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Statement to the Opioid Settlement Advisory Committee

Read by Javad Mashkuri, M.D. & Eva Zaret, MPH

Introduction

Hi everyone, thank you for allowing public input at this time. My name is Javad Mashkuri, I am an emergency medicine physician at Central Vermont Medical Center with a special interest in low barrier access to addictions services/point of care MAT and Project/Grant director of the Rural Communities Opioid Response Program on behalf of the Central Vermont Prevention Coalition.

My comments today are about the CVPC but can shed light on what local community coalitions can bring to the battle against opioid addiction affecting Vermonters.

The Central Vermont Prevention Coalition is an interdisciplinary collaboration of over 30 professional organizations and agencies working in the fields of substance use prevention, harm reduction & disease prevention, treatment, recovery, and restorative justice. Central Vermont Medical Center serves as the foundational “backbone” member of the coalition. Our mission is to create a harmonized and stigma-free system of care in Central Vermont where there is no wrong door, no wrong time to get help and support for substance use disorders, and to prevent the initiation of substance use. The participation of people and families who have experienced the harms of substance use are vital to our work.

History of CVPC’s accomplishments

Some of you are already familiar with our work, but for those of you who are not I will provide a high level overview. Since its inception in 2015, CVPC has brought about a wide variety of programs and initiatives that have positively benefited vermonters with problematic substance use including opioid use disorder in Central Vermont. These include 24/7 peer recovery coach access in the CVMC emergency department, Rapid Access to MAT (RAM) in the ED, Screening Brief Intervention and Referral to Treatment (SBIRT) services in the ED and primary care practices, and our Refocus on Alcohol Dependence (ROAD) project that just finished its first highly successful year. Currently we are working to colocate perinatal services to our pregnant Vermonters accessing HUB services.

In 2020 after a year of planning, CVPC was awarded a 3 year Rural Communities Opioid Response Program (RCORP) grant through HRSA to address opioid use across the continuum of care in Central Vermont. With that funding we hired our first ever project coordinator (who is a public health specialist). She has been able to organize the various groups within our organization, tighten up the infrastructure, and support the previously mentioned work and launch equally important projects including expanding naloxone access, co-locating peer recovery with local police, and educating primary care in harm reduction tools and principles, to name a few. The final year of this grant is not only to continue our work, it is about seeking a path for sustainability of the coalition coordinator role, which the coalition has determined is vital to its continued success and collaborative efforts. In a recent survey of our coalition membership, 95% find that having a dedicated coalition coordinator is valuable.

The ask

We've spent the past 3 years seeking a route to sustainability. While we receive quite a bit of in-kind support from the hospital, we need support from the state to keep our important work going. A key priority is to avoid asking our membership for support, as they are all struggling with limited resources for their own operations, yet remain committed to our cross-sector work. We ask that you consider funding the leadership (in our organization the Coordinator Position) of community coalitions like ours as you develop your recommendations for the opioid settlement funds. This type of expenditure from the Opioid Abatement Special Fund would satisfy activity #10 in Vermont Legislative Act 118, which reads: "supporting efforts to provide leadership, planning, coordination, facilitation, training, and technical assistance to abate the opioid epidemic".

The reasoning: the following are reasons we find this kind of investment will be effective:

- **Point 1:** Community coalitions like ours create an **infrastructure** for cross-sector collaboration and innovation by strengthening the *connection between* the parts of the system rather than simply strengthening the individual parts of the system. This synergy and silo busting allows us to achieve a more widespread/comprehensive reach than any one organization can on their own, and can accomplish objectives beyond the scope of any one organization. In that same survey, 83% of members feel that CVPC has been responsible for activities or programs that otherwise would not have occurred.
- **Point 2:** In the spirit of **health equity**, funding community coalitions ensures that dollars are put into the hands of those who best know their community and its needs, who have already spent the time to build trusting relationships, and know how to operationalize those dollars (from the get go). 86% of our membership are certain that CVPC will positively impact substance use in Central Vermont.

- **Point 3:** The settlement dollars, while substantial as a whole, are being disbursed in relatively small amounts every year. Funding regional coalitions will help the state **maximize their impact and conserve these resources** by funding a pre-existing system with a proven track record of success. 93% of our membership feels that Central Vermont is better off today because of CVPC.

We are not asking for a free pass, I would expect that this committee would put forth a transparent application process for these valuable and much needed funds that would:

- Assess each organizations' mission, infrastructure, accomplishments to date and plan for ongoing strategies to continue the fighting the opioid epidemic and once applicants have been carefully scrutinized, funds should be awarded based on merit. (to monica's point)
- The ability to provide sustainable funding over years rather than a one time award again based on results of the previous year would allow for sustainability of these efforts and further maturation of these valuable local coalitions

Conclusion

In conclusion, supporting regional coalitions makes sense and should be seen as an important spending priority and strategy in combating the opioid epidemic. CVPC is strongly established and ready to 'hit the ground running'. I hope that you will consider this request when making recommendations to the Governor, the Department of Health, and the General Assembly. We are happy to submit this statement for the record if desired.

We are willing to testify before lawmakers to make the case that local coalitions are committed to providing collaborative and innovative strategies to fight this complex disease

I thank you for your time and would be happy to answer any questions or comments.