts that developmental trajectory. The later in life one is exposed to potentially addictive substances – nicotine, marijuana, alcohol, stimulants, depressants – the lower the chance of a subsequent SUD developing. This delay in exposure and use is key to reducing demand.

It is not an overstatement to recognize the hope that prevention brings forth. The following strategies, taken together, describe an approach to prevention that builds protective factors and addresses risk factors, while integrating programs, services and initiatives at home, school, work, with healthcare providers, and in after-school and community environments.

PREVENTION STRATEGY: BUILD A COMPREHENSIVE STATEWIDE SYSTEM OF PRIMARY AND SECONDARY PREVENTION.

Leaders and community members in Vermont have worked hard to sustain prevention programs at the local and regional level. These initiatives require integrated, comprehensive, statewide support in order to transform negative trends in substance use and its impact on children, families and communities. Programs and innovation across the continuum of prevention include nurse home visits for new parents, and after school programs to engage youth. While evidence-based best practices exist, resources are not equitably delivered across the state. An inventory and assessment of existing initiatives will make it possible to optimize use of resources.

A. Establish and sustain a statewide infrastructure for primary and secondary prevention to ensure consistent and equitable leadership, programming, and use of resources. This includes: 1) an investment model; 2) a statewide prevention committee; 3) a statewide prevention leadership position; and 4) strengthening prevention networks, coalitions and collaboratives.

- **Develop a plan for sustainable investment** in primary and secondary prevention. **(Priority Strategy)**

Lead Agency/Organization: Agency of Education, Agency of Human Services

The evidence is clear that an integrated approach across substances must be used to address the pathways to SUD. Success relies on sustainable resources at the community, regional and statewide levels. New monies will be required. The following strategies create a means by which an investment model can be designed, and funding secured.

- **Coordinate a statewide Prevention Committee.**

Lead Agency/Organization: Department of Health

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** – a “Chief Prevention Officer.”

Lead Agency/Organization: Office of the Governor

Promote the expansion of collaborative school-based and community-based prevention programs and funding across state agencies and departments, and in Vermont’s regions and communities.

- **Strengthen and align regional and community prevention networks, coalitions and collaboratives.**

Lead Agency/Organization: OCC, in partnership with Project VISION and Chittenden County Opioid Alliance (CCOA)

Assess gaps in prevention services, develop or maintain capacity, provide support and oversight of existing infrastructure, and ensure utilization of proven population health models such as the SAMHSA Strategic Prevention Framework for assessment, planning, implementation and evaluation.

- Encourage mentoring and networking among existing community-based collaboratives such as Project VISION and the Chittenden County Opioid Alliance (CCOA), to support development and sustainability of such initiatives in other communities. Leadership and backbone support, possibly from existing well-established coalitions, is needed. This statewide coalition will share best practices to support convening and facilitating community-based, all-sector conversations to better integrate services and supports, and should include partners from state government to improve program and resource connection.

Coalition Examples Across Vermont

*Rutland - **ProjectVISION**, Chittenden County Opioid Alliance - **CCOA**, St. Johnsbury - **DART** (Drug Addiction Resistance Team), Newport - **PITR** (Prevention, Intervention, Treatment, Recovery), Springfield - **ProjectACTION**, Brattleboro - **ProjectCARE** (Community Approach to Recovery & Engagement), Washington County Substance Abuse Regional Partnership - **WCSARP**; Hartford Community Coalition – **HCC**.*

B. Implement statewide comprehensive school-based prevention.

Lead Agency/Organization: Agency of Education; Department of Health; Department of Mental Health

Ensure sufficient and sustainable resources for Vermont schools to hire and retain qualified staff needed to achieve activities and services associated with comprehensive, evidence-based, school-based prevention. In alignment with the recommendations of the Marijuana Advisory Commission, the OCC supports the proposal to fund one full-time substance use prevention professional for no more than 250 student cases. This is to be over and above the per-pupil spending.¹¹

The risk and protective factors for youth substance misuse and disorders are well-documented. Because every student and school experiences a unique combination of these factors, proper assessment and planning are essential and must span domains to include mental health, nutrition and physical health, family engagement and school climate. Accordingly, solutions must be both customized and evidence-informed.

Supporting schools in providing comprehensive prevention looks different in every community. Many schools lack the resources needed to address student health and wellness as identified in Education Quality Standards (e.g., licensed health educators, a school nurse, guidance counselors). As such, a school may choose to use additional prevention funds to increase the schools' capacity to support the personnel and programs essential to the prevention of substance misuse. For example, health education plays a pivotal role in preventing substance use starting as early as pre-school through the provision of social emotional competency skills and other protective factors.

¹¹ Marijuana Advisory Commission Report, p. 3. <https://marijuanacommission.vermont.gov/document/governors-marijuana-advisory-commission-final-recommendations>

C. Increase geographic equity and access to afterschool programs and out-of-school activities.

Lead Agency/Organization: Department for Children and Families; Department of Health

Increasing access to afterschool and summer programs should give high priority to low-income children and youth, underserved areas of the state and middle/high school youth. A cross-sector, cross-agency grants committee, that includes DCF/Child Development Division and Vermont Afterschool, is using legislative reports from the Expanded Learning Opportunities Working Group to create an action blueprint.

An effective statewide approach to prevention must take into account the value of the “third space” in a young person’s life. With home and family as the first space, school and the formal education system as the second, the third space includes everywhere else—all the important time outside the school day and over the summer where so much important learning and growth can happen. Research in the past decade has shown that this third space is critical to the development of children and youth into healthy, well-rounded adults. It also encompasses a significant amount of time: young people in Vermont spend up to 80% of their waking hours outside of school — at home, in the community, working jobs, hanging out with friends, participating in extracurricular activities, volunteering, and pursuing interests and hobbies.¹²

In exploring effective models of statewide prevention, Vermont can take away key elements from the highly effective and research-based Icelandic Model of Adolescent Substance Use Prevention, which centers on increasing parental monitoring and parental social involvement, as well as youth participation in organized sports, the arts, and other structured activities after school.¹³

D. Implement a statewide multi-generation prevention care approach to promote protective factors and identify risk including substance use disorder, through screening and sustained home visits, for pregnant and parenting women and their children. (Priority Strategy)

Lead Agency/Organization: Department of Children and Families; Department of Health

Vermont has identified a gap in specialized supports for pregnant and parenting women where women are able to access treatment services with their children. The OCC supports development of a collaborative, evidence-based approach that will concentrate efforts where we find virtually all children: in their homes and in pediatric offices (“medical home”). A pilot project seeks to fund two to three regions to launch this prevention continuum, administered through Children’s Integrated Services (CIS) in the Department for Children and Families (DCF) in partnership with the Vermont Department of Health. It will include a family support worker in the pediatric medical home to connect with families at well baby visits (DULCE)¹⁴, who will meet weekly with

¹² Youth in Vermont spend significant time outside of school: on average a young person in Vermont spends approximately 80% of their waking hours outside of school (based on calculations of a 6-hour school day, 180-day school year).

¹³ The Iceland model includes a framework for parents with common norms and expectations for youth. It is shown to improve communication between parents and children and includes a 10 p.m. youth curfew and expanded access to extracurricular activities. Together these strategies have changed societal norms in Iceland, resulting in a dramatic drop in youth substance use including cannabis, cigarettes, and alcohol. It focuses on quality and availability (dosage) of afterschool and extracurricular programs in order to achieve long-lasting and positive impacts on children and youth (e.g. knowledgeable staff, positive youth development strategies, data driven, availability and encouragement of participation).

¹⁴ Developmental Understanding and Legal Collaboration for Everyone (DULCE): Innovative program that promotes healthy development of *infants from birth to six months*, and supports their parents, through pediatric primary care clinical sites which proactively address social determinants of health. The “Family Specialist” is key – a Parent Child Center employee and member of the pediatric team who connects families to resources based on parent needs and priorities. DULCE employs the Medical-Legal Partnership model to provide families more intensive assistance obtaining concrete supports when needed. The DULCE intervention incorporates a Strengthening Families™ Protective Factors approach and provides optional home visits. (Breena Holmes, Director of Maternal and Child Health, Vermont Agency of Human Services)

the CIS team. Home Health Agency nurses or CIS family support staff will engage families in long-term relationships when needs are identified, through Strong Families Vermont, sustained home visiting program.¹⁵

Across the state, scattered outpatient programs serve pregnant and parenting women and their children. While these programs offer valuable specialty services, the lack of access statewide is a barrier to all who need these supports and services. Investment is needed for program implementation.

INTERVENTION Strategies: It's All About Connection

THE INTERVENTION GATEWAY

There are many paths to treatment and recovery. Keeping people alive is critical to all of them. The availability of compassionate and accepting support for individuals struggling with an opioid use disorder through intervention and harm reduction has the potential to create, at every visit, a critical pathway into treatment and recovery. Embracing individuals “where they are,” without judgment and coercion, builds trust and creates opportunities to influence future decisions to use, how to use, and to seek treatment. Providing information, education and safe supplies reduces infection and disease transmission, minimizes unintended drug overdoses and sets the stage for active treatment. Making medication accessible and available without delay at each visit removes barriers to treatment. If “the longest journey starts with the first step,” intervention and harm reduction programs make taking that first step less difficult.¹⁶

INTERVENTION STRATEGY: EXPAND AND REINFORCE INTERVENTION AND HARM REDUCTION PROGRAMS AND SERVICES STATEWIDE. MEETING PEOPLE “WHERE THEY ARE” IS KEY TO TRANSITIONING THOSE WITH SUBSTANCE USE DISORDER TO TREATMENT AND RECOVERY. (Priority Strategy)

This involves a suite of intervention priorities, including syringe services programs, rapid access or low-barrier medication-assisted treatment (MAT)¹⁷, Screening, Brief Intervention and Navigation to Services (SBINS), SUD and mental health professionals embedded with law enforcement, and recovery coaches at critical intervention sites. Improving access to and availability of these services will increase opportunities to make successful transitions to treatment.

The OCC has learned through community visits, committee work and study that these programs and initiatives provide interactions that can make the difference between an opportunity and an overdose – from crisis intervention to ongoing, trusting relationships. These are situations where the risk factors – heavy addiction, multiple substances, co-occurring mental illness and addiction, and high overdose risk – call for intervention before one might successfully participate in clinical treatment and recovery programs.

¹⁵ *Strong Families Vermont*, including sustained evidence-based home visiting programs build protective factors and improve outcomes for families in the many domains including improved maternal and child health; promotion of parent-child interactions and improved social readiness; *reduction in maltreatment*, family violence, and juvenile delinquency and crime; reduction in maternal tobacco use; *reduction in maternal behavioral impairment attributable to drug and alcohol abuse*; increased family economic self-sufficiency. (B. Holmes)

¹⁶ The Healthcare Effectiveness Data and Information Set provides insight into initiation and engagement in treatment, where initiation is a person with an SUD diagnosis receives a treatment service within 14 days of the diagnosis, and engagement is demonstrated by that person receiving two or more services within 30 days of initiation. In Vermont, 44% of those who received a diagnosis received a follow-up treatment in 14 days, and 24% remain engaged. This is both a success indicator, and a challenge to establish new goals for intervention and transitions to treatment.

¹⁷ See footnote 1.

A. Expand and reinforce syringe services programs statewide.

Lead Agency/Organization: Department of Health

With their longstanding role in fighting transmission of disease and incidence of infection among people who inject drugs, and with recently reported success in connecting clients to treatment, syringe services programs (SSPs) are essential in Vermont's approach to intervention. Providing safe, secure locations with reliable services is fundamental to the success of SSPs (see SSP data box this page, and **Appendix C.5**).¹⁸ However, with fixed SSP sites in just seven Vermont counties, many Vermonters continue to lack access to life-saving syringe services. Increased investments in both fixed and mobile SSP sites are needed to improve their geographic reach and to grow the number of Vermonters who are able to successfully transition to treatment and recovery.

A multi-sector working group convened by the Department of Health developed priorities for next steps. Based on its work and OCC considerations, priorities for next steps include:

- Expanding mobile and fixed-site SSP services to unserved or underserved areas of the state.
- Ensuring safe and secure SSP locations with regular schedules and increased hours of operation (minimum 20 hours/week), and sustainable, sufficient staffing and resources to meet client needs for harm reduction, case management/service coordination, transition to treatment, and material supplies (including naloxone).
- Providing community outreach and education to all partners and service providers to expand their understanding of the value and public health benefit of these comprehensive services.
- Exploring the incorporation of rapid-access to MAT¹⁹ in all SSPs, as well as emergency departments, in Vermont.

SSPs: Successful Transitions to Treatment

- Howard Center Safe Recovery (Chittenden County) reported 828 Vermonters referred to treatment in 2017, 228 of whom (27.5%) transitioned to treatment. This is 17% of the 1,338 individual clients seen in 2017.
- These transitions to treatment, and the increased availability of treatment through the Hub & Spoke model, likely account for a reduction in clients from 10,406 in 2016 to 7,565 in 2017 (a difference of 2,841). (**Appendix C.5.**)

¹⁸ People who inject drugs who used SSPs were 2.8 times more likely to reduce the amount they injected compared to those who did not use SSPs. New users of SSPs were 5 times more likely to enter drug treatment than those who did not use SSPs. Those who used SSPs were 3.5 times more likely to stop injecting compared to those who did not use SSPs. (Asher, A., RN, PhD. in presentation funded by Association of State and Territorial Health Officials (ASTHO) and Centers for Disease Control (CDC) webinar: Hagan, H. et. al. *J. of Substance Abuse Treatment, 2000*; Latkin, et. al., *Substance Use and Misuse, 2006*.)

¹⁹ See Footnote 1.

B. Build a human bridge of intervention where services engage people with addiction at critical moments of risk/harm (injection, overdose, withdrawal, illness and injury). These services include law enforcement, emergency departments, syringe services programs, primary care, and other clinical settings.

Lead Agency/Organization: Department of Health; Department of Vermont Health Access/Blueprint for Health

The bridge includes a statewide approach to all of the following:

- Expand the use of and training for SBINS (Screening, Brief Intervention and Navigation to Services) in emergency departments, primary care, and other clinical settings.
- Use rapid access to MAT (RAM)²⁰ in emergency departments and syringe services programs where clinically appropriate.
- Expand SUD and mental health professionals embedded in state and local police departments.
- Deploy recovery coaches throughout the state to support and encourage just-in-time transitions toward treatment and recovery resources.

This strategy's four components, while distinct from each other, weave a safety net for those who have been unable to transition to treatment successfully. They will require resources for expansion and exploration (Screening, Brief Intervention, and Referral to Treatment or SBINS, SUD and mental health professionals in law enforcement, recovery coaches, and rapid access to MAT). SBIRT (the earlier version of SBINS) was piloted in Vermont with effective results in identifying and connecting individuals at risk to intervention and treatment. Rapid access to medication-assisted treatment (MAT) is now underway in some Vermont emergency departments, with positive outcomes. Low-barrier buprenorphine should also be considered for settings that work directly with people with active opioid use disorder, such as SSPs. Another practice for consideration is exemplified by the St. Albans State Police barracks and other law enforcement organizations in Vermont, where some of the burden of intervention work has been relieved by embedding SUD and mental health professionals. These professionals accompany officers to support individuals and connect them to the needed services. Recovery coaches are also in an increasing number of settings. The development of this career path is explained in the Recovery section of this report.

The Washington County Substance Abuse Regional Partnership (WCSARP) is a successful model of professional community-based collaboration, which takes an integrated approach to connecting clients to the services they need – a “no wrong door” approach.

Insights from OCC's 2018 Safe Injection Facilities Report

Vermont's clear commitment to overdose prevention and effective intervention strategies has led the OCC and our partners in local governments, elected officials, the Legislature and community organizations to explore the potential of safe injection facilities (SIFs). In doing so this year, the OCC has concluded the following, and will continue to consider new information as available:

- A. Federal legal obstacles make the opening of a SIF in Vermont virtually impossible to accomplish.**
- B. Additional and more substantial independent study is required** before effectiveness can be determined on health outcomes for those who use SIFs, public safety impact (positive and negative) on surrounding communities, and cost effectiveness. The OCC hopes the United States and other countries will invest in this research.
- C. To increase transitions to treatment and improve prevention and treatment of infection,** Vermont's limited resources can more prudently be directed toward **expanding and strengthening proven treatment and harm reduction models,** especially syringe services programs (SSPs), and rapid access or low-barrier MAT at sites where intervention occurs.

²⁰ See Footnote 1.

TREATMENT Strategies: No Wrong Door

Vermont reports 8,000 people in treatment as of 2018. Estimates of the number of Vermonters with untreated opioid addiction run from 8,000 to 20,000.²¹ To improve the prospects for children touched by SUD and to restore those damaged by the opioid crisis, attention must now turn to people who have been unable or unwilling to engage with treatment. The reasons are many and varied, including: co-occurring mental health issues, the severity of the addiction, lack of resources and lack of support.

If Vermont is successful with its intervention strategies, demand for treatment and recovery services will increase as those with addiction are connected to services. As Vermont's prevention efforts improve, and those with addiction move into recovery, it is the OCC's sincere hope that Vermont will experience an overall decline not only in overdose fatalities, but in the occurrence of addiction and its impacts.

TREATMENT STRATEGY: SUPPORT AND EXPAND A STATEWIDE SYSTEM OF TREATMENT THAT ENSURES TIMELY ACCESSIBILITY TO COMPREHENSIVE CARE.

A. Vermont must continue to evaluate, improve quality, and increase capacity as needed in Vermont's nationally recognized Hub and Spoke system of treatment for opioid use disorder.

Lead Agency/Organization: Department of Health; Department of Vermont Health Access/Blueprint for Health

Vermont's **Hub and Spoke system (Appendix C.6)** provides critical medication and supports. Two important areas emerge for continued reinforcement:

- Outcomes measurement informed by data collection, analysis and evaluation to support continuous learning about the impact of treatment services.
- Evaluation of capacity and scope of services: With nine hubs and 225 prescribers in 88 spoke practices, Vermont's statewide delivery system should now be reviewed to determine if services are meeting the needs of Vermonters and are accessible in all regions of the state. This review should include connection to other services needed to sustain recovery (e.g. employment, safe and affordable housing, child-care, transportation, etc.).²²

B. Continue implementation of the expansion of medication-assisted treatment in correctional facilities, including refinement of intake assessment, data collaboration, and recovery supports within and beyond the facilities.

Lead Agency/Organization: Department of Corrections

- Refine MAT in Corrections: With the implementation of Act 176 in July 2018, the Department of Corrections (DOC) provides MAT to incarcerated individuals throughout the state. The number of inmates receiving MAT is reaching one-third of the incarcerated or detained population in Vermont at any point in time; a significant volume requiring continuous quality process improvement. DOC systems under development need resources and leadership to construct an effective system for treatment within the facilities, and transition to community. The OCC supports the DOC's expanded action to implement effective assessment based on medical necessity, address process and systems improvement, measure

²¹ Based on VT Dept. of Health information (VPMS, SATIS). See also **Appendix C**.

²² A 2017 qualitative assessment of hubs and spokes (Vermont Hub and Spoke Model of Care for Opioid Use Disorders: An Evaluation) provided self-reported evidence of a substantial decrease in opioid use, a reduction from 25% to 0% overdose rate, and improved functioning for those in treatment, compared to those not in treatment. A summary of findings: http://www.healthvermont.gov/sites/default/files/documents/pdf/adap_HubSpokeEvaluationBrief.pdf. The full report: http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Hub_and_Spoke_Evaluation_2017_1.pdf

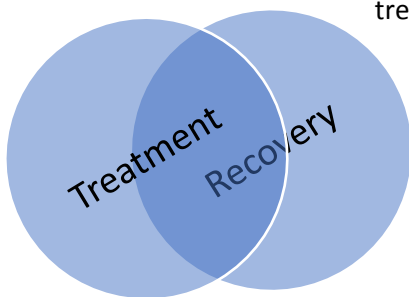
outcomes, and strengthen the transition plan for care coordination upon release. An agreement with the Department of Health is in development to address the need for data sharing as inmates transition from DOC facilities into the community.

- Increase recovery supports and use of peer recovery coaching within facilities, at re-entry and in the community post-release: As of January 2018, DOC created a voluntary Forensic Peer Recovery Coach Program called Open Ears, a support group of peers discussing recovery from incarceration, mental health issues, and substance use. Growing the connection to the network of regional Recovery Centers and Recovery Coaches, and supporting the transition from correctional facility to the community, is key. The OCC supports additional funding for MAT and SUD programming in the Department of Corrections.



TREATMENT AND RECOVERY: THE NEXUS

The relationship between treatment and recovery has much common territory. For people impacted by a SUD, they are inextricably linked. It is often said that the first day of treatment is the first day of recovery. Although formal



treatment may not be necessary for everyone with SUD, at least some period of recovery is essential for all. Many, if not most people view recovery as a long-term endeavor, while they view treatment as primarily a life event — often a revelatory one. For those in long-term treatment, it may become a practical activity – taking medication or receiving therapy in order to manage a chronic disease – while the recovery aspect of managing SUD may change and evolve, and may last a lifetime. Twelve step and other programs, a religious or spiritual practice and social supports may be among key components of one’s recovery.

In practice,

- these two systems of care do and must have active interplay between the providers and the methods used;
- treatment resources and recovery supports both must be available and accessible, timely and sufficiently, to meet the needs of all who seek them; and
- these critical systems of care need to be financially sustainable, and supported continuously.

Support for the families and loved ones of those who struggle with SUD is essential. As the person with SUD works toward recovery, so must the family and community engage in a process of healing and building resilience.

Here in Vermont we believe in this sort of commitment in our communities. These tools — both treatment and recovery systems — are essential to a successful path in the fight against addiction of all sorts.

RECOVERY Strategies: Generating Light

The OCC's strategies for recovery programs and services are designed to support individuals and their families in recovery, and to sustain gains made through Vermont's investment in intervention and treatment strategies. These efforts will make it possible for more Vermonters with SUD and their children and families to break the cycle of addiction, build resilience and participate in community-wide healing. This is part of the Council's long game – to create a system of integrated services essential to sustaining recovery that incorporates housing, employment, transportation, and recovery supports and coaching.

Criminal records expungement is also important to long-term recovery. Having a criminal record often presents insurmountable obstacles to obtaining housing, jobs and education. People with criminal records who are denied access to these essential supports are challenged to achieve or improve their financial independence and self-worth, no matter how hard they try. The OCC provided comment to the Vermont Department of State's Attorneys and Sheriffs as designated by Act 178, relating to sealing criminal records when there is no conviction. A report to the legislature was presented in November 2018. The OCC will continue to follow the legislative conversation in 2019.

RECOVERY STRATEGY: BUILD AND SUPPORT THE RECOVERY BRIDGE – INTEGRATE RECOVERY SERVICES ACROSS VERMONT, TO ENSURE ACCESS TO ROBUST RECOVERY SUPPORTS IS AVAILABLE TO ALL IN NEED. (Priority Strategy)

In 2018 the OCC Recovery Strategies Committee joined with recovery service providers to identify needs and priorities and to take action. The following four high-level strategies include work already underway – work that will require continued support, resources and a focus on promoting awareness of their benefits. This year's recovery work is clear evidence that when people come together, positive change can happen.

A. Recovery-Friendly Housing: Support statewide collaboration and resources to ensure recovery housing is available for those in need in every region of Vermont.²³

Lead Organization/Agency: Downstreet/Opioid Housing Taskforce; Agency of Human Services Central Office

Recovery efforts must include a multi-sector coordinated approach that engages the non-profit housing providers' Opioid Housing Taskforce, the Agency of Human Services, and the Vermont Alliance for Recovery Residences (VTARR). In 2018, VTARR received national certification to implement a quality standard certification process and to provide needed technical assistance for Recovery Housing providers. These standards will help to ensure recovery housing will provide a home and accompanying services to meet the needs of Vermonters working to sustain recovery.

Led by the Opioid Housing Task Force with support from the Vermont Housing Conservation Board, a comprehensive assessment of current and future need for Recovery Housing to determine gaps in regional availability is underway. With this assessment, plans for expanded recovery housing development may rise in priority for regional and statewide housing developers. With greater access to and availability of recovery housing, rental assistance will be needed to support sustained recovery. In 2019, a multi-sector coalition of housing providers will explore establishing a statewide revolving fund. This fund would be accessed by recovery residences for occupants who need financial assistance for basic needs (e.g. rent, food, clothing). This fund will help to stabilize the risk associated with a recovery residence's business model (non-payment of rent), while supporting core recovery principles of giving back and paying forward. Other priorities include piloting a Family SASH (Support and Services at Home) program providing service coordination to families in recovery, and expanding the Landlord Liaison program across the state, maximizing the use of additional resources to create a successful housing experience for the landlord and tenant.

²³ See Footnote 3.

Efforts are also underway to create a statewide rapid response approach to address housing needs for people with SUD. This will include a recovery residence toolkit and education for use by non-profit housing providers, public housing authorities, and private landlords. The toolkit will address the challenges, opportunities, and resources available for local treatment and recovery services, as well as naloxone training and distribution.

As the Department of Housing and Community Affairs develops the next five-year Consolidated Plan, inclusion of Recovery Housing and the services needed to support success in treatment and sustained recovery, should be cited.

B. Employment in Recovery: Partner with community and state organizations to promote recovery-friendly workplaces across Vermont, and to expand the Employment Services in Recovery Pilot Program through the VT Department of Labor, Vocational Rehabilitation, and Department of Health/ADAP.

Lead Organization/Agency: Department of Health; with Department of Disabilities, Aging and Independent Living/Vocational Rehabilitation; Department of Labor

Employment for individuals in recovery is key to reconnecting with one's community, re-establishing financial security and rebuilding self-worth and dignity. Many people in recovery have the skills and experience to succeed, but often need an employer who understands their situation and supports the various elements necessary for sustained recovery. By connecting employers and people in recovery, and supporting both, we can address the critical shortage of workers here in Vermont. The work underway between workforce development programs and the employer community will continue in 2019, to support the inclusion of people in recovery as a workforce strategy. To that end, there are several initiatives being developed/expanded:

- **Develop recovery-friendly workplace** resources for employers.

Lead Agency/Organization: CCOA; OCC

A Recovery Friendly Workplace initiative for Vermont employers is under development, in partnership with the Chittenden County Opioid Alliance (CCOA) and other community and state organizations. This initiative is designed to promote hiring and retention practices that support people in recovery: flexible workplace policies, tax credits, bonding and employer/ employee assistance programs. Education about SUDs, and resources available to support health and wellness, offer workplace benefits for all employees and employers. New Hampshire's "Recovery Friendly Workplace Initiative" is an example of such an effort.²⁴

- **Expand the Employment Services in Recovery Pilot Program** through the Vermont Department of Labor, the DAIL Division of Vocational Rehabilitation, and the Department of Health/ADAP, to all 12 recovery centers and Hub treatment providers.

Lead Agency/Organization: Department of Health/ADAP; in collaboration with the Department of Labor and DAIL/Vocational Rehabilitation

In the coming year, access to employment services for individuals in recovery who need employment will be expanded statewide. Employment counselors will have staff presence in all Vermont Recovery Centers, with additional connections to hubs and spokes, to provide employment services and labor market information, training and education supports, and job leads. Recovery Employment Consultants act as intermediaries between businesses and job candidates, offering support to both the business and employee after the hire. Meeting people where they are is an innovative approach to job placement and building Vermont's workforce. By developing this capacity and making it available to individuals accessing the Recovery Centers, hubs and spokes, rapid connections to employers can be made.

²⁴ New Hampshire's "Recovery Friendly Workplace Initiative" provides tools and strategies for employers: <https://www.recoveryfriendlyworkplace.com/>

C. Recovery Coaching and Recovery Coach Academy: Develop a Recovery Coach Workforce to build resilience and improve outcomes in recovery, treatment, intervention and prevention.

Lead Agency/Organization: Vermont Association of Mental Health & Addiction Recovery; Department of Health/ADAP; FOR-VT; Vermont Recovery Network

Recovery coaching provides a professional support relationship for individuals with addiction who are considering or who are in recovery. Coaches may be in recovery themselves or may be others who are committed to supporting recovery. Recovery coaching appears in several OCC strategies, bridging intervention, treatment and recovery. It is an emerging profession, and certification according to national standards ensures appropriate training and potential for a recovery coach career path.

By supporting the development of recovery coaching, Vermont can ease the impact of its SUD workforce shortage while expanding intervention, treatment and recovery supports. Strategies under development require continued collaboration and resources to build a statewide delivery system and increase the number of recovery coaches available in all regions. The OCC supports Vermont's efforts to credential Recovery Coach Training and the Recovery Coach Academy, including national certification through the International Certification & Reciprocity Consortium and The Association for Addiction Professionals. Formal supervision standards and training, and curriculum expansion to broaden the range of specialty training and potential sites for recovery coaching, are under development. Specialty training provides standard training as well as in-depth education about policies and programs for housing, employment, correctional facilities and offender re-entry to the community, in health care settings such as emergency departments and treatment hubs. Vermont hopes to grow the number of employed and placed recovery coaches from the current 100 now trained, to 275 certified coaches by 2021. (Certification is targeted for achievement summer 2019.)

D. Transportation: Support the continuation of the transportation quality process improvement initiative in the Agency of Human Services, and through collaboration with VTrans improve services for clients and ensure a single/unified point of entry regardless of payment method.

Lead Agency/Organization: Agency of Human Services; VTrans

Improve access to transportation services by developing a streamlined and centralized process between VTrans and AHS that leverages the technology of VTrans and the expertise of both agencies. This inter-agency systems approach will maximize efficiency, streamline multiple programs and financial resources to help Vermonters in recovery and their families reach treatment providers, recovery centers and supports, a job interview or employment – the critical pathways to independence and sustained recovery.

To assess and potentially reach this goal, the Agency of Human Services has launched a quality process improvement initiative between its departments and VTrans, which includes a systems assessment of current services and financial resources across both agencies. This process will inform a plan to leverage and expand existing technology within VTrans to best support AHS customers' access to services. In addition, it will explore opportunities to innovate and leverage resources. To maximize access to transportation services and thereby to programs and services, desired outcomes include:

- expanding the demand response program;
- expanding the volunteer driver network to engage recovery coaches and others (volunteers provide about 40% of all demand response trips in Vermont; and
- enhancing regional coordination between recovery centers, local support organizations, transit providers, and other related services to include coordinated applications for grants to purchase vehicles and expand transit options.

ENFORCEMENT Strategies: A Multi-Substance Approach

The OCC recognizes that prevention, intervention, treatment, and recovery strategies must be accompanied by vigorous enforcement of the drug laws. Enforcement stems the flow of drugs into Vermont. Reducing the drug supply means fewer opportunities for first-time use and creates space and opportunity to connect people with intervention, treatment, and recovery programs. At the same time, strong enforcement identifies and leads to the arrest of individuals engaged in the selling of illegal controlled substances, including potentially deadly opioids. Therefore, Vermont law enforcement has and will continue to prioritize investigation and prosecution of criminal organizations and those engaged in selling drugs in Vermont for profit. In addition, law enforcement remains vigilant for any signs of gang related drug activity in Vermont and its associated violence. We seek to bring criminal justice consequences not only for drug trafficking, but for related violence.

While law enforcement continues to prioritize the dismantling of opioid trafficking organizations, the trafficking of other drugs, particularly stimulants such as cocaine and crack cocaine, is increasing in Vermont and has placed additional burdens on limited enforcement resources. In addition, heroin and fentanyl dealers very commonly also traffic in other controlled substances including stimulants and marijuana to maximize profits and meet the demand of those who misuse multiple substances. The OCC further recognizes that the opioid crisis and marijuana legalization are interrelated and that marijuana legalization will likely place additional burdens on law enforcement throughout the state.

In 2019, the OCC will (1) continue to study emerging trends in illegal drug sales, (2) closely monitor developments in the legalization of marijuana, and (3) study the relationship between enforcement and other OCC strategies, including embedding street outreach workers with local and regional law enforcement and first responders.

ENFORCEMENT STRATEGY: SUPPORT LAW ENFORCEMENT EFFORTS TO INCREASE RESOURCES TO ADDRESS DRUG TRAFFICKING AND ROADWAY SAFETY.

A. Increase Coordination/Resources for Drug Trafficking Investigations

Lead Agency/Organization: Department of Public Safety

There is a high level of cooperation and coordination between federal, state and local law enforcement in identifying, investigating and arresting those who sell and distribute illegal controlled substances in Vermont. However, with the uptick in the prevalence of cocaine and crack cocaine, the legalization of marijuana, and the ongoing opioid epidemic, law enforcement resources for drug investigations, particularly at the local level, will need to be enhanced. The OCC will support law enforcement's efforts to secure federal and state funding needed to meet these new challenges.

B. Enforcement Strategy II: Improve Roadway Safety

Lead Agency/Organization: Department of Public Safety

Individuals impaired by drugs or a combination of drugs and alcohol continue to pose a public safety danger. For the past two years, the number of drivers involved in fatal crashes impaired by drugs alone has surpassed the number of drivers impaired by alcohol alone.²⁵ In addition, data from states that have legalized marijuana, including the retail sale of marijuana, show a disturbing increase in marijuana-related motor vehicle fatalities.²⁶

²⁵ According to VT Highway Safety Alliance reports, 2018 auto fatalities in which operators were suspected as driving under the influence of drugs-only were at 13 as of January 7, 2019, compared to 5 fatalities where the operator was suspected as driving under the influence of alcohol-only. In 2017, suspected drugs-only fatalities totaled 18 and suspected alcohol-only fatalities totaled 7. <https://dmv.vermont.gov/enforcement-and-safety/laws/crashes>

²⁶ Rocky Mountain High Intensity Drug Trafficking Area. *The Legalization of Marijuana in Colorado: The Impact Volume 5*. Sept. 2018. Reports an increase in marijuana related traffic deaths of 151%, while all Colorado traffic deaths increased 35%.

Gov. Scott's Marijuana Advisory Commission has set forth a number of recommendations to address drug impaired driving, including (1) legislation allowing for the collection and testing of oral fluid to determine the presence of drugs in impaired drivers and (2) ensuring there are adequate drug recognition experts and funding for same. The OCC fully supports these recommendations.

- Legislation Allowing for Oral Fluid Testing of Drug Impaired Drivers
The OCC will partner with the Governor's Marijuana Advisory Commission in support of prompt legislative action allowing for the collection of oral fluid from drivers suspected of driving while impaired by drugs. The test will be used for both screening purposes (non-evidentiary) and, in appropriate cases, for use as evidence of impairment in a prosecution for driving while impaired by drugs.
- Ensure Vermont Fully Supports Drug Recognition Experts
Drug Recognition Experts (DREs) are vital in the detection and prosecution of individuals who drive impaired by drugs. At this time and under current law, the number of DREs in the state is adequate. However, with the legalization of recreational use of marijuana, the number of available DREs would need to be closely monitored and evaluated to ensure adequate resource capacity and funding.

DATA POINT: The number of certified Drug Recognition Experts has increased each year, resulting in a steady increase in DRE evaluations of drivers suspected of driving under the influence of drugs. In 2016, 251 DRE evaluations were conducted. This number increased by 5% in 2017 to 263.

CONTINUING PRIORITIES

Work on these strategies began in 2018 and continues through the efforts of agencies, departments and partners. To ensure Vermont is able to build upon its growing foundation, this important work must continue.

CONTINUING PRIORITY I (INTERVENTION): THE VERMONT DEPARTMENT OF HEALTH WILL CONTINUE AND EXPAND A SYSTEMS APPROACH TO STATEWIDE TRAINING AND DISTRIBUTION OF NALOXONE.

Lead Organization/Agency: Department of Health; Agency of Administration; Department of Buildings and General Services

Naloxone is a well-established intervention in overdose situations. Awareness and education have grown, and the distribution of naloxone has expanded in the past year. Interest and need continue to grow.

2019 priorities include: 1) ensuring a steady supply of naloxone and related training are provided to all AHS district offices and to all of Vermont's law enforcement agencies; 2) supporting the efforts of housing providers to be trained and have naloxone on site; 3) support for the Department of Libraries' efforts to expand naloxone training and availability among local libraries statewide.

CONTINUING PRIORITY II: IMPROVE DATA INTEROPERABILITY IN VERMONT.

Lead Agency/Organization: Department of Health; Department of Public Safety; Agency of Digital Services

<https://rmhidta.org/files/D2DF/FINAL-%20Volume%205%20UPDATE%202018.pdf>. Washington Traffic Safety Commission. *Marijuana Use, Alcohol Use, and Driving in Washington State.* "Driver impairment due to alcohol and/or drugs is the number one contributing factor in Washington fatal crashes and is involved in nearly half of all traffic fatalities."
http://wtsc.wa.gov/wp-content/uploads/2018/04/Marijuana-and-Alcohol-Involvement-in-Fatal-Crashes-in-WA_FINAL.pdf

As noted in the 2017-2018 Strategic Actions and Progress Report (**Appendix A**) the Department of Health has 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. This collaboration to improve data collection and analysis will continue, with partnership between the Health Department, Public Safety's Vermont Intelligence Center, and New England High Intensity Drug Trafficking Area's Vermont-based heroin response team. This effort will also include all departments within AHS and the Agency of Digital Services. Next steps will include alignment of initiatives in data and reporting tool development statewide.

CONTINUING PRIORITY III (TREATMENT): MAXIMIZE NON-PHARMACOLOGICAL APPROACHES.

Lead Agency/Organization: DVHA/Vermont Blueprint for Health

The Department of Vermont Health Access and the Blueprint for Health (DVHA/Blueprint) have been working through 2018 to develop a comprehensive service framework for management of chronic pain that would include alternative treatment modalities. The effort involves a working group of payers and clinical leaders, and will use key informant interviews and a review of the published literature. The emerging standard of care for the management of patients with complex conditions and chronic pain includes transdisciplinary teams delivering integrated allopathic, psychological, and Complimentary Alternative Modalities (CAMs)²⁷ services. As one of Vermont's largest payers, the Medicaid program can help stimulate the development of new health care system capacity to support interdisciplinary approaches and enhanced primary care services. DVHA/Blueprint issued a Request for Proposals to pilot-test different service arrangements for their ability to decrease the impact of pain on ability to function, and for feasibility of replication and scalability, and impact on reducing total cost. The pilots will also test the impact of including CAMS. We anticipate implementation in early 2019, and will study the pilot roll-out for a year.

CONTINUING PRIORITY IV (TREATMENT): EXPAND ACCESS TO TREATMENT DOCKETS.

Lead Agency/Organization: Tri-Branch approach -- Vermont Judiciary, Department for Children and Families, Vermont Legislature

Expansion of access to treatment dockets is an important part of the network that cares for children affected by opioids and other drugs, and that supports individuals in treatment and recovery. To address the increase in cases and backlog of the juvenile Children in Need of Care or Supervision (CHINS) docket, the Commission on Family Treatment Dockets is developing proposals, with a goal of 2019 for implementation. The OCC supports the consideration of a judicial master as a step towards achieving the goal of equal access to justice. The Commission is led by the Vermont Supreme Court. The OCC recognizes and offers praise for the impending expansion of the DUI Treatment Docket to include drugged driving offenses and a regional model for all treatment dockets.

²⁷CAMs include: chiropractic, acupuncture, yoga, massage, Tai Chi, Feldenkrais, mindfulness & meditation.

CONTINUING PRIORITY V (TREATMENT): SUD WORKFORCE

Lead Agency/Organization: Agency of Human Services

In April 2017, a Governor's Summit on Vermont's SUD Workforce was coordinated by the OCC and the Vermont State Colleges, focusing on the challenges and opportunities to grow Vermont's SUD and mental health workforce to support Vermonters in need of these services. Two working groups emerged to consider multiple issues: barriers to licensure, workforce needs and alignment with higher education, costs of higher education and the disparity between debt and wages upon graduation, and the delivery of consistent, quality supervision and professional development. An early outcome in the fall of 2017 was the streamlining of the Licensed Alcohol and Drug Counselor, maintaining statutory competence and eliminating unnecessary obstacles. In 2018, the legislature appropriated \$5,000,000 over the next four fiscal years to make the investments required to expand the supply of high-quality SUD treatment and mental health professionals. A new working group, led by the Secretary of Human Services, the University of Vermont and Vermont State Colleges was established to create a workforce development plan. Investments will include enhanced degree programs and financial incentives. The plan will be presented as part of the Agency of Human Services' FY2019 budget adjustment request and the FY2020 budget request to the legislature in January.

CONTINUING PRIORITY VI: PREVENTION MESSAGING

Lead Agency/Organization: Department of Health

One of the most important aspects of any marketing or messaging campaign is achieving the desired outcome. Targeted messaging campaigns drive results as we work to encourage a specific action or response. However, when conveying a macro-level message to shift opinion and behavior, broad and consistent messaging campaigns may be effective. Vermont should consider a statewide messaging campaign to influence change in culture – reducing the stigma attached to SUD, and building awareness that treatment is available, and recovery is possible. Our children need to know it is safe to talk about drug use and abuse without judgment; our families and loved ones need understanding and support. Increased awareness is brought about by clear, repetitive and positive messages. The more people who hear these messages, the greater the capacity for all of Vermont to prevent substance use disorders.

PRIORITIES for DEVELOPMENT

In 2018, the OCC received introductory briefings on two topics which prompt the need for discussion to determine what, if any, additional strategy recommendations would promote Vermont's progress. These important components of Vermont's commitment to effect systems change will be a part of the OCC's 2019 work plan.

Residential Treatment

The OCC will review the nexus between residential treatment programs and outpatient treatment, and recovery programs and services. Is residential treatment sufficiently available and accessible? Timing, length of stay, referral to community supports, out-of-state options, and the potential use of public inebriate beds as opioid crisis beds for intervention will be considered.

Prevention for School-Aged Youth Not in School, and with Young Adults 18-25

In the process of gaining insight into school-based and afterschool prevention in 2018, the OCC also realized that more information is needed to understand to what degree youth who are not in school, and young adults, are being reached with prevention and intervention services. This will be a high priority for further development in 2019.

APPENDICES

Appendix A: OCC Strategic Actions and Progress Report 2017-2018

Appendix B: OCC members and staff

Appendix C:

1. Drug-related opioid and substance abuse data and information
2. Prevention and Continuum of Care definitions and information
3. Department for Children and Families, child welfare information
4. Age of First Use and Future Substance Problems
5. Syringe Services Programs
6. Hub and Spoke Evaluation

Appendix A: OCC 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.

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: <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.



Appendix B: Members and Staff of the Opioid Coordination Council
2018

Co-Chairs: Secretary of the Agency of Human Services, Commissioner of Public Safety, and a community leader (appointed by & serve at the pleasure of the Governor):

Al Gobeille, Secretary, Agency of Human Services

Tom Anderson, Commissioner, Department of Public Safety

Jim Leddy, Community Leader (Chittenden County)

Commissioner of the Department of Health or designee: Dr. Mark Levine, Commissioner

Attorney General, or designee: TJ Donovan, Vermont Attorney General

United States Attorney, District of Vermont, or designee: Christina Nolan, U.S. Attorney

Representative of the Vermont Mayors Coalition: David Allaire, Mayor (Rutland County)

Representative of a local non-profit housing organization to be appointed by the Governor:

Liz Genge, Director of Property and Asset Management, Downstreet Housing and Community Development (Washington County)

Educator involved in substance abuse prevention to be appointed by the Governor:

Adam Bunting, Principal CVU (Chittenden County)

Representative of State municipalities appointed by the Vermont League of Cities and Towns:

Stephanie Thompson: Vice-Chair, Springfield Select Board; Springfield Prevention Coalition. Public Health Analyst, New England High Intensity Drug Trafficking Area (NEHIDTA). (Windsor County)

Substance abuse prevention and treatment professional to be appointed by the Governor:

Lori Augustyniak, Executive Director, Prevention Works (Washington County)

Representative of the Vermont Association of Mental Health, Addiction and Recovery (VAMHAR):

Peter Mallary, VAMHAR Staff, former legislator (Orange County)

Representative of a designated agency to be appointed by the Governor:

Bob Bick, Executive Director, Howard Center (Chittenden County)

Representative of the Vermont Association of Hospitals and Health Systems:

Jill Berry Bowen, CEO, Northwestern Medical Center, St. Albans (Franklin County)

Representative of the Vermont Sheriffs' Association: Roger Marcoux (Lamoille County)

Representative of the Vermont Association of Chiefs of Police:

Seth DiSanto, Chief of Police, Newport (Orleans County)

Representative of the United States Drug Enforcement Administration:

Jon DeLena, Assistant Special Agent in Charge, Drug Enforcement Administration

First responder to be appointed by the Governor:

Michael Bucossi, Chief, Brattleboro Fire Department (Windham County)

Chief Justice, or designee: Hon. Brian Grearson, Chief Superior Judge

Representative of Vermont's business community to be appointed by the Governor:

Sara Byers, President, Leonardo's Pizza (Chittenden County)

Two at-large members to be appointed by the Governor:

Debra Ricker, President, WorkSafe, (Washington County)

Ken Sigsbury, Executive Director, Turning Point Center, Bennington (Bennington County)

Staff:

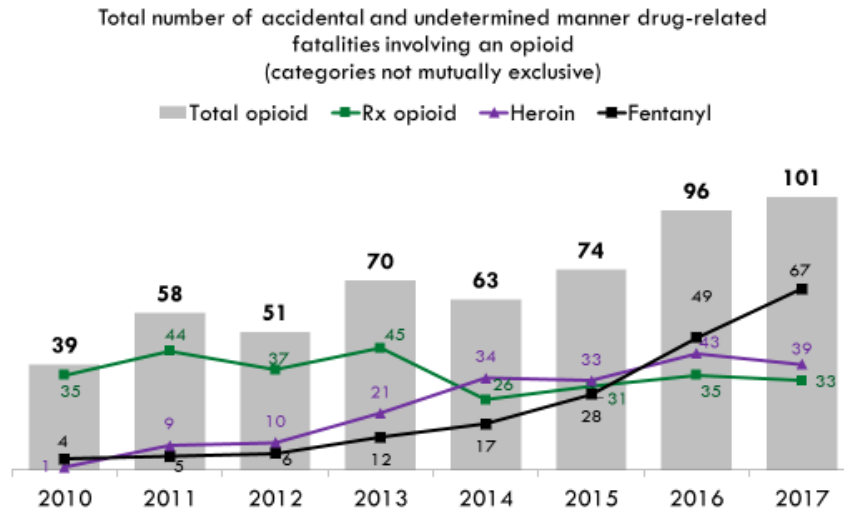
Jolinda LaClair, Director of Drug Prevention Policy

Rose Gowdey, Community Engagement Liaison

Appendix C: Data and Supporting Information

Appendix C.1: Drug-related opioid and substance abuse data and information (Vermont)

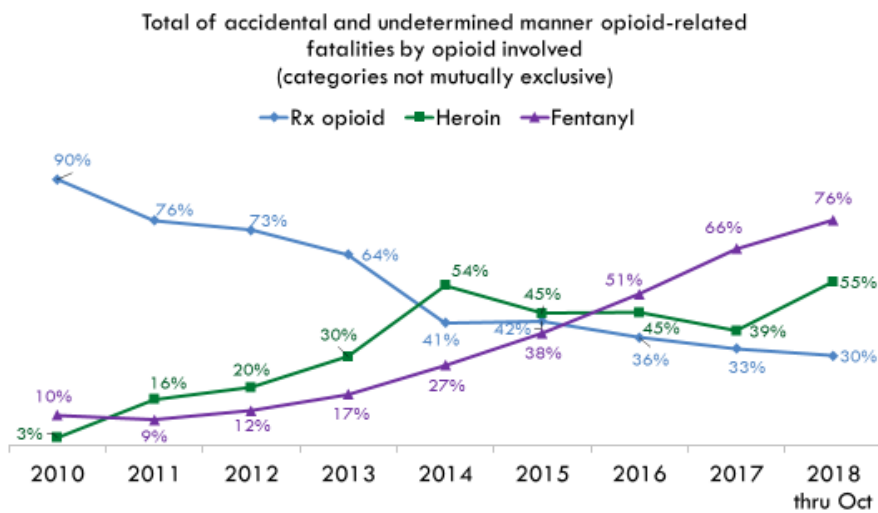
Drug-Related Fatalities Involving Opioids



Source: Vermont Department of Health Vital Statistics System

11

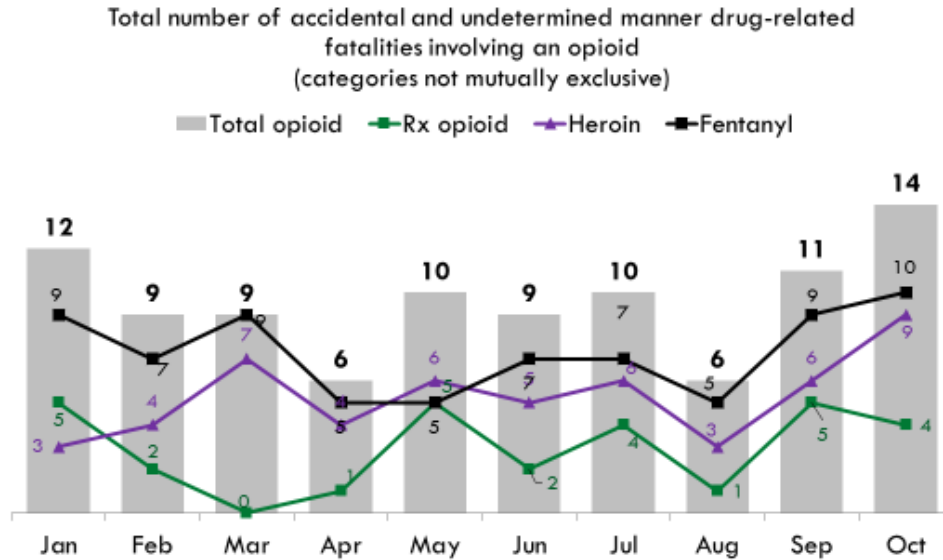
Percentage of Opioid-Related Fatalities by Type of Opioid Involved



Source: Vermont Department of Health Vital Statistics System

2

Preliminary Drug-Related Fatalities Involving Opioids – 2018 by Month

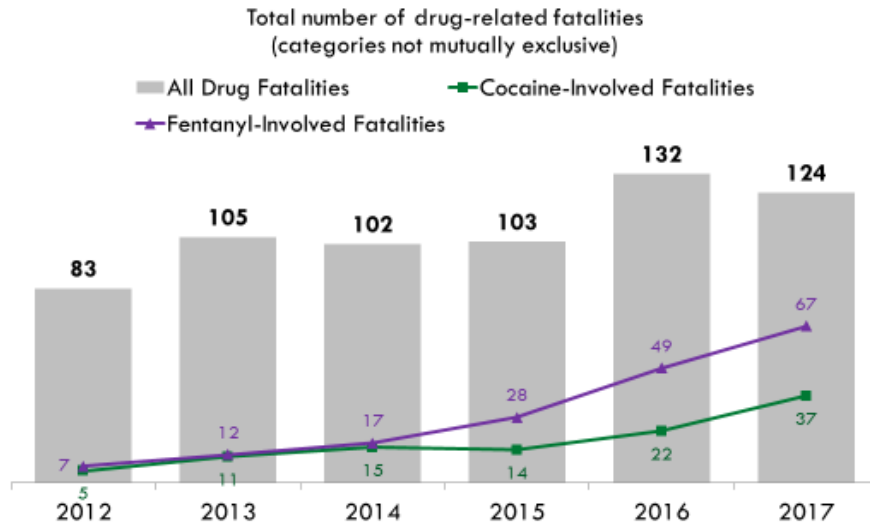


Source: Vermont Department of Health Vital Statistics System

1

The number of fatalities that included both cocaine and fentanyl increase from 6% of fatalities in 2016 to 24% of fatalities in 2017.

Cocaine-Involved Fatalities are Increasing



Source: Vermont Department of Health Vital Statistics System

1

Cocaine-Involved Fatalities Typically Involve Opioids

In 2016, 18% of opioids fatalities involved cocaine, in 2017 it increased to 32%

Number and Percentage of Accidental and Undetermined Opioid-Related Fatalities Among Vermont Residents - Substances Involved				
Substance*	2016		2017	
	Number	Percent	Number	Percent
Alcohol	16	17%	14	14%
Benzodiazepines	10	10%	5	5%
Buprenorphine	1	1%	0	0%
Cocaine	17	18%	32	32%
Fentanyl	49	51%	67	66%
Heroin	43	45%	39	39%
Methadone	14	15%	12	12%
RX opioid (no fentanyl)	35	36%	33	33%

Common cocaine/opioid combinations

Number and Percentage of Accidental and Undetermined Opioid-Related Fatalities Among Vermont Residents - Combinations of Substances Involved				
Substances*	2016		2017	
	Number	Percent	Number	Percent
Cocaine and Fentanyl	6	6%	24	24%
Cocaine and Heroin	13	14%	14	14%
Fentanyl and Alcohol	4	4%	9	9%
Fentanyl and Heroin	21	22%	29	29%
Fentanyl and RX Opioids (no fentanyl)	6	6%	11	11%

Appendix C.2: Continuum of Care – DULCE model

Promoting Lifelong Health for Children and Families

DULCE VT Program: A Community Response to Toxic Stress
(Developmental Understanding and Legal Collaboration for Everyone)
with Appleseed Pediatrics and the Lamoille Family Center

Project Update September 2017

Overview: Project DULCE (Vermont) is a pilot project sponsored by the Center for the Study of Social Policy taking place in seven sites across the country. The DULCE model consists of an interdisciplinary and integrated practice team, made up of a pediatrician, a family support specialist, a legal partner, and a program/clinical supervisor. The teams work together using a whole family approach to meet the needs of the child(ren) and the parents.

In Vermont, the Lamoille Family Center is the facilitative engine for DULCE. In this rural model, a family specialist from the parent child center is integrated in a pediatrician's office to meet with and remain engaged with all families of newborns, voluntarily, at their first and all well-child visits in their first six months of life. This provides support to new families with issues that arise in the context of the health visit, and also importantly, helps families connect to such concrete supports as transportation, food, and housing, and when needed, coordinates care with the local Children's Integrated Services team.

Why is DULCE effective:

- 96-98% of Vermont infants receive routine health care with a child health provider in the first month of life. The healthcare setting offers three key advantages in providing parenting support:
 - **Universality:** Potential to reach virtually all families, including highly vulnerable ones,
 - **Acceptability:** Lack of social stigma attached to using medical care, and
 - **Credibility:** High level of trust families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services.
- Concrete strategies to mitigate toxic stress and prevent ACEs by early identification and addressing the major risk factors in Vermont's new families:
 - Parental substance use including alcohol, tobacco and other drugs
 - Maternal depression
 - Social isolation

Early identification of family strengths and risks stabilizes and strengthens families and improves health outcomes for the children.

Results of Pilot Thus Far: 98% of families have accepted the screening and support from the family specialist who serves as a trusted member of the patient's care team and has knowledge of community resources.

Early interventions:

- 89% Immunization compliance with recommended vaccines based on age compared to a state rate of 76%
- 9% positive screens for depression and referred for further assessment
- 27% of households screened positive for tobacco use and referred
- 10% of households screened positive for 1 parent with a drug history and referred

"In the past, a parent might share if she is facing food insecurity or inter-personal violence, but now I'm hearing about these issues more consistently and reliably," explains Dr. Pahl. "With DULCE, I am able to provide better care because I know more about what's going on with my patients, even when the family is no longer participating in the program." --- pediatrician on DULCE team

Contacts: Breens Holmes Breens.Holmes@vermont.gov; Scott Johnson sjohnson@lamoillefamilycenter.org

Appendix C.3: Department for Children and Families, child welfare information

Child Custody, Trauma, Adverse Childhood Experiences (ACEs), and Opioids

Source: Annual Report on Outcomes for Vermonters, January 2018, Department for Children and Families
<http://dcf.vermont.gov/reports>

“The number of children aged 0 to 5 entering DCF custody began steadily increasing in 2014. Based on data collected from FSD (Family Services Division) staff, about 50% of them came into custody because of opioid abuse in their families. Parents using opiates are unable to provide the safety and care their children need. This is especially true for very young children. While still high, the number of children aged 0-5 in custody is starting to decline.”

Table 2: Number and Percent of Kids Ages 0-5 in Custody due to Substance Abuse Issues

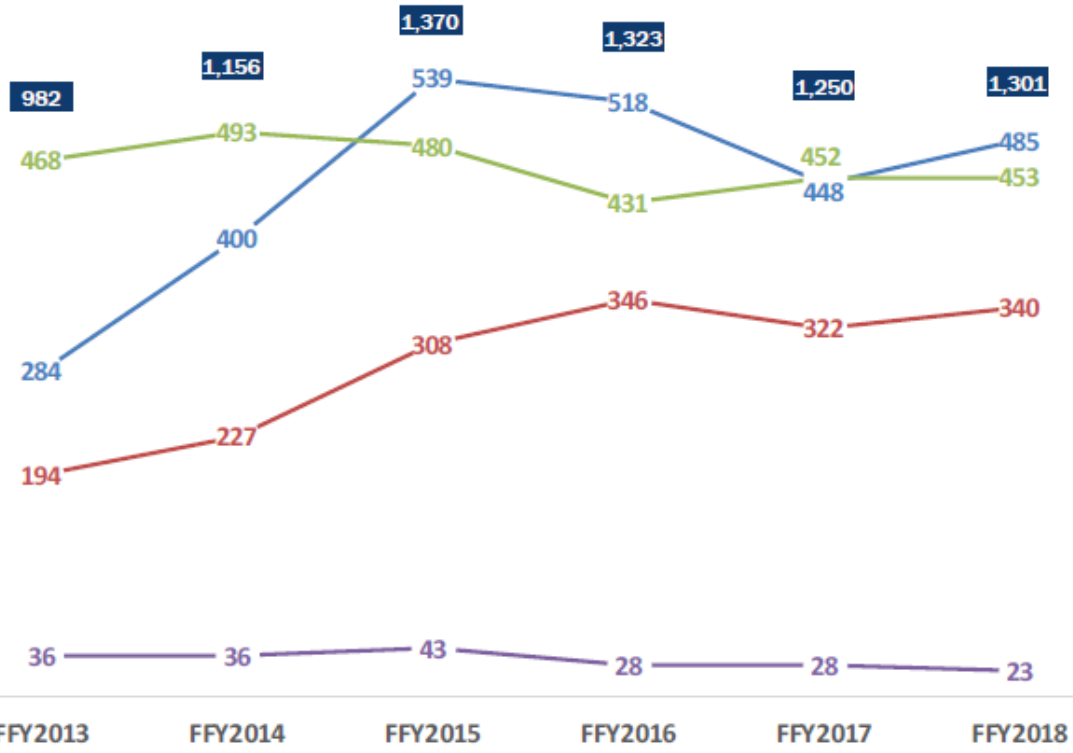
Child's Age	Nov. 2015	total % of 0-5 Custody Population	Nov. 2016	total % of 0-5 Custody Population	Nov. 2017	total % of 0-5 Custody Population	Nov. 2018	total % of 0-5 Custody Population
0	59	59.00%	55	66.27%	42	59.15%	32	48.48%
1	67	58.77%	58	58.00%	54	64.29%	54	54.55%
2	59	67.82%	54	64.29%	62	62.00%	61	62.89%
3	59	66.29%	70	73.68%	37	54.41%	52	56.52%
4	53	66.25%	53	71.62%	64	68.09%	38	55.07%
5	48	69.57%	39	60.94%	37	67.27%	54	58.06%
Total	345	64.01%	329	65.80%	296	62.71%	291	56.40%

Table 3: Number and Percent of Kids Ages 0-5 in Custody due to Opiate Abuse Issues

Child's Age	Nov. 2015	total % of 0-5 Custody Population	Nov. 2016	total % of 0-5 Custody Population	Nov. 2017	total % of 0-5 Custody Population	Nov. 2018	total % of 0-5 Custody Population
0	51	51.00%	46	55.42%	29	40.85%	21	31.82%
1	54	47.37%	44	44.00%	43	51.19%	42	42.42%
2	49	56.32%	45	53.57%	50	50.00%	47	48.45%
3	43	48.31%	53	55.79%	31	45.59%	36	39.13%
4	41	51.25%	46	62.16%	50	53.19%	25	36.23%
5	38	55.07%	32	50.00%	32	58.18%	42	45.16%
Total	276	51.21%	266	53.20%	235	49.79%	213	41.28%

CHILDREN IN CUSTODY BY AGE RANGE AS OF SEPT 30TH

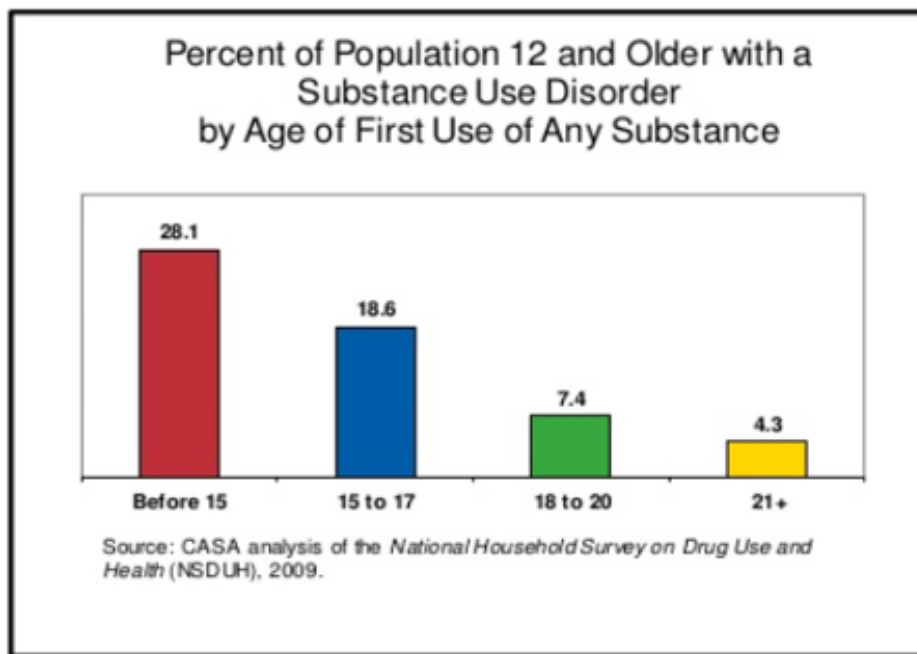
— 0-5
 — 6-11
 — 12-17
 — 18+



Appendix C.4: Age of First Use and Future Substance Problems

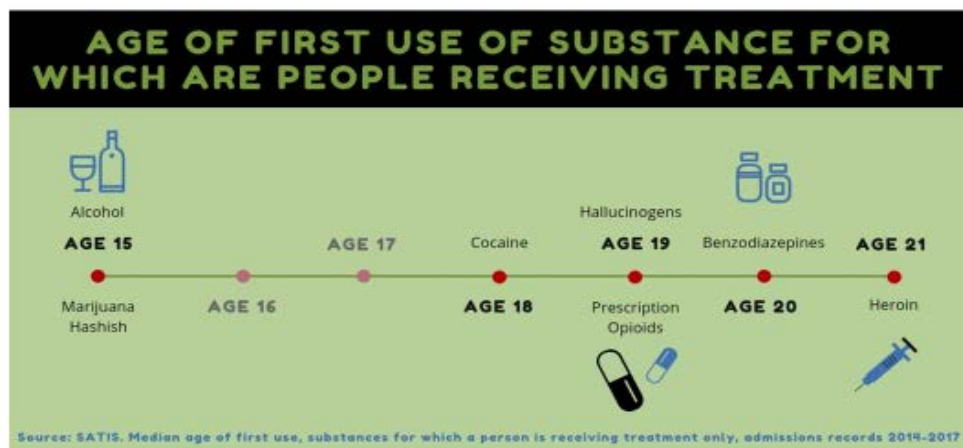
Information based on CASA (Center on Addiction) analyses of adolescent substance misuse, 2007, 2011. <https://www.centeronaddiction.org/addiction-research/reports/adolescent-substance-use-america%E2%80%99s-1-public-health-problem>

- 90% of Americans who meet the medical criteria for addiction started smoking, drinking or using other drugs before age 18.
- 1 in 4 Americans who began using any addictive substance before age 18 are addicted, compared to 1 in 25 who started using at age 21 or older.



CASA Columbia 2013

Vermont Treatment System Admissions Age of First Use for Substances of Abuse



Vermont Department of Health

Source: Substance Abuse Treatment Information System (SATIS)



Members Visiting Syringe Services Programs Over Time

Region	Jan-Mar 2013	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Burlington	593	668	702	698	712	838	799	802	815	898	854	779	844	843	868	821	722	675	652	673	601
White River Junction	40	51	47	44	54	57	66	49	55	65	69	56	74	60	58	52	71	62	56	43	46
Springfield																	4	26	31	32	36
St. Johnsbury	43	47	52	50	42	48	59	44	55	55	52	58	64	71	79	94	52	47	47	52	31
Rutland	N/A*	9	39	52	55	62	68	42	84	127	130	154	136	135	170	154	152	131	134	129	134
Barre																	25	33	20	38	41
Brattleboro																30	42	34	38	35	50
Mobile Exchange (VT CARES)																					
Total	676	775	840	844	863	1,005	992	937	1,009	1,145	1,105	1,047	1,118	1,109	1,175	1,151	1,068	1,008	995	1,019	961

*Start Dates of New Sites: Rutland 4/2013, Brattleboro 10/16, Barre 1/17, Springfield 3/17

Vermont Department of Health

*Start Date of Mobile Exchange (VT CARES): 3rd Quarter July-Sept. 2017

Source: VDH HIV/AIDS Program

Appendix C.6: Hub and Spoke Evaluation

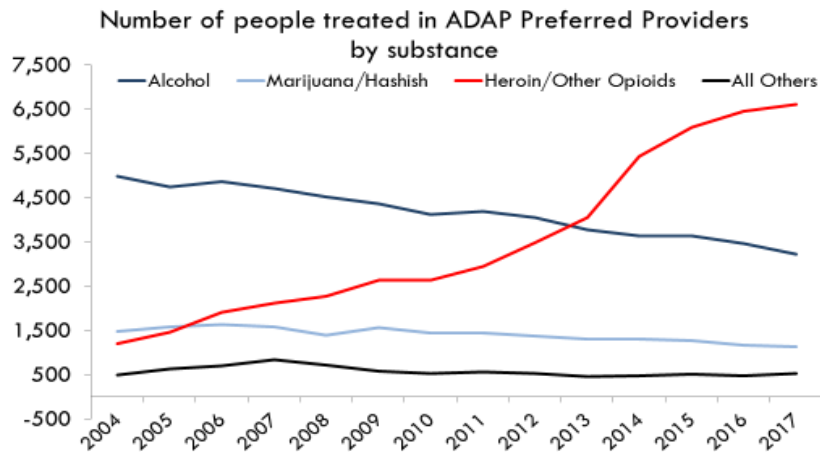
The following charts are based on findings from the report, *Vermont Hub-and-Spoke Model of Care for Opioid Use Disorders: An Evaluation*, Vermont Center on Behavior & Health, University of Vermont.

Overview: <http://www.healthvermont.gov/media/newsroom/hub-and-spoke-evaluation-shows-significant-impact-january-22-2018>

Full report:

http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Hub_and_Spoke_Evaluation_2017_1.pdf

VERMONT The number of Vermonters treated for opioid addiction has leveled



Vermont Department of Health

Source: Alcohol and Drug Abuse Treatment Programs 10

Self-Reported Changes in Opioid Use: T₁ to T₂

Opioid use decreased substantially for people in both hubs and spokes. Those not in treatment continued to use at high levels.

Measure	In Treatment		Out of Treatment	
	Change in Ave Days Used	Percent Using at T ₂	Change in Ave Days Used	Percent Using at T ₂
Days of Opioid Use	-96% ↓	15%	+12%	100%
Days of Opioid Injection	-92% ↓	11%	-1%	85%

↓ Designates statistically significant change

"The hub was really good in a lot of ways because of the structure, the discipline. It makes you get back on track if you want to get back on track." – Hub Patient

"The main support is always they focus on your health and your wellbeing. They always try to make sure you're safe. That's the number one thing, and then your substance abuse, to not using." – Spoke Patient

Vermont Department of Health

3

Self-Reported Changes in Substance Use: T₁ to T₂

Other substance use, except cannabis, decreased significantly for those in hubs and spokes

Measure	In Treatment (n=80)		Out of Treatment (n=20)	
	Change in Ave Days Used	Percent Using at T ₂	Change in Ave Days Used	Percent Using at T ₂
Days of Tobacco Use	-12% ↓	77%	0%	95%
Days of Alcohol Use	-66% ↓	34%	-3%	65%
Days of Cannabis Use	-9%	47%	+7%	75%
Days of Hallucinogen Use	-100% ↓	1%	-82%	10%
Days of Cocaine Use	-72% ↓	27%	-24%	45%
Days of Sedative/Tranquilizer Use	-83% ↓	12%	+1%	50%
Days of Amphetamine Use	-85% ↓	4%	-41%	32%

↓ Designates statistically significant change

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Self-Reported Changes in Functioning: T₁ to T₂

There were significant decreases in the number of ED visits, arrests, and days of illegal activity. No study participants overdosed in the 90 days prior to the interview. Days of school or training increased but there was not a significant change in days of work.

Measure	In Treatment Group (n=80)
Number of ED Visits	-89% ↓
OD in the previous 90 days	-100% ↓
Days of school or training	+257% ↑
Days of work	+8%
Number of police stops or arrests	-90% ↓
Days of illegal activity	-90% ↓

Percent of People Reporting Overdose: In-Treatment Group



The out of treatment group is excluded because there were no significant changes

↑↓ Designates statistically significant change

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ACKNOWLEDGEMENTS

The OCC thanks Governor Phil Scott for the honor and opportunity of serving on this Council. The 2018 strategies were a call for action; in 2019 we have already seen strategy development and implementation in all drivers of change – prevention, intervention, treatment, recovery and enforcement. We are motivated by the potential to have strong, positive impact on the people and communities of Vermont. We pursue this work with gratitude.

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We recognize with respect everyone in Vermont who is faced with and working to overcome the challenges of the opioid crisis.



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