

## Opioid Settlement Advisory Committee Funding Recommendation 24-1

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. The Act establishes 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,
- (9) Documented expenses associated with managing, investing and disbursing moneys in the fund, and

(10) Documented expenses, including legal fees, incurred by the state or any municipality in securing settlement proceeds deposited in the fund to the extent such expenses are not otherwise reimbursed pursuant to a fee agreement provided for by the controlling judgment, consent decree or settlement.”

The OSAC approved spending up to \$4 million over three years for enabling the state’s first mobile opioid treatment program in Connecticut

Mobile OTPs allow for easier access to medications for Opioid Use Disorder and can be placed in convenient locations across the State. This is a proposal to fund two mobile units across the state, utilizing data to assess underserved locations in CT. Based on analysis performed by Yale/Virginia Tech team (Dr. Howell, Dr. Kim et al) on drive time and access to current OTPs, this proposal is to establish units in two of these geographical areas: Northeast, Northwest, Southeast, or Central CT. These Mobile OTPs will be able to serve individuals in remote locations of the state as well as residential settings such as long term and skilled nursing facilities

The anticipated cost for each Mobile OTP project would include start-up and operating costs for a three year project period. The start up cost includes the purchase of a mobile unit. The ongoing operating cost must include a minimum of two staff at all times (nursing and recovery coaching) and ensure all regulatory requirements are met

### Opioid Settlement Fund Balance

Opioid Settlement Fund Balance	
Fund Balance as of March 14, 2024	\$ 74,555,114.45
Total Cost of Recommendation 24-1 (over three years)	\$ (4,000,000.00)
Available Balance Upon Approval	\$ 70,555,114.45

### Compliance Activities

#### **Allowable Use:**

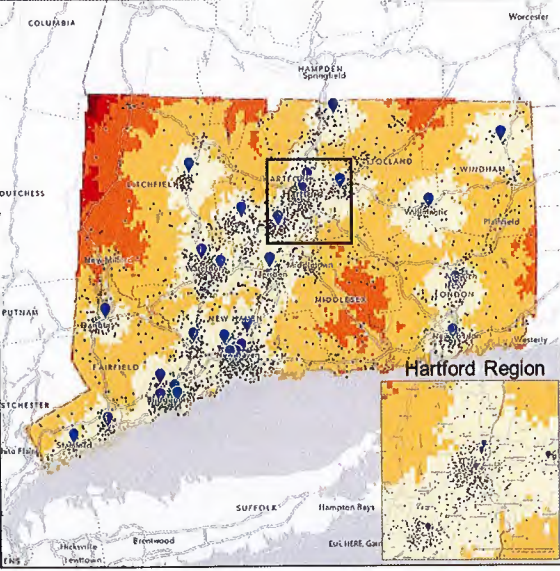
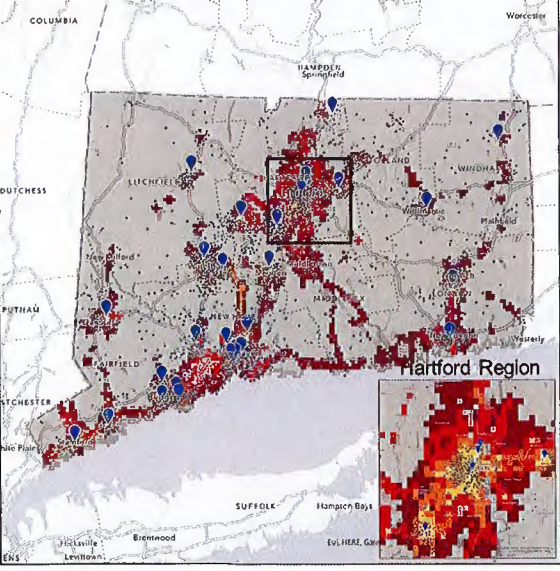
Statutory CGS Sec 17a-674c(e)3

(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)(1) and (5).

- (1) Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
- (5) Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose

**OSAC Funding Recommendation Form:**

	Source of Recommendation: ADPC subcommittee
	ADPC Subcommittee Name: Treatment
	Date of Initial Recommendation Presentation (should coincide with OSAC meeting date) March 12 <sup>th</sup> , 2024
	<p>Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)</p> <p><b>Mobile Opioid Treatment Programs (OTP).</b> Mobile OTPs allow for easier access to medications for Opioid Use Disorder and can be placed in convenient locations across the State. This is a proposal to fund 2 mobile units across the state, utilizing data to assess underserved locations in CT. Based on analysis performed by Yale/Virginia Tech team (Dr. Howell, Dr. Kim et al) on drive time and access to current OTPs, this proposal is to establish units in 2 of these geographical areas: Northeast, Northwest, Southeast, or Central CT. These Mobile OTPs will be able to serve individuals in remote locations of the state as well as residential settings such as long term and skilled nursing facilities.</p> <p>The anticipated cost for each Mobile OTP project would include start- up and operating costs for a three year project period. The start up cost includes the purchase of a mobile unit. The ongoing operating cost must include a minimum of two staff at all times (nursing and recovery coaching) and ensure all regulatory requirements are met.</p> <p>Figure 1: Map of travel time from all points in Connecticut to nearest Opioid Treatment Program (OTP) providing methadone for the treatment of Opioid Use Disorder (OUD) by (a) drive time (e.g., personal car) and (b) public transit travel time (e.g., bus).</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="224 1136 342 1167" style="text-align: center;"> <p>(a) Driving</p>  </div> <div data-bbox="802 1136 920 1167" style="text-align: center;"> <p>(b) Transit</p>  </div> </div> <div style="text-align: center; margin-top: 10px;"> <p> <span style="color: blue;">📍</span> OTP Facilities              <span style="color: black;">•</span> Overdose Deaths (Geo-masked)              Travel Time (min)              <span style="display: inline-block; width: 100px; height: 15px; background: linear-gradient(to right, yellow, orange, red); border: 1px solid black; margin: 0 5px;"></span> <span style="display: inline-block; width: 15px; height: 15px; background-color: grey; border: 1px solid black; margin: 0 5px;"></span> </p> <p style="font-size: small;">             0 15 30 45 60 180      Transit Trips to OTP Are Not Available         </p> </div> <p>Note. 2019-2021 overdose deaths data. The location of overdose deaths on the map is geo-masked and does not represent the true location to maximize the geoprivacy.</p>

	CORE Priority ____1____ Category: <input checked="" type="checkbox"/> treatment <input type="checkbox"/> harm reduction <input type="checkbox"/> prevention <input type="checkbox"/> recovery supports
	Recommended Lead & Partnering Agencies: Department of Mental Health and Addiction Services
	Vetted by Referral Subcommittee? <input checked="" type="checkbox"/> yes
	Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/> yes <ul style="list-style-type: none"> <li>• EBP <input checked="" type="checkbox"/> or Promising Practice <input type="checkbox"/> Program evaluation recommended? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</li> <li>• Pilot <input checked="" type="checkbox"/> or Established Program <input type="checkbox"/></li> <li>• Local <input type="checkbox"/> or Statewide Rollout <input checked="" type="checkbox"/></li> </ul>
	Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/> , yes <ul style="list-style-type: none"> <li>• Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/></li> <li>• How much funding/funding amount _up to \$4,000,000.00_____</li> <li>• Proposed project dates __1/1/25-12/31/2027_____</li> <li>• Proposed budget _up to \$4,000,000.00_____ Budget submitted <input type="checkbox"/> RFP <input checked="" type="checkbox"/> Sole Source <input type="checkbox"/></li> </ul>

Results of Committee Vote: \_\_\_\_25\_\_\_\_ Proceed with Recommendation \_\_\_\_\_ Do Not Proceed with Recommendation

**Program Information:**

- HB 5430 passed in May 2022-allows for controlled substances including methadone to be transported from a registered location where individuals are treated and dispensed from a mobile unit Also, allows multi-care institutions to provide SUD and MH services from a mobile OTP
- DEA released guidance on 6-28-21 regarding a change to federal regulations to allow mobile OTPs This “final rule” was effective 7-28-21
- Any registered OTP can apply to operate a mobile OTP under the registration of a brick and mortar location
- The mobile OTP must return to the “home” location daily
- Mobile OTPs must operate within the borders of State
- The goal is to increase access to methadone as well as all formulations of medication for opioid use disorders (MOUD) for maintenance and withdrawal management

Submit X

X



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Jeffrey Beckham  
Secretary, Office of Policy and Management

X



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William Tong  
Attorney General, State of Connecticut  
Matthew Fitzsimmons, Chief Counsel