

**OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)**  
**Meeting of Tuesday, May 14<sup>th</sup>, 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; Mayor Elinor Carbone, Torrington; 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, Robert Miller, Dan Rezende, Liz Fitzgerald, Erica Texeira, Megan Albanese

**Visitors/Presenters:** Luiza Barnat; Keith Radziwon; Christopher McClure; CT-N, Kris Robles, Nita Asani, Danielle Ebrahimi, Robert Heimer, Dr. David Fiellin, Jennifer Buckley, Christy Knowles, Christine Hauser, Gary Roberge, Brian Sullivan, , Sarju Shah, Andrew Brown, Michael Hines, Scott Braithewaite, Kelley Edwards, Dyanna Charles, Nicole Taylor, Sarah Messier-Smith, Karolina Wytrykowska, Ken Przybysz, Cara Passaro, Leanne Zhou, Deborah Lake, Craig Safran, Sarah Eagan, PJ Cimini, Brendan Burke

**Recorder:** Melanie Richard

The May 14<sup>th</sup>, 2024 meeting of the Opioid Settlement Advisory Committee (OSAC) was called to order at 10:00 a.m. by Commissioner Nancy Navarretta, DMHAS.

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>Welcome and Introductions</b>	Commissioner Navarretta welcomed all in attendance.	Noted
<b>Review and Approval of Minutes</b>	Minutes approval from March 12 <sup>th</sup> , 2024 meeting – moved by Representative Toni Walker, seconded by Jeanne Milstein, Director of Human Services, New London, Municipal Representative.  Rob Miller abstained from the vote to move the minutes.  Minutes approved, no further discussion.	Informational
<b>Public Comment</b>	No requests were received regarding public comments.  No public comments were made during this time.	Informational
<b>Settlement Financials</b>	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: <a href="#">Settlement Financials Update   OSAC Updates</a></u>  <u>Discussion:</u> Senator Cath Osten voiced concern over the smaller towns that she represents, as they do not receive a lot of resources, so it is difficult for them to do a lot. Volunteer Fire companies have not had the naloxone go to them and Senator Osten questioned if there was a way to start aiding them with purchases or distribution of naloxone as a policy moving forward.	Informational Chris McClure, DMHAS

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	<p>Luiza Barnat, DMHAS, explained that the distribution of naloxone has either been grant funded, or under this recommendation, will be funded with OSAC funding, so it can be distributed with no cost to those who are requesting it, i.e. volunteer firefighters. Last year, we received funding from the state budget, and that was used to distribute naloxone to Fire and EMS Departments across all municipalities, so every single municipality has received naloxone in that fiscal year.</p> <p>Representative Toni Walker asked for clarification on the locations that the OTP vans would be traveling. Dr. Fiellin, Yale, explained that he and his team have been working on a number of different analyses that have been focused on overdose deaths. They are looking at the proximity of treatment to where those overdose deaths are in the state and will provide that information to the members of the Committee.</p>	
<p><b>Modeling Interventions Presentation</b></p>	<p>Nancy Navarretta, Commissioner, DMHAS introduced Dr. Scott Braithwaite from NYU, who presented on Modeling Interventions.</p> <p>Dr. Braithwaite and his lab are performing analysis to identify the resource allocations that could most efficiently reduce overdose deaths in Connecticut across interventions encompassing primary, secondary, and tertiary prevention, harm reduction, and substance use disorder treatments. Dr. Braithwaite is a professor of medicine and population health trained in general internal medicine and decision analysis. He is the Chief of the Section on Value Effectiveness and the Director of the Division of Comparative Effectiveness at New York University School of Medicine – Department of Population Health. His background is in decision analytic modeling, evidence synthesis, comparative effectiveness, and cost effectiveness analysis. In addition, he practiced internal medicine for 25 years, treating underserved populations.</p> <p><a href="#">Modeling Interventions Presentation</a>, Dr. Scott Braithwaite, NYU.</p> <p>There was discussion on the importance of person-to-person contact being the ideal method for harm reduction, but it was important to note that all methods, including the mobile OTP vans and the vending machines, were beneficial, especially when provided all at once. The study showed that there would be an 8% reduction of deaths if we are maximizing the distribution of naloxone. However, that person-to-person contact does not work for everyone, but they will show up anonymously at the vending machines which is beneficial. It was noted that a combination of all of these methods would be the best because of the impact they would have.</p>	<p>Informational Dr. Scott Braithwaite, NYU</p>
<p><b>Funding Recommendations for Committee Vote</b></p> <ul style="list-style-type: none"> <li>• TPP</li> <li>• DOC</li> <li>• Naloxone</li> <li>• Extension of Harm Reduction Supplies Recommendation</li> </ul>	<p>Nancy Navarretta, Commission, DMHAS presented the following recommendations for Committee review and vote:</p> <p><b>The Treatment Pathway Program (TPP)</b></p> <p>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</p>	

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	<p>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.</p> <p>Priority: Justice-involved individuals with substance use disorders and high rate of recidivism, but no history of violence.</p> <p>Budget: To continue operation after June 30, 2024, the cost is \$1.28 million per year for the current 8 sites (\$160,000 per location funds recovery coach and clinician).</p> <p>Project Dates: July 1, 2024, which is the date the funding lapses.</p> <p>CORE Priority:  Priority 1: Increase Access to and Support the most Effective Medications for OUD (MOUD)  Priority 2: Reduce overdose risk and mortality  Priority 6: Address social determinants and needs of at-risk and impacted populations</p> <p><b>Ensure Access to all FDA-Approved Medications for OUD for People Incarcerated in and Transitioning Out of CT DOC:</b></p> <p>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.</p> <p>Build out Opioid Treatment dosing rooms in two (2) additional facilities, Brooklyn CI and Cheshire CI. Rooms need to be 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.</p> <p>Provide medications at Manson Youth for up to one year for those who are affected by the opioid crisis.</p> <p>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.</p> <p>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 an existing RFP but would need to amend the contract for expanded services. Manson CI would need annual costs for medications and programming services.</p>	

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	<p>MacDougall/Walker currently has a contract with CHR to serve 30 inmates with Medicated Assisted Treatment. 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. All services should include a plan for transitioning individuals from DOC to the community.</p> <p>CORE Priority _____ #1 _____ Category: X treatment X harm reduction <input type="checkbox"/> prevention X recovery supports</p> <p><b>Naloxone Saturation:</b></p> <p>As part of DMHAS' naloxone saturation plan it is recommended to distribute 60,000 kits of naloxone per year as aligned with with DMHAS Naloxone Distribution Plan.</p> <p>Time Frame: July 1, 2024 – June 30, 2025 Funding Amount Requested:</p> <p>Annual Cost: \$2,323,200 Notes: Purchase of Naloxone</p> <p>CORE Priority: Access to Naloxone   Category: Harm Reduction, Prevention</p> <p><b>Harm Reduction Supplies Recommendation Extension:</b></p> <p>This is a three year continuation request for a recommendation approved on November 17th, 2023.</p> <p>Harm Reduction Supplies: Currently, CT's syringe service programs distribute harm reduction supplies to people who use drugs and have reported a shortage of supplies. This is a request to increase funding to existing programs to expand access to already available harm reduction kits by \$500,000 annually. This initial request is for two fiscal years for a total of \$1,000,000. The following link provides information about syringe exchange programs: <a href="#">CT-Syringe-Services-Program 8232023.pdf</a></p> <p>Update from FY23 funding:</p> <p>Here are estimates for the number of people served with the \$500,000: SSPs: \$440,000/\$78 per client = ~5,641 people served Naloxone: \$60,000 (1,555 kits/2 kits per client) = ~777 people served The Opioid Settlement Advisory Committee members voted to pass all four recommendations with an established quorum of members.</p>	

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	Results of Committee Votes: 22 Proceed with Recommendation; 0 Do Not Proceed with Recommendation; 0 Abstentions.	
<b>Subcommittee Updates</b>	<p><b>Referral: First Selectman Rudy Marconi</b></p> <p>The Referral Subcommittee will be meeting this month, May 2024, to review additional proposed recommendations.</p> <p><b>Research and Data: Dr. Srinivas Muvvala</b></p> <p>This subcommittee has continued to meet monthly and review the recommendations received from the referral and other subcommittees and will be meeting this month, May 2024.</p> <p><b>Finance and Compliance: Representative Toni Walker</b></p> <p>This subcommittee continues to meet and review proposed recommendations. They did question that since the public portal is closed, what is the process to receive new recommendations going forward? Per Commissioner Navarretta, we will accept recommendations any time, and can be sent to Luiza Barnat, Chris McClure, or Commissioner Navarretta. The portal was just one avenue for people to submit a recommendation and was the first big effort to make people aware of that process, but there is no limitation on when we would accept or review a proposal.</p> <p>This subcommittee would also like updates if we hear from other states and what they are doing with their funding as this process becomes more active. This subcommittee will meet before the next full OSAC meeting to review new recommendations.</p> <p>To Note: Senator Cathy Osten proposed that we evaluate out voting bylaws to determine whether proxy voting will be permitted, as well as enforce that cameras need to be on to verify identities of voting members while voting on recommendations. This Committee agreed, and will meet to discuss updating the voting bylaws.</p>	Informational
<b>Next Steps</b>	<p>The next OSAC meeting is scheduled for Tuesday, July 9<sup>th</sup> from 10:00 a.m. – 12:00 p.m.</p> <p>The subcommittees will continue meeting to review the recommendation submissions.</p>	Informational

**NEXT MEETING** – Tuesday, July 9<sup>th</sup>, 2024 Video Conference Call through Teams

**ADJOURNMENT** – May 14<sup>th</sup>, 2024 meeting of the Opioid Settlement Advisory Committee adjourned at 11:30 a.m.