

OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)
Meeting of Tuesday, November 14th, 2023
Teams Virtual Meeting
10:00 a.m.

ATTENDANCE

Members/Designees: Nancy Navarretta, Commissioner, DMHAS; 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: Katherine Ramos; Luiza Barnat; Keith Radziwon; Christopher McClure; CT-N, Kris Robles, Nita Asani, Arthur Mongillo, Danielle Ebrahimi, Robert Heimer, Ana Gopoian, 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, Andressa Granado, Gary Roberge, Nicole Tomasetti, Brian Sullivan, Sujata Srinivasan, Sarju Shah, Andrew Brown, Mike Smith

Recorder: Melanie Richard

The November 14th, 2023 meeting of the Opioid Settlement Advisory Committee (OSAC) was called to order at 10:01 a.m. by Commissioner Nancy Navarretta, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	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: Robert Miller, Municipal Representative, Director of Health, Eastern Highlands Health District (EHHD) Our OSAC Administrator Katie Ramos is moving on to another opportunity and we want to thank her for her tremendous support in keeping this meeting organized while moving us forward. In the meantime, Christopher McClure, DMHAS Chief of Staff, and Luiza Barnat, DMHAS Director of Opioid Services will be taking the lead for this group. If you have any questions, please reach out to any one of us and we will be able to assist.	Noted
Review and Approval of Minutes	Minutes approval from September 12 th , 2023 meeting – moved by Tim Birch, seconded by Representative Toni Walker No further discussion, minutes approved	Informational
Public Comment	Will be at the beginning of each meeting so that members of the public have an opportunity to comment on this process or on items on the agenda. Members of the public will be asked to use the “raise your hand” function of Teams and will have three minutes to speak. It will be done on a first come, first served basis. No public comment.	Informational

Topic	Discussion	Action
Municipal Reporting Update	<p>As reported last meeting, we have been collecting data from the municipalities and Christopher McClure will be providing us an update as to where we stand. The report is not yet generated because we have still been working on collecting that information, but we will get that to you as soon as it is compiled.</p> <p><u>Chris McClure:</u> We are very close to being done here, but want to note that as this is the first year we're doing this, we do know that internally, we have some improvements to make in terms of communication with the municipalities. Some had trouble using our system, so at the end of our first deadline, we have relatively good participation, but it wasn't where we would have liked it. As this is going to be an informational report that's going to help guide the municipalities, as well as our state response, we've been lucky to have the team from CCM partner with us in October, so we can work on the towns that have not reported yet. As of this morning, we only have 4 towns that have not reported, so we have information from 165.</p> <p>There are some duplications, some towns that have reported that they haven't spent any money at this time, but we are working on those details and will be able to give you a more complete picture once all of this information has been compiled. There have been close to 113 towns at this time that have reported not spending any money yet, but the ones that have spent money tend to apply it to prevention work, raising awareness in schools, and harm reduction. We are looking to devote resources to determine what an allowable use is to help the towns have a best practices and FAQ sheet, as well as recirculating the CORE Report and Exhibit E. These reports will be helpful as a starting point for further down the road.</p> <p><u>Discussion:</u> Members discussed the important of using Exhibit E and the CORE Report, as well as being mindful of public input so that the process of spending the funds is inclusive and sustainable once they are allocated.</p> <p>The hope is that DMHAS and our municipalities can encourage the municipalities to also work with our local prevention councils, particularly those that are very functional. As we get more comfortable and pass more recommendations, it may be that local communities can pattern some of their expenditures after what the larger group is approving.</p> <p>There was also note that there are some municipalities who are looking for more specificity in terms of what they can use the money on when spending it on things that are allowable under Exhibit E, and this is something that will certainly be explored, while being aware that supplanting is not allowed in the use of these funds.</p>	Informational
DPH Data Overview	<p>Susan Logan, Injury and Violence Surveillance Unit, Department of Public Health presented on Unintentional and Undetermined Intent Drug Overdose Deaths, Connecticut, 2019 - 2022.</p> <p>The unit has a lot of data on different topics, one of which is drug overdose deaths and non-fatal overdoses. The data is collected and studied, and the trends of monitored over time. For this meeting, the focus is mostly on the overdose deaths, even though it is important to remember those that have had non-fatal overdoses, which is about 5-6 times higher than the actual number of deaths per year.</p> <p>The information that is being presented today is a compilation of the data requests that were received from the Data and Research Subcommittee on this Council.</p> <p><u>Discussion:</u></p>	Informational

Topic	Discussion	Action
	<p>It was discussed that medication for opioid use disorder (MOUD) is trying to be pushed, because when people get back into the community, their tolerance is so low that a small amount may cause an overdose compared to what they were using prior to them being in that residential treatment facility or their rehab center. MOUD is highlighted in the CORE Report and something that the Yale group strongly believes in, as does DMHAS. There's an opportunity when someone is incarcerated to get MOUD into prisons and the Department of Corrections (DOC) has made large strides in their partnership with DMHAS and other Private Non-Profit Providers to get that service into jails and prisons.</p> <p>Induction onto MOUD has been discussed with hospitals and their emergency departments, so that when a person is released, they can connect with their community provider and have that medication working for them to help keep them on the path to recovery.</p> <p>There was discussion about a future analysis of percentage of overdose deaths by death location including people who were brought to the hospital / emergency department from a residence, as that would make the percentage number even higher than the 2/3's we were seeing in this current analysis.</p> <p>The Justice Involved Waiver Initiative (JI 1115) will be covering people 90 days pre-release, and everyone will be evaluated for behavioral health issues and medical issues, and will receive transition services. The hope is that the initiative will help reduce the number of overdoses that are occurring when someone leaves prison. This is a waiver that the Department of Social Services (DSS) is coordinating with DOC, with the help of DMHAS.</p> <p>It is also important to note that with age, race, and geographic location, we seem to be getting closer to identify data points that represent parents and the impact of those overdose deaths on the children left behind, because we know often the Department of Children and Families (DCF) only gets notified if we are already involved with the family or if the child is present.</p> <p>In terms of looking at the combination data of drugs on the street and looking at the distribution processes, DPH, DMHAS, and the New England High Intensity Drug Trafficking Area Program are helping us to think about how best to collect and look at that data. The Chief Medical Examiner's Office (OCME) has those breakouts by substance involved with the death on their web page, so that data has been helpful to look at.</p> <p>Susan Logan will be providing town by town data regarding the prevalence in population at the request of the Committee, and we can also send the data from the OCME data that speaks to the drug combinations.</p> <p>There are higher risk groups for not only drug overdose, but also suicide and that is construction and maintenance, as well as those in the service industry.</p>	
Subcommittee Updates	<p>Referral: First Selectman Rudy Marconi</p> <p>The Subcommittee did take in some recommendations through the public portal and reviewed close to 9 of them. This Subcommittee will begin meeting on a weekly basis to move this review process along in terms of the public portal recommendations.</p> <p>We also received a recommendation from the Alcohol and Drug Policy Committee (ADPC) Treatment Subcommittee for kits. We hope that this will be a good test going through the system to see if there are any issues that may come up so that we can address and prepare for those for future submissions.</p>	Informational

Topic	Discussion	Action
	<p>The recommendation was to use funds for harm reduction supplies in general and the kits can start saving lives immediately once they're out on the streets. There are already organizations in the state that are doing this work that are badly in need of supplies and funds, so this is something that we could do right away that could make a big difference. To clarify, the group is talking about getting supplies out through our sister state agency, DPH. DPH currently oversees this kind of work, and more supplies are needed as harm reduction centers have run out. This would increase access to those supplies.</p> <p>Overtime, the number of people served has increased significantly, and so as the number of supplies needed. The funding that was received from the state has stayed pretty level from 2018, but the number of people served from 2018 to 2022 has jumped from 4,000 to 8,000. The harm reduction sites have to find other sources to purchase supplies if they run out of them through our resources, since the funding has stayed the same and that is why we are looking for an increase of funding.</p> <p>Time Limited Process: Jeanne Milstein</p> <p>This subcommittee has a goal of ending but will remain open until the public portal has closed and we have done a trial of an approved recommendation. This is to make sure that it works seamlessly and in the event that it does not, we will continue to meet to re-evaluate the process to see what may need improvement. If the subcommittee needs to meet ad hoc, we will do that as well.</p> <p>Research and Data: Dr. Srinivas Muvvala</p> <p>This subcommittee continues to meet monthly and reviewed proposals from the ADPC Referral Subcommittee. This subcommittee last met on November 9th, where it reviewed the funding support request for harm reduction supplies and unanimously approved prior to this meeting. Prior to this meeting, the subcommittee met to discuss the CORE Report priorities and is getting familiarized with them. We continue to review data trends and are prepared to receive more proposals to review and provide comments on recommendations. This group emphasizes the importance of expanding the access to evidence based treatments for opioid use disorder, in particular access to medications.</p> <p>Finance and Compliance: Representative Toni Walker</p> <p>The subcommittee reviewed the recommendation for harm reduction that is asking for \$500,000 annually for a total of 2 fiscal years, so a total of \$1,000,000.</p> <p>There were a couple of concerns, not about the recommendation itself, but more about the process and part of the requirement that we do not supplant any funding. The second part is to figure out how we move the funding to the people we've identified in an expedient way. If it's for each individual entity, they would need their own contract and that would definitely take some time.</p> <p>Because of this, and as we start to get data that looks at these types of programs, we don't want to necessarily do the same thing, but instead try to be more innovative. Representative Walker recommends that we approve one year of funding and come back in the spring, and maybe add more money to the funding through DPH or other possibilities in the budget.</p>	
Committee Comment / Discussion	The recommendation is to approve the request for one year instead of the two years of funding originally requested, so that it can be re-evaluated and re-assessed to make sure that things are working effectively.	Motion

Topic	Discussion	Action
	<p>The recommendation is to approve one year of funding for \$500,000 to our harm reduction to distribute harm reduction supplies through the existing process through our sister state agency, DPH. DMHAS, who holds the money for this committee, will invoice the \$500,000 to DPH and then DPH will get that out to their contractors.</p> <p>Yay: 24 Nay: 1 Abstain: 1 Absent: 10</p> <p>Recommendation passes and we will report back as this moves through the contracting process..</p>	
Next Steps	<p>The next OSAC meeting is scheduled for Tuesday, January 9th from 10:00 a.m. – 12:00 p.m.</p> <p>The public portal has received 28 recommendations as of this morning and will close on Friday, January 17th, 2023. OSAC will be receiving recommendations from the recommendation link as well as the ADPC Subcommittees. They will be reporting back to the OSAC members that are embedded in those subcommittee meetings.</p> <p>The OSAC subcommittees will continue to meet monthly and will start reviewing those next week.</p>	Informational

NEXT MEETING – Tuesday, January 9th, 2024 Video Conference Call through Teams

ADJOURNMENT – November 14th, 2023 meeting of the Opioid Settlement Advisory Committee adjourned at 11:34 a.m.