

Substance Misuse Prevention Oversight and Advisory Council (SMPC) September 2023 Meeting Minutes

Date: September 18, 2023 Time: 1-3 PM	Mtg. Facilitator: Nicole Rau Mitiguy Mtg. Recorder: Trina Crockett Where: Microsoft Teams
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	Name	Organization and Role
x	Kelly Dougherty	Department of Health, Chair Delegate
x	Dr Mark Levine	Department of Health, Chair
x	Melanie Sheehan	Mt. Ascutney Hospital and Health Center, Vice Chair
X	Heather Bouchey	Agency of Education, Executive Committee Member
	Mourning Fox	Department of Public Safety, Executive Committee Member
x	Monica Hutt	Agency of Administration, Executive Committee Member
x	Amy Brewer	Northwestern Medical Center, Member
	Rebecca Brookes	Upstream Social Marketing, Member
X	Kimberley Diamond	Prevention Works, Member
	Alex Figueroa	United Counseling Services, Member
x	Kheya Ganguly	Department of Mental Health, Member
x	Skyler Genest	Department of Liquor and Lottery, Member
x	Charles Gurney	Departments of Disability, Aging and Independent Living and Health, Member
	Cindy Hayford	Deerfield Valley Community Partnership, Member
x	Maryann Morris	The Collaborative, Member
	Kat Patterson	Cathedral Square, Member
x	Scott Pavek	City of Burlington, Member
x	Janet Potter	Hartford Middle and High School, Member
x	John Searles, Ph.D.	Department of Health (Retired), Member
x	Stephen Von Sitas	Vermont Judiciary, Member

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Agenda Item	Lead	Minutes
Welcome, Introductions, and Quorum Determination	Dr Levine and Melanie Sheehan	
Review and Approve July 2023 Minutes	Nicole Rau Mitiguy	July minutes pass as written.
YBRS Discussion	Kristen Murray	<ul style="list-style-type: none"> • Meeting Materials • The Youth Risk Behavior Survey (YRBS) is a part of the National School Based Surveillance System conducted by the CDC • Most states and multiple jurisdictions, large cities across the US participate in the YRBS as it was designed to monitor the risk behaviors that contribute to the death and disability among adults • Survey is broad – ask questions about things like unintentional injuries, seat belt use, helmet use, violence, sexual behavior, etc • VT has a section that looks at attitudes and perception around substance use and particularly around electronic vapor products, cannabis and alcohol as well as nutrition, physical activity • Conducted every other year, during the spring semester in public middle and high schools. • Surveys were just collected for 2023 • CDC provides a list of questions, and we need to ask about 66% of those questions and we can add some of our own • No trend data for 2021 due to COVID, completed survey in fall semester which could contribute to the difference in data <ul style="list-style-type: none"> ○ Statewide report: https://www.healthvermont.gov/sites/default/files/document/hsi-yrbs-2021-full-report.pdf ○ Special considerations for 2021: https://www.healthvermont.gov/sites/default/files/documents/hsi-yrbs-2021-special-considerations.pdf • YRBS Survey <p>QUESTIONS/THOUGHTS:</p> <ul style="list-style-type: none"> • Have you had a chance to do any cross tab analysis – curious about whether there’s a correlation or an association between the number of students who feel like they don’t have

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		<p>someone close to or other features of the school context and some of the risk behaviors?</p> <ul style="list-style-type: none"> ○ ANSWER: We have not done any of that. We just finished doing all the local reports and are working on doing some of the population reports first and then hopefully have more time to look at those cross tabs. If there is one that you are interested in, let Kristen know. ● In 2019, 82% of the students reported being heterosexual, but in the 2021 report it was 72%. Is this a function of people being more comfortable with reporting their sexual orientation or is something else going on? <ul style="list-style-type: none"> ○ ANSWER: It's two-fold and hoping to connect with OutRight VT to get their perspective on it. It may be in part to the change of wording in the question. ○ Comment: Local data is showing almost 40% of middle and high school students identify as LGBTQIA ● Curious to see the cannabis perception of harm trend data from before 2013 when we decriminalized and then again from 2019 when we legalized and then with retail. ● Thinking about prevention and students recognizing that there's prevention of substance use. It makes me wonder how do we equally focus on kind of building wellness and resilience? <ul style="list-style-type: none"> ○ COMMENT: Kristen talked about affecting youth, and there's a parallel with older adults. Mattering to the community is just a determinant of health for a young person to feel like they matter to their community, and that's very much true with older adults, but for different reasons. It's important to be considered in terms of both reducing risk but also for building resiliency and protective factors. ● In thinking about ways we can help raise strong, healthy, well balanced young people by making them feel part of their communities with opportunities that value and cherish them. That is all that we can do, and the perception data shows that they get that tobacco and vaping interferes with that and to a certain extent alcohol as well. With cannabis, the data shows that some young adults believe that it is just medicine, they think it is treatment. When trying to build these healthy young people with the communities that support that, the message on cannabis is very off for them. ● There is a lot of data out now from a study on the use of technology and the impact on mental health. Mental health among students was on a decline prior to the pandemic due to technology, but we now know that technology is contributing to social isolation among older adults whereas prior to COVID they would get together with friends or go on outings. Rather than looking at resilience, we need to look at connectedness and social isolation – guidance will be coming out from the CDC. If we addressed, statewide, social isolation, lack of identity, substance use, not

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		<p>knowing where someone belongs in the community, it would hit a lot of topics. One more point to share is that parents don't want to talk about risks, underage drinking, cannabis use, but they want to know about it.</p> <ul style="list-style-type: none"> ○ COMMENT: Social isolation and technology does not only affect mental health and suicide risk, but with older adults it affects morbidity and mortality.
Subcommittee Meetings Reports	Nicole Rau Mitiguy	<p>Prevention Subcommittee:</p> <ul style="list-style-type: none"> • One of the focuses has been on older adults and recognizing that we probably need to develop a prevention infrastructure across the state that would be focused on older adults in respect to prevention, reduce their risky use of alcohol and medications. With the various organizations, prevention organizations and possibly DSU prevention consultants across the state, this would be possible. There is no unified effort like there is for other age groups. For example, the Mt Ascutney Hospital and Medical Center have a 50 plus senior group that meets, and they have tackled this problem well. • COMMENTS/THOUGHTS: We do have Prevention Lead Organization (PLO) grants that began in July. We were given the directive to address substance use prevention across the lifespan so we are looking at our needs assessment. We are looking at data specific to older adults and starting to think about the need to work with our agents, area agencies on aging. <ul style="list-style-type: none"> ○ This will likely require us to think outside of the box and bring in new partners. Looking at the Social Autopsy report for example, those over the age of 55 are less likely to be given Narcan®. Besides the are agencies on aging and SASH, in terms of what the prevention organizations could do it reach out to senior centers, provide them with some information, education material. Perhaps more health educators in primary care offices. <p>Policy Subcommittee:</p> <ul style="list-style-type: none"> • Discussed how to support the bill that focused on banning tobacco and nicotine flavors. The bill did not pass through during the first half of the biennium, but we should support it in the second half if it gains momentum again. • Creating more parity through legislative requirement in terms of compliance checks for the sales of substances wherein more substances have more legislative regulation around them. So there is more attention brought to them which results in more resources available to them to conduct compliance checks. Example includes tobacco having more resources because it is mandated versus cannabis which it is not mandated.

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		<ul style="list-style-type: none"> • THC CAP – potentially finding ways to further distribute that evidence-based information that was derived by the Cannabis Committee as a reaction to the topic of THC levels. In an underlying conversation we discussed that we don't want to react to these things but want to respond to them. Examples include developing ways to be at the tables when these discussions are happening rather than reacting to information that has already come out. • Some input from folks was that prevention voice was not at the table when these discussions were happening. <p>Communication Subcommittee:</p> <ul style="list-style-type: none"> • Conversation was focused around their engagement in data coming out of PACE (Policy and communication evaluation) and just looking to gauge 1st interest of the full council. They did have a more one-on-one conversation with those involved with PACE and the subcommittee to better understand the lead researchers involved in PACE to understand the data coming out of PACE and how that could be used to inform the work or thoughts of the SMPC. Also looking to continue to support the work that is going on. <p>Equity Subcommittee:</p> <ul style="list-style-type: none"> • Spent a lot of time talking about SAPs and geographical equity related to SAPs but also wanted to ensure that there was an accessibility of prevention whether it be SAPs or other support for some of our most impacted populations including LGBTQA+ youth in particular. What does it look like in our prevention system and how can we best support those populations?
Opioid Settlement Committee Planning	Melanie Sheehan	<p>Planning Committee for Opioid Settlement Committee:</p> <ul style="list-style-type: none"> • Presentation for Opioid Settlement Committee is October 20th • The two recommendations included in the presentation: <ul style="list-style-type: none"> ○ Additional Student Assistant Professional (SAPs) in schools: create curriculums and support materials that would support those SAPs that do exist. Possibly help them create networks, other than the ListServ, so they can share strategies and ideas. By figuring out how to support the SAPs in place currently, we will be able to build that existing

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		<p>workforce and then have something where new SAPs could feel comfortable stepping in and feeling like they had something in front of them and they weren't starting from scratch in their own school and their own corner of the state. This may also help schools understand the role they play and how there is a support system for them</p> <ul style="list-style-type: none"> ○ The second proposal would be increasing mentoring and kind of peer to peer supports that we may be able to do for students, and young adults. Something like mentoring or a proposal that would bring the concept in which bridges from prevention to recovery support in a real way depending on where people are at. <ul style="list-style-type: none"> ▪ There is more that needs to be flushed out on the peer-to-peer mentoring approach – and we invited Mentor VT to join us in that conversation ● We want to work towards specific strategies to ensure there's clarity with the Opioid Settlement Committee ● We talked about the value of the recommendations along with the talking points coming from the SMPC and from the prevention community. ● There is a meeting on Wednesday October, 4th at 3pm to further discuss these ideas. Some of the questions we are going to be discussing are really what a presentation looks like, what do we need to research and putting together to showcase and Dr. Levine's comments around thinking big. ● MENTOR VT is an organization that provides best practices for VT mentoring agencies across the state. The planning team has suggested working with Chad Butts at Mentor VT and believe he is being asked to join the next planning meeting. Chad has some great thinking around a culture of mentoring, increasing mentoring using the VT autopsy results to guide the plan and also how to integrate mental health into mentoring. ● Other great resources are Big Brothers Big Sisters of VT, Everybody Wins! And DREAM are statewide mentoring organizations who would be great to work with as boots on the ground partners who already follow best practices and need more support. Blueprint for health care management teams. Melanie Sheehan would be happy to talk to the prevention subcommittee and share updates. ● The Prevention Lead Organization (PLO) money is building prevention infrastructure and addressing gap areas, but it really isn't enough and doesn't go as far as it needs to go. This will be a clear part of the presentation and will express that we are not double dipping, that we're not asking for money to do the same things in the same areas, but being very articulate around the need and how the PLO funding is only stretching so far.

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		<ul style="list-style-type: none"> • Noting the settlement committees are public meetings like the SMPC and the information is on the same webpage on the health department as the SMPC • Questions/Comments: <ul style="list-style-type: none"> ○ How do workforce challenges fit in? Are there enough SAPs readily available in VT? ○ Love the idea of SAP networks; regional approach is good approach for schools. Hear that SAPs are too overwhelmed to do the networking, or all the work is in their realm. PreventionWorks School based prevention staff survey has quite a bit of detail on what the SAPs are looking for in supporting their work. There are also community based organizations that act like SAP staffing agencies and support the SAP workforce with training, recruiting, supervising, etc. SAP support would address many of the other concerns listed on the opioid ideas sheet including mental health, equity, protective factors for youth, student empowerment groups. If we're focused on SAP from prevention, do we want to target supports to middle school? We have a lack of afterschool programming for middle school students, and 3-5pm for middle schoolers is a critical time to have a safe space for 11-14 year olds. ○ Mentoring helps to directly address connection to the community, having a trusted individual and it also helps to combat risks associated with isolation. We need to work upstream with school administrators and school boards to educate them on the importance of school based prevention staff. Provide guidance on effectively utilizing staff. ○ Comprehensive approach includes the following components for a school based prevention program: Professional SAP Counselor, Supervision and Training, Integration with School Community, Integration with Greater Community, Universal Strategies, Prevention Education, Community Crisis Response, Individual Sessions, Group Services, Consultation Services, Advocacy, Data Collection, and Reporting. ○ Some of the SAPs have 10 different roles. New Hampshire has a clearly defined program for SAPs. The main worry is making sure that the SAPs is a standalone and does not get sucked into something else in the system. We need to talk to DCF. We need to have conversations regarding matching their peer mentoring services, peer to peer, or even connecting our mentoring agencies specifically with kiddos in DCF. Dr. Levine would like to use the word universe – the audience is a very different group with different backgrounds. He does not want everything put into the SAP bucket and say that's this years thing without saying the reason it's the thing this year. We need to further expand

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		<p>our comprehensive approach because these are all the things involved in that. Regardless of supporting youth and the events that are involved with that, the key component is that the adults are being tasked with providing the support. Not only do the SAPs need the resources to do their jobs, the mentors, the community members would need it as well. Regardless of the type of approach taken, it needs to be an all inclusive supportive environment for all involved.</p> <p>Prevention and Equity Subcommittee Reflections:</p> <ul style="list-style-type: none"> • The core conversation in both subcommittees was thinking geographic and population based focused on SAPs. Did not specifically talk about mentoring. • COMMENTS/THOUGHTS: Mentoring is an unpaid position and less people willing and unable to do it. The supports that community members need for mentoring is a group of individuals who are pro mentorship and will do the mentoring their selves. There are numerous mentoring programs throughout VT, that you work with the agencies that are already doing the mentoring services, the ones that are shinning as the experts in the field to facilitate that. • Those who do mentoring need support, training, and follow-up as mentoring is challenging and not easy to administer. Working with the experts who have already figured out the mentoring process would be best practice as it has been found to be evidence-based practice, scientifically discovered, to reduce alcohol and drug related use as well as reducing other risky behaviors to improve social wellbeing. • Since this would be laypeople doing the mentoring, they are not mental health providers, so you also need the support from the mental health field. • We used to have programs like Rise that helped keep us fit and healthy, but those programs went away. Those programs helped build up healthy communities and allowed for kids and adults to be involved. The middle schoolers who need support for that after school time – like it could be at school, in the community, but it needs to be accessible – like transportation and who will pay for it. • As we reduce the number of coalitions, the physical activity, healthy eating and healthy community design is no longer present. Mentoring is amazing, but the reach is small like SAP. If we expand beyond SAPs our reach will be bigger. Reminder this conversation is a Sprint and Marathon and there could be potential for additional funds.

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Open Discussion on Current Experiences and Trends	Nicole Rau Mitiguy	<ul style="list-style-type: none"> Evaluation of Massachusetts commercial flavored tobacco ban – will share with Nicole to share with folks. Rates of current tobacco, all types, use past 30 days did not significantly decrease, but rates of flavored tobacco use among high school current tobacco users declined from 80% in 2017 to 62.1% in 2021. COMMENTS/THOUGHTS: Wonder if there is internet sales and cross border sales. Not sure what they have for cautions and foot notes around their high school youth surveys. Could be of particular interest for the policy subcommittee to dive further into and bring the information back to us.
Public Comment	Nicole Rau Mitiguy	<ul style="list-style-type: none"> Beth Shrader: Save the date of May 7th, 2024, for statewide Prevention conference at Lake Morey Resort.

Next Steps or Assigned Tasks		
Task	Responsible	Due Date
Let Maryann@thecollaborative.us and melanie.sheehan@mahhc.org as well as Traci Sawyers know when next prevention subcommittee meeting is	Charles	12/1/23

Meeting minutes approved on 11/20/2023.