

**From:** Allen, Susan [Susan.Allen@vermont.gov]  
**Sent:** Wednesday, May 04, 2016 12:57 PM  
**To:** Coriell, Scott  
**Subject:** FW: NGA & opioids  
**Attachments:** VT Opioid Progress Update May 2016.docx

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**From:** Cimaglio, Barbara [mailto:Barbara.Cimaglio@vermont.gov]  
**Sent:** Wednesday, May 04, 2016 12:27 PM  
**To:** Allen, Susan <Susan.Allen@vermont.gov>; Chen, Harry <Harry.Chen@vermont.gov>  
**Subject:** RE: NGA & opioids

I think we are already doing all of the things that are mentioned. We've just updated the Opioid Progress document for the Governor for the CONEG meeting (attached).

*Barbara*

**Barbara Cimaglio**  
Deputy Commissioner  
Alcohol & Drug Abuse Programs  
Vermont Department of Health

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***Please note:** My e-mail address will change as of July 27, 2015; please make a note of the new address – [Barbara.cimaglio@vermont.gov](mailto:Barbara.cimaglio@vermont.gov)*

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**From:** Allen, Susan  
**Sent:** Wednesday, May 04, 2016 11:19 AM  
**To:** Chen, Harry; Cimaglio, Barbara  
**Subject:** FW: NGA & opioids

Thoughts on whether we sign (I think that's the ask). Sue

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**From:** [demstatescaucus@googlegroups.com](mailto:demstatescaucus@googlegroups.com) [mailto:[demstatescaucus@googlegroups.com](mailto:demstatescaucus@googlegroups.com)] **On Behalf Of** Walsh, Pamela  
**Sent:** Wednesday, May 04, 2016 11:13 AM  
**To:** 'Kwame Boadi' <[boadi@dga.net](mailto:boadi@dga.net)>; Dem Gov Policy List ([demstatescaucus@googlegroups.com](mailto:demstatescaucus@googlegroups.com)) <[demstatescaucus@googlegroups.com](mailto:demstatescaucus@googlegroups.com)>  
**Subject:** RE: NGA & opioids

I have and have been working on it. Will get you the compact. It is a pretty low bar – but there is apparently a road map of actions for states they are working on

Opioid addiction is driving one of the deadliest drug epidemics in our nation's history, claiming the lives of 78 Americans every day. The dramatic increase in prescriptions for opioid pain relievers has led to a spike in opioid addiction and related overdose death. While most opioid-related overdoses involve prescription pain relievers, an increasing number are linked to heroin and fentanyl, a powerful synthetic opioid often packaged and sold as heroin.

Governors are at the forefront of the fight against opioid addiction, working with health care providers, law enforcement and other stakeholders to mount a comprehensive response. Although there has been progress in recent years, opioid-related overdoses are on the rise. More Americans died from drug overdoses in 2014 than in any year on record, with six out of 10 of those deaths involving an opioid. The consequences of opioid addiction continue to reverberate through society, devastating families and overwhelming the health care system, law enforcement and social services.

During the 2016 NGA Winter Meeting, governors agreed that collective action is needed to end the opioid crisis and save lives. States play a central role, however, they cannot do it alone. Turning the tide on the epidemic requires a coordinated response across all levels of government and a strong commitment from private sector partners, including opioid manufacturers and prescribers.

**With this compact**, the undersigned commit to:

▪ **Take steps to reduce inappropriate opioid prescribing, such as:**

- Developing or updating evidence-based opioid prescribing guidelines, prior authorization protocols, and prescription limits with exceptions for certain patients and circumstances;
- Requiring opioid prescribers (physicians, nurse practitioners, physician assistants, dentists and veterinarians) to receive education on pain management, opioid prescribing, and addiction throughout their training and careers; and
- Enhancing state prescription drug monitoring programs and requiring their use by opioid prescribers and dispensers.

▪ **Lead efforts to change the nation's understanding of opioids and addiction, such as:**

- Using the bully pulpit to raise awareness about the risks of opioid abuse and reduce the stigma of addiction;
- Establishing education programs in schools, athletic programs and other community-based settings to raise awareness about opioid abuse and addiction among youth and other at-risk groups; and
- Partnering with professional associations to address stigma and improve understanding of addiction among health care providers and law enforcement.

▪ **Take actions to ensure a pathway to recovery for individuals with addiction, such as:**

- Eliminating payment and administrative barriers to medication-assisted treatment and comprehensive recovery services in Medicaid and other health programs;

- Pursuing overdose prevention and harm reduction strategies, such as Good Samaritan laws and standing orders to increase access to and use of naloxone; and
  - Implementing and enhancing programs that provide addiction treatment as an alternative for certain individuals charged with drug-related crimes.
- **Report on their progress during the 2017 NGA Winter Meeting.** Governors agree to report on specific steps taken to meet the above commitments and build on existing efforts when they reconvene in February 2017. These actions may include convening stakeholders, establishing new coalitions, and incorporating the above commitments into the governor's budget and legislative priorities.

## Signatories

### Pamela Walsh

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**From:** [demstatescaucus@googlegroups.com](mailto:demstatescaucus@googlegroups.com) [<mailto:demstatescaucus@googlegroups.com>] **On Behalf Of** Kwame Boadi  
**Sent:** Wednesday, May 04, 2016 11:11 AM  
**To:** Dem Gov Policy List ([demstatescaucus@googlegroups.com](mailto:demstatescaucus@googlegroups.com))  
**Subject:** NGA & opioids

I understand that the HHS committee at NGA is working on a draft opioid compact. Have you all seen a copy of this that you can share?

Best,  
Kwame

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**Kwame Boadi**  
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## Progress in Addressing the Challenge of Opioid Addiction

*May 2016 Update*

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### THE CHALLENGE

**> Recognized opioid addiction as a health challenge. – January 2013**

Governor Shumlin made the case that opioid addiction is a public health and health care challenge in his State of the State address

**> Inspired a national/regional approach to the challenge of opioid addiction.**

White House National Drug Control Policy officials visited Vermont to see firsthand what we are doing. Governor Shumlin was invited by the White House to speak about Vermont's path and progress.

**> Hosted a meeting of governors/staffs from New England and New York. – June 2014.** Out of that meeting came a work plan with five priority directions: 1) coordinating substance abuse prevention messages; 2) promoting unified prescribing guidelines for pain management; 3) sharing prescription drug monitoring systems data; 4) integrating opiate addiction into primary care; 5) expanding access to variety of treatment services.

**> Co-chaired National Governor's Association Drug Abuse Academy with Nevada. – August 2014.** This is a six-state Police Academy to help the state develop and implement a system for eliminating the illicit use of prescription drugs, and preserving access for appropriate use. To be shared through the NGA.

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### WHAT COMMUNITIES CAN DO

**> Convened Governor's Forum on Opiate Addiction. – June 2014**

This forum was attended by experts and community members from across the state to share community solutions.

**> Called for community action.** Since the Governor's Forum, the Health Department's 12 district offices have coordinated community forums and follow-up events in all regions of the state involving approximately 500 Vermonters. Community teams have developed action plans with strategies for prevention, intervention, recovery and law enforcement, and identified resources already available, resource gaps, action steps, and how they will measure success.

**Example:** Springfield's newly formed REACH team (Regional Efforts and Actions now provides a network for sharing resources and educating the community. The film *Anonymous People* has been shown in two communities with a high turnout. Springfield's Turning Point is starting a families addiction recovery weekly support group, and a "Wit's End" parent support group is being piloted in Windsor. A crime and safety committee (Project Action) held forums in November 2014 and January 2015 in Springfield with more than 100 participants to collect information on perceptions of the police department's response to drug-related crime in that community. Modeled on Rutland's Project VISION, the group will focus on collaboration between law enforcement and community resources.

**> Launched 'Vermont's Most Dangerous Leftovers' campaign. – October 2014**

The Partnerships for Success grant supports regional prescription drug misuse prevention strategies in six Health Department districts. The Health Department has developed a statewide safe storage and disposal of prescription drugs campaign, including outreach materials and social media messaging for each month of the year, to aid community mobilization. In 2015, in partnership with the U.S. Department of Justice, Vermont District, created and widely distributed 'Vermont's Most Dangerous Leftovers' PSA featuring Health Commissioner Harry Chen, MD: <https://www.youtube.com/watch?v=VD9xfKiiwfk>

**> Hosted Statewide Conference on Opiate Issues. – April 2016**

Statewide participants learned about efforts at the Federal, State and local levels that are supporting prevention, intervention and treatment challenges related to opiates. Keynote speaker Dr. Steven Leffler, University of Vermont Medical Center, discussed the impact of opiates in the medical setting and actions being taken.

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## LEGISLATION ENACTED

**> 2014** Signed legislation (Act 195) that strengthened pretrial services, risk assessments, and alternatives to incarceration for Vermonters at risk of entering the criminal justice system.

**> 2016** Will sign legislation (S.243) that is poised to pass in this session related to combatting opioid abuse in Vermont by strengthening prescribing guidelines and requirements in the Vermont Prescription Monitoring System. This legislation also funds a drug take back system and access to naloxone statewide.

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## TREATING OPIOID ADDICTION

**> Expanded the Care Alliance for Opioid Addiction.** Fully implemented the Care Alliance for Opioid Addiction – a hub and spoke model of treatment and system of care. Care has become more comprehensive with the addition of supportive health home services.

*The number of people seeking treatment who are getting into treatment has grown.*

As of April 2016, more than 2,915 people are currently in treatment in the Hubs, up from 1,704 in January 2014, the majority (924) for treatment at the Howard Center.

- **SW** – West Ridge Center for Addiction Recovery in Rutland, which opened in November 2013, is treating nearly 425 patients. Serves Rutland and Bennington counties.
- **NE** – BAART Behavioral Health Services, with locations in Newport and St. Johnsbury, opened in January 2013 and is treating 612 patients. Serves Essex/Orleans/ Caledonia counties.
- **Central** – Central Vermont Addiction Medicine/BAART in Berlin opened in July 2013 and now has 380 patients. Serves Washington/Lamoille/Orange counties.
- **SE** – Habit OPCO (Brattleboro and West Lebanon) and Brattleboro Retreat opened in July 2013 and has 581 patients. Serves Windsor/Windham counties.
- **NW** – The Howard Center/Chittenden Clinic in Burlington and South Burlington has 924 active clients. Serves Grand Isle/ Franklin/Chittenden/Addison counties.

> **Enhanced Primary Care “Spoke” Providers through Blueprint for Health Model.** There are now 126 physicians treating 2,331 patients in primary care practices throughout the state. The Blueprint is funding approximately 50 masters-prepared clinicians and nurse-care managers in this enhanced health home model.

> **Expanded pre-trial assessment program.** A bill passed in the 2013-14 Legislative session sets up a process to divert those non-violent drug offenders from being locked up and instead offers the offender a choice – to get into treatment as soon as possible. The first director of pretrial services was hired to train criminal justice professionals on the risk assessment instrument to be used statewide.

> **Supported Recovery.** The 12 Turning Point Recovery Centers located around the state are also supported with grants from the Health Department. Their goal is to support all paths to recovery and to offer peer support to people who are trying to maintain recovery. The Care Alliance treatment centers work closely with the Turning Point Centers to ensure that clients make connections with peer support volunteers. A Substance Abuse and Mental Health Services Administration (SAMHSA) grant recently awarded to the Turning Point Centers’ Recovery Network will allow them to place part-time staff with each Care Alliance Hub to focus on peer recovery and support.

**> Received Federal Grant to Expand Treatment for High Risk Clients Involved in Correctional and Child Welfare Systems. – August 2015**

Vermont was one of 11 states to receive a grant from SAMHSA to expand Medication-Assisted Treatment capacity, and to link peer recovery support services to clients in recovery from opiate addiction.

**> Distributed 4,361 Naloxone Opioid Rescue Kits to 2626 Vermonters/520+ Kits Reported to Health Department as Used. – December 2013 - April 2016**

In 2013, the Vermont Legislature authorized the Health Dept. to develop and administer a pilot program to distribute emergency overdose rescue kits. From December 2013 to date more than 2,626 people have received kits distributed from the eight active sites. Of kits distributed, 522 have been used to reverse a suspected overdose, the majority used on suspected heroin overdoses.

*Deaths from heroin in 2015 (34) were the same number as deaths from heroin in 2014 (34); however deaths from prescription opiates increased from 25 in 2014 to 32 in 2015 and deaths from fentanyl increased from 18 in 2014 to 29 in 2015.*

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## **PREVENTING OPIOID ADDICTION and OVERDOSE**

**> Piloted SBIRT – Screening, Brief Intervention & Referral to Treatment.**

We have created a website and tools to help providers conduct screening, brief interventions and referrals – known as SBIRT – at 13 funded sites. This work is funded by a grant from SAMHSA to expand such services for adults over the next five years. The goal is to make SBIRT a routine part of regular health care practice. Vermont has also used Federal Centers for Medicare and Medicaid Innovation (CMMI) State Innovation Model (SIM) funds to support SBIRT site development.

*From February 2014 through December 2015, 35,735 people have been screened in emergency departments, primary care practices and free clinics.*

Collaborations with the Department of Vermont Health Access have resulted in a VT SBIRT strategic plan for health information technology integration, and integration of the SBIRT approach into the Federally Qualified Health Care system.

**> Enhanced the Vermont Prescription Drug Monitoring System to Aid in Overdose Prevention Initiative. – Fall 2015**

Vermont was awarded a CDC grant to expand prescription drug overdose prevention efforts. The goal of the work is to decrease opioid and heroin fatalities, decrease opioid overdose emergency department visits, increase access to treatment, and decrease non-medical use of pain relievers. This will be accomplished through improving features of the Vermont Prescription Monitoring System (VPMS), training and technical assistance for medical professionals, improving communication with prescribers concerning evidence-based prescribing practices and



alternatives to narcotics for treating chronic pain, expanding surveillance capacity, and better understanding the views of those abusing prescription drugs and heroin.

**> Enacted Rules to Strengthen Guidelines for Prescribing Opiates.**

In August 2015, the Department of Health enacted a rule governing the *Prescribing of Opioids for Chronic Pain*. This rule provides legal requirements for the appropriate use of opioids in treating chronic pain in order to minimize opportunities for misuse, abuse, and diversion, and optimize prevention of addiction and overdose.

In April 2016, the Rules Governing *Medication-Assisted Therapy for Opioid Dependence for: 1. Office-Based Opioid Treatment (OBOT) Providers Prescribing Buprenorphine and 2. Opioid Treatment Providers (OTP) – State Regulations* were updated to reflect legislative changes requiring that all physicians prescribing buprenorphine adhere to state regulations as outlined