

OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)
Meeting of Tuesday, November 19th, 2024
Teams Virtual Meeting
10:00 a.m. – 12:00 p.m.

ATTENDANCE

Members/Designees: Nancy Navarretta, Commissioner, DMHAS; Neil O'Leary, Waterbury; Jody Terranova, Deputy Commissioner, DPH; Jennifer Kolakowski, Dr. Srinivas Muvvala; Judy Dowd, OPM; Kimberly Grove; Lisa Deane; Senator Cathy Osten; Representative Toni Walker, Hartford; Bridget Fox; First Selectman Rudy Marconi, Ridgefield; Mayor Lisa Marotta, Rocky Hill; First Selectwoman Maureen Nicholson, Pomfret; Dawn Niles; John Lally; Patrick McCormack, Christian Spencer, Amy Bethge, Erica Teixeira, Maritza Bond, Maggie Young, Robert Miller, Megan Albanese, Attorney Timothy Birch, Elizabeth Rivera-Rodriguez, Susan Campion, Christine Gagnon, Ebony Jackson-Shaheed, Erica Texeira, Russell Melmed, Tracey Hanson, Dr. Marilyn Sanders, Janine Vose, Daniel Farley, Kevin Elak, Daniel Rezende, Mayor Thomas Dunn, Katherine Tucker, Katherine Milde, Representative McCarthy Vahey, Mayor Elinor Carbone, Torrington, Elizabeth Fitzgerald, Senator Saud Anwar, Representative Tammy Nuccio

Visitors/Presenters: Luiza Barnat; Christopher McClure; CT-N, Nita Asani, Danielle Ebrahimi, Dr. David Fiellin, Michael Hines, Sarah Messier-Smith, Karolina Wytrykowska, Matthew Fitzsimmons, Krystin DeLucia, Gretchen Shugarts, Tempestt Latham, Kimberly Karanda, Dr. Sheila Alessi, Robert Heimer, Christy Knowles, Marilyn Sanders, Sarju Shah, Angela Di Paola, Pamela Mulready, Ciara Beattie, Justin Mehl, Carol Jones, Alice Minervino, Stephen Murray, Sara Moriarty, Emma Biegacki, Alysse Schultheis, Sofia Swaby, Michael Williams, Becky Suh, Stephanie Bozak, Mark Jenkins, Gail D'Onofrio, Heather Clinger, Abigail Lieberman, Amber Sagan, Ruben Figueroa, Edouard Coupet

Recorder: Melanie Richard

The November 19th, 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	Commissioner Navarretta welcomed all in attendance and introduced the following new members of the Opioid Settlement Advisory Committee: <ul style="list-style-type: none">• Katherine Milde, Ledyard, Municipal Representative• Kevin Elak, Middletown, Municipal Representative• Paul Pernerewski, Mayor, Waterbury	Noted
Review and Approval of Minutes	Minutes approval from September 10 th , 2024 meeting – moved by Attorney Timothy Birch, seconded by Bridget Fox. Minutes approved, no further discussion. New members abstained: Katherine Milde, Kevin Elak Katherine Tucker, and Mayor Paul Pernerewski	Informational
Public Comment	No requests were received regarding public comments.	Informational
Administrative Updates	Chris McClure, DMHAS Chief of Staff, gave a presentation on updates regarding the Opioid Settlement Advisory Committee and the funding disbursements of the settlement dollars thus far. Please see the linked Power Point presentation for key takeaways. <u>Presentation by Chris McClure: Administrative Update OSAC Update</u> To date, the State has received a total of \$158,299,575 with funding recommendations having passed for \$21,236,094, leaving a balance in the fund of \$137,036,481. Reappointment letters went out from DMHAS and the Governor's Office. Nearly all positions are currently	Informational Chris McClure, DMHAS

Topic	Discussion	Action
	<p>filled. For municipal reporting, all of Connecticut's municipalities have reported as of Friday, November 15th, 2024. A reporting detailing the receipt and expenditure of funds will be released shortly.</p> <p>Senator Osten inquired to an update regarding her questions about the legislation passed requiring the nalox-boxes in communities to be temperature controlled and alarmed, so that the issues may be corrected in legislation or via the funds available through OSAC if that is necessary.</p> <p>Chris McClure responded that the Department of Consumer Protection (DCP) and DMHAS have been working to try to find a solution to this for the past few months and are still in the process of solving this issue. They are looking at ways to keep the naloxone in the nalox-boxes throughout the state for the time being, while coming up with a solution within the statute that currently exists. He will follow up with our legal director and reach out to Senator Osten via email.</p>	
Housing Presentation	<p>Nancy Navarretta, Commissioner, DMHAS introduced Alice Minervino, M.A., Director of Housing and Homeless Services, DMHAS. In preparation for today's meeting, we chose presentations that we thought would be educational to the group and that are related to recommendations that are in the pipeline through the ADPC review process or the Referral Subcommittee review process. Alice's presentation will give us an overview of some of the existing housing and homeless services that are utilized by individuals that access services through DMHAS, that may also touch other departments in the state, especially as there has been a lot of interest in housing.</p> <p>Housing Presentation</p> <p><u>Discussion:</u></p> <p>Representative Toni Walker asked of the services provided, do we have data on how many people have gone through those services and participated in these programs?</p> <p>Alice Minervino responded that our providers enter their data in what's called our DMHAS Data Portal, DDAP, and we would be able to pull up how many people received services during a set time frame. Representative Walker requested data on the last five years if possible and Alice will follow up.</p> <p>Kevin Elak inquired in regard to the concept of medical respite, if there has been discussion of having a place available for people who are experiencing homelessness that are not well enough to be out on the streets, but they're not ill enough to be hospitalized. How can we help bridge that gap to help people who are experiencing homelessness?</p> <p>Alice Minervino explained that she knew of two medical respite programs here in Connecticut: One is run by the New London Homeless Hospitality Center in New London and the other is Columbus House, which is in New Haven. They both saw people who might have gone to the emergency room but would get discharged because they weren't medically sick enough for hospitalization, but needed something more, so they carved out programming to be able to do that. These are the places that people may be interested in talking with those CEO's about.</p> <p>Commissioner Navarretta commented that there are other levels of care that are similar, and there are about 100 respite beds across the state that are more closely tied to mental health. There is also a peer respite that we just brought up for people that may not need to go to the emergency department but are feeling like they may need some support. There is also a crisis stabilization center in New Haven which is more living room model and recliner model, so it's not actual beds. We also have recovery houses for people are in between treatment.</p>	<p>Informational Alice Minervino, M.A., Director, Housing and Homeless Services, DMHAS</p>

Topic	Discussion	Action
	<p>Dr. Gail D'Onofrio stated that Columbus House historically will not take her patients who have opiate use disorder and need a respite, even when they're in the early stages of addiction. It is a large program, especially when we cannot get sheltered beds for people when there is inclement weather, especially with the cold. Alice Minervino thanked Dr. D'Onofrio for bringing that to her attention and agreed that there are not enough sheltered beds in the state for the amount of people who are experiencing homelessness.</p> <p>Jeanne Milstein asked if there is a waiting list that is kept for individuals who are waiting for housing – either housing subsidies or actual physical housing. Alice Minervino responded that DMHAS works collaboratively with the Department of Housing (DOH) have the Homeless Management Information System (HMIS). There is statewide list that's called a by name list, which is a waiting list that is broken down by areas of the state called coordinated access networks (CANS). People can call 211 in order to get on the by name list, but that is a general, large waiting list.</p>	
Harm Reduction Centers in Connecticut	<p>Commissioner Navarretta introduced Justin Mehl, who is part of DMHAS, to present some of the work that has been done successfully in our harm reduction centers in Connecticut. Also presenting on this topic are Ciara Beattie, Director of Prevention and Harm Reduction – APEX, Carol Jones, Director of Harm Reduction – Alliance for Living (AFL), and Mark Jenkins, CEO and Founder of Connecticut Harm Reduction Alliance (CT- HRA).</p> <p>Harm Reduction Centers in Connecticut Presentation</p> <p>The Committee members had no questions or discussion held on this topic. Commissioner Navarretta thanked the presenters.</p>	Informational Justin Mehl, Opioid Services Coordinator, DMHAS
SafeSpot Overdose Hotline Presentation	<p>Commissioner Navarretta introduced Stephen Murray, Director of SafeSpot Overdose Hotline. He is also the Harm Reduction Program Manager at Boston Medical Center.</p> <p>SafeSpot Overdose Hotline Presentation</p> <p>Russell Melmed commented that he really liked the work that Stephen and the Hotline are doing, especially because he represents an area that is somewhat rural and doesn't really have some of those direct support services in our communities. He encouraged Stephen to submit the funding proposal to OSAC and to keep up this valuable work.</p>	Informational Stephen Murray, M.P.H., N.R.P., Director of SafeSpot Overdose Hotline
Funding Recommendation for Committee Vote <ul style="list-style-type: none"> Healthy Campuses Initiative: Promote and Expand Opioid Overdose Education and Prevention in Connecticut's Colleges and Universities 	<p>Nancy Navarretta, Commission, DMHAS presented the following recommendations for Committee review and vote:</p> <p>Title: Healthy Campuses Initiative: Promote and Expand Opioid Overdose Education and Prevention in Connecticut's Colleges and Universities</p> <p>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.</p> <p>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.</p>	Motion to Vote

Topic	Discussion	Action
	<p>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, and include:</p> <ul style="list-style-type: none"> • 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. <p>Technical Assistance would be provided by national content experts, SAFE Project (Stop the Addiction Fatality Epidemic). SAFE Project has been at the forefront of community-driven substance use initiatives, working with diverse communities across the nation to foster resilience and well-being. Their strategic approach to this work embraces systems building, and their model is in direct alignment with the Strategic Prevention Framework (SPF). The SPF, developed by SAMHSA in 2004, is a five-step process that provides a method to design and deliver a culturally appropriate, effective, and sustainable intervention (Drug Enforcement Administration, 2020). With SAFE Project's assistance, campuses will assess their campus needs, build capacity through coalitions, map their assets and plan an informed intervention based on available public health research SAFE Solutions – From SAFE Project. They will coach campuses through the implementation and evaluation of their efforts, while also providing technical assistance to our contacts at the state as they structure and report on deliverables. This dynamic and iterative process is in direct alignment with the SPF and allows for sustainable, scalable systems change.</p>	

Topic	Discussion					Action
		4/1/25-10/31/25	11/1/25-10/31/26	11/1/26-10/31/27	Total Cost	
	Technical Assistance (TA) with SAFE Project (yearly allocations): <ul style="list-style-type: none"> 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	\$76,000	
	Kickoff Summit: Presenter preparation time, travel and speaking fees; summit location and meal expenses; and materials necessary for training.	\$65,000	---	---	\$65,000	
	Supplies & Marketing (Harm Reduction supplies, marketing materials)	\$12,767	\$83,038	\$83,038	\$178,843	
	Project Coordinator	\$38,500	\$66,000	\$66,000	\$170,500	
	Student and Community Engagement Incentives	---	\$12,000	\$12,000	\$24,000	
	Campus Specific Events and Initiatives	---	\$30,000	\$30,000	\$60,000	
	Indirect Expenses	\$11,627	\$22,904	\$22,904	\$57,434	
	Total Cost	\$127,894	\$251,942	\$251,942	\$631,777	
	<p>1 Shelton RC, Goodwin K, McNeil M, Bernitz M, Alexander SP, Parish C, Brotzman L, Lee M, Li WB, Makam S, Ganek N, Foscett 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.</p> <p>CORE Priority: Priority 6, Strategy 1, Tactics 1&2; Priority 6, Strategy 2, Tactics1&2: Invest in efforts to reduce community stigma against OUD and OUD treatments</p> <p>Category: <input type="checkbox"/>treatment <input checked="" type="checkbox"/>harm reduction <input checked="" type="checkbox"/>prevention <input checked="" type="checkbox"/>recovery supports</p> <p>Recommended Lead & Partnering Agencies: Connecticut Healthy Campus Initiative/CT Clearinghouse DMHAS</p> <p>Vetted by Referral Subcommittee: <input checked="" type="checkbox"/></p> <p>Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/></p> <p> <input checked="" type="checkbox"/> EBP <input type="checkbox"/>or Promising Practice <input type="checkbox"/> Program evaluation recommended? <input type="checkbox"/>yes <input checked="" type="checkbox"/>no <input checked="" type="checkbox"/> Pilot <input type="checkbox"/>or Established Program <input type="checkbox"/> </p> <p>Local <input type="checkbox"/>or Statewide Rollout <input checked="" type="checkbox"/></p> <p>Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/></p> <p> <input checked="" type="checkbox"/> Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> </p>					

Topic	Discussion	Action
	<ul style="list-style-type: none"> Proposed 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 <p>Approved Funding Amount: Same as proposed</p> <ul style="list-style-type: none"> Budget submitted <input checked="" type="checkbox"/> Proposed project dates: 4/1/25-10/31/27 Approved project dates: same as proposed RFP <input type="checkbox"/> Sole Source <input checked="" type="checkbox"/> <p>The Opioid Settlement Advisory Committee members voted to pass this recommendation with an established quorum of members.</p>	
Subcommittee Updates	<p>Referral: First Selectman Rudy Marconi</p> <p>This subcommittee continues to meet and review proposed recommendations. The Referral Subcommittee will be meeting before the next scheduled Opioid Settlement Advisory Committee meeting to review additional proposed recommendations.</p> <p>Research and Data: Dr. Srinivas Muvvala</p> <p>This subcommittee has continued to meet monthly and review the recommendations received from the referral and other subcommittees and will be meeting before the next scheduled Opioid Settlement Advisory Committee meeting. The group also discussed other recommendations coming up that the ADPC Subcommittee is vetting. We discussed potentially creating a plan to review ongoing reports from the projects that are now in place that have been implemented, although this is still preliminary.</p> <p>Finance and Compliance: Representative Toni Walker</p> <p>This subcommittee continues to meet and review proposed recommendations and will be meeting before the next scheduled Opioid Settlement Advisory Committee meeting.</p> <p>Jeanne Milstein asked if it was possible to receive copies of the evaluations that are required for the different contracts and some indications of the outcomes. Luiza Barnat commented that it is something that we need to address in our Research and Data Subcommittee, which is how to compile the data as projects move forward. A lot of these recommendations are in the initiation phase, so there is not a lot of data to be reported at this time. Once we get that data, that is certainly a discussion that our subcommittee will need to take on. Representative Walker would like the reports to include how many people they are serving and what outcomes they are having. Dr. Muvvala commented that we will ask all of the projects to report back to us with the required data and we will figure out how to analyze that package and report it back to the full committee as we moved forward.</p>	Informational
Next Steps	<p>The next OSAC meeting is scheduled for Tuesday, January 14th, 2025 from 10:00 – 12:00 p.m.</p> <p>The subcommittees will continue meeting to review the recommendation submissions.</p>	Informational

NEXT MEETING – Tuesday, January 14th, 2025 - Video Conference Call through Teams

ADJOURNMENT – November 19th, 2024 meeting of the Opioid Settlement Advisory Committee adjourned at 11:48 a.m.