

**OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)**  
**Meeting of Tuesday, July 11<sup>th</sup>, 2023**  
**Teams Virtual Meeting**  
**10:00 a.m.**

**ATTENDANCE**

**Members/Designees:** Nancy Navarretta, Commissioner, DMHAS; Mayor Neil O’Leary, Waterbury; William Tong, Attorney General, AGO; Manisha Juthani, Commissioner, DPH; Vanessa Dorantes, Commissioner, DCF; Jennifer Kolakowski, Shayne Ember, Dr. Srinivas Muvvala; Judy Dowd, OPM; Timothy Birch, AGO; Susan Campion; Kimberly Grove; Liz Fitzgerald; Kyle Zimmer; Lisa Deane; Senator Cathy Osten; Representative Toni Walker; Mayor Luke Bronin, Hartford; Mayor Elinor Carbone, Torrington; Dr. Mehul Dalal; Mayor Thomas Dunn, Wolcott; Bridget Fox; First Selectwoman Tracey Hanson, Voluntown; Paul Januszewski; First Selectman Rudy Marconi, Ridgefield; Mayor Lisa Marotta, Rocky Hill; Jeanne Milstein; First Selectwoman Maureen Nicholson, Pomfret; Ebony Jackson-Shaheed; Dawn Niles; Erica Teixeira; Russell Melmed; Pareesa Charmchi-Goodwin; Donna Culbert; John Lally; Christine Gagnon; Kennard Ray, Jody Terranova, Deputy Commissioner, DPH

**Visitors/Presenters:** Katherine Ramos; Luiza Barnat; Keith Radziwon; Christopher McClure; Christy Knowles; Sandra Violette; Sarju Shah; Diana Shaw; Mike Starkowski; PJ Cimini; Andrew Brown; Mike T.; Ryan; Ana Gopoian; William J. Gardner; Ciarra Lofstrom; Rosalyn Liss; Colleen Harrington; Shauna Pangilinan; Katherine Hart; David Fiellin; Kimberly Haugabook; Kelly Ramsey-Fuhlbridge; Kimberly Karanda; Danielle Ebrahimi; Arthur Mongillo; Matthew Fitzsimmons; Elizabeth Benton; Sara Nadim; Angela Duhaime; Evan Dantos; Colleen Violette; Kris Robles; Deborah Lake; Allison Fulton; Divik Verma; Emma Biegacki; Cara Passaro; Mary-Kate Mason; Brian Kiluk; Maria Coutant Skinner; Lisa (Guest); Kelley Edwards; John Simoncelli; Ginger Katz; Giovanna Mozzo; Cristin McCarthy Vahey; Rianne; Robin Deutsch, MD; Nicole Hampton; Robert Heimer; Benjamin Howell; Elsa Ward; Roland Harmon; Joe Lindbeck; Ken Przybysz; Allyson Nadeau; Nicole Hampton

**Recorder:** Melanie Richard

The July 11<sup>th</sup>, 2023 meeting of the Opioid Settlement Advisory Committee (OSAC) was called to order at 10:00 a.m. by Commissioner Nancy Navarretta, DMHAS. The meeting was co-chaired by Mayor Neil O’Leary, Waterbury.

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>Welcome and Introductions</b>	Commissioner Navarretta welcomed all in attendance. Mayor O’Leary reviewed the meeting guidelines.	Noted
<b>Review and Approval of Minutes</b>	Minutes approval from May 9 <sup>th</sup> , 2023 meeting – moved by Tim Birch, seconded by Kyle Zimmer  No further discussion, minutes approved	Informational
<b>Legislative Update</b>	Legislative Update: Kelly Ramsey-Fuhlbrigge, Director of Legislation, Regulations, and Communications, Department of Mental Health and Addiction Services  Opioid Settlement Advisory Committee Legislative Update – please see linked <a href="#">presentation</a> .  Kelly Ramsey-Fuhlbrigge provided a legislative update on the following:  Public Act 23-92 (HB 6914): An Act Concerning the Use of Funds in the Opioid and Tobacco Settlement Funds Received by the State as Part of Any Settlement Agreement with a Manufacturer of Electronic Nicotine Delivery Systems and Vapor Products  Public Act 23-97 (SB 9) §35, §3-4, §5, §6, §29, §30-31, §32-33: An Act Concerning Health and Wellness for Connecticut Residents  Public Act 23-204 (HB 6941) §193: An Act Concerning the State Budget for the Biennium Ending June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget	Informational

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	<p>Kelly Ramsey-Fuhlbrigge can be reached at <a href="mailto:Kelly.Ramsey-Fuhlbrigge@ct.gov">Kelly.Ramsey-Fuhlbrigge@ct.gov</a> with any questions or comments. A copy of the presentation will be sent to the members of the Opioid Settlement Advisory Committee, as well as posted on our <a href="#">website</a>.</p> <p><b>Questions or Comments:</b></p> <p>Representative Walker: Who is responsible for making sure that we are in compliance with the requirements of this committee?</p> <p>Commissioner Navarretta: Those responsible are from the departments that are named as part of the Committee, for example, a chair or co-chair. We then start disseminating this information to our executive leadership and then assign leads to these projects. The executive team will be tracking this moving forward to make sure that we hit all deliverables.</p> <p>Rudy Marconi: Is the funding mechanism for these new requirements expected to come from the Opioid Settlement Fund and is the Opioid Settlement Advisory Committee responsible for approving the use of those funds? Or is it automatically approved now and if so, what is the estimated value of all of these statutes? There's obviously going to be additional workloads on all of the departments with these new requirements.</p> <p>Commissioner Navarretta: Generally, when these additional requirements come out, we absorb them with our existing staff. If there's a specific project like the Opioid Bulk Purchasing, \$500,000 was allocated for that specific project, however. It depends, but usually when it is a report or a meeting, the department will assign staff that already work within those departments.</p> <p>Rudy Marconi: At this point, we do not know what the financial impact would be to the Opioid Settlement Advisory Committee funds?</p> <p>Commissioner Navarretta: The only language was to make the distribution of Narcan a priority and that there would be an ask, but everything must go through the regular process. We are really trying to encourage staying true to the process so that we do not go around the process through legislation and have been successful so far, so we're going to continue to take that path.</p> <p>No additional questions or comments at this time.</p>	
<p><b>Prevention Overview</b></p>	<p>Prevention Overview: Sarju Shah, Director of Prevention and Health Promotion, Department of Mental Health and Addiction Services</p> <p>Commissioner Navarretta: Last meeting, we did an overview of treatment and recovery supports, so this meeting we thought that we would provide an overview of some of the prevention efforts that are being done around the state in relation to the opioid crisis.</p> <p>Opioid Prevention, Education, and Awareness Activities – please see linked <a href="#">presentation</a>.</p> <p>Sarju Shah: Health Promotion is defined as creating and maintaining environments that support health behaviors and Prevention is defined as interventions intended to reduce risky behaviors and encourage healthy decisions to prevent substance misuse.</p> <p>Within the Department of Mental Health and Addiction Services, the Prevention and Health Promotion division works to look and identify what is causing substance use in our communities, and then we work to reduce these risks and build protective factors or protection against it.</p> <p>Primary prevention really focuses on what we've done without our division. We look at evidence based primary prevention</p>	<p>Informational</p>

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	<p>programs and strategies including those around family and youth programming to promote protective factors and reduce risk factors as well as educational programs and public education and awareness campaigns.</p> <p>Sarju Shah can be reached at <a href="mailto:Sarju.Shah@ct.gov">Sarju.Shah@ct.gov</a> with any questions or comments. A copy of the presentation will be sent to the members of the Opioid Settlement Advisory Committee, as well as posted on our <a href="#">website</a>.</p> <p><b>Questions or Comments:</b></p> <p>Rudy Marconi: On the first slide, there was both Opioid and Tobacco funds that were combined. There's \$120m in tobacco and only \$12m going out, and I think that needs to be addressed. Is the Department of Education (SDE) involved in any way with the Opioid Settlement Advisory Committee and this entire program that we're doing?</p> <p>Commissioner Navarretta: The combined title was the title of the legislation, but it is not a combining of funds. The Department of Education is involved with the Alcohol and Drug Policy Council (ADPC), and Sarju's team does with SDE.</p> <p>Sarju Shah: The State Education Resource Center partners with the Department of Education as well. We work with them primarily to get our curriculum out there to the different school districts. We work with the SDE in relation to many of the other substances as well, so we are incorporating our work with them related to Naloxone as well as other substances. Our RBHAO's work with our local prevention councils, and many of them have strong relationships with their local education boards. Our goal is to create community building and capacity, so working with them while we're looking at a municipality or town can really make an impact.</p> <p>Marit Bezahler: Are there any numbers on outcomes of these programs and the impact?</p> <p>Sarju Shah: We have basic data, so we can tell you the numbers served and the data analytics that go along with that. But when you're looking at prevention itself, it's not something that has numbers that you can see right now, as it takes time to see them. We look at trends, what the hot spots are, and how we can decrease some of those and the impact of substance use over time. We have profiles we create utilizing the Department of Public Health (DPH) data and national data so that we may look at what's working and what's not working, as well as what's impacting communities itself.</p> <p>John Lally: In terms of the Department of Education guidelines for towns and the use and storage of naloxone, there are some questions about what secure means in relation to the guidelines stating that naloxone should be stored in a secure place. I argue that it should not be locked somewhere that only one person in the school has access to it. Is there any way you can recommend through your education with towns and schools on how to receive clarification on that to help them feel more comfortable with it being locked?</p> <p>Sarju Shah: It will be taken into consideration and presented to the best of our ability.</p> <p>Commissioner Navarretta: DMHAS does a lot of work with the Department of Children and Families (DCF) in terms of working with children and getting out the correct information, and a lot of that is part of prevention. It is important to educate the public about the safety of Naloxone and that it is not harmful to someone who does not use opioids.</p> <p>Commissioner Juthani: Can you tell us which five Health Departments you've been working with and how long? Have you had any feedback on how those trainings and interventions have been going so far at the local level?</p>	

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	<p>Sarju Shah: We have worked with East Shore District Health Department, Ledge Light Health District, North Central District Health Department, and the Torrington Area Health District and the relationships that we have built with them are strong.</p> <p>Jeanne Milstein: We're trying to make sure that we support the access to the most effective medications and that we reduce overdose risk and mortality, especially with those among the highest risk. Increasing data sharing and using existing data across relevant agencies and organizations is very important to us, as well as increasing health, workforce, and community understanding of the scale and nature of substance use disorders.</p> <p>Representative Walker: Is there a reason your college awareness campaign did not have all the colleges? Can we help facilitate that?</p> <p>Sarju Shah: For the Connecticut Healthy Campus Initiative, we provide mini-grant opportunities for many of the colleges and they go through an RFP procurement process. We recently had an additional 13 colleges apply, and several of them are not on the list because they are brand new. We also have a limited, specific amount of funding to provide the mini grants. We work with the colleges to help build capacity and sustainability, which we hope will create the momentum for them. Our goal over the next couple of years would be to reach out to as many of the colleges as we can, but it depends on where they are and meeting them where they are at that moment.</p> <p>Representative Walker: I know there are some fatherhood programs that are funded by DCF and there are some programs funded by the Community Action Agencies. I think that's a critical area that this should be a part of, so how do we broaden this so that we can reach both the colleges and the fatherhood programs?</p> <p>Sarju Shah: We are working with the Department of Social Services (DSS) under the full Fatherhood Initiative piece and identifying the seven fatherhood programs that were well prepared and ready to have some of this prevention messaging as part of them. We went through our prevention strategy framework and look at their needs assessment with questions like what are the needs of your fathers and how are you looking at this in order to give them a different lens to look at. The important part is getting the people at the table and having them look at prevention, as well as primary prevention and substance use and teaching them how to incorporate some of this messaging into their current programming.</p> <p>Russell Melmed: I think that the challenge that this Committee is going to have is determining the proportion of these funds that is allocated to things like prevention, which is hard to measure. It's easy to say that spending money on Narcan is good because it's quantifying the number of lives saved in that moment, it's harder to look upstream for prevention purposes, so we'll have to keep our focus here as much as we can.</p> <p>No additional questions or comments at this time.</p>	
<p><b>Subcommittee Updates</b></p>	<p><b>Time Limited Process: Jeanne Milstein</b></p> <p>Our committee wants to get the money out as quickly as possible while being effective and efficient. We want to be transparent and are deeply committed to doing this right. Our group has created a flow chart that describes the revised process.</p> <p>We start with the stakeholder input, which will be received by the revised CORE Report and our leadership from Yale and the Alcohol and Drug Policy Council (ADPC). Recommendations received from the Time Limited Public Portal which will include public, provider, or other subject matter experts and will be sent directly to Katie Ramos, our OSAC Administrator. This public portal will be embedded on the OSAC designated website and will be advertised once it is active.</p>	<p>Informational Motion Approved</p>

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	<p>The OSAC Referral Subcommittee will then summarize the recommendations. This subcommittee is embedded in the ADPC subcommittees and will review the recommendations with ADPC subject matter experts. Together we discussed treatment, prevention, recovery supports, and criminal justice, and those recommendations will then be passed to the OSAC Research and Data Subcommittee. This subcommittee will then determine if the recommendation is evidence based practice or a promising practice and then decide if the recommendation needs a program evaluation. That recommendation will then be sent to the OSAC Finance Compliance Subcommittee, who will then determine if it's an allowable strategy and if it is, the subcommittee will then present the recommendation to the Opioid Settlement Advisory Committee. The committee will then vote, and if it is approved, the recommendation will be sent to the Office of Policy and Management (OPM) for approval. DMHAS contracts will then work with the Attorney General's office for review of the contract language, until it is moved to the implantation phase under DMHAS Contractor. If the recommendation is voted down after it is presented to the full committee, it will need to be re-evaluated through the process.</p> <p>The process may look a little cumbersome, but we are very committed to doing this right, as well as efficiently and effectively as possible.</p> <p><b>Questions or Comments:</b></p> <p>Representative Walker: In your estimation, how long is this process?</p> <p>Jeanne Milstein: Unfortunately, we're not very clear how long the process is at this point. We know that we want to get some of the money out as quickly as possible, but we can also discuss this as a committee. There are many moving parts and certainly areas that we want to streamline, but maybe we can look into this and address this with Chris McClure and Katie Ramos in our subcommittee meetings.</p> <p>Rudy Marconi: Is there any low hanging fruit that we can identify at this point that we can start pushing through the process to be able to assess how much time is going to be invested in each one of these phases? It may not be a bad idea to trial something.</p> <p>Commissioner Navarretta: Narcan is something that we can look at, but we also want to make sure that we're doing everything with full transparency. We want to make sure that it goes through the group but can have executive meetings, as well as subcommittee and ad hoc meetings.</p> <p>Marit Bezahler: I'm not sure if this is the right moment to ask this question, as it may have been in regard to prevention, but I'm curious about needle exchange as a best practice and why is it not a standard everywhere, as well as safe injection sites. Are they being considered or are they on the table to be considered?</p> <p>Commissioner Navarretta: I don't want to get us too off track, but everything is considered and consolidated through information that we receive, whether it's through stakeholder input, ADPC input, or this committee's input. Everything consolidated will be brought through the process that Jeanne Milstein just described.</p> <p>There are no objections to the flow chart for the Time Limited Process Subcommittee or any further discussion.</p> <p><b>Public Participation Guidelines: First Selectwoman Tracey Hanson</b></p> <p>Everyone should have gotten a copy of our draft for the public participation guidelines to ensure that our meetings are as productive as possible, while having clear directions for the public as to how to comment.</p>	

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	<p>During advisory committees, there will be an opportunity for public comments and presentations during the allotted time on the agenda. Public presentations will be scheduled in advanced of the meetings by contacting the OSAC Administrator 14 days prior to the meeting and are subject to the time allotted on the agenda. There will be a limit of 3 minutes for each individual comment and in the interest of having the meeting progress in a timely manner, 1 representative of an organization or facility shall be appointed as a spokesperson for that group. It is requested that individuals only comment a new view or idea on agenda items rather than reiterating a thought similar to a previous comment. Those unable to comment can submit their comments in writing to the OSAC Administrator or through the portal.</p> <p>All press inquiries related to the Committee must be submitted to Christopher McClure, Chief of Staff, Department of Mental Health and Addiction Services.</p> <p><b>Questions or Comments:</b></p> <p>Dawn Niles: If an individual's 3 minutes is up, they are encouraged to submit their full comment to the OSAC Administrator or through the portal.</p> <p>There are no objections to the Public Participation Guidelines or any further discussion. Final versions will be sent to the Committee, as well as posted on our website.</p> <p><b>Governance Committee / Bylaws: Jennifer Kolakowski</b></p> <p>Article I, Purpose, Responsibilities, and Duties of the OSAC is very straightforward. OSAC was established under the Office of the Department of Mental Health and Addiction Services. Recommendations of this Committee will be evidence based or a promising practice.</p> <p>Article II, Membership and Officers of the Opioid Settlement Fund Advisory Committee saw that recent legislation changed the membership of the OSAC Committee from 37 members to 45, which is fully outlined in the revised bylaws that you received yesterday.</p> <p>Article III, Meetings of the Opioid Settlement Advisory Committee outlines the meetings of the OSCA, which are required to meet quarterly. As discussed, we have been meeting every two months. The Governance subcommittee wanted to ensure that the bylaws also incorporated OSAC standing committees, which include the Referral Subcommittee, Research and Data Evaluation Subcommittee, and the Finance Compliance Subcommittee. We have ad hoc committees to address any specific issues, planning, or development of policies and procedures if needed, and then expectations regarding attendance of meetings.</p> <p>Article IV, Code of Ethics and Conflicts of Interest outlines our code of ethics and our conflict of interest statement.</p> <p>Article V, Office of the Board, Opioid Settlement Administrator identifies Katie Ramos as our administrator.</p> <p>Article VI, Amendment of Bylaws outlines the process by which our bylaws are amended and it calls for a majority of the voting members of the OSAC committee attending the meeting at a regular meeting or a special meeting, be present for a quorum to be established.</p> <p><b>Questions or Comments:</b></p>	

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	<p>There are no objections to adapting the bylaws as reviewed and there was no further discussion.</p> <p><b>Research and Data Subcommittee: Dr. Muvvala</b></p> <p>The purpose of the Research and Data Evaluation Subcommittee is to determine if our recommendation that is received through the other committees is an evidence-based practice and if it would be a promising practice. The subcommittee will also determine whether the proposed program will need a programmatic evaluation after it is implemented.</p> <p>The subcommittee has been reviewing data trends with the help of our colleagues at DPH to bring us up to speed about what is happening in Connecticut, and we've focused on the overdose data and breaking it down into regions, populations, and affected areas. We have identified the increase in overdose rates in black and brown populations as well as the need to focus on cocaine use. After reviewing the data, if anything like this comes up, we submit the recommendations to the other subcommittees to focus on these.</p> <p>By the next meeting, we will also draft specific goals and objectives and will present them for OSAC approval.</p> <p>We will also be reviewing revised metrics, as when we reviewed them, we discussed if there were proposals that are coming to our committee that we want to focus on. The first one we discussed was to increase the access to treatment consistent with the national guidelines for methadone, buprenorphine, as well as injectable attraction. We want to focus on strategies to help individuals obtain treatment as well as think about things such as contingency management that could be evidence based to help people stay in treatment. We would like to focus on reducing overdose risk, especially among individuals with the highest risk, and will continue to focus on prevention at adherence to opioid prescribing guidelines by providers.</p> <p>Lastly, we would like to focus on increasing community understanding of the scale of opioid use and the most effective evidence-based practices that will help reduce the stigma targeting the community and the providers in this community. Our data subcommittee will review the proposals that are coming to us and make sure that they align with the initiatives already proposed. We will also provide feedback for any new trends that come through after reviewing DPH data.</p> <p><b>Questions or Comments:</b></p> <p>No questions or comments at this time.</p> <p><b>Finance and Compliance Subcommittee: Representative Toni Walker</b></p> <p>This subcommittee met on April 20<sup>th</sup> and June 12<sup>th</sup>, and will meet again tomorrow, which is good timing with the time limited process flow chart. We needed that to be established in order to see how we fit in to the process of validating different programs and how we get the funding out.</p> <p>Hopefully we can come up with two ideas to help expedite this process, with one being the one to evidence-based practices and research with RFP processes and the other may be more a more accelerated process for programs that have already been funded and established through DMHAS or some of the other members of our organization.</p> <p>The subcommittee has had discussions around different settlements, the amounts received thus far, and are working on developing a plan to determine the projected spending. The committee also discussed determining a budget for</p>	

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	<p>recommendations. In this process, we are also going to take into account how we are going to get the information from the towns and cities and how we are going to incorporate the 15% that is going to the municipalities out there, and taking into account where we have different funding mechanisms for programs. This will all be a part of our discussion tomorrow and we will update the Committee next meeting.</p> <p><b>Questions or Comments:</b></p> <p>No questions or comments at this time.</p> <p><b>Referral Subcommittee: Rudy Marconi</b></p> <p>This subcommittee has met a couple of times, and our next meeting is July 25<sup>th</sup>. As the process chart states, we will be receiving reports from the CORE Report, public portal providers, and then we will be embedded in the ADPC working on prevention, treatment, recovery, and criminal justice. We will bring those reports forward for the Committee to review and will working on the recommendation of a form to be used, as well as working closely with the ADPC.</p> <p><b>Questions or Comments:</b></p> <p>No questions or comments at this time.</p>	
<b>Committee Comment / Discussion</b>	<p>Commissioner Dorantes: I just wanted to elevate the word that we've used a lot today in today's meeting and that's the word prevention because it does mean different things in different disciplines. I'd like for folks that are present and listening and participating in the subcommittees to really think about prevention of negative outcomes versus prevention of substance use, because prevention of negative outcomes spans several different disciplines and several different areas. If we think about social determinants of health and how citizens of Connecticut can thrive, the word prevention obviously is connected to those upstream approaches that prevent the negative outcomes that, to me are far more costly than any funding that is coming in.</p> <p>As we think about how the funds for this particular book of business are going to be allocated, I couldn't agree more with those who focused their attention on ways to prevent the negative outcomes associated with opioid misuse.</p> <p>Thomas Dunn and Mayor Neil O'Leary will have a discussion offline in regards to the use and creation of a survey for towns to use in relation to substance use.</p> <p>No further questions or comments at this time.</p>	Informational
<b>Next Steps</b>	<p>With the approval of the participation guidelines today, I plan to reach out to the Public Participation Subcommittee to reconvene and develop some framework around suggestions from the public, so please look out for that invite if you are a member of the subcommittee.</p> <p>The next Opioid Settlement Advisory Committee meeting will be Tuesday, September 12<sup>th</sup>, 2023.</p>	Informational

**NEXT MEETING** – Tuesday, September 12<sup>th</sup>, 2023, Video Conference Call through Teams  
**ADJOURNMENT** – July 11<sup>th</sup> meeting of the Opioid Settlement Advisory Committee adjourned at 11:21 a.m.