

Opioid Settlement Advisory Committee Funding Recommendations 24-7, 24-8, and 24-9 Summary Sheet

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 and later amended by Public Act 23-92 and Public Act 24-150. The Acts establish 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

Contained herein are three funding recommendations passed by the Connecticut Opioid Settlement Advisory Committee on September 10, 2024. Included are three new funding recommendations (24-7, 24-8, and 24-9).

Each of the funding recommendations requires different analyses, so the recommendations are being presented for your approval individually. The balance table on this summary page is to demonstrate total available funding, with the budgets for each funding proposal available within the respective recommendation.

Opioid Settlement Fund Balance

Opioid Settlement Fund Balance	
Fund Balance as of September 10, 2024	\$ 137,803,935.00
Total Cost of Recommendation 24-1 (over three years)	\$ (4,839,010.00)
Available Balance Upon Approval	\$ 132,964,925.00

Opioid Settlement Advisory Committee Funding Recommendation 24-7

Summary of Current Proposal

This recommendation allows for the one-year expansion of the LiveLOUD Public Awareness & Education campaign. Odonnell Company is currently contracted with the Connecticut Department of Mental Health & Addiction Services' (DMHAS) for the LiveLOUD campaign which promotes anti-stigma, harm-reduction, prevention, and treatment for individuals with opioid use disorder (OUD), their communities, and others at risk of opioid overdose.

An expansion of Live LOUD is recommended to maximize the impact and reach of the public health campaign and meet the Connecticut Opioid Settlement Advisory Committee (OSAC) goals of urgently and efficiently decreasing the adverse impact of opioids.

Timeline

The approach has been recommended for funding for one year from 1/1/2025-12/31/2025.

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, (G)(1) and Schedule B Part 2 (G)(1), (2)

Background

OSAC Funding Recommendation Form:

	Source of Recommendation:	ADPC Subcommittee
	ADPC Subcommittee Name:	Treatment
	Date of Initial Recommendation Presentation (should coincide with OSAC meeting date)	September 10, 2024
	Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates) Title: LiveLoud Public Awareness & Education Odonnell Company is currently contracted with the Connecticut Department of Mental Health & Addiction Services' (DMHAS) for the LiveLOUD campaign which promotes anti-stigma, harm-reduction, prevention, and treatment for individuals with opioid use disorder (OUD), their communities, and others at risk of opioid overdose.	

An expansion of Live LOUD is recommended to maximize the impact and reach of the public health campaign and meet the Connecticut Opioid Settlement Advisory Committee (OSAC) goals of urgently and efficiently decreasing the adverse impact of opioids.

DMHAS' LiveLOUD public awareness and communications campaign responds directly to the CORE Report funding priorities. Strategic goals incorporate efforts to **reduce stigma** among all Connecticut residents and to **raise awareness about treatment** pathways—including highly effective **medications for opioid use disorder**. LiveLOUD shares **prevention and harm reduction** information, not only for those who are struggling with addiction, but for potential first-time users, family and friends, and the community at large. For individuals who are at the highest risk, the LiveLOUD effort is able to identify key audiences and work with **specific high-risk groups** to create messaging, and identify media and outreach channels, for effective reach and engagement. DMHAS' LiveLOUD campaign aligns closely with the CORE guiding framework, looking to data, science, and evidence to guide the work. It **prioritizes education and prevention for young adults** through messaging, channel choices, partnerships, and outreach. It also ensures **racial equity and affirms gender identity** through an inclusive, culturally connected communication and media approach; and provides full transparency with data to share how funding is spent and the direct impacts provided. Materials are available in English and Spanish, and the website is ADA accessible. The LiveLOUD website includes a "Where to Get Treatment" section that links to CT treatment options.

Connecticut recorded measurable positive correlations in access to services following targeted LiveLOUD pilot campaigns:

- 50% increase in access line calls for information on support and treatment
- Increased opioid recovery transportation services
- Increased OUD screenings

The awareness, education, and anti-stigma messaging in LiveLOUD campaigns also aligned with measurable impacts in the state:

- Increased naloxone dispensing rate
- Increased 211 calls for support
- Reversed trend of opioid overdose deaths

Continued funding for LiveLOUD will help maintain the progress Connecticut has made reducing harm, unifying stakeholders, connecting audiences with resources, and saving lives. Funding would allow for the following:

- Digital Media: Continuation of 7 proven tactics and adding 5 new tactics for between 10-17 weeks depending on tactic including Google Search, Display Ads, Streaming TV, LGBTA+ Dating App Ads, Amazon Digital Ads, Broadcast Radio, Streaming Audio/Podcasts
- Social Media: Continuation of 4 proven tactics and adding 4 new tactics for 8-17 weeks depending on tactic
- Print/Online Publications: Addition of English and Spanish Community Newspapers and Digital Publications
- Out of Home: Digital Billboards, Bus Ads, and Local Community Signage

The Treatment ADPC subcommittee submitted the recommendation for OSAC consideration with the following notations:

- Ensure there is statewide inclusion of major components (IE: Billboards spread throughout state)
- Ensure physical collateral reaches communities/neighborhoods impacted by opioid use; provide to Churches, Community centers, etc.
- Ensure resources are available on the LiveLOUD website across the lifespan
- Include stakeholder feedback in rollout of content

Funding Amount Requested: \$600,000

Number of years: 1 year

	<p>CORE Priority: <u>#1 Access to Medications, #2 Reduce Overdose Risk and Mortality, #6 Reduce Community Stigma</u></p> <p>Category: <input checked="" type="checkbox"/> treatment <input checked="" type="checkbox"/> harm reduction <input checked="" type="checkbox"/> prevention <input type="checkbox"/> recovery supports</p>
	<p>Lead & Partnering Agencies: Department of Mental Health and Addiction Services Odonnell Company</p>
	<p>Vetted by Referral Subcommittee? <input checked="" type="checkbox"/> yes</p>
	<p>Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/> yes</p> <ul style="list-style-type: none"> • 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"/>
	<p>Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/> yes</p> <ul style="list-style-type: none"> • Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> • How much funding/funding amount: \$600,000 • Proposed project dates: January 1, 2025-December 31,2025 • Proposed budget \$600,000 Budget submitted <input checked="" type="checkbox"/> RFP <input type="checkbox"/> Sole Source <input checked="" type="checkbox"/>

Results of Committee Vote: 26 Proceed with Recommendation 2 Do Not Proceed with Recommendation

Signatures


 Jeffrey Beckham
 Secretary, Office of Policy and Management

 Matthew Fitzsimmons
 Designee, Attorney General, State of Connecticut

Opioid Settlement Advisory Committee Funding Recommendation 24-8

Summary of Current Proposal

This recommendation is intended to provide funding to Connecticut hospitals to increase low-barrier Emergency Department-initiated Medication for Opioid Use Disorder (MOUD) in CT and includes funding for the following:

- Training and Technical Assistance offered to all front-line staff including Prescribers and Recovery Navigators including but not limited to: Motivational Interviewing, provision of harm reduction education and tools, MOUD initiation and prescription best practices, data collection.
- Development and incorporation of processes to screen all individuals for OUD and introduce MOUD as a treatment option to decrease disparities
- Financial Support for staffing
- Financial Support to offset costs associated with revenue losses when providers are in training
- Development and Dissemination of best practice protocols for various scenarios (Patient in Withdrawal, Pregnant Patient, MOUD indication post overdose, etc)

Timeline

The approach has been recommended for funding for two years from the date project implementation initiation.

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) and Schedule B, Part 1 (C)(1) and (5) through (7)

Background

OSAC Funding Recommendation Form:

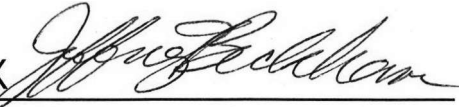
	Source of Recommendation:	ADPC Subcommittee
	ADPC Subcommittee Name:	Treatment
	Date of Initial Recommendation Presentation (should coincide with OSAC meeting date)	September 10, 2024
	Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)	
	Title: Treatment Bridge Model for Connecticut's Emergency Departments	

	<p>As noted in the CORE report, implementation of ED-initiated buprenorphine was initially developed by Yale and has been replicated nationally with positive impact on increasing buprenorphine initiation and treatment engagement yet is not consistently implemented in Connecticut EDs. Commonly cited barriers to ED buprenorphine initiation including stigma, time and competing priorities, lack of referral sources for continued care, and lack of provider knowledge and training. Various models include the use of training incentivization, training and technical assistance, standardized screening processes, brief psychosocial interventions, referrals and warm hand offs to continued MOUD treatment, Recovery Coaching, provider guidelines and decision trees, and Harm Reduction education and tools, including Naloxone. ED Buprenorphine induction was found to be a relatively brief and cost-effective intervention with positive impact including increase of ED initiated MOUD, increase in ED provided or prescribed naloxone, and increased treatment engagement post-ED intervention.</p> <p>This recommendation is intended to RFP to CT hospitals to increase in low-barrier Emergency Department-initiated MOUD in CT and includes funding for the following:</p> <ul style="list-style-type: none"> • Training and Technical Assistance offered to all front-line staff including Prescribers and Recovery Navigators including but not limited to: Motivational Interviewing, provision of harm reduction education and tools, MOUD initiation and prescription best practices, data collection. • Development and incorporation of processes to screen all individuals for OUD and introduce MOUD as a treatment option to decrease disparities • Financial Support for staffing • Financial Support to offset costs associated with revenue losses when providers are in training • Development and Dissemination of best practice protocols for various scenarios (Patient in Withdrawal, Pregnant Patient, MOUD indication post overdose, etc) <p>Hospitals will be required to engage with local resources to obtain Harm Reduction tools for dissemination and utilize internal resources or community providers for referrals to ongoing MOUD treatment. Overdose rates and population density will be considered during the Request for Proposal (RFP) hospital selection process.</p> <p>Annual Amount: \$250,000 x 2 hospitals + \$125,000 for technical assistance and training = \$625,000 annually Number of years: 2 years Total Request: \$1,250,000</p> <p>CORE Priority: <u>#1 Linkage to Treatment</u> Category: <input checked="" type="checkbox"/>treatment <input checked="" type="checkbox"/>harm reduction <input type="checkbox"/> prevention <input checked="" type="checkbox"/> recovery supports</p>
	<p>Lead & Partnering Agencies: Department of Mental Health and Addiction Services Connecticut Community for Addiction Recovery CT Hospitals</p>
	<p>Vetted by Referral Subcommittee? <input checked="" type="checkbox"/> yes</p>
	<p>Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/> yes</p> <ul style="list-style-type: none"> • 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"/>
	<p>Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/> yes</p> <ul style="list-style-type: none"> • Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> • How much funding/funding amount: \$1,250,000 • Proposed project dates: July 1, 2025 – June 30, 2027 • Proposed budget \$1,250,000 Budget submitted <input checked="" type="checkbox"/> RFP <input checked="" type="checkbox"/> Sole Source <input type="checkbox"/>

Results of Committee Vote: 27 Proceed with Recommendation

1 Do Not Proceed with Recommendation

Signatures

X 

Jeffrey Beckham

Secretary, Office of Policy and Management

X

Matthew Fitzsimmons

Designee, Attorney General, State of Connecticut

Opioid Settlement Advisory Committee Funding Recommendation 24-9

Summary of Current Proposal

This recommendation is to fund 7 providers in CT: 5 programs serving adults (one per DMHAS region), and 2 programs serving youth (DCF MOU required) to implement Contingency Management to complement their existing continuum of substance use disorder treatment. Providers will be required to utilize Evidence Based Contingency Management protocols to target stimulant use in the context of co-involvement with opioids and overdose risk, Medications for Opioid Use Disorder (MOUD) adherence, or both. Funding will be provided to the 7 identified providers to staff a Contingency Management Coordinator (1.0FTE) and case manager positions (0.5FTE) responsible for implementation, oversight, and fidelity monitoring, provide incentives, and purchase toxicology screening to track protocol adherence. Programs will be expected to serve at least 50 clients annually for with a maximum caseload of 25 clients at a time. UConn School of Medicine's Contingency Management team will provide pre and post assessments, fidelity monitoring, and staffing training and technical assistance prior to and for the duration of the Contingency Management implementation. A digital platform will be utilized for incentive management and program administration to support program fidelity.

Timeline

While initially proposed for five year, the approach has been recommended for funding for two years upon the project implementation initiation date by the committee.

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, (B)(4), Schedule B Part 1 (A)(2)

Background

OSAC Funding Recommendation Form:

	Source of Recommendation:	ADPC Subcommittee
	ADPC Subcommittee Name:	Treatment
	Date of Initial Recommendation Presentation (should coincide with OSAC meeting date)	September 10, 2024
	Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)	
	Title: Contingency Management	
	Contingency Management (CM) is an evidence-based therapeutic intervention in which tangible reinforcers are provided to clients for meeting an objective goal for an incentivized behavior. Contingency	

Management is the most effective treatment available for stimulant use disorders, substances for which there are no FDA-approved medications nor overdose reversal medications, with demonstrated effectiveness in increasing rates of abstinence and treatment retention. Cocaine, a common stimulant in CT, is often found in substance combinations for overdose in CT. Stimulant users are at times unaware of opioids in their drug supply and thus are at risk for opioid overdose. Black individuals are disproportionately impacted by overdose deaths involving cocaine in CT. Contingency management has also been demonstrated to be effective as an adjunct to Medications for Opioid Use Disorder (MOUD); an analysis of 60 clinical trials over 3 decades found that CM improved MOUD adherence. Evidence demonstrates higher incentive amounts are correlated with improved outcomes; \$599 is the highest amount that can be provided to a client per year without tax implications. HHS/SAMSHA grants do not allow incentives above \$75 per client annually, necessitating other revenue resources for program implementation.

This recommendation is to fund 7 providers in CT: 5 programs serving adults (one per DMHAS region), and 2 programs serving youth (DCF MOU required) to implement Contingency Management to complement their existing continuum of substance use disorder treatment. Providers will be required to utilize Evidence Based Contingency Management protocols to target stimulant use in the context of co-involvement with opioids and overdose risk, Medications for Opioid Use Disorder (MOUD) adherence, or both. Funding will be provided to the 7 identified providers to staff a Contingency Management Coordinator (1.0FTE) and case manager positions (0.5FTE) responsible for implementation, oversight, and fidelity monitoring, provide incentives, and purchase toxicology screening to track protocol adherence. Programs will be expected to serve at least 50 clients annually for with a maximum caseload of 25 clients at a time. UConn School of Medicine’s Contingency Management team will provide pre and post assessments, fidelity monitoring, and staffing training and technical assistance prior to and for the duration of the Contingency Management implementation. A digital platform will be utilized for incentive management and program administration to support program fidelity.

Funding Amount:

	Annual Cost	2 Year Cost
Coordinator and case manager: 1.5FTE staff salary and fringe \$95,000 x 1.5FTE x 7 sites	\$997,500	\$1,995,000
Incentives: \$599 per client x 50 annual clients per site x 7 sites	\$209,650	\$419,300
UConn School of Medicine Contingency Management Program: Training, Technical Assistance, Pre/Post Assessment, Fidelity Monitoring	\$139,488	\$278,976
Toxicology screening: 27 screens per client at 5.75 per oral saliva screen x 50 participants x 7 sites	\$54,338	\$108,676
Supplies	\$17,929	\$35,858
Technology-enabled incentives management system: \$6300/month	\$75,600	\$151,200
Total	\$1,494,505	\$2,989,010

CORE Priority: #1 Linkage to Treatment Category: treatment harm reduction prevention recovery supports

Lead & Partnering Agencies:
 Department of Mental Health and Addiction Services
 UConn School of Medicine

Vetted by Referral Subcommittee? yes


Vetted by Research and Data Subcommittee? yes

- EBP or Promising Practice Program evaluation recommended? yes no

	<ul style="list-style-type: none"> • Pilot <input checked="" type="checkbox"/> or Established Program <input type="checkbox"/> • Local <input type="checkbox"/> or Statewide Rollout <input checked="" type="checkbox"/>
	Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/> yes <ul style="list-style-type: none"> • Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> • How much funding/funding amount: \$2,989,010 • Proposed project dates: 7/1/25-6/30/27 • Proposed budget \$2,989,010 Budget submitted <input checked="" type="checkbox"/> • RFP (participating agencies) <input checked="" type="checkbox"/> Sole Source (UConn for TA) <input checked="" type="checkbox"/>

Results of Committee Vote: __20__ Proceed with Recommendation __8__ Do Not Proceed with Recommendation

Signatures

X 

Jeffrey Beckham
Secretary, Office of Policy and Management

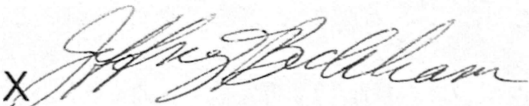
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Matthew Fitzsimmons
Designee, Attorney General, State of Connecticut

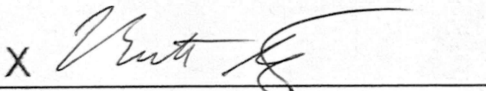
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Results of Committee Vote: 20 Proceed with Recommendation 8 Do Not Proceed with Recommendation

Signatures

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 Jeffrey Beckham
 Secretary, Office of Policy and Management

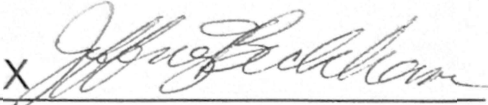
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 Matthew Fitzsimmons
 Designee, Attorney General, State of Connecticut

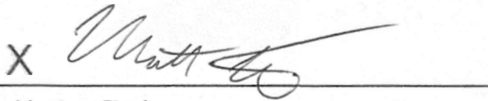
Results of Committee Vote: 27 Proceed with Recommendation
Recommendation

 1 Do Not Proceed with

Signatures

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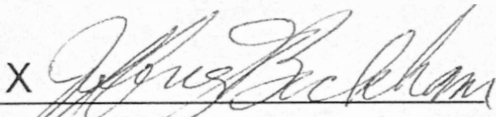
Jeffrey Beckham
Secretary, Office of Policy and Management


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Matthew Fitzsimmons
Designee, Attorney General, State of Connecticut

	<p>CORE Priority: <u>#1 Access to Medications, #2 Reduce Overdose Risk and Mortality, #6 Reduce Community Stigma</u></p> <p>Category: <input checked="" type="checkbox"/> treatment <input checked="" type="checkbox"/> harm reduction <input checked="" type="checkbox"/> prevention <input type="checkbox"/> recovery supports</p>
	<p>Lead & Partnering Agencies: Department of Mental Health and Addiction Services Odonnell Company</p>
	<p>Vetted by Referral Subcommittee? <input checked="" type="checkbox"/> yes</p>
	<p>Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/> yes</p> <ul style="list-style-type: none"> • 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"/>
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Results of Committee Vote: 26 Proceed with Recommendation 2 Do Not Proceed with Recommendation

X 
 Jeffrey Beckham
 Secretary, Office of Policy and Management

X 
 Matthew Fitzsimmons
 Designee, Attorney General, State of Connecticut