

Dear Senator Kitchel and Senate Committee on Appropriations,

My name is Melanie Sheehan and I work as a Regional Prevention Program Manager at Mt. Ascutney Hospital and Health Center in Windsor VT. I am also Vice Chair of the Substance Misuse Prevention Oversight and Advisory Council (SMPC) established in 2019 under Act 82.

I am writing with urgency in response to the reduction of Governor Scott's recommended \$3.5M budget for substance use prevention - a proposed decrease to \$612,500. The VT legislature, for the first time ever, has the opportunity to put general fund money into Prevention. This is a singular, "never been done in VT before" opportunity. Yet, the FY23 budget proposal, coming out of the House and combined with H.728 out of House and Human Services, earmarks money to fund programs that are already running and that the VT Department of Health would say do not need general fund support at this time.

While I do not excuse the need for supporting my colleagues in harm reduction, treatment, and recovery I will say that I work with them and they have very robust programs and strategies with stabilized funding.

Please, reinstate the \$3.5M for prevention and give prevention professionals the opportunity to stop these problems before they start. There is no way out of this current crisis if we don't go upstream. You are not turning your backs on people in need, they will be taken care of with existing financial resources.

In addition, it is truly short-sighted to establish the SMPC (Act 82) and then demonstrate a devaluing of the field by not taking the opportunity to allocate resources that will make a real difference. These general fund dollars:

- Will stabilize the prevention infrastructure across the state.
- Are not tied to any federal allocation which often dictates our work and creates silos by substance area and/or population group. (Addresses area of need identified in the SMPC Prevention Inventory)
- Will allow us to work across substances and across ages, giving us the potential to have the largest impact ever because we won't be hamstrung by federal regulations.
- Will also allow us to be responsive to local communities, the only place where we see and feel the dilemma of substance misuse at every age, across all substances. We will be able to target effective interventions based on community need, a truly local approach.

Overall, this funding makes us more nimble, responsible, and proactive.

The Governor's \$3.5M recommendation was based on years of listening and responding to the work and identified needs of legislatively established councils (Opioid Coordination Council –the OCC, and the Substance Misuse Prevention Oversight and Advisory Council – the SMPC). His recommendation was well researched and supported with state-wide expertise. In addition, I believe that the VT Department of Health has

testified that a significant challenge is and has been the procuring non-federal funds to stabilize the prevention infrastructure.

We all know prevention works; we take our cars in for service before oil runs out, we change out tires going bald, we wore masks and used hand gel during the pandemic (and still do)! But of course we are not talking about cars and masks, we are much more seriously talking about the value of prevention at a population level. Here is a table of a very few sample interventions that can quantify the value of making prevention investments ([taken from WISPP \[wispp.wa.gov\]](https://www.wispp.wa.gov/)):

| Harm Reduction, Treatment / Recovery | <u>Benefit to Cost Ratio</u> | <u>Chance Benefit will exceed cost</u> | PREVENT - ION Interventions | <u>Benefit to Cost Ratio</u> | <u>Chance Benefit will exceed cost</u> |
|--|------------------------------|--|---------------------------------------|------------------------------|--|
| Holistic Harm Reduction program | \$6.39 | 57% | Too Good for Drugs | \$8.74 | 94% |
| Peer support for individuals with SUD | \$1.20 | 49% | Model Smoking prevention program | \$114.02 | 100% |
| Buprenorphine maintenance for SUD (Methadone) | \$1.78 (\$2.30) | 78% (82%) | Youth mental health first aid | \$10.83 | 68% |
| Matrix model for Intensive Outpatient Treatment Programs (IOP) | \$2.87 | 52% | Anti - smoking campaign, youth effect | \$58.68 | 100% |

The value of prevention is all around us. Reinstating the Governor’s \$3M prevention budget is the most prudent choice for stretching state dollars - maximizing return on investment and addressing a much larger percentage of the population than direct service is able to do. *Please don’t be the legislature that turns its back and devalues prevention on the heels of a pandemic when we know that prevention works!*

I would be happy to share my expertise via testimony if you want to hear from me in person. I have dedicated the last 20 years of my life to the important work of preventing substance use. Prevention is a professional field of practice, established with public health science and accountable to the Strategic Prevention Framework. The strategies we implore lead to outcomes that make a real difference. They are evidence based, meaning proven to be effective or promising practices, meaning promising outcomes but needing more time to be studied.

Lastly, again to stress the population health component, Prevention professionals and organizations generally target interventions at the organization, community, and policy/systems levels of VTs Prevention Model (seen below). This means that the

funding we operationalize reaches a higher percentage of the population. Mobile MAT services, for example only impact the # of individuals and families that use their mobile unit.

Best,

Melanie Sheehan, MCHES

