# TOWN OF KILLINGLY

OFFICE OF THE TOWN MANAGER
172 Main Street
Killingly, CT 06239
Tel: 860 779-5300, ext. 7 Fax: 860 779-5382




**TOWN OF KILLINGLY**
**FISCAL SUBCOMMITTEE MEETING**
**Monday, January 29, 2024**
**6:30 p.m.**
**Killingly Town Hall**
**Conference Room 102**

***Council Members*:**
Jason Anderson
Ulla Tiik-Barclay
Andrew Whitehead
Tony Giambattista, Alternate

**This is an in-person meeting. Public can attend the meeting at the Town Hall. Emailed public comments will still be accepted and presented at the meeting.**

**Agenda**

1. **Call to order**
2. **Appointment of subcommittee chairperson**
3. **Citizens' participation**

   All comments by citizens shall be limited to an aggregate of forty-five minutes (45) and each citizen's presentation shall not exceed five (5) minutes unless otherwise indicated by a majority vote of the Subcommittee. Public comment can be emailed to publiccomment@killinglyct.gov or mailed to Town of Killingly, 172 Main Street, Killingly, CT 06239 on or before the meeting. All public comments must be received prior to 2pm the day of the meeting. Public comment will be posted on the Town's website www.killinglyct.gov.

4. **Adoption of minutes:**
   a. October 4, 2023
5. **Unfinished business**
   a. Consideration and action on Shubael Hutchins Trust Fund requests – no action
6. **New business**
   a. Consideration and action on the recommendation of a proposed resolution authorizing the Town Manager to execute a letter of intent for a Connecticut Non-Residential Renewable Energy Solutions Revenue Sharing Agreement.

   b. Update and discussion on the Opioid Settlement Funds.

   c. Update and discussion on the Nips Funding.

   d. Update and discussion on the upcoming bond issuance for the Westfield Avenue project and note issuance for the KMS project.

7. **Executive Session**

8. **Adjournment**

**TOWN OF KILLINGLY**
**FISCAL SUBCOMMITTEE MEETING**
**October 4, 2023 5:30 p.m.**
**Conference Room 102, Killingly Town Hall, 172 Main Street**
**Meeting Minutes**



1. **Call to Order**
   Jason Anderson called the meeting to order at 5:32pm. J. Anderson recognized K. Kerttula as a regular member for this meeting.

   | | |
   |---|---|
   | **Members Present:** | Jason Anderson, Raymond Wood and Kevin Kerttula |
   | **Member Absent:** | Ulla Tiik-Barclay |
   | **Others Present:** | Mary T. Calorio, Town Manager |
   | | Jennifer Hawkins, Finance Director |

2. **Citizens Participation:** - None

3. **Adoption of Minutes:** November 3, 2022
   **Motion** by R. Wood to accept minutes. **Second** by K. Kerttula. **Motion carries** unanimously.

4. **Unfinished Business: None**

5. **New Business**
   a. **Consideration and action on the recommendation of a proposed resolution authorizing the transfer of fiscal year 2022-2023 unexpended funds from Unexpended Departmental Budgets to Special Reserves and Programs**

   b. **Consideration and action on the recommendation of a proposed a resolution approving the transfer of fiscal year 2022-2023 unexpended funds from the Killingly Conservation Commission, Killingly Inlands Wetlands and Watercourses Commission and Killingly Agriculture Commission appropriations to the Open Space Land Acquisition Fund**

   c. **Consideration and action on the recommendation of a proposed resolution authorizing fiscal year 2022-2023 budgetary year end transfers.**

      R. Wood made a motion to recommend agenda items 5a, 5b and 5c as presented to the Town Council for approval. Seconded by K. Kerttula. M. Calorio reviewed each transfer request. Motion passed unanimously.

   d. **Consideration an action on the recommendation of a proposal to authorize the Town Manager to award electrical supply bid for a period up to 36 months.**
      M. Calorio reviewed the proposed electrical supply bid process and various lengths of contract for consideration. K. Kerttula made a motion to recommend the proposal to authorize the Town Manager to award the electrical supply bid for a period of up to 36 months to the Town Council for approval. Seconded by R. Wood. Motion passed unanimously.

   e. **Consideration and action on Shubael Hutchins Trust Fund requests**
      M. Calorio reviewed the two requests submitted to the committee for consideration. Members requested both entities submit more information regarding services provided in Killingly. R. Wood made a motion to table this item until more information is received. K. Kerttula seconded the motion. Motion to table passed unanimously.

   f. **Consideration and action on the recommendation of proposed allocation of American Rescue Plan Act Funding for the Housing Authority elevator project**

M. Calorio reviewed the project submitted by the Housing Authority. Members discussed with the Executive Director of the Housing Authority, Carol Greene, the scope of the project. Information was provided to the committee that there would be additional costs for the climate controls needed in the mechanical room. J. Hawkins, Finance Director, reviewed costs from similar projects recently completed by the Board of Education. R. Wood made a motion to recommend a proposed allocation of $150,000 of American Rescue Plan Act Funding for the Housing Authority elevator project to the Town Council for approval. K. Kerttula seconded the motion. Motion passed unanimously.

6. **Executive Session - None**

7. **Adjournment**
**Motion** to adjourn by R. Wood at 6:20PM. **Second** by K. Kerttula. **Motion carries** unanimously.

Respectfully submitted,
Mary T. Calorio

Fiscal Subcommittee Agenda Item #6(a)

**AGENDA ITEM COVER SHEET**

**ITEM:** **Consideration and action on a resolution to authorize execution of a letter of intent with the Greenskies Clean Energy, LLC for a Connecticut Non-Residential Renewable Energy Solutions Revenue Sharing Agreement**

**ITEM SUBMITTED BY:** Mary T. Calorio, Town Manager

**FOR COUNCIL MEETING OF:** February 13, 2024

**TOWN MANAGER APPROVAL:** _____

**ITEM SUMMARY:** The State of Connecticut has initiated a new incentive program called the Non-Residential Renewal Energy Solutions (NRES) program. This program allows private developers to build large-scale solar projects that sell power directly to the grid, but only when the project has a municipal co-sponsor. The site of the proposed development has not been determined. The Town of Killingly would receive a revenue share from the solar revenue generated by the project. This item is a letter of intent to negotiate a formal revenue share agreement. This agreement could include a revenue share component for the host community of the development. Municipal co-sponsors are matched to projects based on their electrical loads. The applications are due in March for this round. The Town is committing to negotiate in good faith for a revenue sharing agreement. Killingly is eligible for this program due to our former Distressed Municipality designation. The Town will be ineligible for this program in 2025.

Any proposed revenue sharing agreement would be further reviewed and approved by the Town Council.

**FINANCIAL SUMMARY:** There is no cost to the Town to participate in the NRES program. If the project is successful, the Town would receive revenue as negotiated in the revenue sharing agreement.

**STAFF RECOMMENDATION:** Approval of the Resolution

**TOWN ATTORNEY REVIEW:** Yes

**COUNCIL ACTION DESIRED:** Action on the Resolution

**SUPPORTING MATERIALS:**

- Resolution
- Letter of Intent

Resolution # 23-32

**RESOLUTION TO AUTHORIZE EXECUTION OF A LETTER OF INTENT WITH THE GREENSKIES CLEAN ENERGY LLC, FOR A CONNECTICUT NON-RESIDENTIAL RENEWABLE ENERGY SOLUTIONS REVENUE SHARE AGREEMENT**

BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF KILLINGLY that, in accordance with Section 602 of the Killingly Town Charter, the Town Council may authorize the Town Manager to enter into and deliver to the United States Government or any agency thereof, the State of Connecticut or any agency or political subdivision thereof, or any other body politic or corporate any and all documents which it deems to be necessary or appropriate; and

BE IT FURTHER RESOLVED that Town Manager Mary T. Calorio, Chief Executive Officer for the Town of Killingly, is hereby authorized to execute and deliver to Greenskies Clean Energy, LLC, the attached letter of intent and is further authorized to execute and deliver any and all related documents on behalf of the Town of Killingly and to do and perform all acts and duties deemed necessary or appropriate to carry out the terms of such documents, including, but not limited to, executing and delivering all agreements and documents contemplated by such interlocal contract or related documents.

KILLINGLY TOWN COUNCIL

Jason Anderson
Chairman

Dated at Killingly, Connecticut
this 13th day of February 2024

Attest: I, Elizabeth Wilson, Town Clerk of the Town of Killingly, do hereby certify that the above is a true and correct copy of a resolution adopted by the Killingly Town Council at its duly called and held meeting on February 13, 2024, at which a quorum was present and acting throughout, and that the resolution has not been modified, rescinded, or revoked and is at present in full force and effect. I further certify that Mary T. Calorio now holds the office of Town Manager and that she has held that office since March 11, 2019.

Elizabeth Wilson, Town Clerk
**(SEAL)**

Date

January 26, 2024

Town of Killingly CT

172 Main St
Danielson, CT 06239

Non – binding Letter of Intent ("**LOI**") and non-binding Term Sheet for the Connecticut Non-Residential Renewable Energy Solutions Revenue Share Agreement ("**Transaction**").

The attached Exhibit A – contains certain proposed terms of a proposed revenue share agreement ("**RSA**") under which Greenskies Clean Energy LLC ("**Developer**"), and The Town of Killingly CT ("**Town**") may participate in the 2023 Eversource Energy NRES Program ("**Program**"). Developer and Town intend to negotiate the terms and provisions of, and if successful, execute the RSA on or before March 1, 2024; provided, however, that the failure at any time either to reach agreement on such terms and conditions or to execute the RSA shall not result in any liability or obligation of Developer or the Town to the other.

Town understands that in order for Developer to submit a bid into the Program, Town must be a party to, and execute, Developer's Program bid, which must be submitted by September 14, 2023; provided, however, that the Town's execution of such Program Bid shall not result in any liability or obligation of the Town to Developer or to any third party, unless Town and Developer subsequently negotiate and execute an RSA.

This LOI shall expire on May 1, 2024.

Sincerely,

_____

Stanley Chin
Authorized Person
Greenskies Clean Energy LLC

Accepted & Agreed:

_____

Mary T. Calorio, Town Manager
Town of Killingly

Date: _____

*Exhibit A –Term Sheet.*

The following is a summary of certain proposed terms and conditions for the RSA and is for discussion purposes only; it is non- binding and does not represent or constitute any commitment by Developer or Town to consummate the Transaction contemplated by this LOI.

| | |
|---|---|
| Transaction: | Developer will submit one or more applications for the Program. If selected then Developer shall construct a solar energy generation facility and sell all of the energy ("**Energy**") generated by such facility (the "**Project**") to Eversource Energy ("**Eversource**"). The Project shall be located at 157 Palmer Road, Scotland CT and is proposed to generate ____kWh in year (1).<br><br>If the Project is selected for the Program, Developer and Town may agree to an RSA under which, if executed, Town shall receive quarterly distributions from the Project received by Developer from the sale of Energy to Eversource. Under the RSA, Town will receive a share of the Project revenue equal to $.000 per kWh times the Town kWh capacity. Town kWh capacity shall be equal to X the Project capacity.<br><br>In exchange for this share of the Project revenue generated, Town shall authorize Eversource to provide certain Town account and historic meter information to Developer and to commit these accounts as beneficial accounts under the Program rules.<br><br>There is no cost for the Town to participate in the Program. |
| | |
| RSA Term and Termination | Term of 20 years; the RSA is not terminable by the Town except in the event of an uncured and unexcused Force Majeure or Event of Default by Developer or any assignee of Developer. |

| | |
|---|---|
| Conditions Precedent to Close | • Satisfactory completion of due diligence by Developer in its sole discretion.<br>• Acceptance by Eversource Energy of Developer's NRES program bid.<br>• Agreement by Developer and Town to an RSA<br>• All third party and regulatory approvals have been obtained in form and substance satisfactory to Developer.<br>• Absence of any material adverse change relating to the Transaction, or that significantly and adversely effects the Project's business, finances, condition, assets, properties, projected operations or results of operations, including all changes resulting directly from a change in the energy industry, but excluding all changes resulting directly from a change in general business conditions of the United States.<br>• |

# Solar Development Services

## NRES Solar Revenue Share Program

## Town of Killingly

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# CCM Renewable Energy Procurement

- The Connecticut Conference of Municipalities and Titan Energy have collaborated to help CCM members procure and management renewable energy projects. In addition to traditional solar project management, CCM/Titan has created a program for municipalities to take advantage of the public policy measures enacted within the Non-Residential Renewable Energy Solutions (NRES) program, which allows private developers to build large-scale solar projects that sell power directly to Eversource, **but only when they have a "distressed municipal" co-sponsor (according to the Office of Economic Cooperation and Development).**
- The NRES program carve-out for State, Agriculture and Municipal entities was specifically established as a means to direct the financial benefit of large scale solar development to these groups in a manner that is easy to understand and easy to access.
- The municipal co-sponsor is entitled to a share of the revenue from the project or utility bill credits equal to the solar array's monthly production.
- The municipal co-sponsor does not need to be the owner of the land upon which the array is built.
- **There is zero cost to participate in the NRES revenue share program.**
- The timing is particularly critical as traditional energy prices have escalated to historic highs and show little sign of decreasing within the next 3-5 years.

# HOW NRES SOLAR WORKS

Electricity created by solar farm → Solar energy purchased by Eversource → Developer shares revenue with municipality

- Each municipality can accept revenue from projects that produce kilowatt-hours equal to or less than current municipal electricity use. This is meant to fairly distribute financial value.
- There is zero possibility of financial loss when participating in the NRES program.
- Project availability is limited and assigned on a first-come, first-serve basis

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# Killingly Procurement Process

Electricity created by solar farm → Solar energy purchased by Eversource → Developer shares revenue with municipality

- Titan will include Killingly in the next CCM RFP to locate solar projects in need of distressed municipal co-sponsor. Projects will be sourced from all over the State, with the goal being to select the option that offers the best revenue share offer and has the highest likelihood of successful development/permitting. Killingly will have discretion over which project is ultimately selected.
- Projects will be required to pay market-rate property tax for the town where project is sited.
- Town will have opportunity to review the project in advance of permitting/approvals with the Connecticut Siting Council.
- Killingly will lose "distressed municipality" status in 2025.

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# Killingly-Specific Example

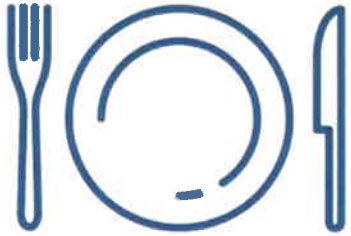
Electricity created by solar farm → Solar energy purchased by Eversource → Developer shares revenue with municipality

- 3,000,000 annual town kWh usage
- 10% Revenue Share from solar project
- Est. Year-1 Revenue : $42,000.00
- Est. 20-Year Revenue : $840,000.00
- Distributions can be front-loaded to help town enjoy benefits more quickly

# Reinvest Your Revenue!

There are any number of ways to reinvest the proceeds from your NRES participation. Here are just a few ideas to help get the brainstorming started!


- 21 New Public Safety Vehicles



- 56,000 meals for families in need

| General Government | 2022-23 | 2023-24 | Change | % Change |
|---|---|---|---|---|
| Town Operations | $ 12,649,172 | $ 12,848,771 | $ 199,599 | 1.58% |
| Student Resource Officer/Armed Security Officer Program | $ 84,000 | $ 531,232 | $ 447,232 | 532.42% |
| Human Services Subsidy | $ 643,650 | $ 727,120 | $ 83,470 | 12.97% |
| Solid Waste Subsidy | $ 234,801 | $ 234,801 | $ - | 0.00% |
| Debt Services | $ 4,552,762 | $ 4,950,499 | $ 397,737 | 8.74% |
| Capital Projects - Road Renewal/Library Roof | $ 1,300,000 | $ 1,800,000 | $ 500,000 | 38.46% |
| Capital Projects | $ - | $ 3,996,373 | $ 3,996,373 | 100.00% |
| Due to Student Transportation CNR | $ 344,680 | $ 354,782 | $ 10,102 | 2.93% |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Creative energy solutions

# TOWN OF KILLINGLY

Office of the Town Manager
172 Main Street, Killingly, CT 06239
Tel: 860 779-5335 Fax: 860 779-5394


To: Fiscal Subcommittee Members

From: Mary T. Calorio, Town Manager

Cc: Jennifer Hawkins, Finance Director

Date: January 29, 2024

Re: Opioid Settlement Funds

The Town has participated in the national opioid settlements. There are several settlements still ongoing. I've attached a breakdown of the existing settlements the Town has received payments from and will continue to receive payments from. In accordance with the settlements, funds are required to be used for "remediation uses". Attached is Exhibit E from the Final Distributor Settlement which outlines what are "remediation uses". There are many avenues the Council may consider for the use of these funds over the next 10-15 years.

NECCOG members are also exploring how the towns collectively might collaborate to make a greater impact on the region.

My intent for this agenda item is to begin discussions on the topic and receive guidance on what potential avenues might be of interest to pursue.

# EXHIBIT E

## List of Opioid Remediation Uses

### Schedule A
### Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

**Schedule B**
**Approved Uses**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

## A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

## B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

## C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

## D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

## E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

## PART TWO: PREVENTION

### F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

## G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

## H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

## PART THREE: OTHER STRATEGIES

### I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

### J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

## K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

## L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

# TOWN OF KILLINGLY

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To: Fiscal Subcommittee Members

From: Mary T. Calorio, Town Manager

Cc: Jennifer Hawkins, Finance Director

Date: January 29, 2024

Re: Nips Funds

I've attached CGS Sec 22a-244b Nips. Five-cent surcharge. This legislation implemented a five-cent surcharge on the sale of nip sized beverage containers. The surcharge is payable to the municipality in which the sale occurred. Payments are due every six months. Subsection d outlines how the municipality can expend these funds. Due to the fact the payments are based on sales within the municipality, I waited until the Town had received several payments so we could determine if there was predictability in the amounts. That being said, below are the payments received thus far:

| | |
|---|---|
| October/November 2022 | $ 23,633.40 |
| May 2023 | 24,344.90 |
| November 2023 | 24,316.15 |
| Total available | $ 72,294.45 |

My intent for this agenda item is to begin discussions on the topic and receive guidance on what potential avenues might be of interest to pursue.

Sec. 22a-244b. Nips. Five-cent surcharge. Payment by retailer. Payment by wholesaler to municipality. Use of payments by municipalities. (a) Notwithstanding any provision of the general statutes, on and after October 1, 2021, any beverage container containing a spirit or liquor of fifty milliliters or less shall be assessed a five-cent surcharge by the wholesaler of such beverage container to the retailer of such beverage container and by the retailer of such beverage container to the consumer of such beverage container. Any surcharge transaction described in this section shall be distinct and clearly identify the surcharge from the price of such beverage container and shall not be subject to any sales tax or treated as income pursuant to any provision of the general statutes.

(b) The payment of said surcharge by a retailer shall be a debt of a retailer upon purchase from any such wholesaler and shall be subject to all posting requirements in the event of delinquency.

(c) On April 1, 2022, and every six months thereafter, payment shall be remitted by each wholesaler to every municipality where any such beverage container was sold during the preceding six-month period by such wholesaler. Such payment shall be at the rate of five cents for every such beverage container sold within such municipality by such wholesaler. Concomitant with any payment made by a wholesaler to a municipality pursuant to this subsection, such wholesaler shall file a report with the Department of Revenue Services and the Department of Consumer Protection's Liquor Control Division, detailing the number of such beverage containers sold in each municipality by such wholesaler in the preceding six-month period.

(d) All payments received by any municipality pursuant to the provisions of subsection (c) of this section shall be expended by such municipality on environmental measures intended to reduce the generation of solid waste in such municipality or reduce the impact of litter caused by such solid waste, including, but not limited to, the hiring of a recycling coordinator, the installation of storm drain filters designed to block solid waste and beverage container debris or the purchase of a mechanical street sweeper, vacuum or broom that removes litter, including, but not limited to, such beverage containers and other debris from streets, sidewalks and abutting lawn and turf areas.

(P.A. 21-58, S. 10.)