Meeting of the OSAC Finance and Compliance Subcommittee
Tuesday March 5th, 2024
Microsoft Teams
Virtual meeting
10:00 – 11:00 a.m.

ATTENDANCE

Members present: Representative Toni Walker, Mayor Lisa Marotta, Attorney Timothy Birch, Kimberley Grove, Judy Dowd
Members absent:

Visitors/Presenters: Luiza Barnat, Christopher McClure, Nita Asani

Recorder: Melanie Richard

Topic	Discussion	Action
Welcome & Introductions	Luiza welcomed all in attendance	Noted
Discussion	The finance and compliance subcommittee members reviewed a recommendation from the ADPC Treatment Subcommittee. This recommendation was previously approved by the referral subcommittee and the research and data subcommittee. The recommendation summary is as follows: **Mobile Opioid Treatment Programs (OTP).** 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 4 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 these geographical areas: Northeast, Northwest, Southeast, and 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 facilities. The anticipated cost for each Mobile OTP project would include start- up and operating costs of $1,000,000 in the first year and ongoing operating cost of $500,000 for subsequent years. 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. The recommendation did not pass as written. Members of this subcommittee discussed changing the request from a total up to $8m to $4m, with a pilot of 2 vans instead of 4. This recommendation passed and will be reviewed at the full Opioid Settlement Advisory Committee meeting on Tuesday, March 12th for final approval or disproval.	Noted and Approved
Next steps	Next meeting scheduled for Monday, April 1st from 2:00 – 3:00 p.m.	Noted

NEXT MEETING – Monday, April 1st, 2024
ADJOURNMENT – Tuesday, March 5th at 11:01 a.m..

Meeting of the OSAC Finance and Compliance Subcommittee
Monday, April 29th, 2024
Microsoft Teams
Virtual meeting
9:00 – 10:00 a.m.

ATTENDANCE

Members present: Representative Toni Walker, Mayor Lisa Marotta, Attorney Timothy Birch, Kimberley Grove, Judy Dowd, Elizabeth Fitzgerald, Christine Gagnon
Members absent:

Visitors/Presenters: Luiza Barnat, Christopher McClure, Nita Asani, Rudy Marconi, Neil O'Leary

Recorder: Melanie Richard

Topic	Discussion	Action
Welcome & Introductions	Luiza welcomed all in attendance	Noted
Minutes	Motion to accept the minutes from the Finance and Compliance Subcommittee on Tuesday, March 5th: Moved by Tim Birch, Seconded by Kimberly Grove – no objections or corrections needed.	Noted and Approved
Discussion	The finance and compliance subcommittee members reviewed recommendations. This recommendation was previously approved by the referral subcommittee and the research and data subcommittee. The recommendation summary is as follows: **Prevention and Harm Reduction through Public Access** As part of DMHAS' Prevention and Harm Reduction Strategy, the Prevention and Early Intervention Subcommittee of the ADPC recommends the increase statewide dissemination of both prevention and harm reduction methods including the distribution of medication lock boxes, medication safe disposal pouches, naloxone, fentanyl and xylazine test strips, and prevention and harm reduction educational materials. This recommendation is aligned with the ADPC Prevention Naloxone Recommendations and SAMHSA's Harm Reduction Framework. This will be accomplished through a three-prong approach including: (1) Pilot Harm Reduction Vending Machines in 20 municipalities across Connecticut. (2) Increase access to naloxone aligned with DMHAS Naloxone Distribution Plan. (3) Increase primary prevention through education and stopping opioid diversion. Additional Information: (1) DMHAS in alliance with DPH will operate 20 harm reduction vending machines that offer will offer harm reduction supplies at no cost. The machines will launch as a pilot program and aim to help prevent overdose and provide life-saving supplies. Initially, the machines will contain naloxone, fentanyl/xylazine test kits, and sterile needles and syringes. DMHAS/DPH will change the available	Noted and Approved

Topic	Discussion	Action

products according to usage patterns and community needs (this may include general, first aid and menstrual hygiene kits, and socks and underwear). This will also include an evaluation component where data and learnings will be shared.

(2) Recommendation for funding to be allocated for the purchase of naloxone to meet the needs of the state. (Approximately 60,000 kits per year)

DMHAS will expand primary prevention efforts through education and stopping opioid diversion. This will include (a) increasing access to naloxone, medication disposal pouches, and opioid rescue kits that can be mounted in public spaces including, but not limited to, college campuses, libraries, and train stations; (b) expansion of the community resource van, and (c) educational materials and information dissemination of this program to a wide variety of audiences. Educational materials will also support reducing the stigma associated with substance use, normalize harm reduction approaches, encourage individuals to engage in substance use treatment and recovery services.

Time Frame: July 1, 2024 – June 30, 2029 (5 years)
Funding Amount Requested:

Approach	Annual Cost	5 Year Total	Notes
1	$1,377,392	$5,686,958	Cost and maintenance of 20 Harm Reduction Vending Machines, allocation of products for vending machines, and evaluation of pilot program
2	$2,323,200	$11,616,000	Purchase of Naloxone
3	$709,000	$3,185,000	Cost includes purchases and distribution of medication lock boxes, xylazine test strips, medication safe disposal pouches, opioid rescue kits/naloxboxes, educational materials, staff support, and resource van, gas, maintenance
Total	$4,409,592	$20,487,958	

Discussion:

It is important to note that naloxone distribution is the number one priority in this exhibit, as well as in terms of priority on the federal level in making sure that the states are saturated with naloxone.

Are there other machines out there in the state for naloxone?

There is one run out of Yale. This is important to note in case people may be looking for the history of usage. How do we know when and if people are utilizing these vending machines? There are other states that are using vending machines, i.e. New York and there has been positive feedback for the one at Yale.

Other questions included: are we purchasing the machines or leasing the machines? In the line-item budget, there is pricing for the purchase of the machines, but the other worry is who would maintain them. There is an evaluation code for maintenance, but Luiza will follow up about that piece.

Where would these machines be located? The original thought from the Prevention Subcommittee is the suggestion to start out with the five largest municipalities and DPH would be managing their direct locations, so we would work with whoever would be

Topic	Discussion	Action
	putting them in place to make sure that the areas are appropriate. The other concern is with vandalism of the machines and Luiza will follow up with information regarding that for next meeting. The McKinsey Settlement funding is running out, so there will be no other funding for naloxone saturation for the state other than the Opioid Settlement funding. This is not supplanting, as the McKinsey funding is ending. The subcommittee would like to know who the vendor is, as well as information from Yale about what they have done, how long they have done it, and what the impact has been thus far in order to support this investment. This subcommittee recommends passing the funding for the purchase of naloxone to meet the needs of the state as a single line item and not passing the funding for the vending machines and deterra pouches until further information is received and clarified. The funding for the naloxone will be approved for one year, and then the recommendation will be revisited within no more than six months so that we can discuss extending the contracts. <u>This subcommittee passed the funding for the purchase of naloxone as a single line item, all in favor, with no oppositions.</u> **The Treatment Pathway Program** The Treatment Pathway Program (TPP) is an innovative court-based pretrial diversionary initiative that provides clinical evaluation and referral services. TPP services include substance use disorder treatment, mental health treatment and support services, medication assisted treatment (MAT), housing assistance, enrollment with entitlements, access to medical care, employment services, social supports, basic need items, and peer support by a recovery coach. The target population is justice involved individuals with substance use disorders, mainly opioid/alcohol dependent, charged with nonviolent offenses, who are less likely to be released from custody at time of arraignment. Judicial Branch, Court Support Services Division (JB-CSSD) Pretrial Services staff identifies the clients, who are then evaluated by the court-based Adult Behavioral Health Services (ABHS) JB-CSSD contracted Licensed Clinical Social Worker (LCSW). The LCSW evaluates clients for appropriateness and motivation to participate in TPP. Clients are assessed in lockup prior to their arraignment. During the arraignment, Pretrial Services makes a recommendation to the Court that clients be granted the TPP as a condition of release into the community program in lieu of incarceration. Clients granted TPP are immediately connected with clinical services, a recovery coach, and supportive services in the community. The clients' care is managed during the pendency of their case under the collaborative supervision of Pretrial Services, ABHS clinical provider, recovery coach, and Adult Probation Services. Regions served: Bridgeport, Waterbury, New Haven, New Britain, New London, Torrington, Danielson, Manchester. Current TPP funding expires on June 30, 2024. **** Please note, that the <u>Research and Data Subcommittee</u> required further discussion of this recommendation before ultimately passing it for review by the Finance and Compliance Subcommittee. Their discussion was as follows:** Michael Hines, Director of Pretrial Services gave an overview of the history of the Department of Corrections MAT Program. One of the issues that they were having at Bridgeport Corrections was that people were frequent flyers for nonviolent crimes including possession of narcotics. They would use the DOC as part of their recovery, as they would get arrested, go back in, get clean, and then be discharged at the end of a short sentence. It was then that they came to Michael Hines to do an assessment on these clients and repeat offenders. It was successful, and additional funding was received for additional locations in Torrington, New London, and Waterbury, as well as Bridgeport.	

Topic	Discussion	Action
	It was funded for a period until the end of September this past year and then the Judicial Branch picked it up to try to keep the program going, and we had success in 2022 when McKinsey money became available. The program then expanded to four other locations, which has funding until the end of June this year and they are in Manchester, New Britain, Danielson, and New Haven. All of these programs run out of funding in June of this year. Since 2015 through January of 2024, the program has screened 28,171 individuals and of those screened, 16,145 have been placed in the program. If it was decided that an individual was not motivated to go through the program, although they'll be screened, they were not automatically entered into the program. The bail staff do the initial screening, and then a licensed clinical social worker will do an evaluation of those that are recommended for the program in order to determine the level of care they will need. It will then go back in front of a judge to get the court recommendation to approve or deny the individual. Once they leave the program, there is a recovery coach involved, which clients have given credi for their success to that recovery coach as well as their clinician. This warm handoff includes placement into the proper level of care within 24 hours, which includes any appropriate dosing that's based on the clinical recommendation and the medical doctor that they see for dosing. This subcommittee passed this recommendation, all in favor, with no oppositions. **Ensure access to all FDA-approved medications for OUD for people incarcerated in and transitioning out of CT DOC** The goal is to provide individuals screened for an OUD with access to one of the three (3) FDA-approved medications at the time of entry and exit from the CT DOC. Continuity of care and services into and out of the correctional system assists in lessening the chances for illegal use of substances within the facilities as well as decreasing the chances of overdose upon release. The following is requested to expand services for the DOC. Build out Opioid Treatment dosing rooms in two (2) additional facilities, Brooklyn CI and Cheshire CI. Rooms need to built and equipped with all the necessary equipment in order to become fully licensed Opioid Treatment rooms Equipment includes, dosing machines, cameras, alarms, safe, sink, desks, chairs. Build outs could require construction of walls, doors, countertops, and roll up windows. These requirements are from the DEA, SMASHA, and for National Commission on Correctional Health Care. Provide medications at Manson Youth for up to one year for those who are affected by the opioid crisis. Build out Opioid Treatment dosing treatment rooms in two (2) correctional facilities Garner CI and MacDougall CI. These two facilities are already providing services to the offender population but are operating as a satellite capacity. By building a dosing room for MacDougall CI we will be able to provide more offenders with needed medications. MacDougall will need all the things that Brooklyn and Garner need. Garner will need only a safe, dosing machine and cameras. The room has been created already. These two facilities would become fully licensed treatment programs. Annual Costs for expansion to Brooklyn, Cheshire, and MacDougall, for expansion of vendor services. RFP would be required for Brooklyn and Cheshire would need to take place. MacDougall is existing service that currently has a existing RFP but would need to amend the contract for expanded services. Manson CI would need annual costs for medications and programming services. MacDougall/Walker currently has a contract with CHR to serve 30 inmates with Medicated Assisted Treatment.	

Topic	Discussion	Action
	MacDougall/Walker is two different buildings but considered one correctional institution. DPH, DMHAS and NCCHC have licensed and accredited both buildings. The Walker building is the assessment unit. Originally CHR was contacted for 30 inmates to be served within the Walker building for assessment purposes. An offender who is sentenced to more than two years and a day must go to Walker for a full assessment. (Assessments include, Mental Health, Medical, Vocational, Education, Re-entry, Addiction) Assessments take up to two weeks to complete. Once completed an offender will move to an appropriate sentenced facility. As the DOC moved forward with dosing the assessment unit, it became clear that the Walker building dose on average 15 individual inmates in a two-week period. The remaining contracted 15 available contracted slots were moved to the MacDougall building. The MacDougall building houses high bond and higher-level offenders. If more dollars were allocated and a there was a build out of a room for MacDougall, they could give services to up to 160 offenders. There will be no need to RFP at this time for the MacDougall building. We would need to extend the contact with CHR to accommodate. Two vehicles for York CI. York CI is a fully licensed Opioid Treatment facility. York Correctional Institution is the only female Correctional Facility in Connecticut. York CI has seen an increase in the number of women who come into its facility who are in active detox. Most often these women need emergency care from the local hospital. In order to transport them to the area hospital a vehicle is required. York CI has limited number of vehicles. Two vehicles are being requested in order to better serve the needs of this specialized population. Once transported back to York CI these women are maintained on medications for opioid use disorder. While 911 is activated for overdoses an offender is never allowed to go to the hospital without an escort. Two to four officers but go with an offender when 911 is activated. The number of suspected overdoses has seen an increase from 2021. With 17 in 2021 to 58 in in 2023. These vehicles are crucial to the care of this population. In addition the offenders once stabilized are not transported back to the facility via ambulance.They are escorted in facility vehicles. Additional equipment, construction, and workstations are needed which are all part of the priority for expanding of services. This subcommittee moved to approve this recommendation as written, with the exception of the vehicle costs. The vehicle costs will not be approved for presentation to the full OSAC meeting. This subcommittee passed this recommendation, all in favor, with no oppositions.	
Next steps	Next meeting scheduled TBD after the full Opioid Settlement Advisory Committee meeting on May 14th, 2024.	Noted

NEXT MEETING – TBD
ADJOURNMENT – Monday, April 29th at 10:02 a.m.

Meeting of the OSAC Research and Data Subcommittee
Tuesday, July 2nd, 2024
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Representative Toni Walker, Elizabeth Fitzgerald, Timothy Birch, Christine Gagnon, Kimberly Grove

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Nita Asani

Recorder: Melanie Richard

Topic	Discussion	Action
Welcome	Luiza welcomed all in attendance	Noted
Approval of Minutes	Minutes moved to approval; Tim Birch, 1st Approval; Judy Dowd, 2nd Approval	Moved
Discussion	The referral subcommittee members reviewed recommendations: **Ensure access to all FDA-approved medications for OUD for people incarcerated in and transitioning out of CT DOC** The goal is to provide individuals screened for an OUD with access to one of the three (3) FDA-approved medications at the time of entry and exit from the CT DOC. Continuity of care and services into and out of the correctional system assists in lessening the chances for illegal use of substances within the facilities as well as decreasing the chances of overdose upon release. The following is requested to expand services for the DOC. Annual costs for two years for expansion to Brooklyn, Cheshire, and MacDougall, for expansion of vendor services. RFP would be required for Brooklyn and Cheshire would need to take place. MacDougall and Garner are existing service that currently have an existing RFP but would need to amend the contract for expanded services. These facilities would become fully licensed treatment programs. **Discussion:** This recommendation has been removed from the agenda for further review and research. It will not pass through to the full Opioid Settlement and Advisory Committee meeting at this time. **Prevention and Harm Reduction through Public Access** As part of DMHAS' Prevention and Harm Reduction Strategy, the Prevention and Early Intervention Subcommittee of the ADPC recommends the increase statewide dissemination of both prevention and harm reduction methods including the distribution of medication lock boxes, medication safe disposal pouches, naloxone, fentanyl and xylazine test strips, and prevention and harm reduction educational materials. This recommendation is aligned with the ADPC Prevention Naloxone Recommendations and SAMHSA's Harm Reduction Framework. This will be accomplished through a three-prong approach including: (4) Pilot Harm Reduction Vending Machines in 20 municipalities across Connecticut.	Noted

Topic	Discussion	Action

(5) Increase primary prevention through education and stopping opioid diversion.
(6) Mailing campaign of disposal bags

Additional Information:

(3) DMHAS in alliance with DPH will operate 20 harm reduction vending machines that offer will offer harm reduction supplies at no cost. The machines will launch as a pilot program and aim to help prevent overdose and provide life-saving supplies. Initially, the machines will contain naloxone, fentanyl/xylazine test kits. This will also include an evaluation component exploring product usage patterns and community needs (this may result in adding additional items to the vending machine).

(4) DMHAS will expand primary prevention efforts through education and stopping opioid diversion. This will include (a) increasing access to naloxone, medication disposal pouches, and opioid rescue kits that can be mounted in public spaces including, but not limited to, college campuses, libraries, and train stations; (b) expansion of the community resource van, and (c) educational materials and information dissemination of this program to a wide variety of audiences. Educational materials will also support reducing the stigma associated with substance use, normalize harm reduction approaches, encourage individuals to engage in substance use treatment and recovery services.

(5) The Governor's Prevention Partnership has been working with legislative leaders to consider a mechanism to co-dispense drug deactivation pouches with opioid and benzodiazepine prescriptions (SB 1/HB 5249). To further evaluate the potential efficacy of something like this in Connecticut in the future, we propose a direct household mailing campaign to reach 50,000 homes. Up to 2.25 million unwanted pills will be taken out of circulation in Connecticut.

Time Frame: July 1, 2024 – June 30, 2029 (5 years)
Funding Amount Requested:

Approach	Annual Cost	5 Year Total	Notes
1	$1,377,392	$5,686,958	Cost and maintenance of 20 Harm Reduction Vending Machines, allocation of products for vending machines, and evaluation of pilot program
2	$709,000	$3,185,000	Cost includes purchases and distribution of medication lock boxes, xylazine test strips, medication safe disposal pouches, opioid rescue kits/naloxboxes, educational materials, staff support, and resource van, gas, maintenance
3	$393,530	$1,967,650	Cost includes direct mailing of drug deactivation and disposal pouches, postage, data collection and evaluation
Total	**$2,479,922**	**$12,399,610**	

Discussion:

The subcommittee members approved the recommendation with the following edits:

DMHAS will contract for 20 harm reduction vending machines that will contain harm reduction supplies available at no cost to the consumer. The machines will launch as a pilot program, in coordination with DPH and DCP, to provide life-saving supplies which will prevent overdose deaths. The machines will contain naloxone and fentanyl/xylazine test kits, with the possibility of adding other supplies as needed. Product usage patterns and community utilization will be tracked and compiled to evaluate the efficacy of the pilot. The subcommittee recommends two years of funding. Data collection will begin immediately

Topic	Discussion	Action
	following installation. After 18 months, data will be analyzed and presented to OSAC for consideration of program continuance. (2) DMHAS will expand primary prevention efforts through education and the reduction of opioid diversion using existing agency personnel and enhancing services from partners at the Regional Behavioral Health Action Organizations, Clearinghouse, and the Connecticut Healthy Campus Initiative. DMHAS will (a) increase access to naloxone and medication disposal pouches that can be mounted in public spaces including, but not limited to, college campuses, libraries, and train stations; (b) expand staffing and education materials for the Change the Script community resource vans, and (c) increase public access to educational materials. Educational materials will support reduction of stigma associated with substance use, normalize harm reduction approaches, and encourage individuals to engage in substance use treatment and recovery services. The subcommittee recommends two years of funding and an evaluation of reach, impact, and identification of service gaps. After 18 months of data collection, data will be analyzed and presented to OSAC for consideration of program continuance. (3) Through the Governor's Prevention Partnership, a campaign to mail opioid deactivation pouches to 50,000 homes across Connecticut will be conducted. This intervention has the potential to remove more than 2 million pills from circulation annually. The subcommittee recommends five years of funding with annual data reporting to the OSAC. This recommendation passed and will be presented to the full Opioid Settlement and Advisory Committee for review on Tuesday, July 9th, 2024.	
Next steps	Next meeting will be scheduled after the full OSAC meeting on 7/9/2024.	Noted

NEXT MEETING – TBD after the full OSAC meeting on 7/9/2024.
ADJOURNMENT – Tuesday, July 2nd, 2024

OSAC Finance and Compliance Subcommittee
Thursday, August 29th, 2024
9:00 – 10:00 a.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Representative Toni Walker, Christine Gagnon, Judy Dowd, Kimmi Grove, Elizabeth Fitzgerald

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Nita Asani

Members Absent: Attorney Timothy Birch, Lisa Marotta

Recorder: Melanie Richard

Topic	Discussion	Action
Introduction	Luiza Barnat introduced Sarah Messier-Smith, Opioid Settlement Program Manager.	Noted
Recommendation Status	The group reviewed the Opioid Settlement Overview and Approved Recommendations and were provided with a copy.	Noted
Recommendations	The group reviewed and approved the following recommendations: Recommendation Title: **LiveLoud Public Awareness and Education** Odonnell Company is currently contracted with the Connecticut Department of Mental Health & Addiction Services' (DMHAS) for the LiveLOUD campaign which promotes anti-stigma, harm-reduction, prevention, and treatment for individuals with opioid use disorder (OUD), their communities, and others at risk of opioid overdose. An expansion of Live LOUD is recommended to maximize the impact and reach of the public health campaign and meet the Connecticut Opioid Settlement Advisory Committee (OSAC) goals of urgently and efficiently decreasing the adverse impact of opioids. DMHAS' LiveLOUD public awareness and communications campaign responds directly to the CORE Report funding priorities. Strategic goals incorporate efforts to **reduce stigma** among all Connecticut residents and to **raise awareness about treatment** pathways—including highly effective **medications for opioid use disorder**. LiveLOUD shares **prevention and harm reduction** information, not only for those who are struggling with addiction, but for potential first-time users, family and friends, and the community at large. For individuals who are at the highest risk, the LiveLOUD effort is able to identify key audiences and work with **specific high-risk groups** to create messaging, and identify media and outreach channels, for effective reach and engagement. DMHAS's LiveLOUD campaign aligns closely with the CORE guiding framework, looking to data, science, and evidence to guide the work. It **prioritizes education and prevention for young adults** through messaging, channel choices, partnerships, and outreach. It also ensures **racial equity and affirms gender identity** through an inclusive, culturally connected communication and media approach; and provides full transparency with data to share how funding is spent and the direct impacts provided. Materials are available in English and Spanish, and the website is ADA accessible. Connecticut recorded measurable positive correlations in access to services following targeted LiveLOUD pilot campaigns:	

Topic	Discussion	Action
	• 50% increase in access line calls for information on support and treatment • Increased opioid recovery transportation services • Increased OUD screenings The awareness, education, and anti-stigma messaging in LiveLOUD campaigns also aligned with measurable impacts in the state: • Increased naloxone dispensing rate • Increased 211 calls for support • Reversed trend of opioid overdose deaths Continued funding for LiveLOUD will help maintain the progress Connecticut has made reducing harm, unifying stakeholders, connecting audiences with resources, and saving lives. Funding would allow for the following: • Digital Media: Continuation of 7 proven tactics and adding 5 new tactics for between 10-17 weeks depending on tactic including Google Search, Display Ads, Streaming TV, LGBTA+ Dating App Ads, Amazon Digital Ads, Broadcast Radio, Streaming Audio/Podcasts • Social Media: Continuation of 4 proven tactics and adding 4 new tactics for 8-17 weeks depending on tactic • Print/Online Publications: Addition of English and Spanish Community Newspapers and Digital Publications • Out of Home: Digital Billboards, Bus Ads, and Local Community Signage The Treatment ADPC subcommittee submitted the recommendation for OSAC consideration with the following notations: • Ensure there is statewide inclusion of major components (IE: Billboards spread throughout state) • Ensure physical collateral reaches communities/neighborhoods impacted by opioid use; provide to Churches, Community centers, etc. • Ensure resources are available on the LiveLOUD website across the lifespan • Include stakeholder feedback in rollout of content Funding Amount Requested: $1.5 million Number of years: 1 year CORE Priority**:** #1 Access to Medications, #2 Reduce Overdose Risk and Mortality, #6 Reduce Community Stigma Category: ☒treatment ☒harm reduction ☒ prevention ☐ recovery supports **The Finance and Compliance Subcommittee has approved this recommendation for the amount of $600,000 instead of the original requested amount of $1,500,000. This recommendation will be moved to the full Opioid Settlement Advisory Committee meeting for review**. Recommendation Title: **Enhancing Medication for Opioid Use Disorder Initiation in Connecticut's Emergency Departments** As noted in the CORE report, implementation of ED-initiated buprenorphine was initially developed by Yale and has been replicated nationally with positive impact on increasing buprenorphine initiation and treatment engagement yet is not consistently implemented in Connecticut EDs. Commonly cited barriers to ED buprenorphine initiation including stigma, time and competing priorities, lack of referral sources for continued care, and lack of provider knowledge and training. Various models include the use of training incentivization, training and technical assistance, standardized screening processes, brief psychosocial interventions, referrals and warm hand offs to continued MOUD treatment, Recovery Coaching, provider guidelines and decision trees, and Harm Reduction education and tools, including Naloxone. ED Buprenorphine induction was found to be a relatively brief and cost effective intervention with positive impact including increase of ED initiated MOUD, increase in ED provided or prescribed naloxone, and increased treatment engagement post-ED intervention. CCAR currently provides Emergency Room Recovery Coach services and there are existing pathways for naloxone distribution in EDs. Therefore, this	

Topic	Discussion	Action
	recommendation is intended to RFP to CT hospitals to increase in low-barrier Emergency Department-initiated MOUD in CT and includes funding for the following: • Training and Technical Assistance offered to all front-line staff including Prescribers and Recovery Coaches including but not limited to: Motivational Interviewing, provision of harm reduction education and tools, MOUD initiation and prescription best practices, data collection. Hospitals will be required to contract with a subject matter expert(s) to provide the training and technical assistance as part of the provided funding, if the training and TA can not be provided internally. • Development and incorporation of processes to screen all individuals for OUD and introduce MOUD as a treatment option to decrease disparities • Financial Support for Site Champion • Financial Support to offset costs associated with revenue losses when providers are in training • Development and Dissemination of best practice protocols for various scenarios (Patient in Withdrawal, Pregnant Patient, MOUD indication post overdose, etc) Hospitals will be required to engage with local resources to obtain Harm Reduction tools for dissemination and utilize internal resources or community providers for referrals to ongoing MOUD treatment. Annual Amount: $125,000 x 5 hospitals (one per DMHAS region) = $625,000 annually Number of years: 5 years Total Request: $3,125,000 CORE Priority**:** #1 Linkage to Treatment Category: ☒treatment ☒harm reduction ☐ prevention ☒ recovery supports **The Finance and Compliance Subcommittee approved this recommendation for the amount of $625,000 annually, for a total of $1,250,000 for two years. They approved the project dates of 7/1/25 – 6/30/27 instead of the original proposed dates of 7/1/25 – 6/30/29. This recommendation will be moved to the full Opioid Settlement Advisory Committee meeting for review.** Recommendation Title: **Contingency Management** Contingency Management (CM) is an evidence-based therapeutic intervention in which tangible reinforcers are provided to clients for meeting an objective goal for an incentivized behavior. Continency Management is the most effective treatment available for stimulant use disorders, substances for which there are no FDA-approved medications nor overdose reversal medications, with demonstrated effectiveness in increasing rates of abstinence and treatment retention. Cocaine, a common stimulant in CT, is often found in substance combinations for overdose in CT. Stimulant users are at times unaware of opioids in their drug supply and thus are at risk for opioid overdose. Black individuals are disproportionately impacted by overdose deaths involving cocaine in CT. Contingency management has also been demonstrated to be effective as an adjunct to Medications for Opioid Use Disorder (MOUD); an analysis of 60 clinical trials over 3 decades found that CM improved MOUD adherence. Evidence demonstrates higher incentive amounts are correlated with improved outcomes; $599 is the highest amount that can be provided to a client per year without tax implications. HHS/SAMSHA grants do not allow incentives above $75 per client annually, necessitating other revenue resources for program implementation. This recommendation is to fund 7 providers in CT: 5 programs serving adults (one per DMHAS region), and 2 programs serving youth (DCF MOU required) to implement Contingency Management to complement their existing continuum of substance use disorder treatment. Providers will be required to utilize Evidence Based Contingency Management protocols to target stimulant use in the context of co-involvement with opioids and overdose risk, Medications for Opioid Use Disorder (MOUD) adherence, or both. Funding will be provided to the 7 identified providers to staff a Contingency Management Coordinator and back up Coordinator positions (responsible for implementation, oversight, and fidelity monitoring), provide incentives, and purchase toxicology screening to track protocol adherence. Programs will be expected to serve at least 50 clients annually for with a maximum caseload of 25 clients at a time. UConn School of Medicine's Contingency Management team will provide pre and post assessments, fidelity monitoring, and staffing training and technical assistance prior to and for the duration of the Continency Management implementation. A digital platform will be utilized for incentive management and program administration to support	

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<tr><th>Topic</th><th>Discussion</th><th>Action</th></tr>
<tr><td></td><td>program fidelity.
Funding Amount:
<table>
<tr><td></td><td>Annual Cost</td><td>5 Year Cost</td></tr>
<tr><td>Coordinator and back up: 1.5FTE staff salary and fringe $95,000 x 1.5FTE x 7 sites</td><td>$997,500</td><td>$4,987,500</td></tr>
<tr><td>Incentives: $599 per client x 50 annual clients per site x 7 sites</td><td>$209,650</td><td>$1,048,250</td></tr>
<tr><td>UConn School of Medicine Contingency Management Program: Training, Technical Assistance, Pre/Post Assessment, Fidelity Monitoring</td><td>$139,488</td><td>$697,440</td></tr>
<tr><td>Toxicology screening: 27 screens per client at 5.75 per screen x 50 participants x 7 sites</td><td>$54,338</td><td>$271,690</td></tr>
<tr><td>Supplies</td><td>$17,929</td><td>$89,645</td></tr>
<tr><td>Technology-enabled incentives management system: $6300/month</td><td>$75,600</td><td>$378,000</td></tr>
<tr><td>Total</td><td>$1,494,505</td><td>$7,472,525</td></tr>
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CORE Priority: #1 Linkage to Treatment Category: ☒treatment ☐harm reduction ☐ prevention ☐ recovery supports

The Finance and Compliance Subcommittee approved this recommendation for the amount of $2,989,010 instead of the original requested amount of $7,472,525. They approved the project dates for 7/1/25 – 6/30/27 instead of the original requested project dates of 7/1/25 – 6/30/30. This recommendation will move to the full Opioid Settlement Advisory Committee for review.</td><td></td></tr>
<tr><td>Next steps</td><td>Next meeting will be scheduled after the full OSAC meeting on 9/10/2024.</td><td>Noted</td></tr>
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NEXT MEETING – TBD after the full OSAC meeting on 9/10/2024.
ADJOURNMENT – Thursday, August 29th, 2024 at 10:00 a.m.

Meeting of the OSAC Finance and Compliance Subcommittee
Friday, November 8th, 2024
10:00 – 11:00 a.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Representative Walker, Mayor Marotta, Attorney Tim Birch, Judy Dowd

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith

Members Absent: Kimberly Grove, Liz Fitzgerald, Christine Gagnon

Recorder: Melanie Richard

Topic	Discussion	Action
Minutes	Minutes were motioned to be approved by Mayor Marotta, seconded by Representative Walker.	
Notes	Dr. Maggie Young, DSW, LADC, CCS, Chief Recovery Officer, Liberation Programs, Inc. will be joining this subcommittee. She will be invited to attend starting at the next meeting.	Noted
Recommendation Status	The group reviewed the Opioid Settlement Overview and Approved Recommendation and were provided with a copy.	Noted
Recommendations	The group reviewed and approved the following recommendation: Recommendation Title: Promote and Expand Opioid Overdose Education and Prevention in CT's Colleges and Universities This recommendation is for funding for technical assistance, from national leaders in the field of collegiate recovery, to support opioid overdose education and prevention at Connecticut institutions of higher education. National level technical assistance, over the span of two academic years and under the umbrella of the Connecticut Healthy Campus Initiative, would provide an opportunity for campuses to increase their capacity to effectively disseminate opioid overdose education while simultaneously developing and/or enhancing recovery friendly communities at their institutions. Research demonstrates that college-aged adults are more likely than other age groups to misuse opioids generally, including prescription pain relievers, heroin use, and other opioids including fentanyl, have worse opioid use disorder treatment outcomes, including higher rates of 24-week relapse than older adults. Research further indicates that college students have limited knowledge about how to recognize an opioid or an opioid overdose and importance of naloxone administration to reverse an opioid overdose. Further, college aged individuals have a lower perceived risk of opioid overdose death. 1 The Healthy Campus Initiative, a coalition committed to creating and sustaining healthy campus and community environments throughout Connecticut, focuses on implementation of on-campus activities that will positively impact the campus community environment. The Connecticut Healthy Campus Initiative has provided funding to 13 campuses, to be used between June 30, 2023—December 13, 2024, to support the efforts of institutions of higher education in the state of Connecticut to implement opioid and stimulant education and awareness activities. It is requested that OSAC funding be made available to build upon these efforts by providing 2 years year of technical assistance, available to any Connecticut institution of higher education. The Technical Assistance would be available to all accredited colleges and universities in CT, including the Community Colleges,	

Topic	Discussion	Action

and include:

- A Technical Assistance Summit, to establish opioid overdose awareness and overdose prevention education as a collective statewide collegiate priority. It is critical that collegiate settings recognize the risks of opioid overdose and their unique ability to educate tens of thousands of people about prevention, treatment, harm reduction, and recovery supports as a workforce development initiative that warrants specific attention, among many competing collegiate priorities. The Summit will include breakout sessions for college faculty/staff, students, and community.
- Following the summit, monthly interactive presentations would be held within a dedicated professional learning cohort provided by national experts, SAFE Project (Stop The Addiction Fatality Epidemic) in collaboration with the Connecticut Healthy Campus Initiative. These monthly opportunities would focus on how to implement evidence-based best practices for disseminating public health messaging about opioids and overdose prevention to the entire campus community including students, family of students, faculty, and staff. Topics would include how to effectively disseminate: opioid overdose response training; information about secure medication storage and disposal; education about the multiple pathways of recovery for opioid use disorder including medications, psychotherapy, peer support communities, and harm reduction; and education about stigma-reducing behaviors.
- Personalized Technical Assistance requested by any participating institution to address individualized capacity building needs around the topic of opioids and overdose prevention. Funding would also be available for campus staff and students create specific events/initiatives on campuses related to the TA topics.

Technical Assistance would be provided by national content experts, SAFE Project (Stop The Addiction Fatality Epidemic). Costs include preparation time by SAFE Project staff for each presentation.

	4/1/25-10/31/25	**11/1/25-10/31/26**	**11/1/26-10/31/27**	**To**
Technical Assistance (TA) with SAFE Project (yearly allocations)**:** • 12 Monthly 60-Minute Training Meetings for **Faculty and Staff** • 12 Monthly 60-Minute Meetings for **Students & Community Engagement** • 240 Hours of **Individualized Technical Assistance** as requested by participating institutions • **Reporting** on impact and progress of the TA (6 month, 12 month, and final report)	---	$38,000	$38,000	$76
Kickoff Summit: Presenter preparation time, travel and speaking fees; summit location and meal expenses; and materials necessary for training	$65,000	---	---	$65
Supplies (Harm Reduction supplies, marketing materials)	$12,767	$83,038	$83,038	$17
Project Coordinator and Indirect Expenses	$38,500	$66,000	$66,000	$17
Student and Community Engagement Incentives	---	$12,000	$12,000	$24
Campus Specific Events and Initiatives	---	$30,000	$30,000	$60
Indirect Expenses	$11,627	$22,904	$22,904	$57
Total Cost	$127,894	$251,942	$251,942	$63

1 Shelton RC, Goodwin K, McNeil M, Bernitz M, Alexander SP, Parish C, Brotzman L, Lee M, Li WB, Makam S, Ganek N, Foskett D, Warren C, Metsch LR. Application of The Consolidated Framework for Implementation Research to inform understanding of barriers and facilitators to the implementation of opioid and naloxone training on college campuses. Implement Sci Commun. 2023 May 23;4(1):56. doi: 10.1186/s43058-023-00438-y. PMID: 37221618; PMCID: PMC10204023.

CORE Priority: Priority 6, Strategy 1, Tactics 1&2; Priority 6, Strategy 2, Tactics1&2
Category: ☐ treatment ☒ harm reduction ☒ prevention ☒ recovery supports

Topic	Discussion	Action
	Recommended Lead & Partnering Agencies: Connecticut Healthy Campus Initiative/CT Clearinghouse DMHAS Vetted by Referral Subcommittee ☒ Vetted by Research and Data Subcommittee ☒ - EBP ☒ or Promising Practice - Program Evaluation Recommended? ☒no - Pilot ☒ or Established Program - Local or Statewide Rollout ☒ Funding Amount: $631,777 Total: $127,894 for 4/1/25 – 10/31/25; $251,942 for 11/1/25 – 10/31/26; $251,942 for 11/1/26 – 10/31/27 Budget submitted ☒ Proposed project dates: 4/1/25-10/31/27 RFP ☐ Sole Source ☒ The OSAC Finance and Compliance Subcommittee approved this recommendation. It will be reviewed at the full Opioid Settlement and Advisory Committee meeting on November 19th, 2024.	
Next steps	Next meeting will be scheduled after the full OSAC meeting on 11/19/2024.	Noted

NEXT MEETING – TBD after the full OSAC meeting on 11/19/2024.
ADJOURNMENT – Friday, November 8th at 10:53 a.m.