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:

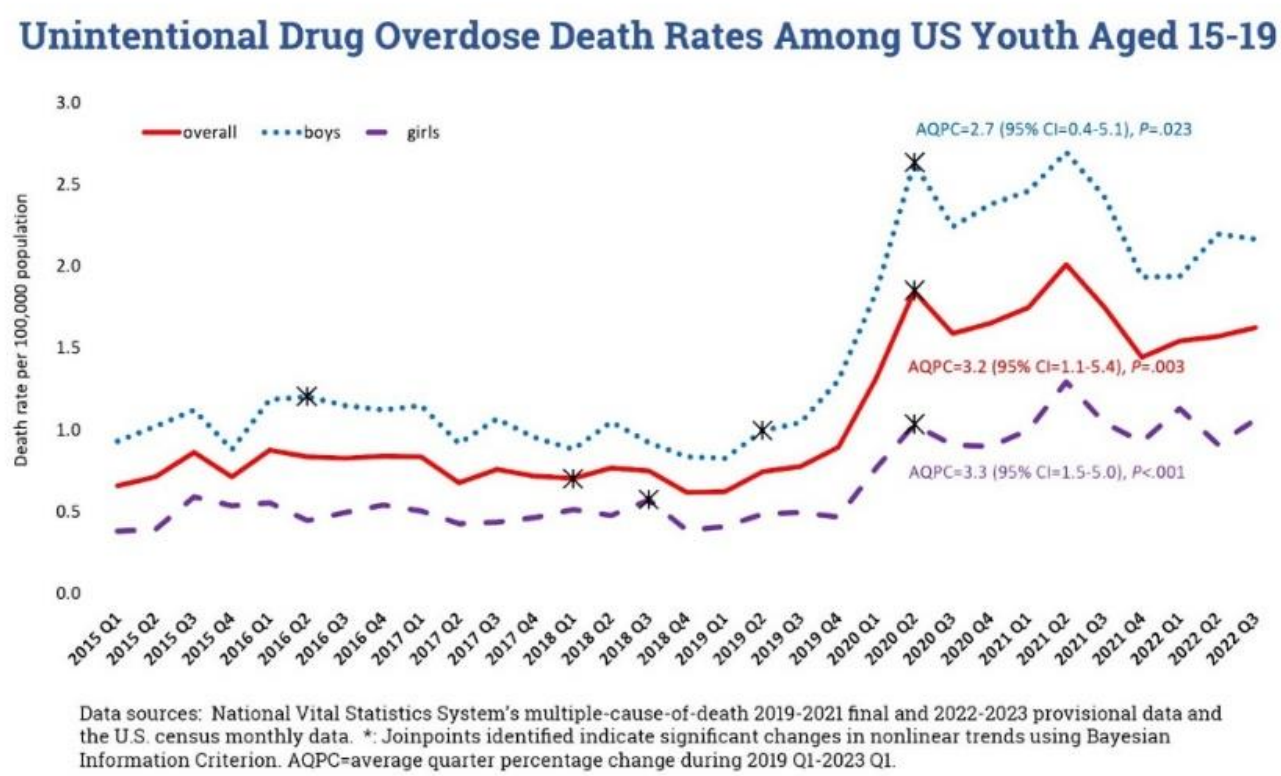
Recorder: Melanie Richard

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.