

Opioid Settlement Advisory Committee Funding Recommendations 25-8 Summary Sheet

In 2022, Public Act 22-48, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS was passed into law and later amended by Public Act 23-92 and Public Act 24-150. The Acts establish an Advisory Committee in Connecticut General Statutes Secs. 17a-674b through 674g. The Committee is co-chaired by the Commissioner of the Department of Mental Health and Addiction Services (DMHAS) and a representative from the municipalities, to ensure the proceeds received by the state as part of the opioid litigation settlement agreements are allocated appropriately. The statutes specify the proceeds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction with public involvement, transparency, and accountability.

Section (e) of CGS Sec. 17a-674c states:

“(e) Moneys in the fund shall be spent only for the following substance use disorder abatement purposes, in accordance with the controlling judgment, consent decree or settlement, as confirmed by the Attorney General's review of such judgment, consent decree or settlement and upon the approval of the committee and the Secretary of the Office of Policy and Management:

- (1) State-wide, regional or community substance use disorder needs assessments to identify structural gaps and needs to inform expenditures from the fund;
- (2) Infrastructure required for evidence-based substance use disorder prevention, treatment, recovery or harm reduction programs, services and supports;
- (3) Programs, services, supports and resources for evidence-based substance use disorder prevention, treatment, recovery or harm reduction;
- (4) Evidence-informed substance use disorder prevention, treatment, recovery or harm reduction pilot programs or demonstration studies that are not evidence-based, but are approved by the committee as an appropriate use of moneys for a limited period of time as specified by the committee, provided the committee shall assess whether the evidence supports funding such programs or studies or whether it provides a basis for funding such programs or studies with an expectation of creating an evidence base for such programs and studies;
- (5) Evaluation of effectiveness and outcomes reporting for substance use disorder abatement infrastructure, programs, services, supports and resources for which moneys from the fund have been disbursed, including, but not limited to, impact on access to harm reduction services or treatment for substance use disorders or reduction in drug-related mortality;
- (6) One or more publicly available data interfaces managed by the commissioner to aggregate, track and report data on
 - (A) substance use disorders, overdoses and drug-related harms, (B) spending recommendations, plans and reports, and (C) outcomes of programs, services, supports and resources for which moneys from the fund were disbursed;
- (7) Research on opioid abatement, including, but not limited to, development of evidence-based treatment, barriers to treatment, nonopioid treatment of chronic pain and harm reduction, supply-side enforcement;
- (8) Documented expenses incurred in administering and staffing the fund and the committee, and expenses, including, but not limited to, legal fees, incurred by the state or any municipality in securing settlement proceeds, deposited in the fund as permitted by the controlling judgment, consent decree or settlement;

Opioid Settlement Advisory Committee Funding Recommendation 25-8

Summary of Current Proposal

This recommendation funds expanded access to opioid treatment for youth in Connecticut through statewide expansion of Multidimensional Family Therapy (MDFT) for opioid use disorders, known locally as HYPE Recovery, from six (6) teams currently to a total of fourteen (14) teams resulting in statewide access, including training MDFT Therapist Assistants to deliver post-treatment recovery supports using the evidence-based Recovery Monitoring and Support (RMS) model.

Timeline

This approach has been recommended for funding for two years from the date of project implementation initiation.

Compliance Analysis

Allowable Use:

Statutory: CGS Sec. 17a-674c(e)3

(3) Programs, services, supports and resources for evidence-based substance use disorder prevention, treatment, recovery or harm reduction

Settlement Agreement: Exhibit E, Schedule B Part 1 (A)(2)

Background

OSAC Funding Recommendation Form:

Source of Recommendation: Public Portal	
ADPC Subcommittee Name: Treatment Subcommittee	
Date of Initial Recommendation Presentation (should coincide with OSAC meeting date): 9/16/25	
Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)	
<u>Project Title:</u>	Helping Youth and Parents Enter (HYPE) Recovery: Expanding Access to Opioid Use Disorder (OUD) Treatment and Recovery for Youth and Young Adults across Connecticut
<u>Summary of Request:</u>	This project aims to expand access statewide to evidence-based opioid use treatment and recovery support among the state's most vulnerable adolescents and transitional age youth up to age 21.
This request is to expand access to opioid treatment for youth in Connecticut. Under this proposal DCF, the state's authority for children's mental health, will lead statewide expansion of Multidimensional Family Therapy (MDFT) for opioid use disorders, known locally as HYPE Recovery, from six teams currently to a total of 14 teams resulting in statewide access to this critical program. MDFT is an evidence-based youth treatment for substance use and co-occurring mental health disorders. The HYPE Recovery model also includes training MDFT Therapist Assistants to	

Cost Per Youth Episode and Benefit-Cost Ratio (ROI)

CT Youth Substance Use Evidence-Based Practices by Setting

EBP	Ages	Est. County Coverage	Focus	Length of Stay	Setting	Est. Cost per Episode	Est. Benefit-Cost Ratio (ROI)
SBIRT*	12+	63%	Substance Use	1+ Session	Flexible	\$150-\$400	7:1 (Moderate)
A-CRA	12-24	100%	Substance Use	4 Months	Outpatient	\$1,700-\$2,200	TBD (Est. Moderate)
DBT-A	12-18	Limited	Co-occurring Primary Mental Health	3-12 months	Range: Outpatient-Residential	\$4,800-\$7,800	TBD (Est. Low)
MET/CBT*	12+	63%	Co-occurring	Brief: 2+ Sessions Extended: 3-4 months	Range: Outpatient-Residential	\$1,100-\$1,200	4-7:1 (Moderate)
Seven Challenges*	12-25	Limited	Co-occurring	6-8 months	Range: Outpatient-Residential	\$2,000-\$3,000	TBD (Est. Moderate)
FFT	11-18	88%	Co-occurring Primary Mental Health	4-6 months	Intermediate/In-home	\$3,000-\$5,000	19:1 (High)
HYPE*	12-21	63%	Co-occurring	12 months	Intermediate/In-home	\$4,000-\$8,000	8-12:1 (Moderate)
MDFT	9-17	100%	Co-occurring	5 months	Intermediate/In-home	\$3,000-\$6,000	7-12:1 (Moderate)
MST*	12-17	100%	Co-occurring	3-5 months	Intermediate/In-home	\$4,000-\$7,000	3-7:1 (Moderate)

- * Able to be tailored for youth who use opioids
- ♦ Able to develop a CT-based statewide trainer network



Statement of Need:

- RMS helps youth and their families build on progress made during treatment, monitor substance use and triggers, facilitate connections to pro-social/pro-recovery groups to help build recovery capital, and when needed rapidly re-engage youth into treatment or other services.
4. RMS is derived from multiple evidence-based practices shown to increase recovery and abstinence among youth. These continuing care approaches have been shown to significantly increase:
 - returns to treatment more often and more quickly when needed, and total days of treatment received (Dennis & Scott, 2012),
 - linkages and retention in continuing care after discharge from residential treatment (Godley et al., 2007, Godley et al., 2014), and
 - participation in substance-free activities with pro-recovery peers, and significantly decrease substance use (Godley et al., 2018).
 5. CT's existing HYPE Recovery teams demonstrate success serving a high severity population. All youth with OUD at intake meaningfully reduced their opioid use by discharge and had other positive outcomes including reduced substance use, improved mental health, reduced aggression and violence, reduced involvement in delinquent activities, improved school or vocational functioning, and improved family functioning. Additionally:
 - 83% of youth showed a reduction in opioid and other drug use (e.g., benzodiazepines, cocaine, and methamphetamine).
 - 63% of youth with OUD were abstinent from opioids and all other drugs (other than alcohol and marijuana) at discharge.
 6. Connecticut has a ready infrastructure to rapidly expand access to HYPE Recovery.
 - Staff in the 8 standard MDFT teams already are trained and certified in the MDFT approach.

As outlined below, this initiative will strengthen and expand the existing service array, ensuring that any youth with opioid use disorder (OUD) or identified as high risk for OUD can access specialized, evidence-based care statewide. The funding requested from OSAC represents only a small portion of the program's current and ongoing annual investment.

At present, statewide provider contracts total \$10,011,232, with an additional \$618,180 dedicated to model fidelity and quality assurance activities. The requested funding will build upon this strong foundation, allowing us to significantly enhance service capacity and reach for the highest-risk youth in Connecticut. By expanding access, integrating best practices, and ensuring consistent quality across providers, this initiative will directly improve outcomes for young people and their families, while contributing to a more coordinated and responsive statewide system of care.

2-Year Project Budget Summary

Category	Year 1	Year 2	TOTAL OSAC Project Costs
Category	Year 1	Year 2	TOTAL OSAC Project Costs
1) MDFT International Personnel and Fringe, Trainer Travel, and Indirect Costs for MDFTI, Inc. (model developers) and personnel to train and certify treatment team staff in the HYPE Recovery opioid use interventions and educational modules	276,510.0 9	221,467. 55	497,977.64
2) Chestnut Health Systems Personnel and Fringe, Trainer Travel, and Indirect Costs for training and certifying therapist assistants to deliver Recovery Monitoring and Support (RMS) continuing care recovery services by Chestnut Health Systems and subcontract for RMS expert Quality Assurance raters	58,362.20	54,012.3 4	112,374.54

Signatures

X 

Jeffrey Beckham

Secretary, Office of Policy and Management

X 

Matthew Fitzsimmons

Designee, Attorney General, State of Connecticut