

OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)
Meeting of Tuesday, January 9th, 2024
Teams Virtual Meeting
10:00 a.m.

ATTENDANCE

Members/Designees: Nancy Navarretta, Commissioner, DMHAS; Mayor Neil O'Leary, Waterbury; Jody Terranova, Deputy Commissioner, DPH; Francis Gregory, DCF, Jennifer Kolakowski, Dr. Srinivas Muvvala; Judy Dowd, OPM; Timothy Birch, AGO; Susan Campion; Kimberly Grove; Lisa Deane; Senator Cathy Osten; Representative Toni Walker, Hartford; Mayor Elinor Carbone, Torrington; Dr. Mehul Dalal; Bridget Fox; Representative Cristin McCarthy Vahey; First Selectwoman Tracey Hanson, Voluntown; First Selectman Rudy Marconi, Ridgefield; Mayor Lisa Marotta, Rocky Hill; Jeanne Milstein; First Selectwoman Maureen Nicholson, Pomfret; Ebony Jackson-Shaheed; Dawn Niles; Erica Teixeira; Russell Melmed; Pareesa Charmchi-Goodwin; Donna Culbert; John Lally; Christine Gagnon; Patrick McCormack, Christian Spencer, Amy Bethge, Erica Teixeira, Martiza Bond, Maggie Young

Visitors/Presenters: Luiza Barnat; Keith Radziwon; Christopher McClure; CT-N, Kris Robles, Nita Asani, Arthur Mongillo, Danielle Ebrahimi, Robert Heimer, Ana Gopoiian, Donna Culbert, Megan Massa, Matthew Fitzsimmons, AGO, Dr. David Fiellin, Jennifer Buckley, Christy Knowles, Sara Nadim, Justin Mehl, Emma Biegacki, Myrna Watanabe; Kimberly Karanda, Christine Hauser, Kelly Ramsey-Fuhlbrigge, Leonardo Ghio, Jessica Simone, Colleen Violette, Demetria Nelson, Addressa Granado, Gary Roberge, Nicole Tomasetti, Brian Sullivan, Sujata Srinivasan, Sarju Shah, Andrew Brown, Mike Smith

Recorder: Melanie Richard

The January 9th, 2024 meeting of the Opioid Settlement Advisory Committee (OSAC) was called to order at 10:00 a.m. by Commissioner Nancy Navarretta, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	<p>Commissioner Navarretta welcomed all in attendance and introduced the following new members of the Opioid Settlement Advisory Committee, following new legislation that was passed to add additional members:</p> <p>DCF Commissioner Dorantes is moving on to another position, and Acting DCF Commissioner Jodi Hill-Lilly will take her place on the Committee. DCF Deputy Commissioner Michael Williams is representing DCF at today's meeting.</p> <p>Dan Rezende, Provider of Community-Based Substance Use Treatment for Adolescents and has worked with us on our Alcohol and Drug Policy Council in the past.</p> <p>Dr. Elizabeth Rivera-Rodriguez, Municipal Representative from Bridgeport, appointed this morning, 1/9/2024.</p> <p>Megan Albanese Municipal Representative from Southington, appointed this morning, 1/9/2024.</p>	Noted
Review and Approval of Minutes	<p>Minutes approval from November 14th, 2023 meeting – moved by Representative Toni Walker, seconded by Dawn Niles, Windham Town Council Member</p> <p>No further discussion, minutes approved.</p>	Informational
Public Comment	<p>No requests were received regarding public comments.</p> <p>No public comments were made during this time.</p>	Informational

Topic	Discussion	Action
<p>Municipal Reporting Update</p>	<p>We shared with you last time our approach to collecting what was legislatively put into statute last session regarding annual reports from the municipalities and that piece has been wrapped up. This report was put together by Christopher McClure (DMHAS), Luiza Barnat (DMHAS), Melanie Richard (DMHAS), and by former DMHAS Opioid Settlement Administrator Katherine Ramos and is a standout report nationally.</p> <p>Christopher McClure, Chief of Staff, DMHAS presented on: Opioid Settlement Advisory Committee – Municipal Settlement Proceeds, PA 23-92, January 4th, 2024</p> <p><u>Chris McClure:</u> The task before us was mandated by legislation this past year, which was to have the municipalities report on funds they had received and how they expended them. The report had a deadline of October 1st, 2023, but because of the relatively truncated nature of that period between July 1st, 2023 and October 1st, 2023, we allowed for certain extensions for the first round. This was for a couple of reasons including that it was an election year at the municipal level and particularly this was the first time for this data collection. We officially closed the reporting period in the middle of November 2024 and at that point had 166 of 169 towns reported. Next year we will be looking to achieve a 100% full compliance.</p> <p>The plan is to expand in the next year when we do this report and we'll certainly see a larger share of the dollars going out, just as everyone will have a better idea and be more prepared with what an allowable use of the funds is, as well as some additional planning efforts to assess what exists from the state and what exists at the local level and how they can supplement that.</p> <p><u>Discussion:</u> Some municipalities were waiting for more formal guidance that was not as broad and asked for clarification if the exhibit that was provided and published was sufficient to be used as the guidance, should municipalities want to go out and make requests for proposals to disperse the money out in the community. At this time, it is always best practice to consult with your municipality's legal team, but the document does outline all allowable uses.</p>	<p>Informational</p>
<p>Public Input Portal Update</p>	<p>Christopher McClure, Chief of Staff, DMHAS provided an update on the public input portal.</p> <p><u>Chris McClure:</u> The Opioid Settlement Advisory Committee opened a public input portal as part of our statutory charge is to have a healthy public input and a transparent process. As there are multiple intakes for the committee, we also really wanted to open it up to the public as well, so we opened the portal from October 17th, 2023 – November 17th, 2023. In that time, we got 132 funding recommendations.</p> <p>It is to the credit of the Referral Subcommittee, as they went through those 132 recommendations on a weekly basis to determine the appropriate recommendations to the relevant ADPC subcommittees. There were 35 public comments that are recommended to be reviewed by the treatment subcommittee; 37 public comments that are recommended to be reviewed by the recovery support subcommittee; 32 public comments that are recommended to be reviewed by the prevention subcommittee, 3 public comments that are recommended to be reviewed by the criminal justice subcommittee, and 25 public comments that were not recommended for further review, as they were not actionable.</p>	<p>Informational</p>

Topic	Discussion	Action
	<p>When we go through the ADPC subcommittees, there will be some reduction to the recommendations as they go back to OSAC. We have been discussing what needs to be improved or fixed on these recommendations as they move through the process so that they are actionable and something we can provide.</p> <p><u>Discussion:</u> Representative Toni Walker: What is the time frame now that we've gotten these recommendations? What are the next steps in terms of dispersing them and categorizing them? Maybe this will allow us to get a jump on some of these recommendations.</p> <p>Commissioner Navarretta: The goal would be to put at least two recommendations forward for vote during the next OSAC meeting in March, so between now and the next meeting, we will work on running those recommendations through the ADPC and then onto the OSAC Subcommittees so that we are in a good place for a recommendation next full meeting.</p>	
OUD, Fatal ODs, and Treatment in CT	<p>Dr. Robert Heimer, PhD., Yale University presented on the Relative Risk of Opioid-Involved Death Following Exposure to Treatments for Opioid Use Disorder, Connecticut, 2017</p> <p>We wanted to see what the impact of various forms of treatment for opioid use disorder were on subsequent opioid overdose deaths, so we used the results, the conclusions, limitations, and some recommendations based on the conclusions of this study. These data outcomes are from data that was collected in 2017, but it took some time to put all of the pieces together because as you'll see, it's a complicated puzzle and process.</p> <p><u>Discussion:</u> John Lally: Do you have any possible explanation of why the relative risk of death is higher for abstinence-based treatment compared to no treatment at all?</p> <p>Dr. Heimer: When a person goes through an abstinence-based treatment, their tolerance for opioids goes down. When a person uses again, they relapse when they're not intending to and are using more than their body can tolerate. People are overdosing after treatment because they are using the same dose that they were taking before treatment. Their loss of tolerance is insufficient to protect them against an opioid overdose death.</p> <p>Rudy Marconi: Years ago, the DEA used to restrict the number of prescriptions that an MD was allowed to prescribe for including suboxone and buprenorphine. Has that changed and is it more readily available for people?</p> <p>Dr. Heimer: There has been some significant reformation. In one instance, a benefit of the COVID pandemic seems to have been relaxing regulations on the availability of buprenorphine and methadone. Extensive training was needed to prescribe opioids in the first place, but even more extensive training was needed for the medication for treatment as well as a limit on the number of patients that an MD could treat. The need for the extensive training has been removed and the limit on the number of patients an MD can treat has been greatly reduced or completely removed, so it is being made more readily available.</p> <p>Rudy Marconi: Does the buprenorphine program include a psychological component as well?</p> <p>Dr. Heimer: All of these medication based treatments benefit from counseling of different types, but the psychological counseling seems to be the most beneficial early on in the treatment.</p>	Informational

Topic	Discussion	Action
<p>Regulations on Mobile OTP Vans</p>	<p>Gina Florenzano, Director of Regional Services, State Opioid Treatment Authority for Connecticut, DMHAS presented on Mobile Opioid Treatment Programs (OTPs).</p> <p><u>Gina Florenzano:</u> This initiative in Connecticut is about making mobile OTP's a reality, and has been taken on by some of our state partners including DSS, DPH, and DCP. We each have a role in mobile OTP's, and we and our state partners began meeting in July of 2021 and continue to meet monthly. The initial steps have included identifying areas of need for regulatory and/ or statutory changes with DPH and DCP.</p> <p>In addition, HB 5430 passed in May 2022, which allows for controlled substances including methadone to be transported from a registered location where individuals are treated and dispensed from a mobile unit. Also, it allows multi-care institutions to provide SUD and MH services from a mobile OTP.</p> <p>There was a meeting with the OTP leadership at Opioid Treatment Providers of Connecticut on January 27, 2023 to review the progress in Connecticut, and there will be additional meetings scheduled with Ots to discuss questions and next steps.</p> <p><u>Discussion:</u> Representative Toni Walker: DPH will license the OTP vans, but is there an opportunity for public comment on their licensing?</p> <p>DPH Deputy Commissioner Jody Terranova: The regulation side of the House is not mine, but I can tell you what I know is that it would follow our process for adopting regulations and go through public comment and the Legislative Regulation Review Committee and the steps involved with that.</p> <p>Representative Toni Walker: Where they'll be other opportunities for different types of medication to be dispensed?</p> <p>Gina Florenzano: Within the rule that is a possibility, as any and all MOUD formulations can be provided through the mobile OTP, but it may be specific to a particular provider.</p> <p>Representative Toni Walker: With the vans, how will clients be doing their monthly counseling? Are we interested in looking to try to increase the counseling to try and address some of the behaviors that have come out because of their addiction issues?</p> <p>Gina Florenzano: Depending on the actual footprint of the mobile unit, there are some that actually have separate counseling spaces, so there could be an opportunity to do that on one of the vans.</p> <p>John Lally: Do you have any timeline or where are we in the process of this actually becoming a reality?</p> <p>Gina Florenzano: We have no one that is currently started the process for licensure, but there is the potential provider that's exploring making this more of a reality. There have not been any applications submitted at this point in time, but the other piece is really looking at which areas in the state would best be served by a mobile unit.</p> <p>Commissioner Navarretta: There is a monthly meeting with all of the methadone providers, so this is just a technical piece, but there are vans out there now that deliver HIV services, primary care, counseling services, outreach and engagement for behavioral health, including buprenorphine because that can be written as a script. What's different about this is that regulation allows for the methadone piece, which is highly regulated federally. Now you see we're putting our state regulations into effect,</p>	

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	<p>and as these vans are costly, I would imagine people are going to be looking for ways to fund these vans, and one of them may be through the Opioid Settlement Advisory Funds</p> <p>Dr. Heimer: Will the regulations for the need for a medical exam allow for them to be done through telehealth or will the vans have to have an APRN or an MD, or someone on the van to administer those?</p> <p>Gina Florenzano: As the regulations stand today, there will still be that need for the face to face physical exam with the medical provider that can either happen at the van or a brick and mortar, but there is a proposed change to the federal regulations, which will allow for a virtual component.</p>	
Media Campaign – LiveLOUD	<p>Luiza Barnat, Director of Opioid Services, DMHAS presented on LiveLOUD.</p> <p>This was a media campaign that was launched in 2018 with the O'Donnell Company and is called LiveLoud Life with Opioid Use Disorder. It can be accessed at liveloud.org</p> <p>This is an educational campaign with information about what opioids are, what treatments are available, and what is available in the community for recovery supports. This website was launched in 2018 and then every year since we've had a spinoff of that launch campaign to address different needs. The campaigns included the faces of those who are on medications for opioid use disorder talking about their life and normalizing their experience, as well as a lot of messaging on billboards, buses, and bus shelters. There are also Spanish versions of these materials as well, and these campaigns have been posted on social media.</p> <p>This year we will be coming out with a number of videos that are going to be posted on social media that will be able to be downloaded and we are hoping to embed those in some waiting rooms in Emergency Departments and other places so that the public may learn about harm reduction and staying safe, as well as naloxone and the messaging of not using alone.</p>	
Subcommittee Updates	<p>Referral: First Selectman Rudy Marconi</p> <p>The Referral Subcommittee is working on reviewing the 132 recommendation submissions and will identify which ADPC Subcommittees they should move on to for review. They are meeting weekly to move through these in the hopes of having a recommendation to review for the March meeting of the Opioid Settlement Advisory Committee.</p> <p>The lowest response we had is relative to criminal justice, as there are only 3 recommendations, but the rest were well divided between prevention, education, recovery, and treatment. Many have come from existing programs that were looking to expand what they had and looking at recommendations that may have been made for a smaller area that may be able to be a statewide recommendation.</p> <p>Research and Data: Luiza Barnat on behalf of Dr. Srinivas Muvvala</p> <p>This subcommittee has been temporarily rescheduled until we have the recommendations from the Referral Subcommittee to review. We will focus on whether something is evidence based or should be recommended as a pilot.</p> <p>Finance and Compliance: Representative Toni Walker</p> <p>The subcommittee has been temporarily rescheduled until we have the recommendations to review. Recommend that we look at the idea of possibly funding mobile vans especially for the areas in the Northwest of Northeast sections of the state where they</p>	Informational

Topic	Discussion	Action
	don't have access and things like that. The Finance Subcommittee would like to hear about some of the recommendations in advance so we can start reviewing them as soon as possible.	
Next Steps	<p>The next OSAC meeting is scheduled for Tuesday, March 12th from 10:00 a.m. – 12:00 p.m.</p> <p>The subcommittees will continue meeting to review the recommendation submissions.</p>	Informational

NEXT MEETING – Tuesday, March 12th, 2024 Video Conference Call through Teams

ADJOURNMENT – January 9th, 2024 meeting of the Opioid Settlement Advisory Committee adjourned at 11:36 a.m.