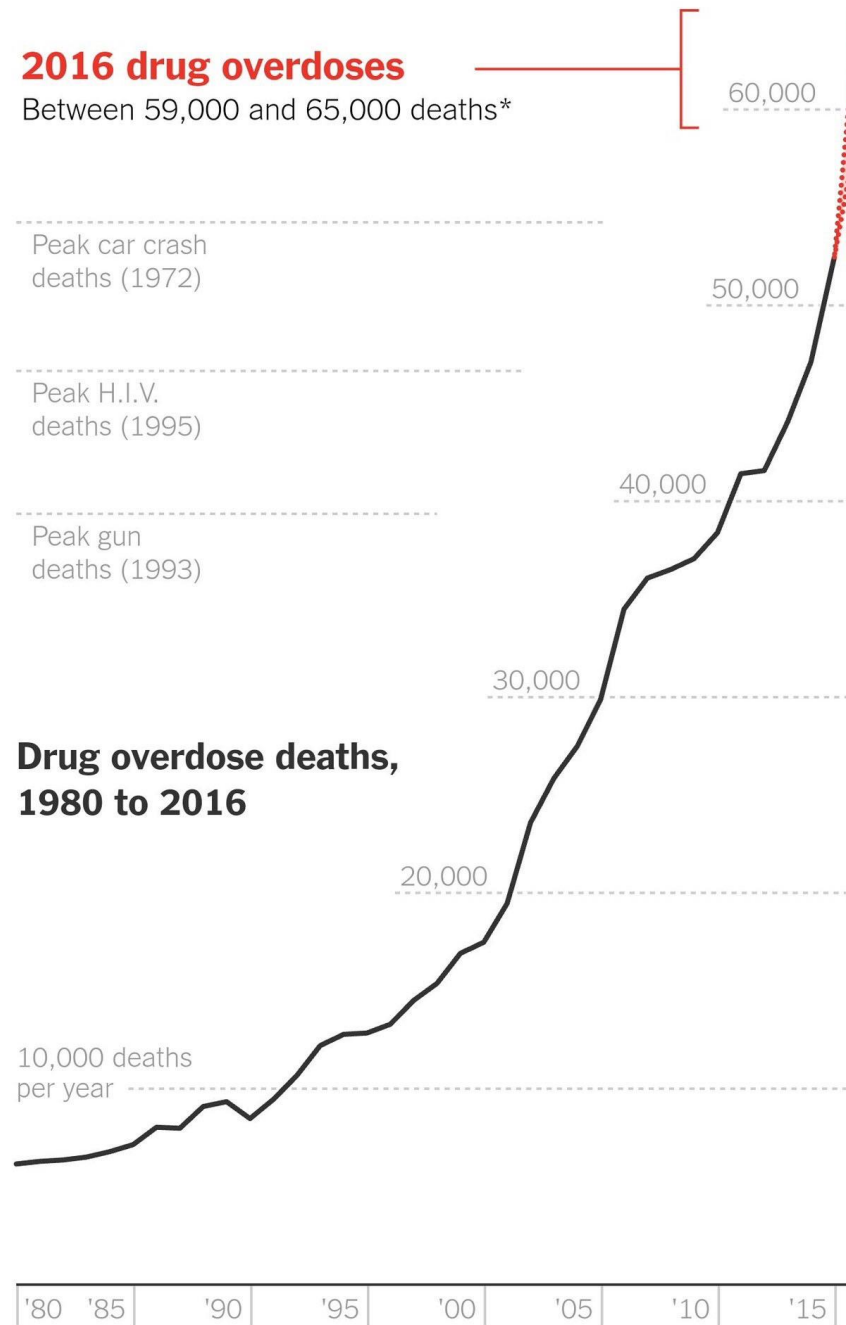




CommStat 06/29/17

## 2016 drug overdoses


Between 59,000 and 65,000 deaths\*



## Drug overdose deaths, 1980 to 2016

10,000 deaths per year

\*Estimate based on preliminary data



**THE FIRST STEP TOWARDS GETTING SOMEWHERE  
IS TO DECIDE THAT YOU ARE NOT GOING TO STAY  
WHERE YOU ARE.**




# Vermont: Governor's Opioid Coordination Council

Jolinda LaClair, Director of Drug Prevention Policy

June 2017





# Opioid Coordination Council Executive Order No. 02-17; 09-17

- Negative effect/all demographics/all communities
- Vermont's opioid crisis results in increased drug and human trafficking, mortality, and costs to Vermont's resources and quality of life



## OCC's MISSION

- ▶ 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.

# OCC MEMBERSHIP: Designated in E.O.

- Human Services Secretary (Al Gobeille) (Tri-Chair)
- Public Safety Commissioner (Tom Anderson) (Tri-Chair)
- Community Leader (Jim Leddy, Chittenden) (Tri-Chair)
- Dept. of Health Commissioner (Mark Levine, MD)
- Attorney General (TJ Donovan)
- US Attorney (VT) (Eugenia Cowles (Acting))
- VT Mayors Coalition (David Allaire, Rutland)
- VT League of Cities & Towns (Stephanie Thompson, Windsor)
- VT Assoc. of Mental Health, Addiction, Recovery (VAMHAR) (Peter Mallary, Orange)
- VT Assoc. of Hospitals & Health Systems (Jill Berry Bowen, Franklin)
- Vermont Sheriffs' Association (Roger Marcoux, Lamoille)
- VT Assoc. of Chiefs of Police (appointment pending)
- US Drug Enforcement Administration (Jon DeLena)
- Chief Justice (Hon. Brian Gearson)

# OCC MEMBERSHIP: Governor-Appointed

- ▶ Non-profit housing organization (Liz Genge, Downstreet Housing, Washington)
- ▶ Educator involved in substance abuse prevention (Adam Bunting, CVUHS principal, Chittenden)
- ▶ Substance abuse prevention & treatment professional (Lori Augustyniak, Washington)
- ▶ Designated agency (Bob Bick, Howard Center, Chittenden)
- ▶ First responder (Michael Bucossi, Fire Chief, Windham)
- ▶ Business community (Sara Byers, Chittenden)
- ▶ At-Large (Debra Ricker, Washington)





# OCC's Goals (1)

1. Identify **best practices for communities** to address opioid addiction and abuse in order to assist them in: (1) significantly **reducing the demand** for opioids through prevention and education; (2) providing **treatment** and recovery services to those afflicted with opioid addiction; and (3) significantly **reducing the supply** of illegal opioids;
2. Develop and adopt **data driven performance measures and outcomes** which will allow State and local community programs to determine whether they are meeting their goals and objectives in reducing opioid addiction and abuse;



## OCC's Goals (2)

3. Review existing State health, mental health, and drug and alcohol addiction laws, regulations, policies, and programs and **propose changes to eliminate redundancy and break down barriers** faced by communities in coordinating action with State government;
4. **Propose legislation to strengthen a Statewide approach** to fight opioid addiction and abuse and facilitate adaptation to the changing nature and multiple facets of the opioid crisis;
5. Consult and coordinate with **federal agencies and officials** as well as those in surrounding states;

## OCC's Goals (3)

6. Work in coordination with the **Alcohol and Drug Abuse Council** created pursuant to 18 V.S.A. 4803;
7. **Report** to the Governor on a quarterly basis and as otherwise required by the Governor regarding: (1) **recommendations** for resource, policy, and legislative or regulatory changes; and (2) **progress** made under State and local programs measured against established data driven performance measures; and
5. In consultation with the Director of Drug Policy, do all things necessary to carry out the purpose of this Executive Order.



# Drivers for Systemic Improvement

- Prevention
- Treatment
- Recovery
- Enforcement



# Pathways to Effective Change

- Policy
- Programs
- Infrastructure
- Investment



# Into Action: Committees of the Council

- ▶ Committees are researching and planning recommendations for action that will:
  - ▶ Enhance collaboration across state, federal and local government to better connect resources to Vermonters and Vermont communities;
  - ▶ Identify gaps that, if filled, could save lives, dollars, and enhance community health and safety;
  - ▶ Identify opportunities that, if taken, would improve Vermont's response to our opioid crisis resulting in measurable outcomes.



# Committees of the Council

- Treatment & Recovery
- Prevention & Enforcement

## **Working Groups from the Governor's Summit on VTs Substance Use Disorder Workforce**

- Affordability & Professional Development
- Licensure & Higher Education



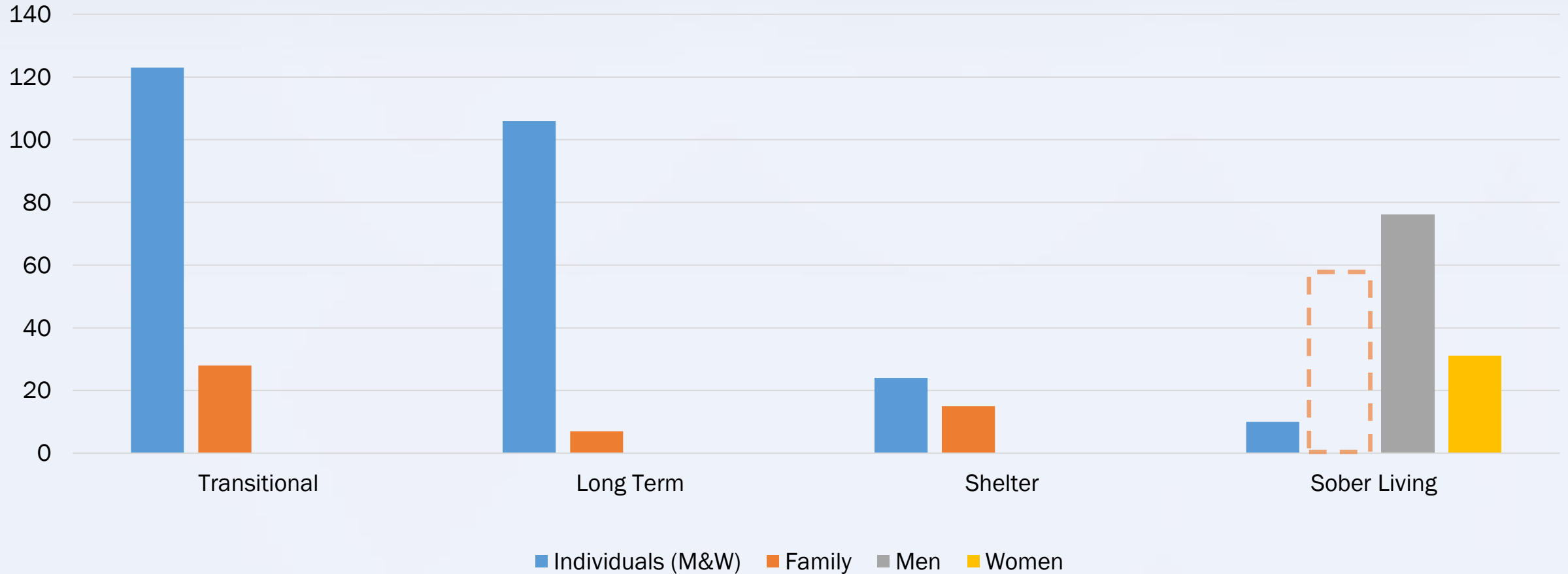
# Contact Us

- ▶ Jolinda LaClair, Director of Drug Prevention Policy;  
Director of the OCC
  - ▶ [jolinda.laclair@vermont.gov](mailto:jolinda.laclair@vermont.gov)
- ▶ Rose Gowdey, Community Engagement Liaison for the  
OCC and Drug Prevention Policy
  - ▶ [rose.gowdey@vermont.gov](mailto:rose.gowdey@vermont.gov)



# Housing Resources Chittenden Cty.

Number of Temporary & Situational Housing Beds in Chittenden County, by Allocation to Specific Demographics



# Lund Program Areas





## VIC & OCME weekly overdose reporting

**GOAL:** Disseminate Timely and Actionable overdose information to law enforcement

**Action:** The OCME's office agreed to provide four (4) data points in fatal OD related cases. They will report daily on Age, Gender, Location of Incident and Location of Residence. This information will be mapped and shared by the VIC on a weekly basis.

Each suspected overdose death will be rated at the OCME's office after autopsy, taking initial on-scene investigation results into consideration.

### **CATEGORY ONE - Likely OD**

- Decedent known to have been using drugs immediately prior to death, or found with evidence of overdose found at the scene.
- Decedent found with illegal drugs, prescription drugs or paraphernalia in immediate vicinity.

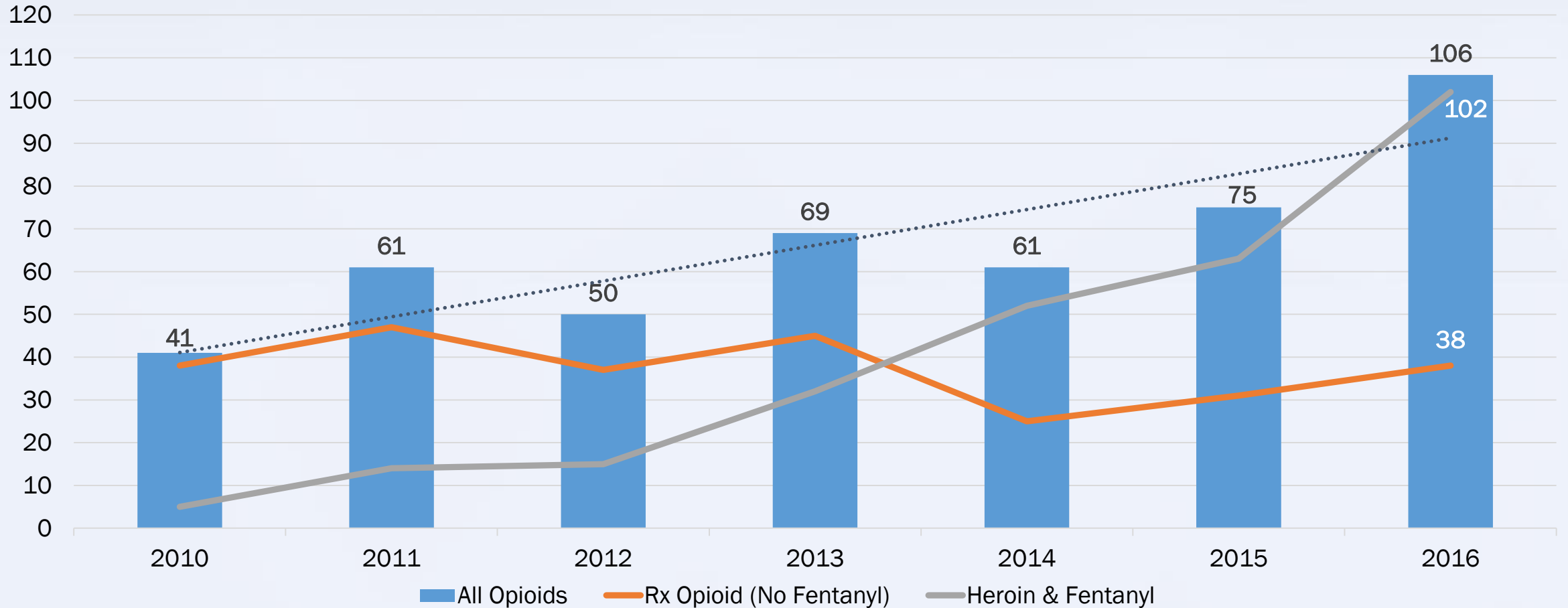
### **CATEGORY TWO -Possible OD**

- Doesn't fit category one criteria, but decedent has a prior history of substance abuse/overdose, or hospital toxicology indicates narcotics are present, and there is no other obvious cause of death.
- Decedent found in suspicious circumstances (left in public place, etc.) with no signs of trauma or suicide, and no explanatory medical history.

# VT Opioid-Related Accidental Fatal OD



Number of Accidental Fatal Overdoses Involving Opioids in Vermont by Opioid Type



Data Source: [Vermont Department of Health](#)



# Change in Valcour Drug Type Field

Incident Number 17BU004058  Flag For Roll Call  Call Cancelled By Complainant Owner: 996

Drug related  DOMV  Cargo theft

Drug Types  
Crack- A  
Cocaine- B  
Hashish- C  
**Heroin- D**  
Marijuana- E

- Heroin
- Morphine
- Opium
- Depressant Other

Area East Team EVES Incident Number 17SB006793  Flag For Roll Call  Call Cancelled By Complainant Owner: 717 Common Call Type Drugs

Drugs Involved

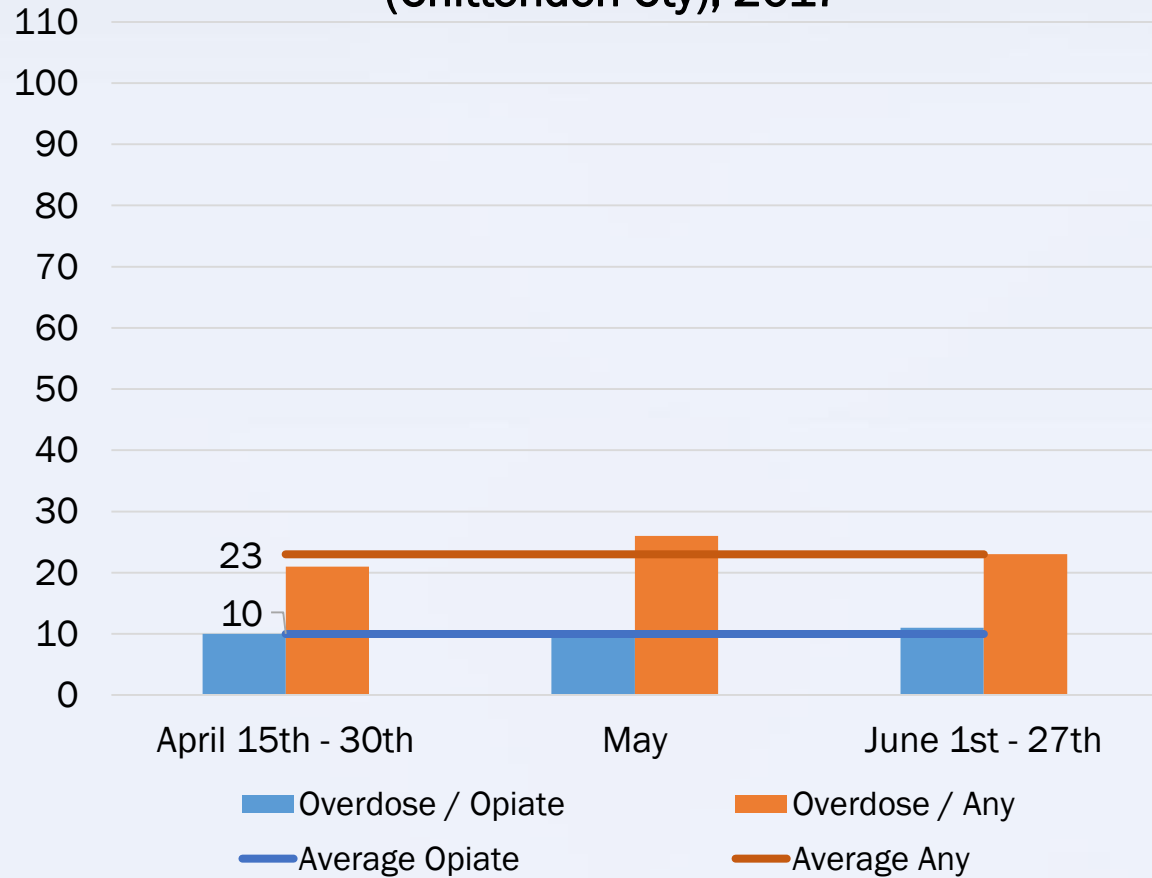
Opiate blocker  Mental Health  DOMV  Cargo theft

Alcohol  
**Alcohol**  
Depressant  
**Heroin**  
**Morphine**  
**Depressants Other**  
**Opiod Other**  
**Synthetic Opiod (e.g. Fentanyl)**  
Stimulant

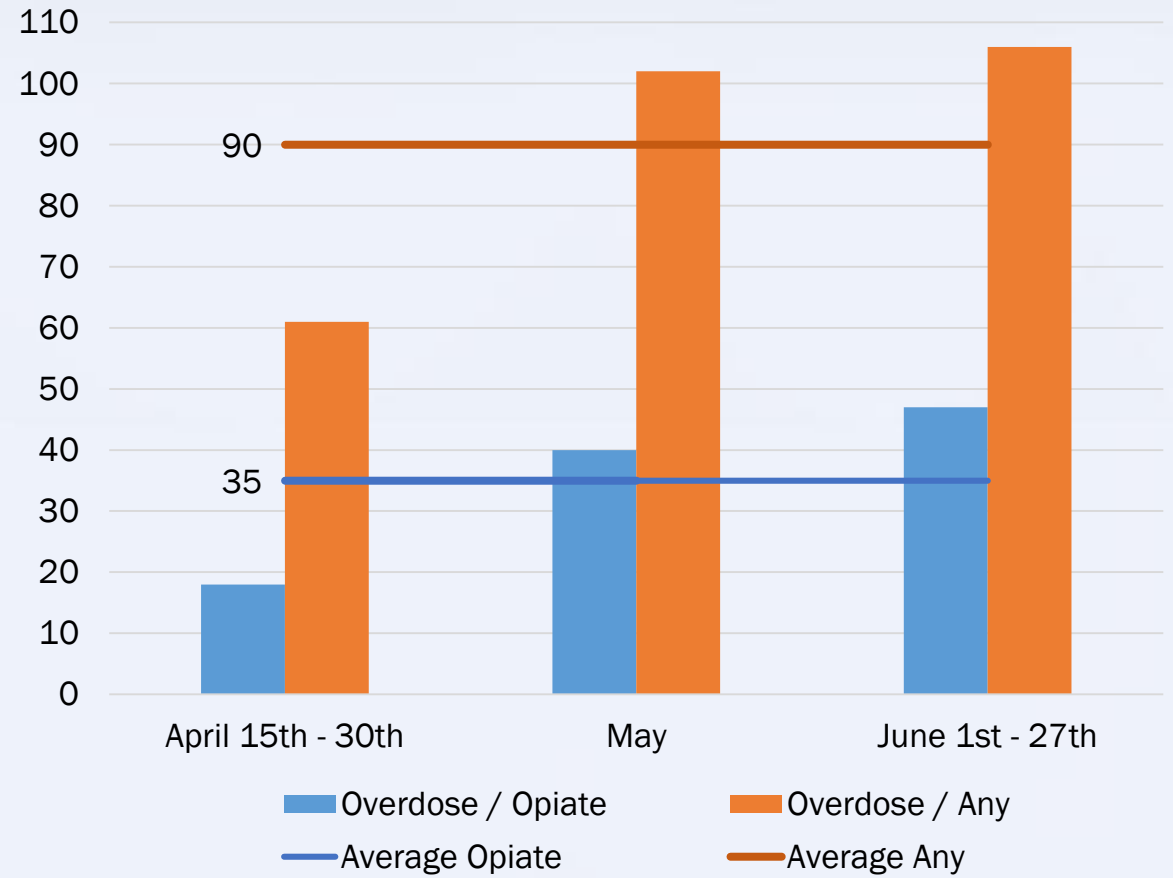


# EMS Overdose Incident Responses

### Monthly EMS Incidents with Primary Provider Impression of "Overdose / ..." in District 03 (Chittenden Cty), 2017



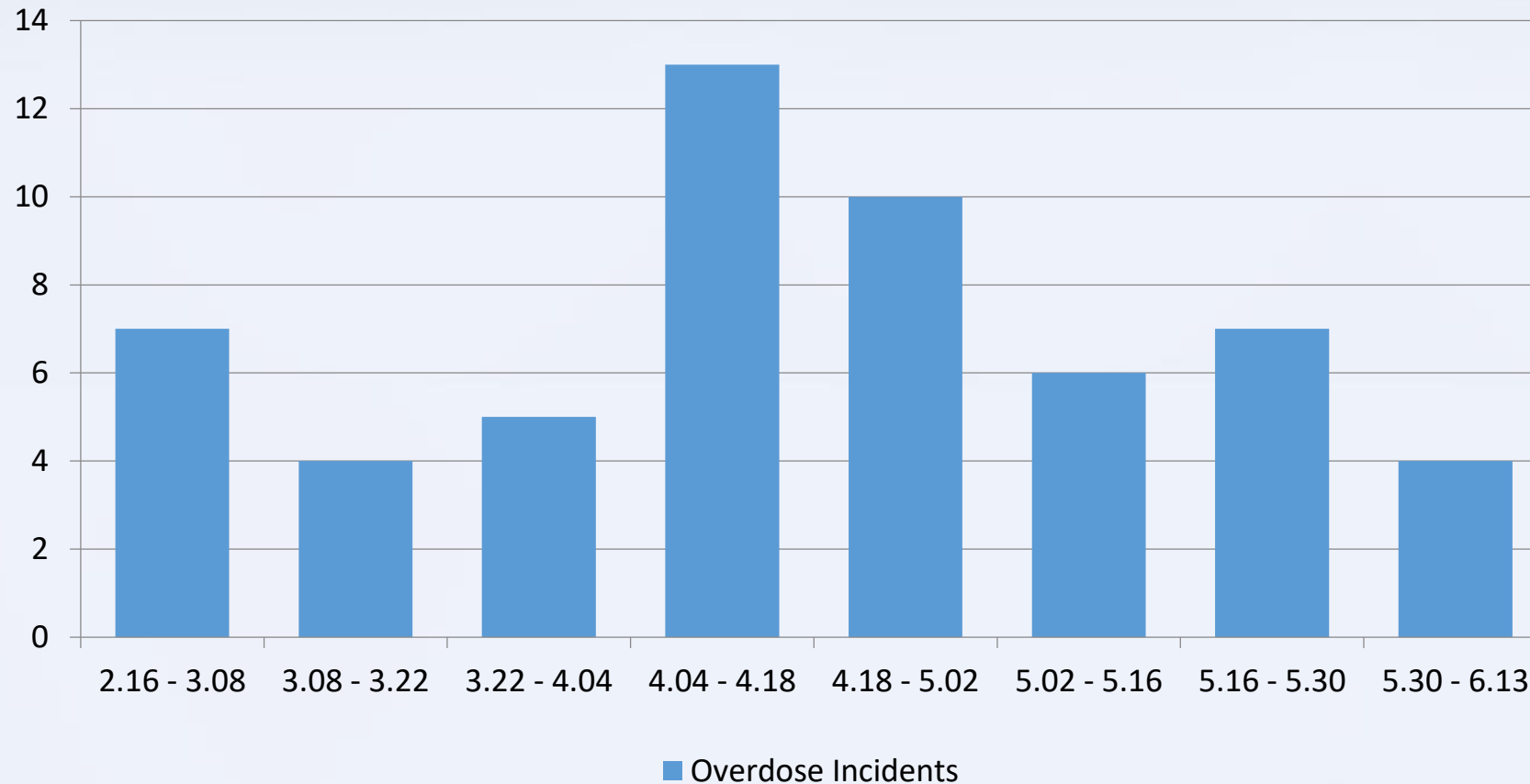
### Monthly EMS Incidents with Primary Provider Impression of "Overdose / ..." in VT, 2017



# SubStat Opioid OD Incidents



Opioid-Related "Overdose" Calls Responded to by BPD, CPD, SBPD, MPD, EPD & WPD per SubStat Period

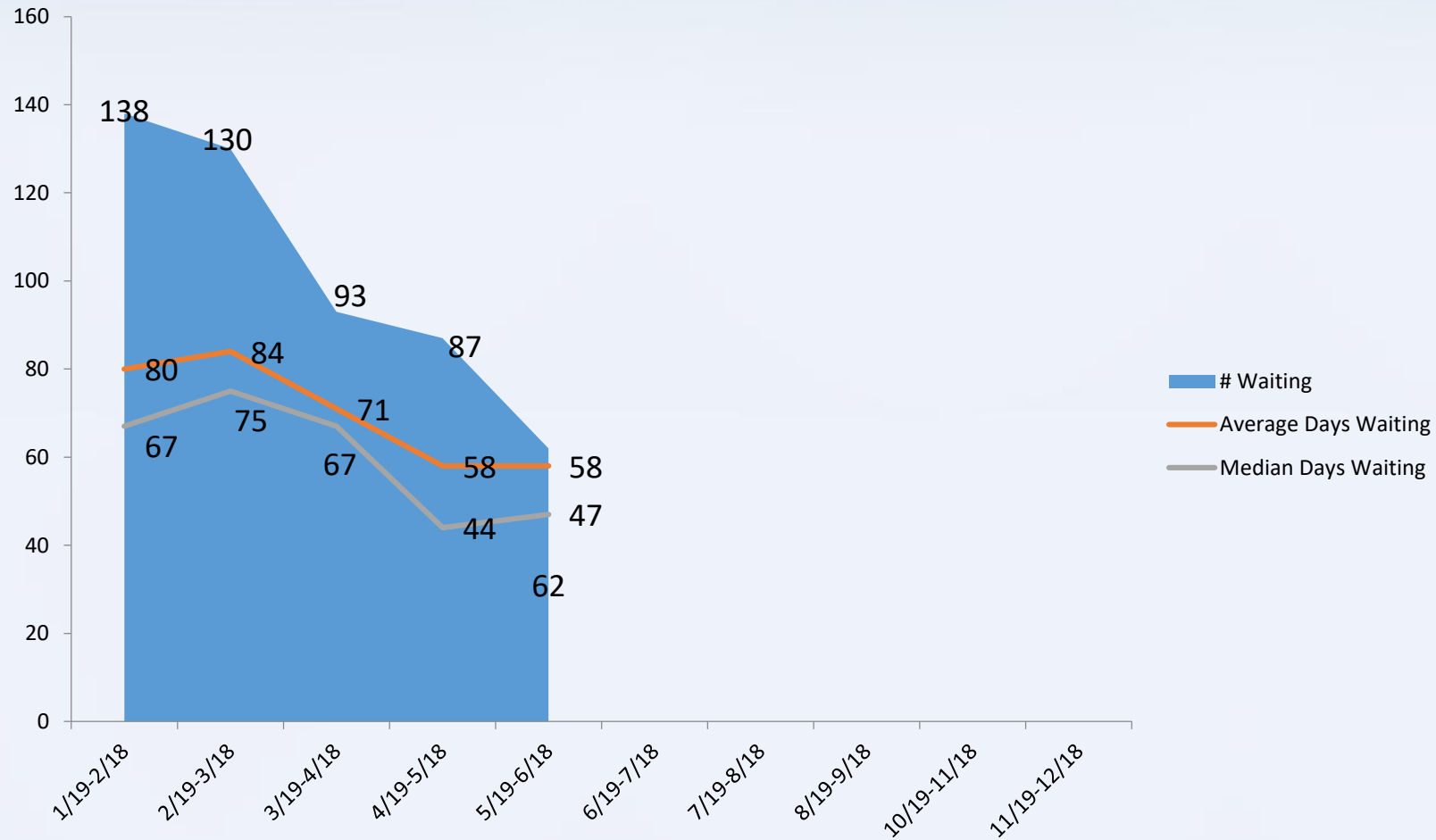




# Chittenden Hub Active Waitlist



## Chittenden Hub Active Waitlist # and Avg Wait Days

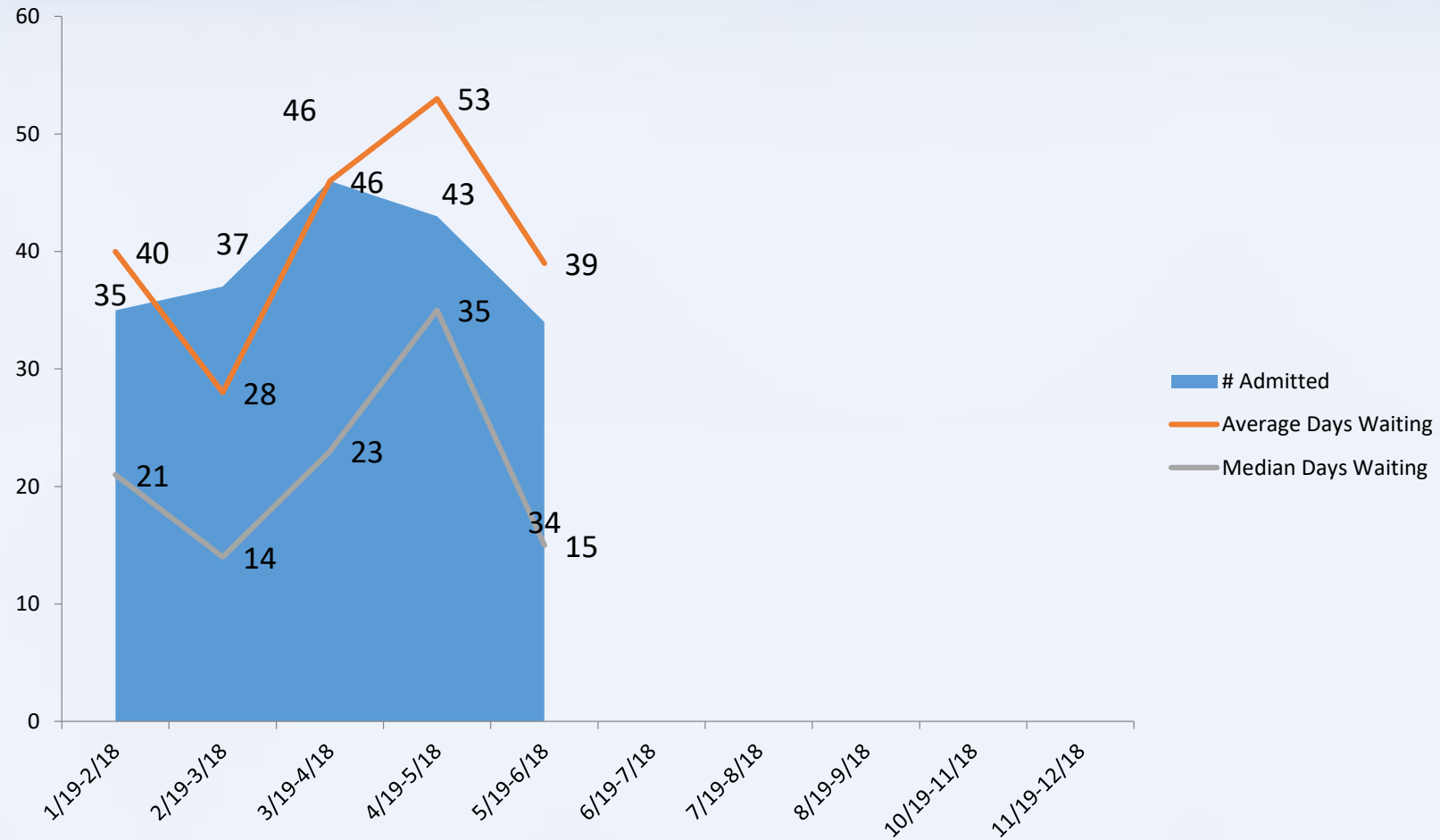


Data Source: Howard Center Mid-Month Report

# Chittenden Hub Admission List

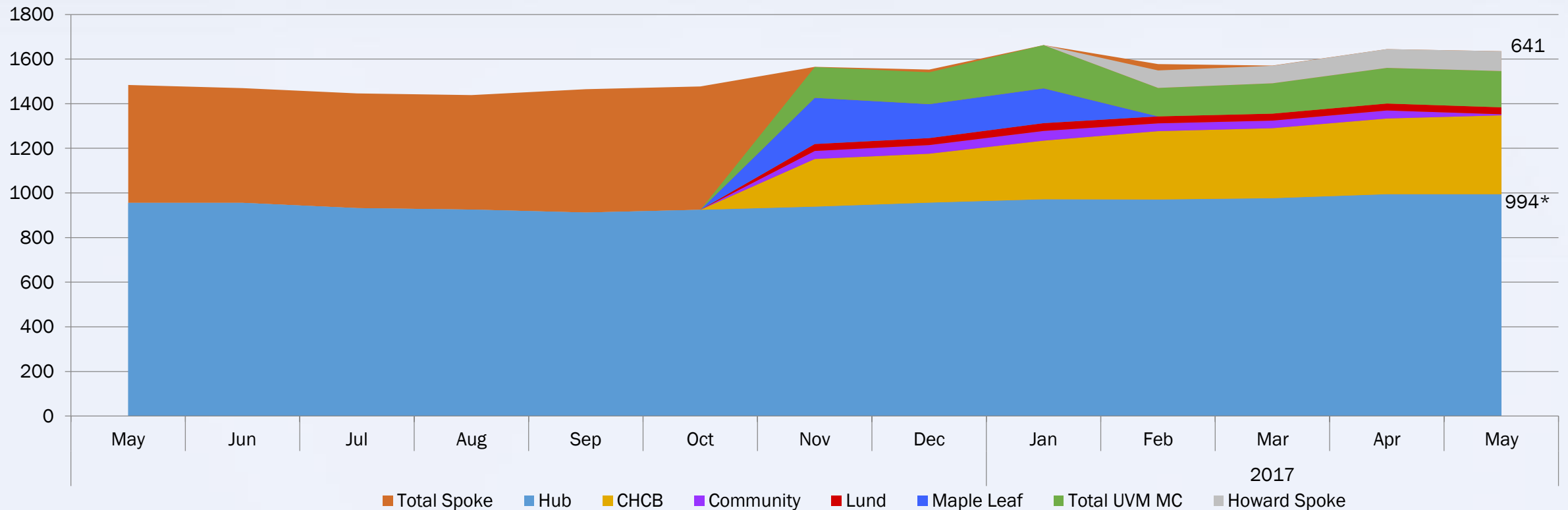


### Chittenden Hub Admission List # and Avg Wait Days





# Number of People Treated in Hub & Spokes



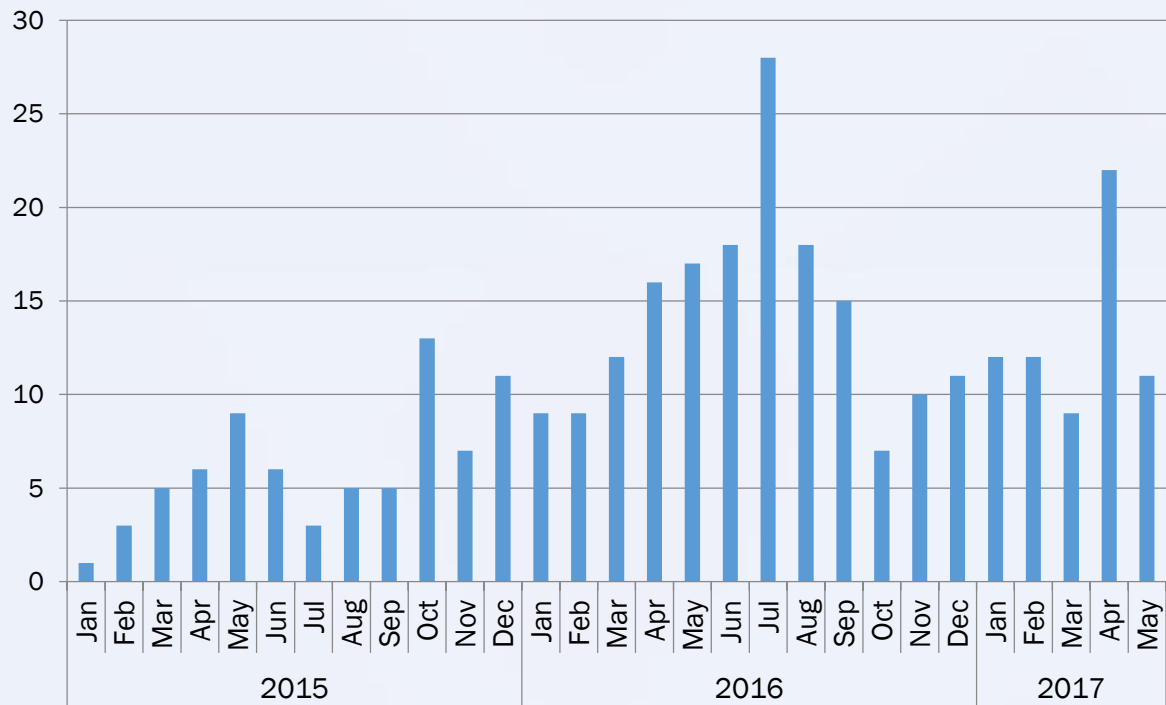
Data Source: [Vermont Department of Health](http://www.vermont.gov) and Opioid Care Alliance of Chittenden County

\* Last reported value, not updated for month of May

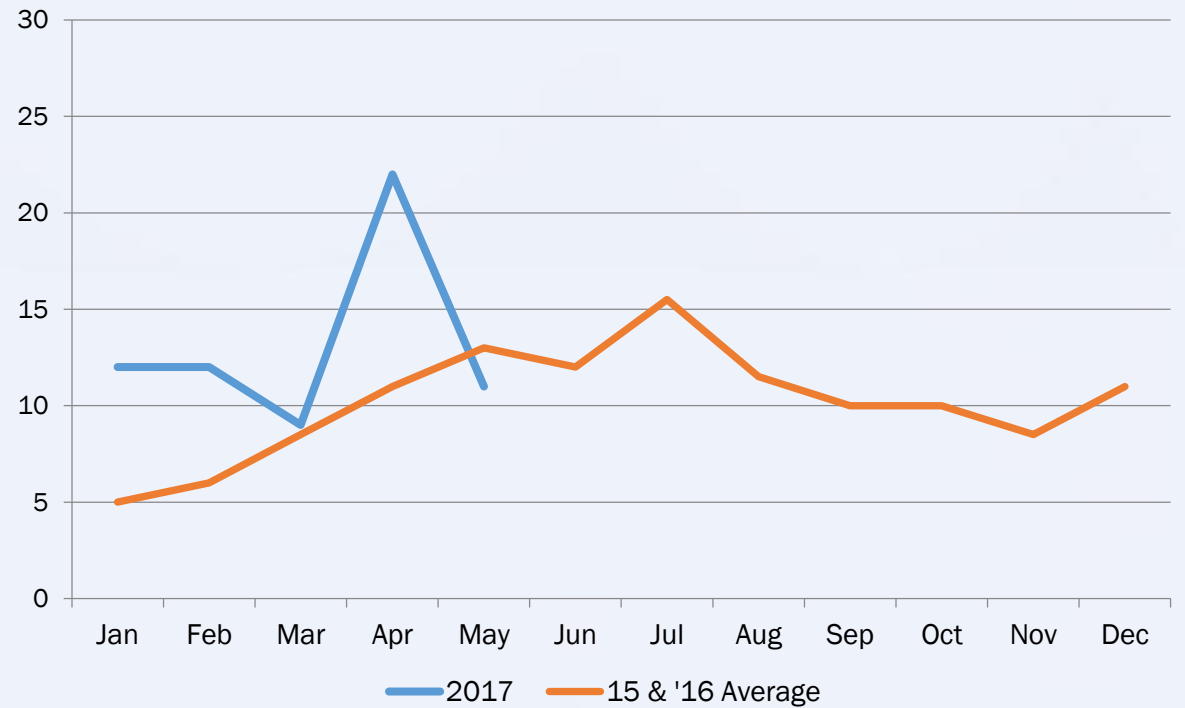
# UVM MC Opioid Related ED Visits



Monthly UVM Medical Center ED Encounters Coded as "Opioid OD" & "Opioid Poisoning"



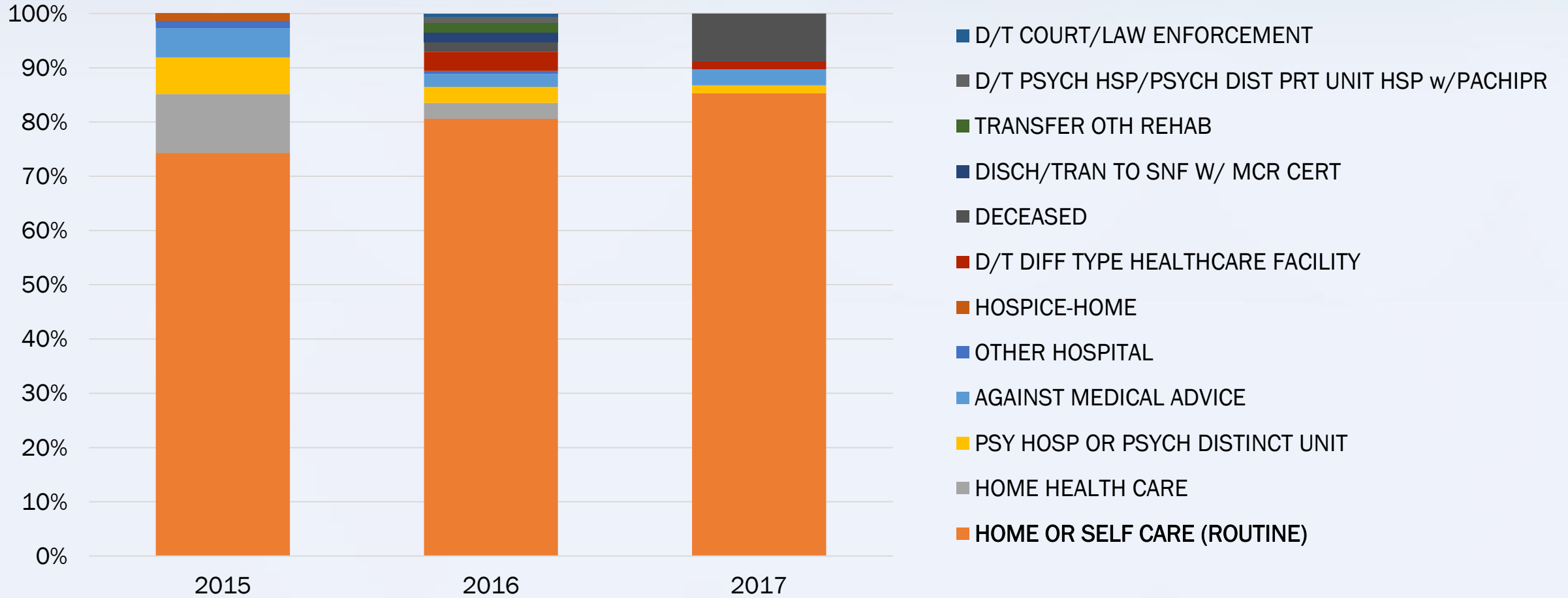
Average Monthly UVM Medical Center Opioid-Coded ED Encounters





# UVM MC Opioid Related ED Visits

Discharge Disposition of UVM MC ED Encounters  
With DX Code "Opioid OD/ Poisoning", by Year

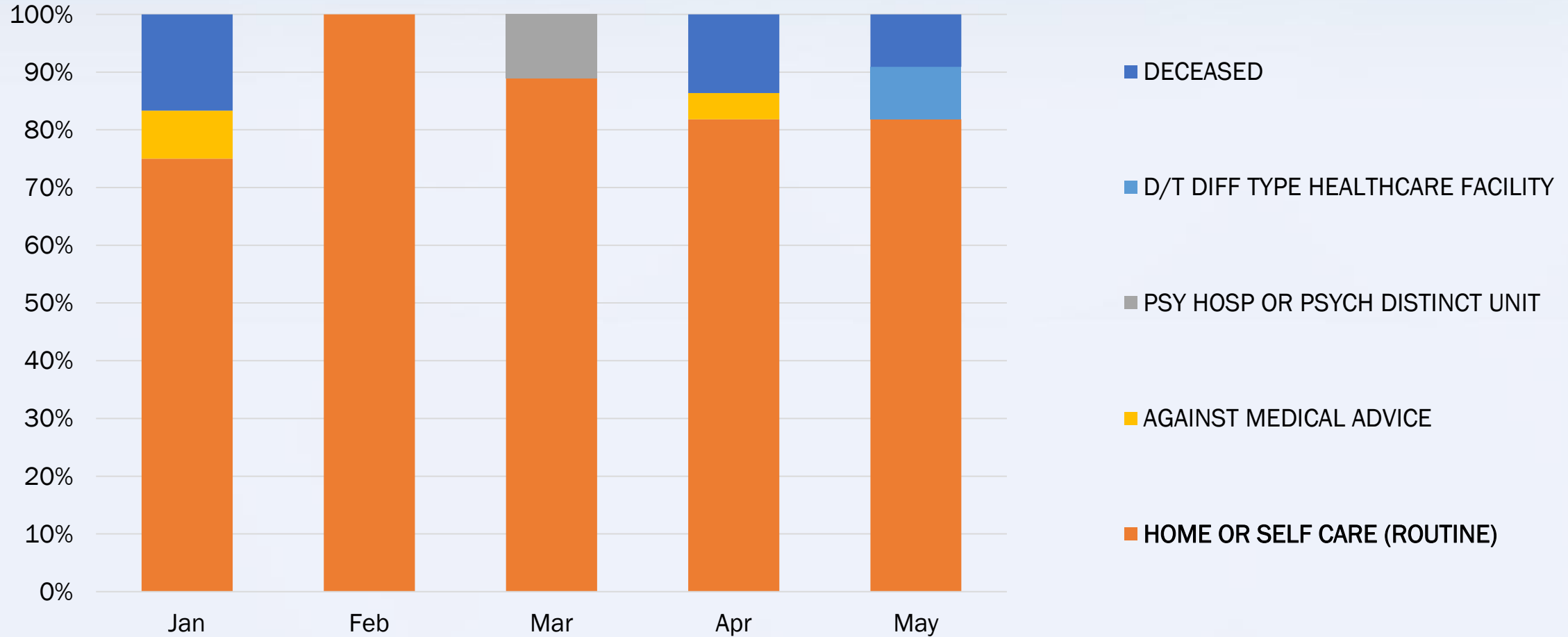




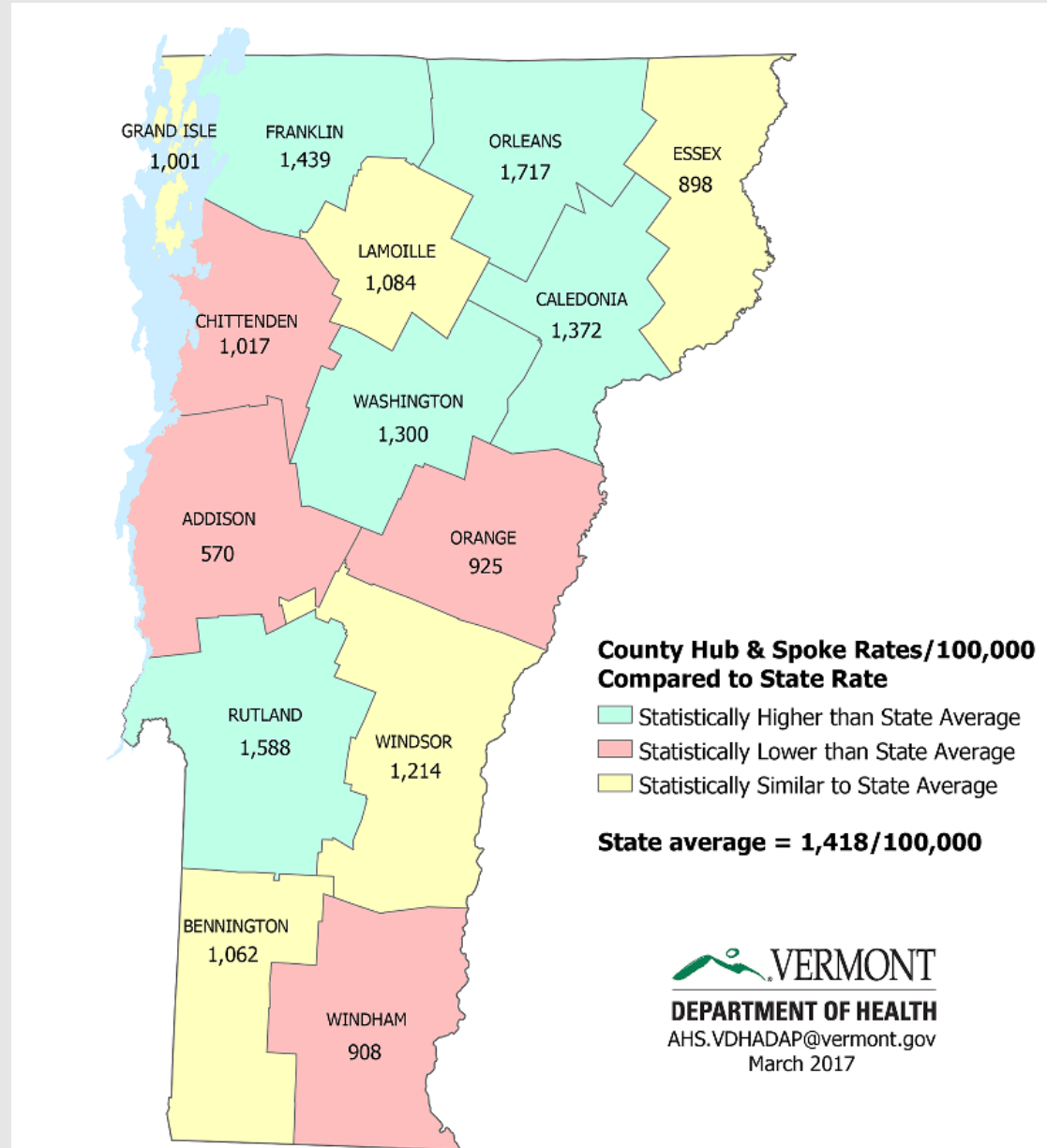


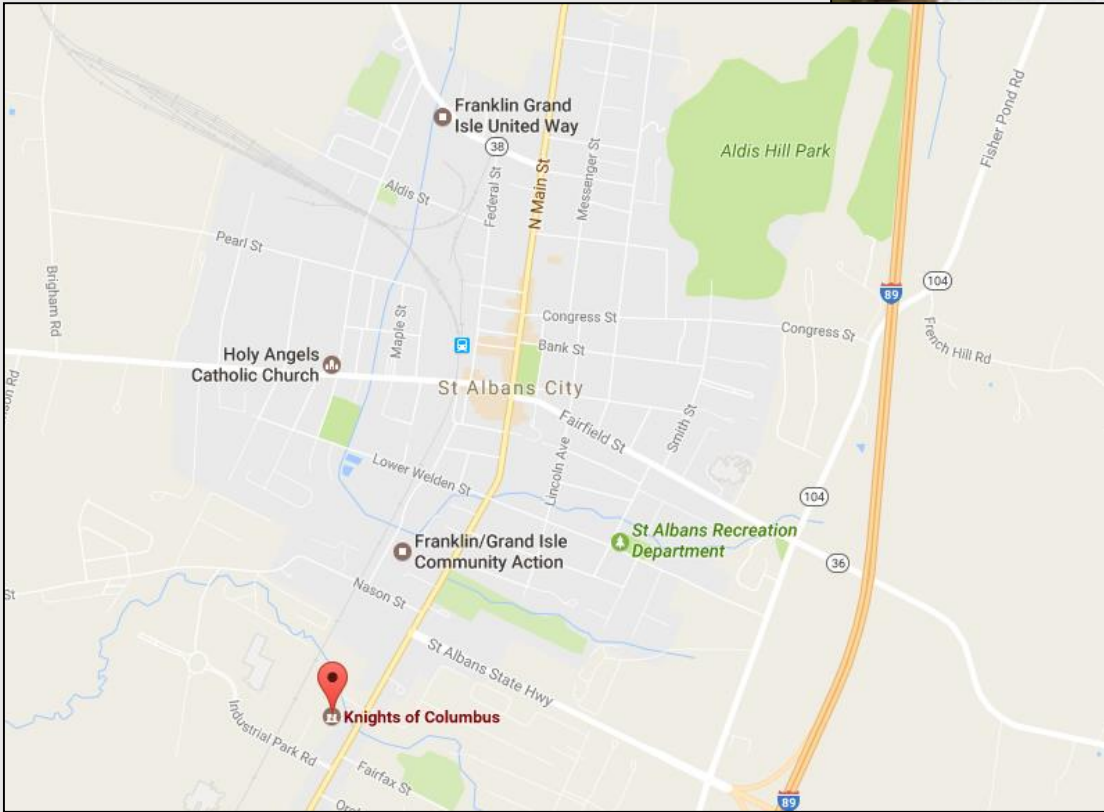
# UVM MC Opioid Related ED Visits

2017 Discharge Disposition of UVM MC ED Encounters  
With DX Code "Opioid OD/ Poisoning", by Month



# Chittenden Hub Admission List

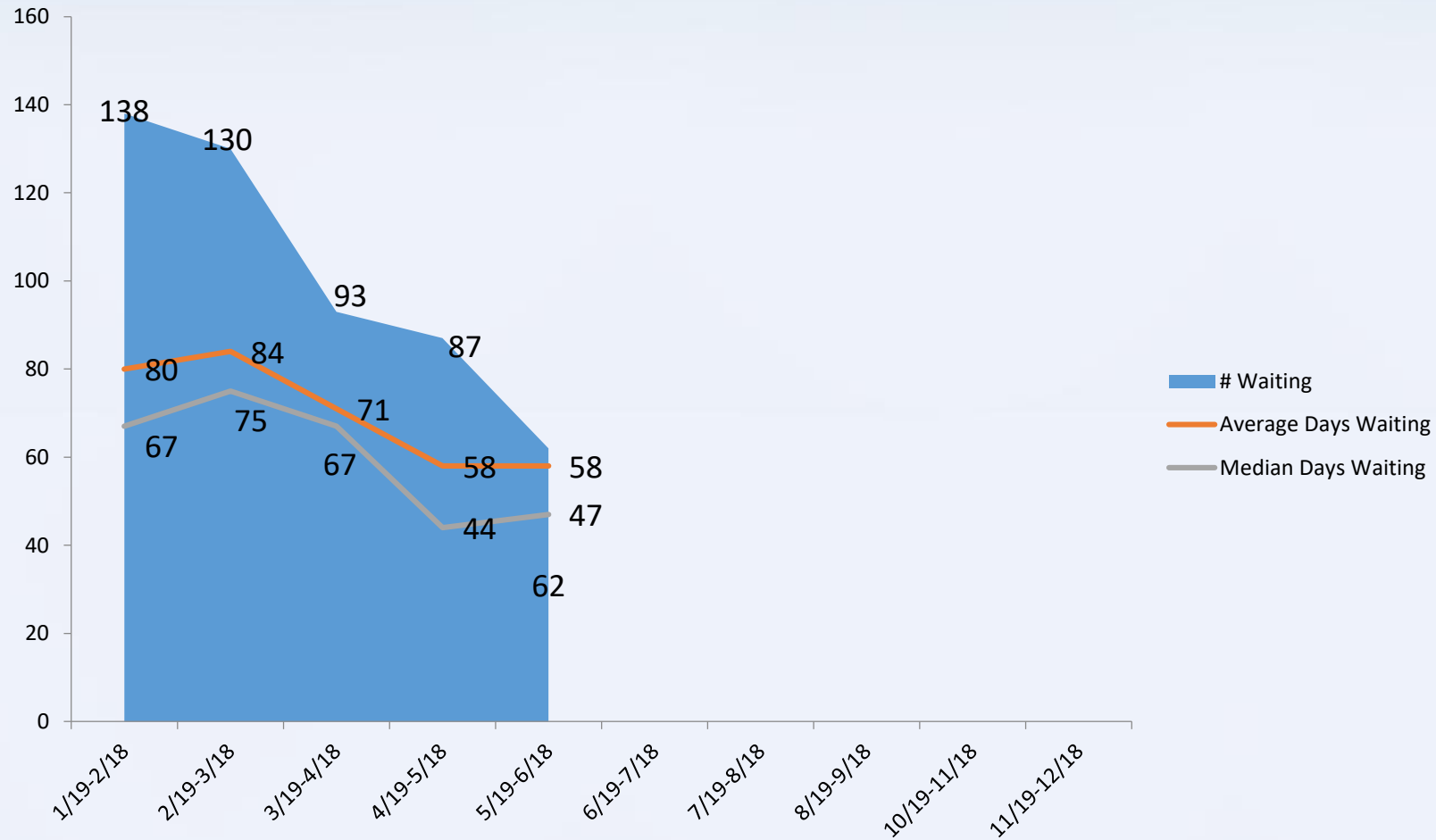




# Chittenden Hub Active Waitlist



## Chittenden Hub Active Waitlist # and Avg Wait Days



Data Source: Howard Center Mid-Month Report

# Implementation of Opioid Legislative changes (7/1/17)



# Background

On July 1, 2017, strict new State of Vermont rules regarding the prescribing of opioids for pain and querying of the Vermont Prescription Monitoring System (VPMS) go into effect.

There are two sets of rules in effect July 1:

- *Rule Governing the Prescribing of Opioids For Pain* – Applies to prescribing Schedule II, III and IV opioids for pain
- *Vermont Prescription Monitoring Rule* - All Schedule II, III and IV controlled substances are impacted by the rules governing when to perform a VPMS query

*The rules do not apply to ordering of controlled substances to be administered to the patient in a health care setting*

# Legislation addresses:

- Acute Pain
- Chronic Pain
- Exemptions
- Naloxone and Morphine Equivalents
- Consideration of non opioid and non pharmacologic treatment

# Implementation Consideration

## Operational Considerations:

- Staff Training
- Patient Awareness
- What can and can not be delegated?
- Our NY patients

# What do I need to know when prescribing opioids?

- First consider non-opioid and non-pharmacologic treatment
- With first opioid prescription, provider must:
  - Complete informed consent
  - Provide patient education
  - Query VMPS (unless 10 or less opioids prescribed)
- For acute pain, use order set
- For chronic pain:
  - Complete initial screening, evaluation, risk assessment
  - See patient at a minimum every 90 days to reassess
- Prescribe Naloxone for prescriptions of 90mg MME daily or concurrent benzodiazepines

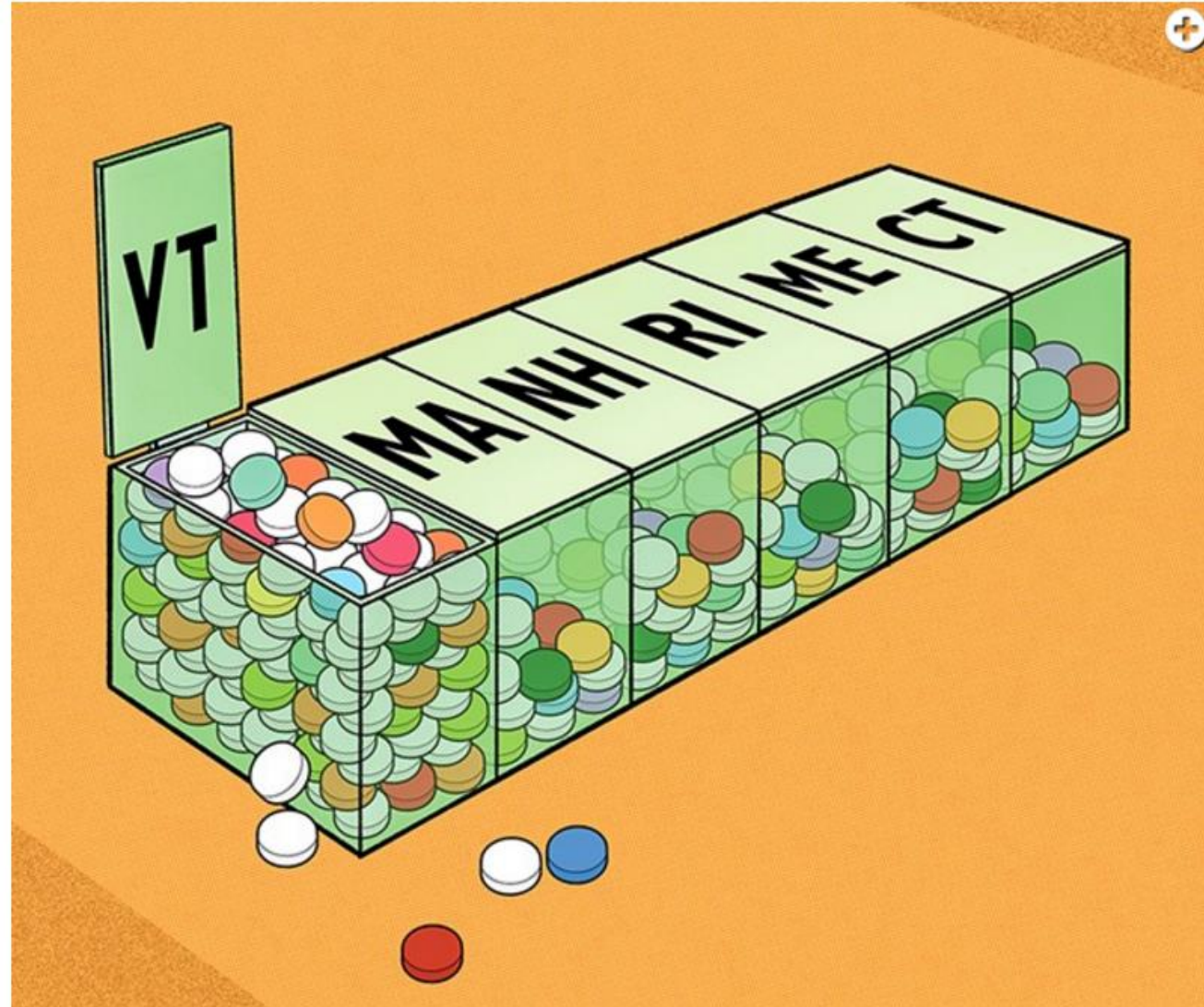
# Support to Providers

- Talking points – MD/Patient
- Reference Sheet
- Elearn Training Modules
- Intranet page housing all resource documents
- EMR Build to support the process
- Educational Presentations:
  - Each Faculty Meeting
  - Focused subgroups
  - APPs
  - Operational leadership



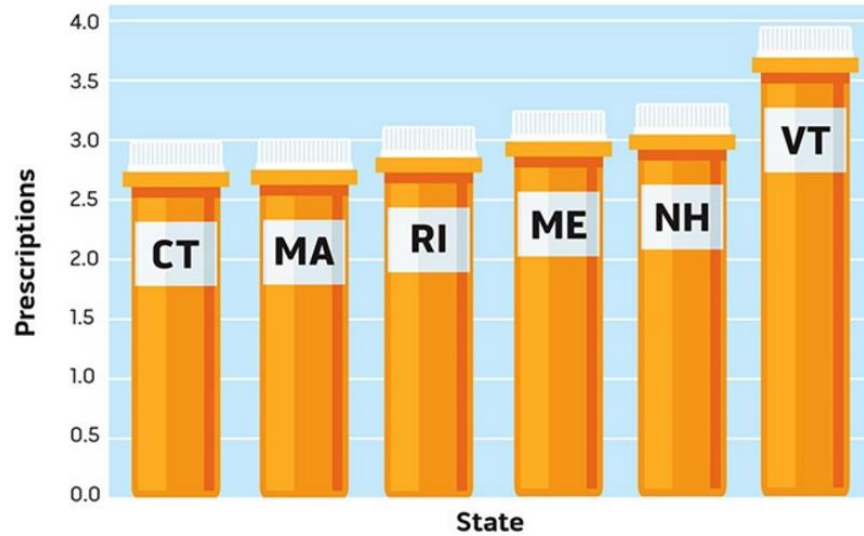
# Vermont Leaders Make a Case for Opiate Prescription Data 'Transparency'

By [MARK DAVIS](#) [@DAVIS7D](#)



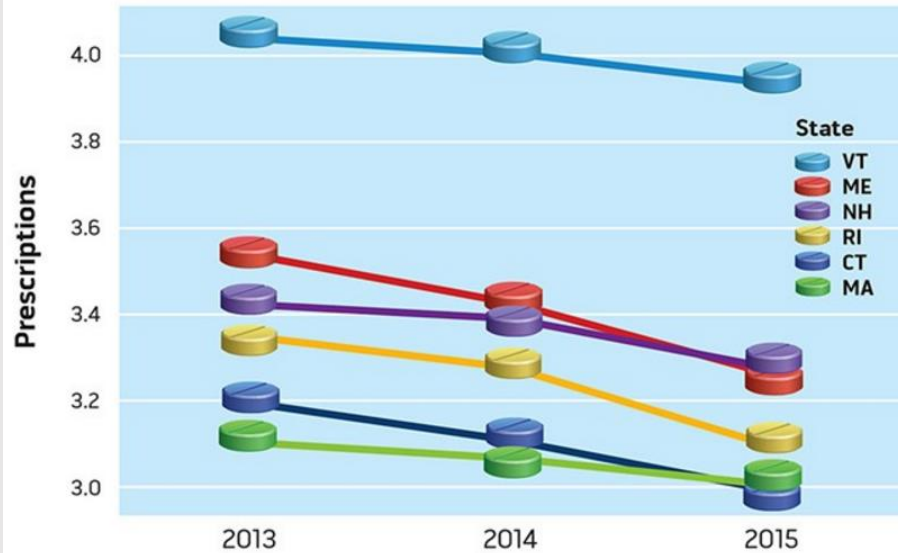
## Too Many Pills

Claims per opioid patient in New England, 2015

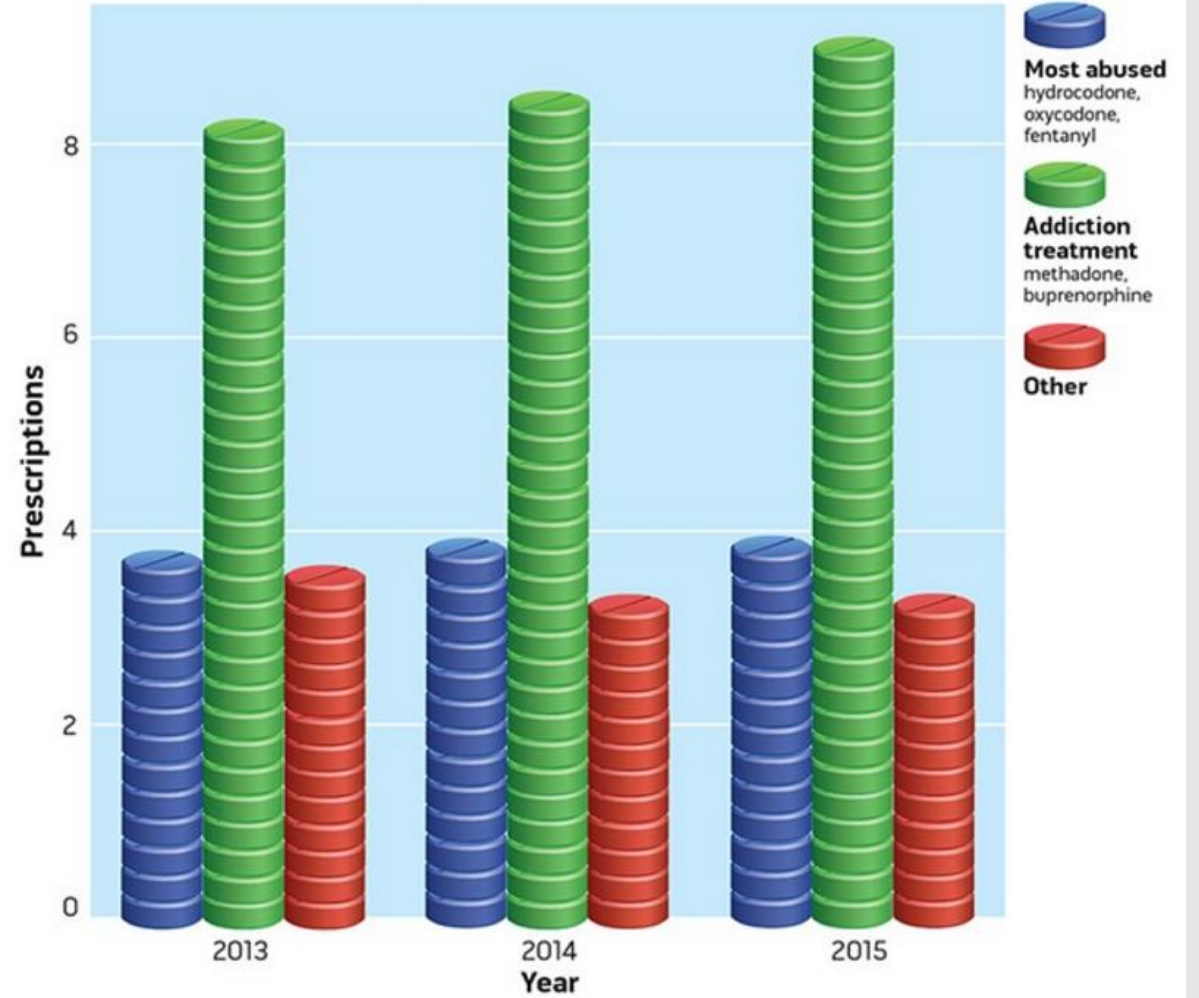


Source: Medicare Part D prescribing data, [Centers for Medicare & Medicaid Services](#). For methodology, [see below](#).

Changes in claims per opioid patient in New England



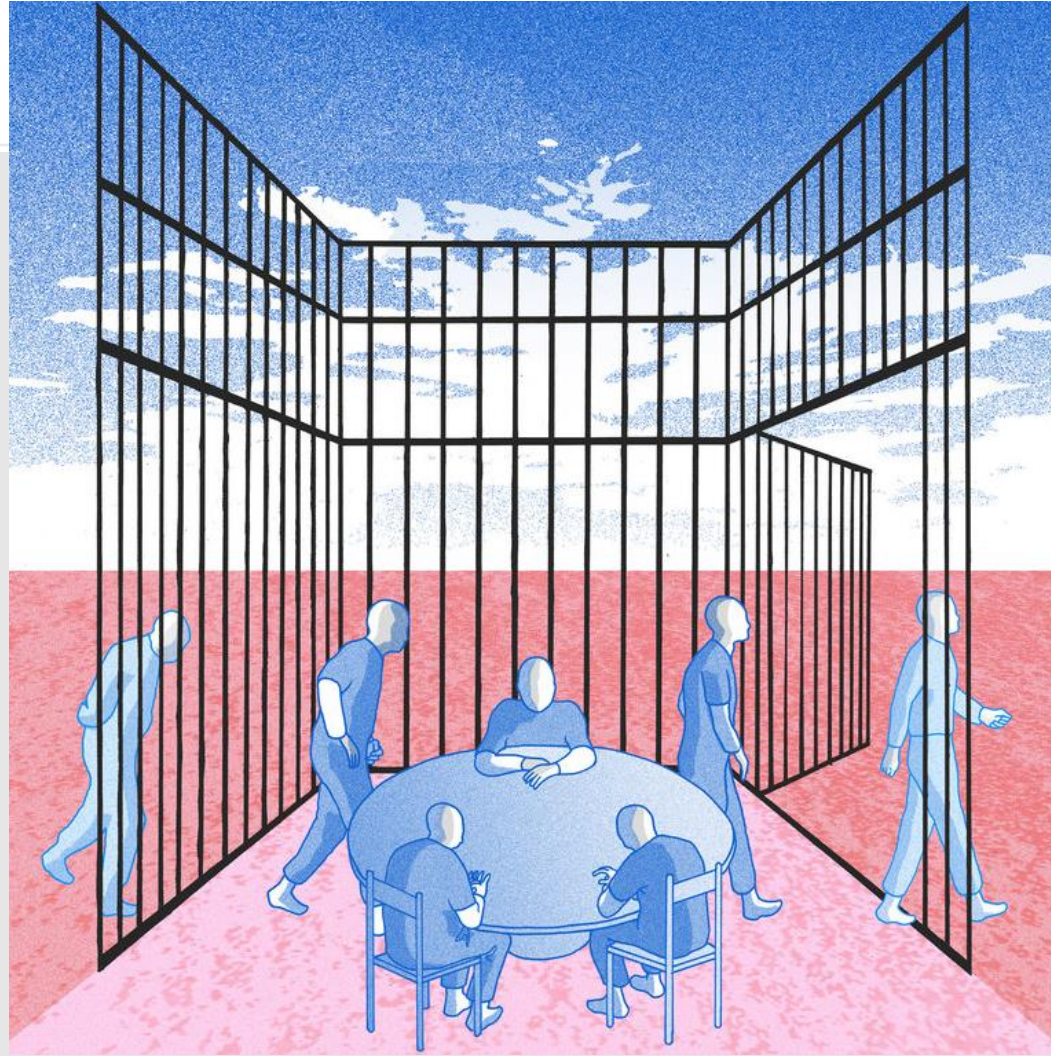
Claims per Vermont opioid patient





# Addicts Need Help. Jails Could Have the Answer.

By SAM QUINONES JUNE 16, 2017



*“Jailing addicts is anathema to treatment advocates. However, as any parent of an addict can tell you, opiates are mind-controlling beasts.”*



# Chittenden Cty. Preferred Providers

PROGRAM	SERVICES PROVIDED	ADDRESS	PHONE NUMBER
<a href="#">Community Health Center</a>	O	617 Riverside Ave., Burlington	802-864-6309
<a href="#">Day One</a>	I, O	UHC Campus, 1 So. Prospect St., Burlington	802-847-3333
<a href="#">Howard Center, Act One/ Bridge Program</a>	D, PIP, R	184 Pearl St., Burlington	802-488-6425
<a href="#">Howard Center, Centerpoint Adolescent Treatment Services</a>	A, I, O	1025 Airport Dr., South Burlington	802-488-7711
<a href="#">Howard Center, Chittenden Clinic</a>	HUB	75 San Remo Dr., South Burlington	802-488-6450
<a href="#">Howard Center, Mental Health &amp; Substance Abuse Services</a>	A, I, O, IDRP	855 Pine St., Burlington	802-488-6100
<a href="#">Howard Center, The Chittenden Center</a>	HUB	UHC Campus, 1 So. Prospect St., Burlington	800-413-2272
<a href="#">Lund Family Center</a>	A, O, W	Cornerstone Drug Treatment Center P. O. Box 4009, Burlington	802-864-7467
<a href="#">RISE IV</a>	H	37 Elmwood Ave., Burlington	802-463-9851
<a href="#">Spectrum Youth and Family Services</a>	A, O	31 Elmwood Ave., Burlington	802-864-7423
<a href="#">Turning Point Center of Chittenden County</a>	RC	191 Bank St., Burlington	802-861-3150



## Support Grows for Civil Commitment of Opioid Users

June 15, 2017 | By Christine Vestal

SHARE      



A Massachusetts woman whose daughter died of a heroin overdose is hugged by her other daughter at a ceremony marking Republican Gov. Charlie Baker's signing of a package of opioid addiction measures. Baker has proposed expanding the use of civil commitment for people addicted to opioids.

© The Associated Press

*"...in Massachusetts, the one state where civil commitment has been used extensively for opioid addiction, Republican Gov. Charlie Baker wants to make it even more common.*

*When they are in session, Massachusetts judges typically approve civil commitments within an hour. But when an overdose occurs at night or on weekends, relatives or physicians seeking an order are out of luck.*

*In May, Baker said he would renew his push for a measure, which he first [proposed in 2015](#), that would allow emergency-room physicians to hold opioid-addicted patients for up to three days without a court order, when they fear patients may harm themselves by using drugs again."*

# Nashua Safe Stations

- Collaborative partnership between city of Nashua, Harbor Homes, Keystone Hall, American Medical Response of Nashua and Nashua Fire Department
- Seven Safe Stations throughout Nashua, located at city fire stations
- Individuals seeking help with any type of substance abuse can enter into a Safe Station regardless of day or time judgement free.
- Trained professionals provide medical assessment and arrange transportation to the appropriate level medical facility
  - AMR to transport to hospital/emergency facility when there is immediate medical need
  - Harbor Homes to transport to owned facilities for detox and recovery







# Potential Legislative Asks, 2018 Session

- Increase in prevention funding
- Securing ability to receive treatment while incarcerated
- Insurance compensation for alternative treatment
- **Any additional asks?**

# Next CommStat Meeting



- **No meeting in July**
- 8/31 (Thursday) 8:30-10:30 AM
- Contois Auditorium