Meeting of the OSAC Finance and Compliance Subcommittee
Tuesday, January 7th, 2025
10:00 – 11:00 a.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Toni Walker, Lisa Marotta, Tim Birch, Maggie Young, Judy Dowd, Kimberly Grove

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Nita Asani, Alice Minervino, Kimberly Karanda, Nita Asani

Members Absent: Christine Gagnon, Elizabeth Fitzgerald

Recorder: Melanie Richard

Topic	Discussion	Action
Minutes	Minutes were motioned to be approved by Tim Birch, no opposition.	
Recommendations	The group reviewed and approved the following recommendations: Recommendation Title: Supportive Housing as Recovery This proposal would fund CT Department of Housing (DOH) Rental Assistance Program (RAP) Housing subsidies, client supports (security deposit, furniture, etc.), and trauma-informed case management services that would follow and support an individual from homelessness to being housed and maintaining housing stability. The program would target heads of household (1) with Opioid Use Disorders or at risk for overdose and (2) who are experiencing homelessness or who were homeless prior to entry to Substance Use Disorder (SUD) treatment, inclusive of Sober and Recovery Homes, who do not have a safe and/or viable housing discharge plan. Housing as a Health-Related Social Need (HRSN), previously known as Social Determinant of Health, plays a significant role in influencing substance use, particularly opioid use, and affects both the risk of addiction and recovery outcomes. Individuals experiencing homelessness or unstable housing are more likely to use substances as a means of coping with the trauma, stress and uncertainty of their situation. Opioids and other substances may be used to self-medicate mental health issues that are often exacerbated by housing instability. People who are unsheltered or in unsafe living environments are more frequently exposed to drug use and availability, which increases the risk of starting or relapsing into opioid use. Research has shown that having stable housing significantly improves recovery outcomes for individuals with opioid use disorder. Finally, program models that integrate supportive housing are more effective in reducing opioid use, as the model allows individuals to access housing without first requiring sobriety, thus providing immediate stability and support to initiate recovery. **Strategy to identify potential participants**: The By Name List (BNL) consists of persons experiencing homelessness who have accessed homeless services by calling 211, contacted HUB staff (drop-in centers for referral to housing and homelessness assessment and referrals), and/or have worked with homeless outreach staff. The BNL allows our provider systems to know who is currently homeless and to understand the inflow (the number of people becoming homeless each month) and the outflow (the number of people obtaining permanent housing). Currently there are approximately 4500 people on the BNL, with approximately 30% having a known or self-identified substance use disorder.	

Topic	Discussion	Action
	Supportive Housing Model Components: • The **Rental Assistance Program (RAP) certificate** is an ongoing housing subsidy. Individuals experiencing homelessness have very limited options of affordable and deeply affordable apartments, and their potential histories of unestablished credit or eviction often dissuade landlords from renting to them. Having a RAP certificate that affords guaranteed rent payment along with client supports incentivize landlords to rent to this special population. • **Wrap-around, community-based Case Management Services** include landlord/tenant negotiation, referral to substance use/mental health/medical care, budgeting, tenancy rights and responsibilities and tenancy sustaining skill building. The Case Management services would be provided by Private Non-Profit (PNP) agencies with experience providing case management to unhoused and housing insecure individuals with substance use and/or co-occurring mental health disorders. • **Client Support** includes funding for apartment application fees, security deposits for new apartments, furniture, and/or for payments of basic utilities that prohibit persons from renting an apartment.	

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Cost
Supportive Housing Model Components: RAP Certificate = $14,000 per person Wrap-Around Case Management Services = $9,500 per person Client Support = $5,000 per person Total: $28,500 per person annually x 500 individuals = $14,250,000	$14,250,000	$14,250,000	$14,250,000	$57,000,000
Program Evaluation	$400,000	$400,000	$400,000	$1,600,000
Total	$14,650,000	$14,650,000	$14,650,000	$58,600,000

CORE Priority: Priority 2: Reduce Overdose Risk and Mortality, Especially Among Individuals at Highest Risk and Highest Need with Linkage to Treatment, Naloxone, and Harm Reduction; Priority 7, Strategy 3: Provide affordable supportive and transitional housing for people with SUD; increase access to "Housing First" models and other models of affordable, supportive, and transitional housing to unhoused people with or at high risk for OUD.
Category: ☐ treatment ☐ harm reduction ☐ prevention ☒ recovery supports

Recommended Lead & Partnering Agencies:
Department of Mental Health and Addiction Services
Department of Housing
PNP provider agencies

Vetted by Referral Subcommittee: ☐

Vetted by Research and Data Subcommittee? ☐
- EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☒ yes ☐ no
- Pilot ☐ or Established Program ☒

Local ☐ or Statewide Rollout ☒

Vetted by Finance and Compliance Subcommittee? ☐
- Allowable Strategy ☒ Compliant yes ☒ no ☐
- Proposed Funding Amount: $14,650,000 yearly for 3 years totaling $43,950,000
- Approved Funding Amount: $14,650,000 yearly for 4 years totaling $58,600,000

Topic	Discussion	Action

- Budget submitted ☒
- Proposed project dates: 7/1/25-6/30/28
- Approved project dates: 7/1/25-6/30/29

RFP ☐ Sole Source ☒

Recommendation Title: Connecticut Harm Reduction Centers Continuation

Harm Reduction Centers provide low-barrier, drop-in support for individuals who use substances, particularly those who are at high risk for opioid overdose. The goals of these centers include but are not limited to (1) Broadly improving the overall health and well-being of individuals who use drugs, through measures including but not limited to reduction of unintentional overdoses and disease transmission; (2) increasing engagement between providers of treatment services, health care and social services and the individuals who access the drop-in center; (3) reducing the number of fatal overdoses in the immediate and surrounding areas of the center. Harm Reduction Centers also reduce disease transmission through education, supplies, and wound care; distribute Naloxone and harm reduction supplies; provide connections to housing, employment, and other needed resources such as obtaining identification; and provided medical and behavioral health treatment options in-house or via referral. Community Engagement is a key component of the Harm Reduction Centers, both doing street level outreach to people who use drugs to welcome them to the Centers and building relationships with local businesses and community partners to increase referrals and build community relationships. Centers regularly hold in person groups and social events to increase a sense of community amongst the participants.

Between 10/1/23-10/1/24, the Harm Reduction Centers collectively had 4,284 total visits of 1,395 unique individuals. Of these individuals, there were the following connections to care:

- Withdrawal Management (AKA Detox): 59
- Medication for Opioid Use Disorder: 83
- HIV/Hep CT Testing: 128
- Wound Care: 259
- Mental Health Treatment: 63

The Department of Mental Health and Addiction (DMHAS) currently supports three Harm Reduction Centers with federal block grant funding in New Haven, New London, and Waterbury, which are CT's communities with the 2nd-4th highest known fatal overdose rates. Funding for these programs ends on 9/29/25. This proposal requests to continue the operation of the three existing centers beyond the current end date to include an additional three (3) years of operation at each site. This request also includes three-year funding for a new site in Bridgeport, the municipality with the next highest known fatal overdose rates. The annual cost of operation per site is $500,000.00.

There is also a Harm Reduction Center located in Hartford, the city with the highest fatal opioid overdose rates, funded by SAMSHA's State Opioid Response Grant at $175,000 per year without opportunity for an increase in the budget. Given Hartford's overdose rate and the growing disparity of Black men dying from overdoses at higher rates than any other demographic, we are proposing a funding match for this program at $325,000 for program expansion.

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Co
$500,000 per Harm Reduction Center x 4 Centers	$2,000,000	$2,000,000	$2,000,000	$6,000,0
$325,000 for Hartford Harm Reduction Center	$325,000	$325,000	$325,000	$975,00
Total	$2,325,000	$2,325,000	$2,325,000	$6,975,0

CORE Priority: Priority 2 Strategy 2: Create Harm Reduction Centers that provide ancillary supports services for people using drugs

Category: ☒ treatment ☒ harm reduction ☐ prevention ☒ recovery supports

Topic	Discussion	Action
	Recommended Lead & Partnering Agencies: DMHAS Partnering Agencies Vetted by Referral Subcommittee: ☐ Vetted by Research and Data Subcommittee? ☐ • EBP ☐ or Promising Practice ☐ Program evaluation recommended? ☐ yes ☐ no • Pilot ☐ or Established Program ☐ Local ☐ or Statewide Rollout ☐ Vetted by Finance and Compliance Subcommittee? ☐ • Allowable Strategy ☐ Compliant yes ☐ no ☐ • Proposed Funding Amount: $2,325,000 per year; $6,975,000 total for 3 years. • Approved Funding Amount: • Budget submitted ☐ • Proposed project dates: 9/30/25-9/29/28 • Approved project dates: RFP ☒ (New Bridgeport Location) Sole Source ☒ (Existing Locations) <u>Recommendation Title: SafeSpot Overdose Hotline Expansion to Connecticut</u> The SafeSpot Overdose Hotline is a 24 hour-7-day a week service that provides immediate, accessible, real-time support to individuals at risk of an overdose. SafeSpot has a proven track record of providing this service for the Massachusetts Department of Public Health. Since January 2023, the team has supervised over 11,500 use events across more than 4,500 calls for service, with 21 overdoses detected and successfully reversed. SafeSpot prevents opioid-related fatalities and improves health outcomes by generating a safety plan with people who use drugs alone and offering real-time phone-monitored supervision of drug use. As part of safety planning, SafeSpot caller-operator interactions typically include guidance on overdose prevention, drug-checking, and developing safer use networks. Interested callers are connected to harm reduction services and supplies, treatment (including medication for opioid use disorder), crisis response, and other supports as needed. SafeSpot supports and facilitates person-centered, evidence-based, harm reduction practice. The hotline team, who all work virtually, is directed and staffed by people with lived experience with substance use and overdose. They are housed at the Boston Medical hospital, a large academic medical hospital that focuses on harm reduction and overdose prevention. SafeSpot collaborates with its public health funders and community partners to ensure the hotline is responsive to the needs of people who use drugs and their care providers. The hotline has a track record of assisting people who might not feel comfortable or who are unable to physically access harm reduction services in physical settings. This high-risk category is primarily made up of women, people of color, sex workers, and LGBTQIA+ people. This recommendation would fund the expansion of the SafeSpot Overdose Hotline to Connecticut. SafeSpot already supports people who use drugs in Connecticut, which is taxing on the call volume without funding for additional operators. More than 648 calls have been taken from callers in Connecticut since May 2024, with over 3,226 use events recorded, reflecting approximately 14.2% of the total call volume. This is made up of several callers in geographically diverse areas of the state. SafeSpot would commit to hiring people who use drugs in Connecticut; having local operators involved encourages a feeling of community ownership and trust in our services and ensures operators are aware of Connecticut resources.	

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Co

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<tr><th>Topic</th><th>Discussion</th><th>Action</th></tr>
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<tr><td>Personnel Costs (Including Administration, Program Coordinator, 2 Full Time Operators, Per Diem Operators)</td><td>$392,402</td><td>$396,793</td><td>$408,697</td><td>$1,197,892</td></tr>
<tr><td>Other Direct Costs (including training, evaluation, supplies, travel)</td><td>$62,140</td><td>$57,750</td><td>$57,750</td><td>$177,640</td></tr>
<tr><td>Indirect Costs</td><td>$45,454</td><td>$45,454</td><td>$46,645</td><td>$137,553</td></tr>
<tr><td>Total</td><td>$499,996</td><td>$499,997</td><td>$513,062</td><td>$1,513,085</td></tr>
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CORE Priority: Priority 2, Strategy 3, Tactic 1: Fund a safe drug use hotline to reduce solitary opioid use.
Category: ☐ treatment ☒ harm reduction ☐ prevention ☒ recovery supports

Recommended Lead & Partnering Agencies:
DMHAS
Boston Medical Center/SafeSpot Hotline

Vetted by Referral Subcommittee: ☐

Vetted by Research and Data Subcommittee? ☐
• EBP ☐ or Promising Practice ☐ Program evaluation recommended? ☐ yes ☐ no
• Pilot ☐ or Established Program ☐
Local ☐ or Statewide Rollout ☐

Vetted by Finance and Compliance Subcommittee? ☐
• Allowable Strategy ☐ Compliant yes ☐ no ☐
• Proposed Funding Amount: 7/1/26-6/30/26: $499,996, 7/1/26-6/30/27: $499,997; 7/1/27-6/30/28: $513,062; Total: $1,513,085
• Approved Funding Amount:
• Budget submitted ☐
• Proposed project dates: 7/1/25-6/30/28
• Approved project dates:
RFP ☐ Sole Source ☒

The members of the Finance and Compliance Subcommittee discussed the three recommendations presented and voted to approve all three. They will go through to the Opioid Settlement Advisory Committee meeting for review. The Housing as Recovery recommendation was passed by the Finance and Compliance Subcommittee with a request for data review and vote for continuation at 3 years. They have also requested that the SafeSpot Hotline be approved for 3 years of funding contingent with data review after year 1.
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<tr><td>Next steps</td><td>Next meeting will be scheduled after the full OSAC meeting on 1/14/2025.</td><td>Noted</td></tr>
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NEXT MEETING – TBD after the full OSAC meeting on 1/14/2025.
ADJOURNMENT – Tuesday, January 7th, 2025 at 11:02 p.m.

Meeting of the OSAC Finance and Compliance Subcommittee
Tuesday, March 7th, 2025
12:00 – 1:00 p.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Toni Walker, Lisa Marotta, Tim Birch, Maggie Young, Judy Dowd, Kimberly Grove, Christine Gagnon, Elizabeth Fitzgerald

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

Members Absent:

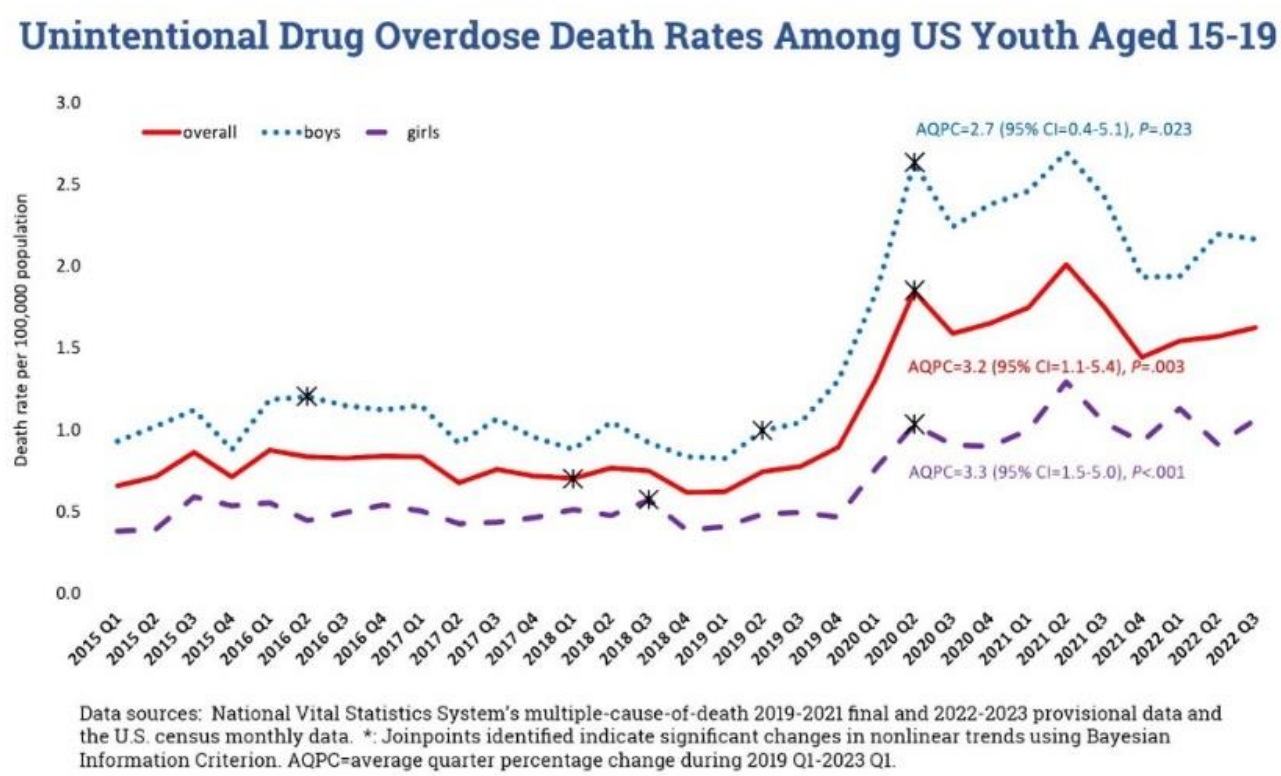
Recorder: Melanie Richard

Topic	Discussion
Minutes	Minutes were motioned to be approved by Representative Walker, no opposition.
OSAC Update	Chris McClure, DMHAS Chief of Staff provided an update regarding the Opioid Settlement Financials. As of January 14th, 2025, the State has received a total of $158,299,575, with funding recommendations having passed for $91,279,158 leaving a balance in the fund of $67,020,417. The estimated annual budget is $33,333,333 and, to date, the estimated approved recommendations amount is $28,738,203. It is important to note that the deposits from the settlements do not come in on a regular basis or schedule, so it is hard to predict when the remaining funds will be deposited and available. There are more recommendations that are in the pipeline and making their way through the ADPC subcommittees, who are vetting those submissions from the original public portal and the new recommendations that continuously come in. As of today, there are two – three more recommendations that are being reviewed for the May OSAC meeting. Concerns were also voiced about the Governor's Budget that would use dollars from the Opioid Settlement Fund, but those would also have to go through the recommendation process, which is the intention of OPM.
Recommendations	The group reviewed and approved the following recommendations: Recommendation Title: Connecticut Community for Addiction Recovery (CCAR) Emergency Department Recovery Coach (EDRC) Continuation The purpose of this recommendation is to provide continued funding for Recovery Coaching in the Emergency Departments at 9 acute care hospitals (Bradley Memorial, Bridgeport Hospital, Greenwich Hospital, John Dempsey Hospital, Milford Hospital, Sharon Hospital, Waterbury Hospital and the two Yale New Haven Campuses). Funding for this initiative will expire on 6/30/25. In March 2017, DMHAS partnered with CCAR to pilot an initiative that pairs on-call recovery coaches with Emergency Departments in four hospitals in eastern Connecticut. The recovery coaches, who are individuals with lived addiction recovery experience, assist people who are admitted with opioid overdose and other alcohol or drug-related medical emergencies and connect them to treatment and other recovery support services. CCAR coaches provide Naloxone education bedside and educate individuals on various Harm Reduction resources, including connecting the individual to their chosen resources and services. Coaches are available 16 hours per day (8:00 am – 12:00 midnight), 7 days per week. With information from this successful pilot and support of federal grants, the program expanded to additional hospitals in 2018, serving a total of 22 emergency departments. This portion of the initiative is funded through SAMSHA SOR funding.

Topic	Discussion
	In 2022, DMHAS partnered with CCAR to expand the initiative into the last 9 acute care hospitals to cover all 31 emergency departments in CT, as well as 5 Satellite 24-Hour Emergency Departments. This made Connecticut the first state to offer this service to every emergency department. The CCAR EDRC expansion was initially funded by the McKinsey Settlement Fund, and funding will expire on 6/30/25. In 2023, CCAR received 5056 referrals from the original 22 SOR-funded Hospitals and 565 referrals from the additional nine, during which time CCAR Recovery coaches aided in the connection to care to over 55 different community-based providers. In 2024, CCAR received 1250 referrals from the nine hospitals included in this recommendation. Based on the individual's identified wants and needs, individuals were connected to a variety of levels of care including Withdrawal Management, Inpatient Treatment, Intensive Outpatient, Medication for Opioid Use Disorder, and Outpatient Treatment. The Recovery Coaches involved in this initiative are expected to be well-versed in Evidence-Based Practices (EPB) for opioid use disorders (OUD), including Medications for Opioid Use Disorder (MOUD), to ensure all eligible clients are educated on MOUD and other EBP as treatment options, including awareness of the decrease in overdose risk when an individual is receiving MOUD vs other available treatments. A report compiled in 2021 by individuals with Yale Program for Recovery and Community Health identified that persons treated for an opioid-use disorder or overdose in one of CT's EDs who had a CCAR Recovery Coach had a significantly reduced chance of death or likely death than those without a RC, despite presenting with greater severity of illness (including comorbid serious mental illness, history of suicide attempts, and polysubstance use). Additionally, these individuals were more likely to receive withdrawal management, IOP, MOUD treatment with Suboxone, and other therapeutic services. Funding Amount Requested: $60,000 per hospital annually for 9 hospitals Annual Amount: $540,000 Number of years: 4 Total Amount Requested: $2,160,000 CORE Priority**:** #1 Linkage to Treatment Category: ☐treatment ☐harm reduction ☐ prevention ☒ recovery supports Recommended Lead & Partnering Agencies: Department of Mental Health and Addiction Services Connecticut Community for Addiction Recovery Vetted by Referral Subcommittee? ☒ yes Vetted by Research and Data Subcommittee? ☒ • EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☐yes ☒ no • Pilot ☐ or Established Program ☒ Local ☐ or Statewide Rollout ☒ Vetted by Finance and Compliance Subcommittee? ☐ • Allowable Strategy ☒ Compliant yes ☒ no ☐ • Proposed Funding Amount: $540,000 annually for 4 years totaling $2,160,000 • Approved Funding Amount: • Proposed Project Dates: 7/1/25-6/30/29 • Approved Project Dates: • Budget submitted ☒

Topic	Discussion
	• RFP ☐ Sole Source ☒ The members of the Finance and Compliance Subcommittee voted to approve this recommendation. It will be presented at the full Opioid Settlement Advisory Committee. <u>Recommendation Title: Helping Youth and Parents Enter (HYPE) Recovery: Expanding Access to OUD Treatment and Recovery for Youth and Young Adults Across Connecticut</u> Summary of Request: This project aims to expand access statewide to evidence-based opioid use treatment and recovery support among the state's most vulnerable adolescents and transitional age youth up to 21. This request is to expand access to opioid treatment for youth in Connecticut. Under this proposal DCF, the state's authority for children's mental health, will lead statewide expansion of Multidimensional Family Therapy (MDFT) for opioid use disorders, known locally as HYPE Recovery, from six teams currently to a total of 18 teams resulting in statewide access to this critical program. MDFT is an evidence-based youth treatment for substance use and co-occurring mental health disorders. The HYPE Recovery model also includes training MDFT Therapist Assistants to deliver post-treatment recovery supports using the evidence-based Recovery Monitoring and Support (RMS) model. DCF proposed to use OSAC funding to accomplish these goals by doing the following: • train and certify 60 clinical staff in the 12 existing standard MDFT teams in the HYPE Recovery opioid treatment protocols, • provide these staff enhanced MDFT case consultation and supervision consistent with the higher level of clinical acuity these youth present in treatment and to ensure fidelity to the HYPE Recovery protocols, • train and certify the existing 24 Therapist Assistant staff in the standard MDFT teams to deliver RMS, • provide RMS coaching and case consultation to TA staff in the standard MDFT teams to ensure fidelity to the RMS model, and • modify existing data systems to collect, monitor and report on expansion efforts, implementation progress, model fidelity and client outcomes. DCF contracts with CT agencies to provide MDFT services. Currently, there are 18 MDFT Teams; six of those teams are MDFT-HYPE Teams (Standard MDFT training/capability plus HYPE Recovery training/capability) and 12 are Standard MDFT Teams. This proposal is to train the staff of the 12 existing Standard MDFT Teams to be MDFT-HYPE teams so that all 18 MDFT Teams in CT will be MDFT-HYPE Teams. This will result in the ability to serve 576 youth and their families throughout Connecticut, as outlined below:

DCF Region	Existing HYPE Recovery Team Service Areas	Existing Standard MDFT Teams for Proposed HYPE Recovery Expansion
Region 1	1 Team: Bridgeport, Norwalk	1 Team: Bridgeport, Norwalk
Region 2	1 Team: Milford, New Haven	2 Teams: Greater New Haven
Region 3	1 Team: New London, Norwich	2 Teams: New London, Norwich, Willimantic
Region 4	1 Team: Hartford, Manchester	3 Teams: Hartford, Manchester
Region 5	1 Team: Waterbury, Danbury, Torrington	2 Teams: Waterbury
Region 6	1 Team: Meriden, New Britain	2 Teams: New Britain, Meriden

Topic	Discussion
	 Data sources: National Vital Statistics System's multiple-cause-of-death 2019-2021 final and 2022-2023 provisional data and the U.S. census monthly data. *: Joinpoints identified indicate significant changes in nonlinear trends using Bayesian Information Criterion. AQPC=average quarter percentage change during 2019 Q1-2023 Q1. Statement of Need: Substance use disorder is a pediatric condition. Nationwide an estimated 1 in 5 adolescents report opioid use in the past 12 months. Two out of 3 adults treated for an opioid use disorder report that they first started using opioids when they were younger than 25 (Uchitel et al., 2021). Opioid misuse among youth commonly occurs in combination with alcohol (66.9%), cannabis (49.9%) cocaine (35.5%), hallucinogen (49.4%) and other drug use. Friends and relatives are the most common sources of opioids for adolescents (33.5%) and young adults (41.4%) underscoring the importance of family-based interventions.[1] And while overdose deaths for youth are lower than adults, since 2019 they have been climbing particularly among boys.[2] Like adults, the picture of youth opioid use in Connecticut is evolving. While opioid overdose deaths among youth remain low, some forms of opioid use are on the rise placing more youth, who are more likely than their adult counterparts to be opioid naïve, at risk of overdose in the future. Between 2017-2023 self-reported misuse of prescription pain medicine among Connecticut high schoolers increased from one in 10 youth to one in eight[3]. During that same period, self-reported lifetime use of heroin among high schoolers declined from 2.2% to 1.1%. Thus, the source of opioids is more likely than ever to be the family's medicine cabinet further underscoring the need for family treatment approaches.

Topic	Discussion
	Rationale for HYPE Recovery as the Model to <u>Expand Statewide:</u>

2-Year Project Budget Summary

Category	Year 1	Year 2	TOTAL OSAC Project Costs
1) MDFT International Personnel and Fringe costs for MDFTI, Inc. (model developers) to personnel to train and certify treatment team staff in the HYPE Recovery opioid use interventions and educational modules	$162,526.55	$113,117.45	$275,644.00
2) Chestnut Health Systems Personnel and Fringe costs for training and certifying the 24 therapist assistants to deliver Recovery Monitoring and Support (RMS) continuing care recovery services by Chestnut Health Systems and subcontract for RMS expert Quality Assurance raters	$61,136.61	$47,206.73	$67,193.34
3) Travel for Trainers	$11,820.00	$7,320.00	$19,140.00
4) Other: Wrap Funds for prosocial recovery activities: $200/youth x 576 youth/year = 115,200/year Awareness Campaign: $300,000/year Quality assurance and program monitoring data system subscription: $3800/year	$419,000.00	$419,000.00	$838,000.00
TOTAL Direct Costs	**$654,483.16**	**$586,644.18**	**$1,241,127.34**
Indirect Costs	$22,567.29	$14,242.07	$36,809.36
TOTAL Costs	**$677,050.45**	**$600,886.25**	**$1,277,936.70**

1. *<u>The hub intervention of HYPE Recovery, MDFT, is an evidence-based practice that has demonstrated effectiveness in treating youth substance use and co-occurring conditions</u>*.
    - The results from standard MDFT delivered across the state of Connecticut stand out as exceptional: During the 2021-2022 fiscal year there was a 66% reduction in drug use other than alcohol and cannabis among youth who were using these drugs at intake. At discharge, 94% of youth were abstinent from these drugs.
2. *<u>HYPE Recovery specifically was developed to address youth and young adult opioid use</u>*.
    - HYPE Recovery adds to standard MDFT opioid-specific interventions to reduce overdose risk, like Family Overdose Prevention Planning, Naloxone and opioid family education modules, and opiate withdrawal assessments.
    - HYPE Recovery promotes youth access to MOUD directly or through formal agreements with community MOUD provider(s).
3. *<u>HYPE Recovery directly provides up to six months of evidence-based Recovery Monitoring and Support (RMS).</u>*
    - RMS helps youth and their families build on progress made during treatment, monitor substance use and triggers, facilitate connections to pro-social/pro-recovery groups to help build recovery capital, and when needed rapidly re-engage youth into treatment or other services.
4. <u>RMS is derived from multiple evidence-based practices shown to increase recovery and abstinence among youth.</u> These continuing care approaches have been shown to significantly increase:
    - returns to treatment more often and more quickly when needed, and total days of treatment received (Dennis & Scott, 2012),
    - linkages and retention in continuing care after discharge from residential treatment (Godley et al., 2007, Godley et al., 2014), and participation in substance-free activities with pro-recovery peers, and significantly decrease substance use (Godley et al., 2018).

Topic	Discussion
	5. *CT's existing HYPE Recovery teams demonstrate success serving a high severity population*. All youth with OUD at intake meaningfully reduced their opioid use by discharge and had other positive outcomes including reduced substance use, improved mental health, reduced aggression and violence, reduced involvement in delinquent activities, improved school or vocational functioning, and improved family functioning. Additionally: • 83% of youth showed a reduction in opioid and other drug use (e.g., benzodiazepines, cocaine, and methamphetamine). • 63% of youth with OUD were abstinent from opioids and all other drugs (other than alcohol and marijuana) at discharge. 6. *Connecticut has a ready infrastructure to rapidly expand access to HYPE Recovery.* • Staff in the 12 standard MDFT teams already are trained and certified in the MDFT approach. **CORE Priority:** Priority 1 (Strategies 3 and 6): Increase Access to MOUD; Priority 2 (Strategy 4): Reduce Overdose Risk and Mortality with Linkage to Treatment; Priority 3 (Strategy 1): Improve collection, analysis, sharing, and use of data; Priority 4 (Strategies 1 and 2): Invest in Training and Support of the Addiction Workforce; and Priority 5 (Strategy 4): Expand access to MOUD treatment for youth and young adults. **Category:** ☒treatment ☐harm reduction ☐ prevention ☐ recovery supports Recommended Lead & Partnering Agencies: Lead Agency: Department of Children and Families Training Partners: • Multidimensional Family Therapy International, Inc. (MDFTI, Inc.) – developer of MDFT, and MDFT for Opioid Use Disorders (HYPE Recovery) • Chestnut Health Systems – developer of Recovery Monitoring and Support (RMS) Vetted by Referral Subcommittee: ☒ Vetted by Research and Data Subcommittee? ☒ • EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☒ yes ☐ no • Pilot ☐ or Established Program ☒ Local ☐ or Statewide Rollout ☒ Vetted by Finance and Compliance Subcommittee? ☐ • Allowable Strategy ☒ Compliant yes ☒ no ☐ • Proposed Funding Amount: Year 1: $677,051; Year 2: $600,886; totaling: $1,277,937 • Approved Funding Amount: • Budget submitted ☒ • Proposed project dates: 7/1/25-6/30/27 • Approved project dates: RFP ☐ Sole Source ☒ The subcommittee members asked for more information on CT specific data and outcomes, and asked for more detailed information on the marketing plan and justification given it's such a large part of the budget. Sarah will connect with Kris Robles to further discuss and inform him that this recommendation is currently on hold until further information is gathered and will not be presented at the full Opioid Settlement Advisory Committee meeting. Recommendation Title: Connecticut Drug Data Collaborative (CT-DDC)

Topic	Discussion
	The Connecticut Drug Data Collaborative (CT-DDC) is a transformative initiative designed to provide comprehensive, near real-time insights into the state's evolving drug landscape, empowering Connecticut's public health and safety stakeholders to make timely, informed decisions in response to the overdose epidemic. As a software-based, centralized data platform, the CT-DDC will integrate data from five community drug testing sites—Connecticut Harm Reduction Alliance (Hartford), New Haven Syringe Services Program, Liberations Program (Bridgeport), Alliance for Living (New London), and McCall Behavioral Health (Torrington)—alongside confirmatory testing results from the Connecticut Department of Public Health's Laboratory and information from other sources, such as the Department of Emergency Services and Public Protection and the Office of Chief Medical Examiner. This initiative is overseen by the Connecticut Overdose Response Strategy (CT-ORS) in partnership with the Connecticut Prevention Network (CPN), who will complete statewide analysis, trend identification, and coordination of resources across regions. The CT-DDC will include an Administrator Dashboard (Phase 1) and Public-Facing Website (Phase 2), both of which are described further below. The primary objective of the CT-DDC is to bridge existing data gaps in Connecticut's drug monitoring systems, which often rely on delayed and fragmented information from drug checking sites, arrests, hospitalizations, and post-mortem reports. By integrating data from diverse sources, the CT-DDC will provide a real-time, comprehensive view of the substances present in the state, enabling harm reduction, treatment, and other public health organizations to engage more effectively with their clients and empowering policymakers to make data-driven decisions on resource allocation and intervention strategies. The CT-DDC will not only facilitate integration of data for multiple stakeholders but will serve to streamline crucial workflows for harm reduction organizations undertaking community drug checking. This Recommendation includes funding for the Database Build, Hosting and Maintenance; a Data Analyst position; and funding for operational costs of the 5 community drug checking sites. Connecticut Prevention Network would serve as the fiduciary for the initiative. The CT-DDC will: 1. Centralize Drug Data and Expand Connectivity in three phases • Phase I: The CT-DDC will focus on enhancing each community drug checking site's ability to enter and analyze data and respond to both site specific and state specific trends. • Phase II: The data inputted by the community drug checking sites will be available to Harm Reduction and Treatment programs for analysis and dissemination via a public facing website. • Phase III: CT-DDC will focus on expanding the platform's capacity to incorporate additional data points that will capture a more comprehensive view of the illicit drug environment in Connecticut. 2. Enable Near Real-Time Data Analysis and Enhance Client Communication and Harm Reduction Efforts 3. Support Evidence-Based Policymaking and Resource Allocation 4. Future-Proof the System for Comprehensive Drug Landscape Analysis In summary, by consolidating diverse data streams, the CT-DDC will serve as a powerful tool for stakeholders across the state, creating a holistic view of Connecticut's drug environment. This unique approach will enable the early detection of dangerous trends, the issuing of rapid alerts, and the implementation of coordinated interventions to safeguard communities. The CT-DDC's emphasis on breaking down silos between public health, law enforcement, and community organizations makes it more than a data system—it has the potential to become Connecticut's centralized hub for understanding and responding to the illicit drug supply, which will enhance public safety and health outcomes. Its ability to adapt to new threats, incorporate evolving data sources, and foster cross-agency collaboration will position Connecticut as a leader in innovative, evidence-based responses to the opioid crisis.

Category	Year 1	Year 2	Year 3	Total
		Personnel (Employed by CPN)		
Epi/Data Scientist	$106, 250.00	$108,906.25	$111,628.91	**$326,785.16**
Supplies	$600.00	$600.00	$600.00	**$1,800.00**
Equipment (Laptop, Monitor, Printer)	$5000.00			**$5,000.00**

Topic	Discussion

Indirect	$25,285.00	$25,050.63	$25,322.89	$75,658.52
Contractual				
Amston Health:				
Platform Development	$437,170.00	---	---	**$437,170.00**
Hosting/Maintenance	$16,000.00	$16,000.00	$16,000.00	**$48,000.00**
Drug Checking Sites:				
Drug Checking Services, Maintenance, Supplies, Software updates (5 sites x $25,000 per site)	$125,000.00	$125,000.00	$125,000.00	**$375,000.00**
Total	$715,305.00	$275,556.88	$278,551.80	$1,269,413.68

CORE Priority: Priority 2, Strategy 4, Tactic 3: Fund efforts to collect, report, and disseminate real time data on the drug supply in Connecticut.
Category: ☐ treatment ☒ harm reduction ☐ prevention ☐ recovery supports

Recommended Lead & Partnering Agencies:
DMHAS
Connecticut Overdose Response Strategy (CT-ORS)
Community Drug Checking Sites
Connecticut Prevention Network

Vetted by Referral Subcommittee: ☒

Vetted by Research and Data Subcommittee? ☒

- EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☐ yes ☒ no
- Pilot ☒ or Established Program ☐

Local ☐ or Statewide Rollout ☒

Vetted by Finance and Compliance Subcommittee? ☐

- Allowable Strategy ☒ Compliant yes ☒ no ☐
- Proposed Funding Amount: Year 1: $715,305.00, Year 2: $275,556.88, Year 3: $278,551.80, Total: $1,269,413.68
- Approved Funding Amount:
- Budget submitted ☒
- Proposed project dates: 7/1/25-6/30/28
- Approved project dates:

RFP ☐ Sole Source ☒

Judy Dowd questioned why the state cannot house and oversee the database to be more cost effective and efficient and asked that we explore this further. Luiza is setting up a meeting with Bobby Lawlor and Susan Logan at DPH to discuss and to inform them that the recommendation is on hold and will not be presented at the full Opioid Settlement Advisory Committee meeting.

Next steps	Next meeting will be scheduled after the full OSAC meeting on 3/11/2025.

NEXT MEETING – TBD after the full OSAC meeting on 3/11/2025.
ADJOURNMENT – Tuesday, March 7th, 2025 at 1:02 p.m.

Meeting of the OSAC Finance and Compliance Subcommittee
Monday, April 28th, 2025
1:00-2:00 p.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Christine Gagnon, Toni Walker, Judy Dowd, Kimmi Grove, Tim Birch, Maggie Young

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

Members Absent:

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Minutes	The minutes from the 3/7/25 subcommittee meeting were reviewed and accepted.	Noted
Proposals	The group reviewed the following proposals: Project Title: **Helping Youth and Parents Enter (HYPE) Recovery: Expanding Access to Opioid Use Disorder (OUD) Treatment and Recovery for Youth and Young Adults across Connecticut** Summary of Request: This project aims to expand access statewide to evidence-based opioid use treatment and recovery support among the state's most vulnerable adolescents and transitional age youth up to age 21. This request is to expand access to opioid treatment for youth in Connecticut. Under this proposal the Department of Children and Families (DCF) lead statewide expansion of Multidimensional Family Therapy (MDFT) for opioid use disorders, known locally as HYPE Recovery, from six teams currently to a total of 13 teams resulting in statewide access to this critical program. MDFT is an evidence-based youth treatment for substance use and co-occurring mental health disorders. The HYPE Recovery model also includes training MDFT Therapist Assistants to deliver post-treatment recovery supports using the evidence-based Recovery Monitoring and Support (RMS) model. DCF proposed to use OSAC funding to accomplish these goals by doing the following: •train and certify 43 clinical staff in the 8 existing standard MDFT teams in the HYPE Recovery opioid treatment protocols, •provide these staff enhanced MDFT case consultation and supervision consistent with the higher level of clinical acuity these youth present in treatment and to ensure fidelity to the HYPE Recovery protocols, •train and certify the existing 14 Therapist Assistant staff in the standard MDFT teams to deliver RMS, •provide RMS coaching and case consultation to TA staff in the standard MDFT teams to ensure fidelity to the RMS model, •modify existing data systems to collect, monitor and report on expansion efforts, implementation progress, model fidelity and client outcomes •compensate 43 clinical staff and 14 Therapist Assistant staff through salary increase warranted by the increased expectation in clinical skills DCF contracts with CT agencies to provide MDFT services. Currently, there are six MDFT for OUD HYPE Teams (Standard MDFT training/capability plus HYPE Recovery training/capability) and the remaining teams provide MDFT standard services. This proposal is to train the staff of the 8 existing Standard MDFT Teams to be MDFT-for OUD HYPE teams so that 13 MDFT Teams in CT will be MDFT-for OUD HYPE Teams. While MDFT-HYPE was designed specifically to treat opioid use, it is generalizable to other substance use as well, allowing for the treatment of individuals using opioid or at risk of opioid use or overdose. Between FY21 and FY24, HYPE served 310 families, with an average length of stay of 173 days. In FY24, 9.5% had opioid use, 2% were using cocaine, and 6% were using prescription drugs at intake. Most HYPE clients present with using more than one substance at intake. Individuals with opioid use will continue to	

<table>
<tr><th>Topic</th><th>Discussion</th><th>Action</th></tr>
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get priority access to HYPE programming, and a marketing campaign to increase awareness and engagement in HYPE, particularly for individuals using opioids, is included in this recommendation. This recommendation will result in the ability to serve 312 youth and their families throughout Connecticut, as outlined below:

<table>
<tr><th>DCF Region</th><th>Existing HYPE Recovery Team Service Areas</th><th>Existing Standard MDFT Teams for Proposed HYPE Recovery Expansion</th></tr>
<tr><td>Region 1</td><td>1 Team: Bridgeport, Norwalk</td><td>1 Team: Bridgeport, Norwalk</td></tr>
<tr><td>Region 2</td><td>1 Team: Milford, New Haven</td><td>1 Teams: Greater New Haven</td></tr>
<tr><td>Region 3</td><td>1 Team: New London, Norwich</td><td>1 Teams: New London, Norwich, Willimantic</td></tr>
<tr><td>Region 4</td><td>1 Team: Hartford, Manchester</td><td>2 Teams: Hartford, Manchester</td></tr>
<tr><td>Region 5</td><td>1 Team: Waterbury, Danbury, Torrington</td><td>1 Teams: Waterbury</td></tr>
<tr><td>Region 6</td><td>1 Team: Meriden, New Britain</td><td>2 Teams: New Britain, Meriden</td></tr>
</table>

Statement of Need: Substance use disorder is a pediatric condition. Nationwide an estimated 1 in 5 adolescents report opioid use in the past 12 months. Two out of 3 adults treated for an opioid use disorder report that they first started using opioids when they were younger than 25 (Uchitel et al., 2021). Opioid misuse among youth commonly occurs in combination with alcohol (66.9%), cannabis (49.9%) cocaine (35.5%), hallucinogen (49.4%) and other drug use. Friends and relatives are the most common sources of opioids for adolescents (33.5%) and young adults (41.4%) underscoring the importance of family-based interventions.

Like adults, the picture of youth opioid use in Connecticut is evolving. While opioid overdose deaths among youth remain low, some forms of opioid use are on the rise placing more youth, who are more likely than their adult counterparts to be opioid naïve, at risk of overdose in the future. Between 2017-2023 self-reported misuse of prescription pain medicine among Connecticut high schoolers increased from one in 10 youth to one in eight . During that same period, self-reported lifetime use of heroin among high schoolers declined from 2.2% to 1.1%. Thus, the source of opioids is more likely than ever to be the family's medicine cabinet further underscoring the need for family treatment approaches.

Rationale for HYPE Recovery as the Model to Expand Statewide:
1.The hub intervention of HYPE Recovery, MDFT, for OUD is an evidence-based practice that has demonstrated effectiveness in treating youth substance use and co-occurring conditions.
•The results from standard MDFT delivered across the state of Connecticut stand out as exceptional: During the 2021-2022 fiscal year there was a 66% reduction in drug use other than alcohol and cannabis among youth who were using these drugs at intake. At discharge, 94% of youth were abstinent from these drugs.
2. HYPE Recovery specifically was developed to address youth and young adult opioid use.
•HYPE Recovery adds to standard MDFT opioid-specific interventions to reduce overdose risk, like Family Overdose Prevention Planning, Naloxone and opioid family education modules, and opiate withdrawal assessments.
•HYPE Recovery promotes youth access to MOUD directly or through formal agreements with community MOUD provider(s).
3. HYPE Recovery directly provides up to six months of evidence-based Recovery Monitoring and Support (RMS).
•RMS helps youth and their families build on progress made during treatment, monitor substance use and triggers, facilitate connections to pro-social/pro-recovery groups to help build recovery capital, and when needed rapidly re-engage youth into treatment or other services.
4. RMS is derived from multiple evidence-based practices shown to increase recovery and abstinence among youth. These continuing care approaches have been shown to significantly increase:
•returns to treatment more often and more quickly when needed, and total days of treatment received (Dennis & Scott, 2012),
•linkages and retention in continuing care after discharge from residential treatment (Godley et al., 2007, Godley et al., 2014), and
•participation in substance-free activities with pro-recovery peers, and significantly decrease substance use (Godley et al., 2018).
</td><td></td></tr>
</table>

Topic	Discussion	Action
	5. CT's existing HYPE Recovery teams demonstrate success serving a high severity population. All youth with OUD at intake meaningfully reduced their opioid use by discharge and had other positive outcomes including reduced substance use, improved mental health, reduced aggression and violence, reduced involvement in delinquent activities, improved school or vocational functioning, and improved family functioning. Additionally, according discharge data from the Connecticut HYPE MDFT Programs Fiscal Year 2023-2024 Annual Report: •92% were not using hard drugs (drugs other than marijuana or alcohol) •45% were abstinent for all substances •71% were using marijuana/alcohol 8 or fewer days per month (weekend use or less) •76% had stable mental health functioning •Only 13% were discharged to higher level of care (i.e., juvenile justice facility or residential/inpatient treatment care) 6. Connecticut has a ready infrastructure to rapidly expand access to HYPE Recovery. •Staff in the 8 standard MDFT teams already are trained and certified in the MDFT approach.	

Category	Year 1	Year 2	TOTAL OSAC Project Costs
Category	Year 1	Year 2	TOTAL OSAC Project Costs
1) MDFT International Personnel and Fringe, Trainer Travel, and Indirect Costs for MDFTI, Inc. (model developers) and personnel to train and certify treatment team staff in the HYPE Recovery opioid use interventions and educational modules	276,510.09	221,467.55	497,977.64
2) Chestnut Health Systems Personnel and Fringe, Trainer Travel, and Indirect Costs for training and certifying therapist assistants to deliver Recovery Monitoring and Support (RMS) continuing care recovery services by Chestnut Health Systems and subcontract for RMS expert Quality Assurance raters	58,362.20	54,012.34	112,374.54
3) Wrap Funds for prosocial recovery activities: $100/youth x 312 youth/year = $31,200/year	31,200.00	31,200	62,400.00
4) Provider Staff Specialized Training Salary Differential: ($7,500 per site x 8 sites)	60,000.00	60,000.00	120,000.00
5) Quality assurance, and program monitoring data system & subscription: $3465/year	3,465.00	3,465.00	6,930.00
6) Marketing/Awareness Campaign	250,000.00	225,000.00	475,000.00
Total Costs	679,537.29	595,144.89	1,274,682.18

CORE Priority: Priority 1 (Strategies 3 and 6): Increase Access to MOUD; Priority 2 (Strategy 4): Reduce Overdose Risk and Mortality with Linkage to Treatment; Priority 3 (Strategy 1): Improve collection, analysis, sharing, and use of data; Priority 4 (Strategies 1 and 2): Invest in Training and Support of the Addiction Workforce; and Priority 5 (Strategy 4): Expand access to MOUD treatment for youth and young adults.

This was a re-review of a previous proposal. Members were provided with additional documents ahead of the meeting, and the questions from the last meeting were answered during the proposal discussion. The subcommittee did not approve this proposal to move forward. The subcommittee noted continued concerns regarding the high cost of training

Topic	Discussion	Action
	(particularly for MDFTI), especially when considering the historic number of individuals served who use opioids (or other "hard drugs"). The subcommittee noted they understood the aim of the marketing campaign was to increase the number of opioid-specific referrals, but felt the cost was too high to justify the risk (even at $150K). Overall, there was a lot of concern that even though the program has been implemented for a few years, historically the program hasn't been serving a high percentage of individuals with OUD despite that being the program intent. This proposal was not approved, and members noted it should not be reviewed again without substantial changes, including proposal of a different evidence-based model with more proven OUD-specific outcomes. Project Title: **Connecticut Drug Data Collaborative (CT-DDC**) Summary of Request: The Connecticut Drug Data Collaborative (CT-DDC) is a transformative initiative designed to provide comprehensive, near real-time insights into the state's evolving drug landscape, empowering Connecticut's public health and safety stakeholders to make timely, informed decisions in response to the overdose epidemic. As a software-based, centralized data platform, the CT-DDC will integrate data from five community drug testing sites—Connecticut Harm Reduction Alliance (Hartford), New Haven Syringe Services Program, Liberations Program (Bridgeport), Alliance for Living (New London), and McCall Behavioral Health (Torrington)—alongside confirmatory testing results from the Connecticut Department of Public Health's Laboratory and information from other sources, such as the Department of Emergency Services and Public Protection and the Office of Chief Medical Examiner. This initiative is overseen by the Connecticut Overdose Response Strategy (CT-ORS) in partnership with the Connecticut Prevention Network (CPN), who will complete statewide analysis, trend identification, and coordination of resources across regions. The CT-DDC will include an Administrator Dashboard (Phase 1) and Public-Facing Website (Phase 2), both of which are described further below. Amston Health will develop and maintain the dashboard and website. Amston Health has extensive experience in creating technological solutions, including websites, dashboards, and smartphone applications, to address community and provider opioid needs in Connecticut. The primary objective of the CT-DDC is to bridge existing data gaps in Connecticut's drug monitoring systems, which often rely on delayed and fragmented information from drug checking sites, arrests, hospitalizations, and post-mortem reports. By integrating data from diverse sources, the CT-DDC will provide a real-time, comprehensive view of the substances present in the state, enabling harm reduction, treatment, and other public health organizations to engage more effectively with their clients and empowering policymakers to make data-driven decisions on resource allocation and intervention strategies. The CT-DDC will not only facilitate integration of data for multiple stakeholders but will serve to streamline crucial workflows for harm reduction organizations undertaking community drug checking. This Recommendation includes funding for the Database Build, Hosting and Maintenance; a Data Analyst position; and funding for operational costs of the 5 community drug checking sites. Connecticut Prevention Network would serve as the fiduciary for the initiative. The CT-DDC will: 1.Centralize Drug Data and Expand Connectivity in three phases •Phase I: The CT-DDC will focus on enhancing each community drug checking site's ability to enter and analyze data and respond to both site specific and state specific trends. •Phase II: The data inputted by the community drug checking sites will be available to Harm Reduction and Treatment programs for analysis and dissemination via a public facing website. •Phase III: CT-DDC will focus on expanding the platform's capacity to incorporate additional data points that will capture a more comprehensive view of the illicit drug environment in Connecticut. 2. Enable Near Real-Time Data Analysis and Enhance Client Communication and Harm Reduction Efforts 3. Support Evidence-Based Policymaking and Resource Allocation	

Topic	Discussion	Action
	4.Future-Proof the System for Comprehensive Drug Landscape Analysis In summary, by consolidating diverse data streams, the CT-DDC will serve as a powerful tool for stakeholders across the state, creating a holistic view of Connecticut's drug environment. This unique approach will enable the early detection of dangerous trends, the issuing of rapid alerts, and the implementation of coordinated interventions to safeguard communities. The CT-DDC's emphasis on breaking down silos between public health, law enforcement, and community organizations makes it more than a data system—it has the potential to become Connecticut's centralized hub for understanding and responding to the illicit drug supply, which will enhance public safety and health outcomes. Its ability to adapt to new threats, incorporate evolving data sources, and foster cross-agency collaboration will position Connecticut as a leader in innovative, evidence-based responses to the opioid crisis.	

Category	Year 1	Year 2	Year 3	Total
Personnel (Employed by CPN)				
Epi/Data Scientist	$106, 250.00	$108,906.25	$111,628.91	**$326,785.16**
Supplies	$600.00	$600.00	$600.00	**$1,800.00**
Equipment (Laptop, Monitor, Printer)	$5000.00			**$5,000.00**
Indirect	$25,285.00	$25,050.63	$25,322.89	$75,658.52
Amston Health:				
Platform Development	$437,170.00	---	---	**$437,170.00**
Hosting/Maintenance	$16,000.00	$16,000.00	$16,000.00	**$48,000.00**
Drug Checking Sites:				
Drug Checking Services, Maintenance, Supplies, Software updates (5 sites x $25,000 per site)	$125,000.00	$125,000.00	$125,000.00	**$375,000.00**
Total	$715,305.00	$275,556.88	$278,551.80	$1,269,413.68

This was a re-review of a previous proposal. Members were provided with additional documents ahead of the meeting, and the questions from the last meeting were answered during the proposal discussion. The OSAC Finance subcommittee voted to approve the proposal. The proposal will be presented at the full Opioid Settlement Advisory Committee meeting.

Project Title: **Opioid Treatment Program (OTP) Access Expansion**

Summary of Request:

This proposal is to fund an increase in access to admission and same-day provision of Medications for Opioid Use Disorder (MOUD) at all eight existing non-profit agencies that have Outpatient Opioid Treatment Programs (OTP) in Connecticut.

Currently, program hours and admission availability varies across CT's OTPs. In general, both admission and dosing hours are limited, typically during weekday morning times. As a result, individuals experience long waits for admission and MOUD induction, increasing overdose risk. Additionally, insufficient admissions hours result in individuals ready for discharge at residential programs, long-term care facilities, and hospitals remaining in these settings for additional medically unnecessary days while awaiting transfer of their MOUD to an Outpatient OTP.

Topic	Discussion	Action
	Extensive data is available indicating MOUD, particularly methadone and buprenorphine, are the most effective Opioid Use Disorder (OUD) Treatments. Methadone and Buprenorphine reduce overdose risk and all-cause mortality when compared to other OUD treatment options. Additionally, evidence shows that MOUD reduces rates of substance use, transmission of viral infections, and criminal behavior and is a cost-effective treatment. When exploring MOUD as a treatment option with an opioid-using individual, the practitioner should educate the individual on all MOUD options available to them and support them in making an informed choice on the best option available to them. OTPs are the only sites where individuals can be prescribed all 3 FDA-approved MOUD (buprenorphine, naltrexone, and methadone). This expansion has the potential to increase access for under-resourced individuals. Despite recent decreases in overdose deaths, drug overdose death rates are higher among the non-Hispanic Black and Hispanic populations compared to the non-Hispanic White population. OTPs are predominately located in urban areas where large populations of BIPOC (Black, Indigenous, and People of Color) individuals reside. OTPs provide access to all 3 FDA approved Medications for Opioid Use Disorder (MOUD); expansion of their treatment hours would help decrease disparities in treatment access and increase access to all 3 medications in urban areas and for BIPOC populations. Per feedback received from the Connecticut Hospital Association (CHA), the allocation of funds to enable the expansion of the hours of operation of methadone clinics around the state beyond normal business hours will improve access to the services patients require in order to manage their life in recovery, and afford hospitals with an opportunity to improve patient throughput in both emergency medicine and behavioral health settings in those instances where a referral to a methadone clinic must be made at a time other than a normal business hour. Providers will be expected to utilize funding to increase operating hours, particularly at locations with limited admission hours, and thus increase admissions by at least 10-15% of existing location census, including ensuring adequate medical staff availability for provision of access to same-day MOUD. Amount of funding provided per agency would vary depending on number of OTPs operated by the agency. Specific operational expansions and changes will vary depending existing practices and area need; OTP leadership will be expected to collaborate with DMHAS staff to identify opportunities and plans for program enhancement as part of the contracting process. Minimally, OTPs will be expected to have admission hours with same-day MOUD prescription at least 5 days a week. In areas where there is a lack of on-site admissions (such as New London county), agencies will be required to utilize funding to ensure on-site admissions and inductions are available at a frequency that matches area need. Funding will be provided for expansion and start-up of the increased admission and same-day MOUD access. Agencies are expected to provide and implement a plan to build infrastructure over the course of the funding to sustain expanded hours and access via service billing and will be contractually required to provide a staffing plan to address staffing shortages. Agencies will also be contractually obligated to provide outcome data including but not limited to admissions increases, inductions increases, and number of new staff hired; continued funding will be contingent on fulfillment of data reporting expectations. **The OSAC Finance subcommittee voted to approve the proposal. The proposal will be presented at the full Opioid Settlement Advisory Committee meeting.** Project Title: **Recovery Centers Continuation** This request is to seek funds to keep 3 Recovery Community Centers—Torrington, Danbury, and New London—open, continue offering evening and weekend hours at the busier centers, and provide statewide young people and family support. Initial funding for these initiatives began on 9/29/23 via congressionally directed federal funding and has been exhausted. CCAR offers accessible support without barriers to ensure everyone can seek help. Services are provided at no cost and do not require insurance. CCAR provides a compassionate and non-judgmental environment for everyone seeking recovery. Each person's autonomy is honored, and they are encouraged to	

Topic	Discussion	Action
	define what recovery means to them. Staff support various recovery paths, including Medication for Opioid Use Disorder (MOUD) and harm reduction strategies and offer a variety of activities and groups that support recovery and overall health and wellness. This recommendation is for a 1-year continuation (7/1/25-6/30/26) for CCAR's Recovery Community Centers in Torrington, Danbury, and New London, as well as continuation of the existing Extended Hours and Young People and Services Programming. There will be a competitive bidding process for the continuation of the 3 Recovery Centers for the following 3 years starting 7/1/26. CCAR will need to develop a sustainability plan for their Extended Hours and Young People and Families Services beyond the one year of continuation funding. Recovery Community Centers (RCCs): •Recovery-oriented sanctuaries anchored in the heart of communities that serve as hubs offering a variety of recovery support services supporting the 'many pathways of recovery'. Centers attract people in recovery, family members, friends and allies. •Services include: O Recovery Coaching: Recovery community centers offer recovery coaching, providing personalized support to individuals at various stages of their recovery journey. O Recovery Support Services: A variety of Peer-run support meetings; Recovery and Advocacy trainings; Wellness Activities including Journaling, yoga, gardening, and meditation; opportunities to getting involved with the larger "Recovery Community" including building a support system and connecting to community resources; volunteer opportunities via Telephone Recovery Support; and Young People and Family Services O Community Resource Navigation: Individuals are helped to connect with local resources and higher levels of care, including Medication for Opioid Use Disorder (MOUD), withdrawal management, intensive outpatient programs (IOP), and both inpatient and outpatient care. CCAR staff and volunteers are experienced in linking individuals to community and state programs that support housing, employment, food insecurity, and other resources to help build recovery capital. O Naloxone Training: Our staff and numerous volunteers are trained to administer naloxone effectively to reverse overdoses. •Utilization Data for Recovery Community Centers included in this recommendation (data from center opening through 2/28/25) O Torrington (opened Feb. 2024) # of visits= 4,084 # of unique individuals= 1,136 O Danbury (opened Apr. 2024) # of visits= 1,211 # of unique individuals= 381 O New London (opened June 2024) # of visits= 5,134 # of unique individuals= 3,178 •The Jail Diversion Recovery Coaching program was recently ended due to premature ending of temporary funding. Jail Diversion clients in need of Recovery Coaching can be referred to their local Recovery Center for recovery supports. Extended Hours: Hours at the busiest Recovery Centers (Hartford, Bridgeport, and New Haven) were extended to Tuesday-Friday 4:30-8pm and Saturday 9am-5pm. Participants who visit the centers during the extended hours are mainly people who work during the day and young people, which generally is a different population from daytime hours. Over 3,000 individuals attended extended-hours programming in 2024. •Number of Extended Hours visits O Bridgeport (12/1/2023 – 2/28/25): 5,642 O Hartford (12/1/2023 – 2/28/25): 5,298 O New Haven (4/1/24 – 2/28/25): 2,845 O Torrington (9/1/24 – 2/28/25): 1,167	

Topic	Discussion	Action
	Young People & Family Services: CCAR's Young People and Family Services supports young adults aged 18 to 32, as well as families with loved ones who are in recovery or struggling with substance use. The program offers peer-led groups that utilize the All-Recovery meeting format and provide a wide range of support both virtually and in person. There is a focus on engaging the community through outreach to schools, colleges, and other places where young people gather. Additionally, recreational activities are organized that provide direct peer support and make recovery enjoyable. In addition to helping young people and families build support networks, recovery coach training is offered to assist young people in recovery with finding employment and a sense of purpose. •Total participants: Over 1,000 young individuals and families engaged in YPFS programs in 2024 •106 Young People All Recovery Meetings were held •36 Parents in Recovery Meetings were held •66 Family, Friends, and Allies Meetings were held Multiple studies highlight the effectiveness of Recovery Community Centers (RCCs) in supporting individuals with substance use disorders. Studies demonstrate significant benefits RCC participants gain from engagement, such as improved emotional well-being and stronger social support systems. All agencies, both CCAR and those selected during the RFP process, will be required to provide data regarding service utilization, number of individuals served who use(d) opioids or other substances increase overdose risk, and number of treatment referrals, including to Medications for Opioid Use Disorder. Agencies will also be required to ensure all staff are trained to provide unbiased recovery support services to ensure person centered support and referrals, and all individuals using opioids are educated in Medication for Opioid Use Disorder treatment options and offered relevant referrals to services. Agencies will be required to include a sustainability plan as part of their response to the Request for Proposals.	

Budget Category	7/1/25-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29	Total
CCAR: **Personnel** (Salaries and Fringe): New London: $146,089 Torrington: $ 202,591 Danbury: $148,651 Extended Hours + Young People and Family Program: $190,286 **Other** (Including travel, program expenses and membership, rent/utilities, information technology, phones, office supplies and program pamphlets, insurance, and volunteer support) New London: $109,741 Torrington: $81,805 Danbury: $137,880 Extended Hours + Young People and Family Program: $20,600 **Subtotal:** $1,037,643 **Indirect** (10%): $103,76 **Annual Total:** $1,141,407 x 18 months = $1,712,111	$1,712,111				$1,712,111
3 Recovery Community Centers (To be determined via competitive bidding process) x $350,000 per Center		$1,050,000	$1,050,000	$1,050,000	$3,150,000
					Grand Total: $4,862,111

Topic	Discussion	Action
	The OSAC Finance subcommittee voted to approve the proposal with an amendment that CCAR receive 2 years of funding followed by a RFP for the 3 following years and that a 3% annual increase be included in the project budget starting in year 2. The proposal will be presented at the full Opioid Settlement Advisory Committee meeting.	
Next steps	Next meeting will be scheduled after the full OSAC meeting on 5/13/25.	Noted

NEXT MEETING – TBD after the full OSAC meeting on 5/13/25.
ADJOURNMENT – Monday, April 28th, 2025 at 2:04pm

Meeting of the OSAC Finance and Compliance Subcommittee
Wednesday September 3rd, 2025
3:00-4:00 p.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rep. Toni Walker, Lisa Marotta, Kimberly Grove, Timothy Birch, Maggie Young, Elizabeth Fitzgerald

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Melanie Richard, Owen Rood, Francis Gregory

Members Absent: Judith Dowd, Christine Gagnon

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Welcome	Rep. Toni Walker called the meeting to order. Francis Gregory was introduced as a representative from DCF to assist in the review of the MDFT-HYPE recommendation. Owen Rood was introduced as a representative from OPM in Judy Dowd's absence.	Noted
Minutes	Last meeting's minutes will be reviewed in a future meeting.	Noted
Proposals	The group reviewed the following proposal: Project Title: Helping Youth and Parents Enter (HYPE) Recovery: Expanding Access to Opioid Use Disorder (OUD) Treatment and Recovery for Youth and Young Adults across Connecticut Summary of Request: This project aims to expand access statewide to evidence-based opioid use treatment and recovery support among the state's most vulnerable adolescents and transitional age youth up to age 21. This request is to expand access to opioid treatment for youth in Connecticut. Under this proposal DCF, the state's authority for children's mental health, will lead statewide expansion of Multidimensional Family Therapy (MDFT) for opioid use disorders, known locally as HYPE Recovery, from six teams currently to a total of 14 teams resulting in statewide access to this critical program. MDFT is an evidence-based youth treatment for substance use and co-occurring mental health disorders. The HYPE Recovery model also includes training MDFT Therapist Assistants to deliver post-treatment recovery supports using the evidence-based Recovery Monitoring and Support (RMS) model. DCF proposed to use OSAC funding to accomplish these goals by doing the following: •train and certify 43 clinical staff in the 8 existing standard MDFT teams in the HYPE Recovery opioid treatment protocols, •provide these staff enhanced MDFT case consultation and supervision consistent with the higher level of clinical acuity these youth present in treatment and to ensure fidelity to the HYPE Recovery protocols, •train and certify the existing 14 Therapist Assistant staff in the standard MDFT teams to deliver RMS, •provide RMS coaching and case consultation to TA staff in the standard MDFT teams to ensure fidelity to the RMS model, •modify existing data systems to collect, monitor and report on expansion efforts, implementation progress, model fidelity and client outcomes and •compensate 43 clinical staff and 14 Therapist Assistant staff through salary increase warranted by the increased expectation in clinical skills.	

Topic	Discussion	Action
	DCF contracts with CT agencies to provide MDFT services. Currently, there are 18 MDFT Teams; six of those teams are MDFT for OUD HYPE Teams (Standard MDFT training/capability plus HYPE Recovery training/capability) and 12 are Standard MDFT Teams. This proposal is to train the staff of the 8 existing Standard MDFT Teams to be MDFT-for OUD HYPE teams so that 14 MDFT Teams in CT will be MDFT-for OUD HYPE Teams. While MDFT-HYPE was designed specifically to treat opioid use, it is generalizable to other substance use as well, allowing for the treatment of individuals using opioid or at risk of opioid use or overdose. Between FY21 and FY24, HYPE served 310 families, with an average length of stay of 173 days. In FY24, MDFT HYPE programs served 185 families, of which 127 cases were closed during the year. Youth and families served by the MDFT HYPE programs had serious and complicated problems. Diagnoses and problems at intake were as follows: 75% had a mental health disorder; 71% have used drugs; and 60% were engaged in illegal activity. At intake, 71% used marijuana, 30% alcohol, 10% opioids and 16% reported hard drugs other than opioids. When compared with the participants in the Standard MDFT programs, we can see that HYPE participants on average show more substance use at intake than standard programs. Individuals with opioid use will continue to get priority access to HYPE Recovery programming, and engagement, particularly for individuals using opioids and at high risk of use, is included in this recommendation. This recommendation will result in the ability to serve 312 youth and their families throughout Connecticut, as outlined below: **DCF Region** | **Existing HYPE Recovery Team Service Areas** | **Existing Standard MDFT Teams for Proposed HYPE Recovery Expansion** Region 1 | 1 Team: Bridgeport, Norwalk | 1 Team: Bridgeport, Norwalk Region 2 | 1 Team: Milford, New Haven | 1 Teams: Greater New Haven Region 3 | 1 Team: New London, Norwich | 1 Teams: New London, Norwich, Willimantic Region 4 | 1 Team: Hartford, Manchester | 2 Teams: Hartford, Manchester Region 5 | 1 Team: Waterbury, Danbury, Torrington | 1 Teams: Waterbury Region 6 | 1 Team: Meriden, New Britain | 2 Teams: New Britain, Meriden Statement of Need: Substance Use Disorder (SUD) among Connecticut's youth is a critical and growing concern, with Medicaid (HUSKY Health) data from 2023 underscoring the urgent need for targeted family-centered intervention. In 2023, 2,643 HUSKY Health members ages 3–17 were diagnosed with a SUD, excluding tobacco and nicotine. The prevalence among adolescents aged 13–17 is particularly alarming at 2.3%, compared to 0.4% for ages 3–12. Geographically, SUD diagnoses are distributed across the state, with notable pockets of higher rates. The burden of these disorders is reflected in the average annual cost of $19,939 per member, driven by combined dental, pharmacy, medical, and behavioral health claims. This figure is nearly double the cost for members without an SUD diagnosis. Specific substances present unique risks for youth. Cannabis-related disorders (1.5%), alcohol-related disorders (0.3%), opioid-related disorders (0.1%), and stimulant use disorders (0.4%) are all present among HUSKY youth members. Co-occurring conditions, such as mental and substance use disorders (0.6%) and sedative-related disorders (0.1%), further complicate treatment and recovery. Given that SUD impacts not only the individual but also family stability, academic performance, and long-term health outcomes, the Helping Youth and Parents Recover (HYPE) model is well-positioned to address this crisis. By combining evidence-based adolescent treatment with active family engagement, HYPE addresses root causes, promotes sustained recovery, and reduces the likelihood of relapse. Implementing HYPE more broadly in Connecticut can reduce both the human and financial costs of youth SUD, while strengthening families and communities statewide.	

Topic	Discussion	Action
	Rationale for HYPE Recovery as the Model to Expand Statewide: 1.The hub intervention of HYPE Recovery, MDFT, for OUD is an evidence-based practice that has demonstrated effectiveness in treating youth substance use and co-occurring conditions. •The results from standard MDFT delivered across the state of Connecticut stand out as exceptional: During the 2021-2022 fiscal year there was a 66% reduction in drug use other than alcohol and cannabis among youth who were using these drugs at intake. At discharge, 94% of youth were abstinent from these drugs. 2. HYPE Recovery specifically was developed to address youth and young adult opioid use. •HYPE Recovery adds to standard MDFT opioid-specific interventions to reduce overdose risk, like Family Overdose Prevention Planning, Naloxone and opioid family education modules, and opiate withdrawal assessments. •HYPE Recovery promotes youth access to MOUD directly or through formal agreements with community MOUD provider(s). 3. HYPE Recovery directly provides up to six months of evidence-based Recovery Monitoring and Support (RMS). •RMS helps youth and their families build on progress made during treatment, monitor substance use and triggers, facilitate connections to pro-social/pro-recovery groups to help build recovery capital, and when needed rapidly re-engage youth into treatment or other services. 4. RMS is derived from multiple evidence-based practices shown to increase recovery and abstinence among youth. These continuing care approaches have been shown to significantly increase: •returns to treatment more often and more quickly when needed, and total days of treatment received (Dennis & Scott, 2012), •linkages and retention in continuing care after discharge from residential treatment (Godley et al., 2007, Godley et al., 2014), and •participation in substance-free activities with pro-recovery peers, and significantly decrease substance use (Godley et al., 2018). 5. CT's existing HYPE Recovery teams demonstrate success serving a high severity population. All youth with OUD at intake meaningfully reduced their opioid use by discharge and had other positive outcomes including reduced substance use, improved mental health, reduced aggression and violence, reduced involvement in delinquent activities, improved school or vocational functioning, and improved family functioning. Additionally: •83% of youth showed a reduction in opioid and other drug use (e.g., benzodiazepines, cocaine, and methamphetamine). •63% of youth with OUD were abstinent from opioids and all other drugs (other than alcohol and marijuana) at discharge. 6. Connecticut has a ready infrastructure to rapidly expand access to HYPE Recovery. •Staff in the 8 standard MDFT teams already are trained and certified in the MDFT approach. As outlined below, this initiative will strengthen and expand the existing service array, ensuring that any youth with opioid use disorder (OUD) or identified as high risk for OUD can access specialized, evidence-based care statewide. The funding requested from OSAC represents only a small portion of the program's current and ongoing annual investment. At present, statewide provider contracts total $10,011,232, with an additional $618,180 dedicated to model fidelity and quality assurance activities. The requested funding will build upon this strong foundation, allowing us to significantly enhance service capacity and reach for the highest-risk youth in Connecticut. By expanding access, integrating best practices, and ensuring consistent quality across providers, this initiative will directly improve outcomes for young people and their families, while contributing to a more coordinated and responsive statewide system of care. 2-Year Project Budget Summary	

Category	Year 1	Year 2	TOTAL OSAC Project Costs

Topic	Discussion	Action

Category	Year 1	Year 2	TOTAL OSAC Project Costs
6) **MDFT International Personnel and Fringe, Trainer Travel, and Indirect Costs** for MDFTI, Inc. (model developers) and personnel to train and certify treatment team staff in the HYPE Recovery opioid use interventions and educational modules	276,510.09	221,467.55	497,977.64
7) **Chestnut Health Systems** **Personnel and Fringe, Trainer Travel, and Indirect Costs** for training and certifying therapist assistants to deliver Recovery Monitoring and Support (RMS) continuing care recovery services by Chestnut Health Systems and subcontract for RMS expert Quality Assurance raters	58,362.20	54,012.34	112,374.54
8) **Wrap Funds-**prosocial/incentive recovery activities: $150/youth x 312 youth/year = $46,800/year	46,800.00	46,800.00	93,600.00
9) **Salary Differential ($10,000per site x 8 sites)**- increase Supervisor, Therapist & Therapist assist/Recovery support specialist.	80,000.00	80,000.00	160,000.00
10) **Quality assurance, and program monitoring data system & subscription:** $4,700/year (eLearning system $2,000 & RMS session tracker $2,700)	4,700	4,700	9,400
Total Direct Cost	466,372.29	406,979.89	873,352.18

CORE Priority: Priority 1 (Strategies 3 and 6): Increase Access to MOUD; Priority 2 (Strategy 4): Reduce Overdose Risk and Mortality with Linkage to Treatment; Priority 3 (Strategy 1): Improve collection, analysis, sharing, and use of data; Priority 4 (Strategies 1 and 2): Invest in Training and Support of the Addiction Workforce; and Priority 5 (Strategy 4): Expand access to MOUD treatment for youth and young adults.

Category: ☒treatment ☐harm reduction ☐ prevention ☐ recovery supports

Recommended Lead & Partnering Agencies:
Lead Agency: Department of Children and Families
Training Partners:
•Multidimensional Family Therapy International, Inc. (MDFTI, Inc.) – developer of MDFT, and MDFT for Opioid Use Disorders (HYPE Recovery)
•Chestnut Health Systems – developer of Recovery Monitoring and Support (RMS)

This was a re-review of a previous proposal. Members were provided with an updated proposal ahead of the meeting. The Subcommittee members asked a series of questions, which were answered by Francis (Frank) Gregory, including:

- What would happen if funding for MDFT was lost? Frank predicts that the new teams would not be the ones to come offline if funding was decreased; it would likely be the teams that are not trained in HYPE.
- Is this funding supplantation: No, this funding is for expansion and enhancement. In absence of the OSAC funding, the expansion wouldn't be possible. DCF will continue their existing commitment to MDFT/HYPE.

Topic	Discussion	Action
	• What happens when the participant reaches age 21? The participant would transition to adult services. MDFT staff would collaborate with the family, other existing resources and supports, and the adult provider network for a planful transition. • What led to marketing line being removed? Marketing was initially added to help the community be aware of available programs for treatment, as existing systems are not easy to navigate. It was intended to provide a communication campaign. It was removed due to feedback from this subcommittee. The Subcommittee members asked for DCF to provide information on how many people have been referred to the program vs how many have been engaged and to provide a clear outline of DCF's HYPE investment thus far. The OSAC Finance subcommittee voted to approve the proposal with a condition that continued annual funding is contingent upon ongoing funding of underlying MDFT program. The proposal will be presented at the full Opioid Settlement Advisory Committee meeting.	
Next steps	Next meeting will be scheduled after the full OSAC meeting on 9/16/25.	Noted

NEXT MEETING – TBD after the full OSAC meeting on 9/16/25.
ADJOURNMENT – Wednesday, September 3, 2025 at 3:54 pm