

Opioid Settlement Advisory Committee Funding Recommendation 25-4

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

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

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

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

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

Summary of Current Proposal

This recommendation 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. 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.

Timeline

The approach has been recommended for funding for four years upon the project implementation initiation date.

Opioid Settlement Fund Balance

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| Balance as of 3/10/25 | \$67,020,417 |
| Total Cost of Proposal | \$2,160,000 |
| Balance Upon Approval of Recommendation Passed 3/11/25 | \$64,860,417 |

Compliance Analysis

Allowable Use:

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

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

Settlement Agreement: Exhibit E, Schedule A, (E) (1) and (2)

Background

OSAC Funding Recommendation Form:

| | | |
|--|---|--------------------------------|
| | Source of Recommendation: | DMHAS |
| | ADPC Subcommittee Name: | Recovery and Health Management |
| | Date of Initial Recommendation Presentation (should coincide with OSAC meeting date) | 3/11/25 |
| | Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates) | |

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.

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

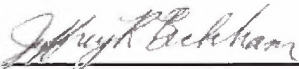
Recommended Lead & Partnering Agencies:
Department of Mental Health and Addiction Services
Connecticut Community for Addiction Recovery

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| | Vetted by Referral Subcommittee? <input checked="" type="checkbox"/> yes |
| | Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/> • EBP <input checked="" type="checkbox"/> or Promising Practice <input type="checkbox"/> Program evaluation recommended? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no • Pilot <input type="checkbox"/> or Established Program <input checked="" type="checkbox"/> • Local <input type="checkbox"/> or Statewide Rollout <input checked="" type="checkbox"/> |
| | Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/> • Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> • Proposed Funding Amount: \$540,000 annually for 4 years totaling \$2,160,000 • Approved Funding Amount: same as proposed • Proposed Project Dates: 7/1/25-6/30/29 • Approved Project Dates: same as proposed • Budget submitted <input checked="" type="checkbox"/> • RFP <input type="checkbox"/> Sole Source <input checked="" type="checkbox"/> |

Results of Committee Vote: 28 Proceed with Recommendation 0 Do Not Proceed with Recommendation
1 Abstention

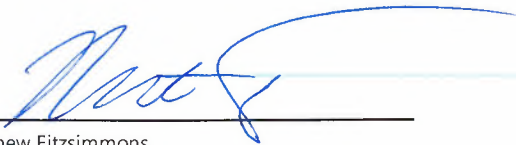
Signatures

X



Jeffrey Beckham
 Secretary, Office of Policy and Management

X



Matthew Fitzsimmons
 Designee, Attorney General, State of Connecticut