

Opioid Settlement Advisory Committee Funding Recommendation

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 2(e) of CGS Sec. 17a-674 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

Currently, CT's contracted Needle and Syringe Exchange programs distribute harm reduction supplies to people who use drugs. Contractors have reported a shortage of those supplies. This proposal by the Opioid Settlement Advisory Committee (OSAC) would increase funding by \$500,000 to the existing DPH-funded Needle and Syringe Exchange programs permitting increased support for and access to harm reduction programs / kits . Additional information is available below.

Timeline

The proposal that had been approved by the subcommittees had been for \$500,000 for FYs 24 and 25. At the November 14th meeting of the Opioid Settlement Advisory Committee, the proposal was verbally amended to make a a one-time, FY 24 expense of \$500,000.

Opioid Settlement Fund Balance

Balance as of 11/28/23	\$	72,713,199.00
Total Cost of Proposal	\$	(500,000.00)
Balance Upon Approval	\$	72,213,199.00

Compliance Analysis

Previous funding levels for DPH's Needle and Exchange Program Account:

2015	\$	436,446.00
2016	\$	455,105.00
2017	\$	459,414.00
2018	\$	459,416.00
2019	\$	460,745.00
2020	\$	447,180.00
2021	\$	460,741.00
2022	\$	451,275.00
2023 (Appropriated)	\$	460,741.00
2024 (Appropriated)	\$	501,629.00
2025 (Appropriated)	\$	501,629.00

Allowable Use:

Statutory: CGS Sec. 17a-674, Section 2(e)(3)

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

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) November 14 th , 2023
	<p>Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)</p> <p>Harm Reduction Supplies: Currently, CT's needle and syringe exchange programs distribute harm reduction supplies to people who use drugs. The contractors have reported a shortage of supplies. This is a request to increase funding to existing DPH funded programs for expansion by \$500,000 annually. This initial request was for two fiscal years for a total of \$1,000,000 amended to one year at \$500,000. The following link provides information about syringe exchange programs (SSP): CT-Syringe-Services-Program 8232023.pdf</p> <p>CORE Priority <u> 2 </u> Category: <input type="checkbox"/>treatment <input checked="" type="checkbox"/>harm reduction <input type="checkbox"/> prevention <input type="checkbox"/> recovery supports</p>
	Recommended Lead & Partnering Agencies: Department of Public Health
	Vetted by Referral Subcommittee? <input checked="" type="checkbox"/> yes
	<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 <u> \$500,000 </u> • Proposed project dates <u> 1/1/24-6/30/2024 </u> • Proposed budget <u> \$500,000 </u> Budget submitted <input type="checkbox"/> RFP <input type="checkbox"/> Sole Source <input type="checkbox"/>

Results of Committee Vote: 24 Proceed with Recommendation 1 Do Not Proceed with Recommendation

Program Information:

The SSP program was created under CGS Sec. 19a-124. "Syringe services programs. (a) The Department of Public Health shall establish, within available appropriations, syringe services programs to enhance health outcomes of people who inject drugs in any community impacted by the human immunodeficiency virus or hepatitis C."

Federal funding is not allowed to be used to purchase supplies.

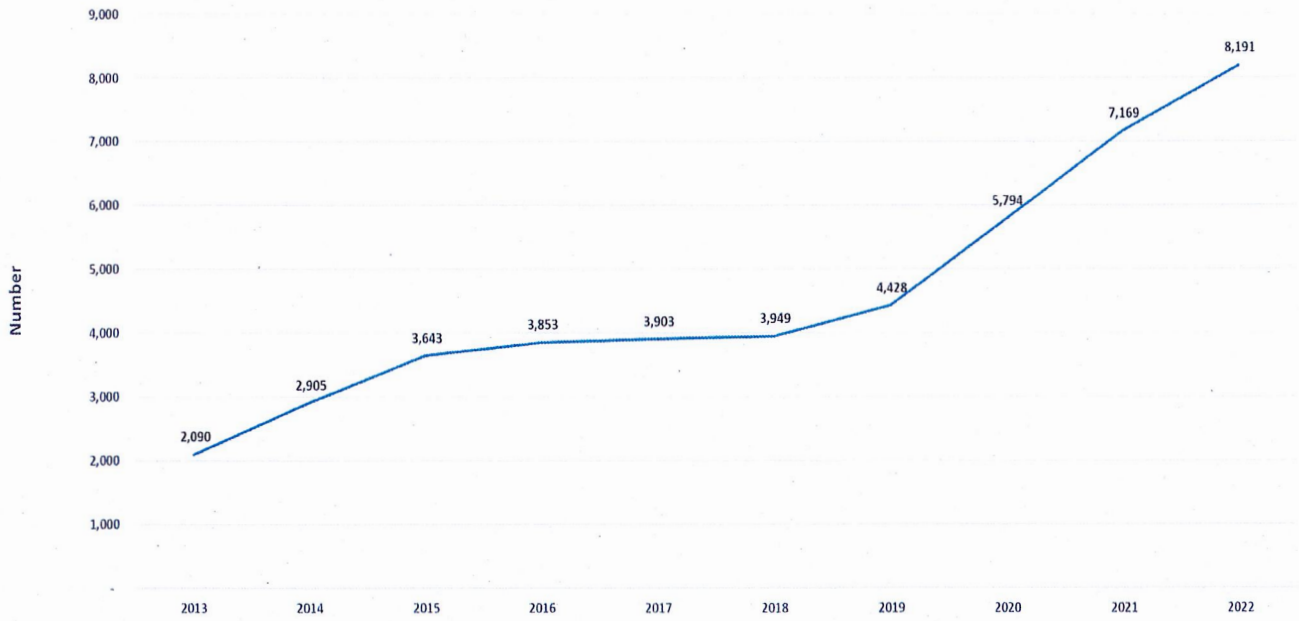
From 2018 to 2022 SSPs was flat-funded; although, the number of SSP clients has increased by two-fold (i.e., a 107% increase- There were 3,949 SSP clients served in 2018 and 8,191 clients served in 2022, which resulted in over 50,814 encounters/visits.

The additional \$500,000 will support needed supplies for programs and other sites where services can be expanded in regions of the state where there are limited to no SSPs currently. This funding can support 4,000 additional SSP clients.

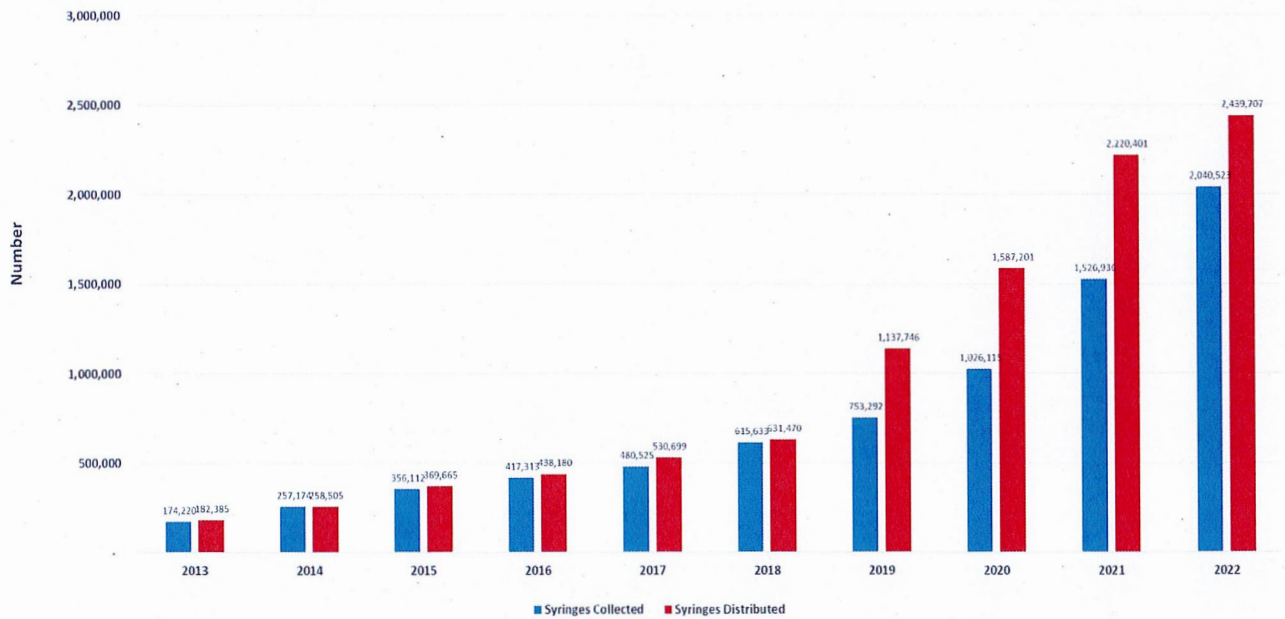
The SSP network is made of the following organizations.

SSP Network	Locations
Connecticut Harm Reduction Alliance	Statewide
Advancing Connecticut Together	Hartford/ Middletown/ New Britain
Liberation Programs	Bridgeport/Norwalk/Stamford
Yale University CHCV	New Haven County
APEX Community Care	Danbury/Torrington/Waterbury
Alliance for Living	New London/Norwich
GBAPP, Inc.	Bridgeport
Perception Programs, Inc.	Willimantic/Norwich
StamfordCARES	Stamford
Waterbury HD	Waterbury/Meriden
Mid Fairfield AIDS Project	Norwalk

Trend of Total Number of Clients Served by SSPs in Connecticut, 2013 - 2022



Trend of SSPs' Needles Collected vs Distributed in Connecticut, 2013 - 2022



Signatures

X



Jeffrey Beckham

Secretary, Office of Policy and Management

X



Matthew Fitzsimmons

Chief Counsel for William Tong

Attorney General

State of Connecticut