

Opioid Settlement Advisory Committee Funding Recommendation 24-6

In 2022, Public Act 22-48, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS was passed into law. The Act establishes an Advisory Committee in Connecticut General Statutes Secs. 17a-674b through 674g. The Committee is co-chaired by the Commissioner of the Department of Mental Health and Addiction Services (DMHAS) and a representative from the municipalities, to ensure the proceeds received by the state as part of the opioid litigation settlement agreements are allocated appropriately. The statutes specify the proceeds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction with public involvement, transparency, and accountability.

Section (e) of CGS Sec. 17a-674c states:

“(e) Moneys in the fund shall be spent only for the following substance use disorder abatement purposes, in accordance with the controlling judgment, consent decree or settlement, as confirmed by the Attorney General's review of such judgment, consent decree or settlement and upon the approval of the committee and the Secretary of the Office of Policy and Management:

- (1) State-wide, regional or community substance use disorder needs assessments to identify structural gaps and needs to inform expenditures from the fund;
- (2) Infrastructure required for evidence-based substance use disorder prevention, treatment, recovery or harm reduction programs, services and supports;
- (3) Programs, services, supports and resources for evidence-based substance use disorder prevention, treatment, recovery or harm reduction;
- (4) Evidence-informed substance use disorder prevention, treatment, recovery or harm reduction pilot programs or demonstration studies that are not evidence-based, but are approved by the committee as an appropriate use of moneys for a limited period of time as specified by the committee, provided the committee shall assess whether the evidence supports funding such programs or studies or whether it provides a basis for funding such programs or studies with an expectation of creating an evidence base for such programs and studies;
- (5) Evaluation of effectiveness and outcomes reporting for substance use disorder abatement infrastructure, programs, services, supports and resources for which moneys from the fund have been disbursed, including, but not limited to, impact on access to harm reduction services or treatment for substance use disorders or reduction in drug-related mortality;
- (6) One or more publicly available data interfaces managed by the commissioner to aggregate, track and report data on
 - (A) substance use disorders, overdoses and drug-related harms, (B) spending recommendations, plans and reports, and (C) outcomes of programs, services, supports and resources for which moneys from the fund were disbursed;
- (7) Research on opioid abatement, including, but not limited to, development of evidence-based treatment, barriers to treatment, nonopioid treatment of chronic pain and harm reduction, supply-side enforcement;
- (8) Documented expenses incurred in administering and staffing the fund and the committee, and expenses, including, but not limited to, legal fees, incurred by the state or any municipality in securing settlement proceeds, deposited in the fund as permitted by the controlling judgment, consent decree or settlement;
- (9) Documented expenses associated with managing, investing and disbursing moneys in the fund; and

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

Summary of Current Proposal

As part of DMHAS’ Prevention and Harm Reduction Strategy, the Prevention and Early Intervention Subcommittee of the ADPC recommends an increase in statewide dissemination of both prevention and harm reduction tools 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 primary prevention through education and reduction of opioid diversion.
- (3) Distribution of deactivation pouches.

Timeline

Approaches (1) and (2) have been recommended for funding for two years from the date the resources are deployed to the public. Approach (3) has been recommended for funding for five years from the commencement of the campaign.

Opioid Settlement Fund Balance

Opioid Settlement Fund Balance		
Fund Balance as July 9, 2024	\$	122,206,895.00
Total Cost of Recommendation 24-6	\$	(6,140,434.00)
Available Balance Upon Approval	\$	116,066,461.00

Compliance Analysis

Allowable Use:

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

(3) Programs, services, supports and resources for evidence-based substance use disorder prevention, treatment, recovery or harm reduction

Settlement Agreement: Exhibit E, Schedule B, Part 2 (G)(2) through (7); (H)(1), (2), and (3).

Background

OSAC Funding Recommendation Form:

Source of Recommendation:	ADPC subcommittee
ADPC Subcommittee Name:	Prevention and Early Intervention
Date of Initial Recommendation Presentation (should coincide with OSAC meeting date)	July 9, 2024

Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)

Title: 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 an increase in statewide dissemination of both prevention and harm reduction tools 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.
- (5) Increase primary prevention through education and reduction of opioid diversion.
- (6) Distribution of deactivation pouches.

Additional Information:

- (1) DMHAS will partner with DPH to 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 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 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.

Funding Amount Requested:

Approach	Annual Cost	Total	Notes
1	\$1,377,392	\$2,754,784	Cost and maintenance of 20 Harm Reduction Vending Machines, allocation of products for vending machines.

	2	\$709,000	\$1,418,000	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 the resource van maintenance.
	3	\$393,530	\$1,967,650	Cost includes direct mailing of drug deactivation and disposal pouches, and postage.
	Total	\$2,479,922	\$6,140,434	
CORE Priority: Access to Naloxone Category: <input type="checkbox"/> treatment <input checked="" type="checkbox"/> harm reduction <input checked="" type="checkbox"/> prevention <input type="checkbox"/> recovery supports				
Lead & Partnering Agencies: Department of Mental Health and Addiction Services Department of Public Health Department of Consumer Protection				
Vetted by Referral Subcommittee? <input checked="" type="checkbox"/> yes				
Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/> yes, with careful monitoring of the budget <ul style="list-style-type: none"> • EBP <input checked="" type="checkbox"/> or Promising Practice <input type="checkbox"/> Program evaluation recommended? <input checked="" type="checkbox"/>yes <input type="checkbox"/> no • Pilot <input checked="" type="checkbox"/> or Established Program <input checked="" type="checkbox"/> • Local <input type="checkbox"/> or Statewide Rollout <input checked="" type="checkbox"/> 				
Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/> , yes <ul style="list-style-type: none"> • Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> • How much funding/funding amount ___\$6,140,434___ • Proposed project dates _Approaches 1 and 2: July 2024-July 2026; Approach 3: July 2024- July 2029_ • Proposed budget ___See above___ Budget submitted <input type="checkbox"/> • Approach 1: RFP <input checked="" type="checkbox"/>; Approach 2: RFP <input checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/>; Approach 3: Sole Source <input checked="" type="checkbox"/> 				

Results of Committee Vote: ___25___ Proceed with Recommendation ___1___ Do Not Proceed with Recommendation

Signatures

X

 Jeffrey Beckham
 Secretary, Office of Policy and Management

X

Matthew Fitzsimmons

Designee, Attorney General, State of Connecticut