

# Opioid Settlement Public Input on Funding of Initiatives to Combat the Opioid Crisis Summary

July 16, 2025



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

**NED LAMONT**  
**GOVERNOR**

**NANCY NAVARRETTA, MA, LPC, NCC**  
**COMMISSIONER**

FROM: Nancy Navarretta, Commissioner

DATE: July 16, 2025

RE: Opioid Settlement Public Input on Funding of Initiatives to Combat the Opioid Crisis Summary

**Summary**

**Introduction and Background:**

Connecticut is expected to receive over \$600 million over 18 years as part of the nationwide opioid litigation settlement agreements with various pharmaceutical distributors and opioid manufacturers. 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. The Opioid Settlement Advisory Committee (OSAC) was established to ensure the proceeds received by the state are allocated appropriately, deliberately, and in accordance with the settlement agreements and enacted laws.

Between October 17, 2023 through November 17, 2023, an online portal was open to collect input from diverse stakeholders regarding recommendations for funding of initiatives to combat the opioid crisis that are evidence-based or a promising practice. Any member of the public (e.g., subject matter experts, individuals with lived experience, preventionists, academics, service providers, municipalities, policy makers, researchers, etc.) could submit an idea on how these funds could be used to help those most impacted by the opioid crisis. Recommendations can continue to be submitted for review by emailing an approximately 500-word summary and anticipated annualized cost of project implementation to OSAC@ct.gov.

The OSAC Referral Subcommittee and Alcohol and Drug Policy Council (ADPC) subcommittees have been working diligently to organize and review submissions and follow the approved guidelines for processing recommendations. Recommendations are reviewed as general ideas independent from the submitter for potential statewide implementation. During their review process, the reviewing subcommittees ensure the recommendations are needed and feasible in Connecticut and in alignment with the March 2024 Connecticut opioid Response Initiative (CORE) Report and Opioid Settlement Exhibit E: List of Opioid Remediation Uses, both of which are available for review at <https://portal.ct.gov/cosac>. General statements, particularly those around equity and addressing disparities, remain part of the ongoing conversation when developing the recommendation to be voted

on by the full OSAC. Recommendations prioritized by these subcommittees then are reviewed by the full Opioid Settlement Advisory Committee for vote and approval.

Connecticut municipalities also receive Opioid Settlement proceeds directly from the settlement administrator. Recommendations with localized impact or related to municipal functioning can also be shared with municipal leadership for potential municipal opioid funding consideration.

**Summary:**

- As of 5/22/25 a total of 178 recommendations were received since October 2023
- Each of these recommendations were reviewed by the OSAC Referral and/or Subject Matter Experts and categorized as follows:
  - 33 recommendations were at least partially utilized for proposal development and approved by OSAC for implementation
  - 38 recommendations continue to undergo Subject Matter Expert review
  - 24 recommendations are not currently prioritized. These recommendations may be revisited in the future
  - 83 recommendations were not recommended to move forward for additional consideration
- OSAC has approved 16 proposals totaling \$93,439,156. Please select the OSAC Approved Initiatives listed below for additional details:

OSAC APPROVED INITIATIVES	
TREATMENT	<ul style="list-style-type: none"><li>➤ <a href="#">Mobile Opioid Treatment Programs (OTP)</a></li><li>➤ <a href="#">Treatment Bridge Model to Increase MOUD Initiation in CT's Emergency Departments</a></li><li>➤ <a href="#">Department of Correction (DOC) OTP expansion</a></li><li>➤ <a href="#">Contingency Management</a></li><li>➤ <a href="#">Treatment Pathway Program (TPP): Pre-trial Diversionary Program</a></li><li>➤ <a href="#">Opioid Treatment Program Access Expansion</a></li></ul>
HARM REDUCTION	<ul style="list-style-type: none"><li>➤ <a href="#">Syringe Service Program (SSP) Supplies Expansion</a></li><li>➤ <a href="#">Harm Reduction Vending Machines</a></li><li>➤ <a href="#">Naloxone Saturation</a></li><li>➤ <a href="#">SafeSpot Overdose Hotline</a></li><li>➤ <a href="#">Harm Reduction Centers</a></li><li>➤ <a href="#">Connecticut Drug Data Collaborative</a></li></ul>
PREVENTION	<ul style="list-style-type: none"><li>➤ <a href="#">LiveLOUD Public Awareness &amp; Education Campaign</a></li><li>➤ <a href="#">Drug Deactivation Mailing</a></li><li>➤ <a href="#">Primary Prevention through Education and Reduction of Opioid Diversion</a></li></ul>
RECOVERY SUPPORT	<ul style="list-style-type: none"><li>➤ <a href="#">Collegiate Technical Assistance to Support Opioid Overdose Education</a></li><li>➤ <a href="#">Supportive Housing</a></li><li>➤ <a href="#">Emergency Department Recovery Coaching</a></li><li>➤ <a href="#">Recovery Centers Continuation</a></li></ul>

**Detailed Recommendation Submission and Review Report:**

Included Below

Organization	Recommendation Name	Recommendation Description	Status/Outcome	Notes
Advancing Connecticut Together, Inc.	CT Center for Harm Reduction	The program educates communities throughout Connecticut on harm reduction, substance user health services, and practices that reduce the spread of sexually transmissible infections.	ADPC Subcommittee to review	
Adventure Recovery	Aventure Recovery	Adventure Recovery (AR) is an innovative model that integrates SUD recovery methods and mental health awareness and expertise with transformational adventure experiences that teach individuals how to embody self-efficacy, empowerment, and confidence. AR offers guided group and individual client experiences in half-day, full day, overnight, and multi-day experience intervals. AR offers a variety of recovery-focused outdoor skills training workshops to help those who want to pursue a career in the recovery / outdoor space. The AR approach combines recovery coaching and adventure-based counseling techniques with expert outdoor skills instruction using nature-based teaching and positive reinforcement. Our professional team currently consists of 8 people specializing in prevention and addiction recovery and provides expert-level outdoor guided experiences that are recovery focused and client-directed. AR offers a distinctive, eco-therapeutic approach to clinical care for mental health obstacles & substance use concerns. The collaborative process engages the client in an empowerment-based method to reach their goals. Our proposed project will offer the above services to a wide range of individuals across the state of Connecticut who struggle with SUD/OD. Our aim will be to provide individual mentoring scholarships, group scholarships, and training scholarships to those who have financial or insurance-based obstacles to receiving alternative, evidence-based services in CT. We plan to partner with RCOs, sober living facilities, Residential/PHP/IOP programs, and other organizations to bolster community relationships and offer services to individuals and groups. This will allow those populations in most need or who are often unable to access our individualized level of care to reach our programming. Similarly, we will use our relationships to spread awareness about nature as a recovery pathway and engage people through individual and group models in lifelong skills-based activities that can have a profound impact on their long-term recovery. Outdoor experiences for this work will include hiking, navigation training, rock climbing, whitewater activities, cross country skiing, ancestral skills, and more. All clients and groups will work with our team of mental health professionals to plan and take action on life, recovery, or mental health focused goals.	Not prioritized at this time	
Aging Committee's Working Group on Elder Abuse, Neglect, Opioid Misuse and Exploitation	Funding Elder Justice Unit of law enforcement; Victim restitution Fund, Expansion of Universal Background Checks for elder care workforce	Resources to investigate/ follow up victims of elder abuse, exploitation, misuse of opioids; provide victim restitution resources, and oversight of expansion of background checks for elder care workforce to protect elders from abuse, neglect, exploitation and misuse of opioids	Not recommended to move forward	Elder abuse protection; not related to opioids. Will keep in mind that elderly population might be an overlooked population we should look at

Alma's House	ALMA'S HOUSE	ALMA'S HOUSE is an Art and Music based Residential Sober Living Home for men, to be located in Bridgeport, CT. The 5 bedroom residential home will be able to house eight men at a time, for a minimum of three months, along with one house manager, and a studio manager. In addition to providing a drug-free environment for those in recovery, AH will incorporate music and art throughout the recovery process, by using artistic expression as a coping mechanism. Residents will learn about self and others through art, poetic/literary response, and music making. Through the arts, AH will help residents with positive risk taking, and working outside of their comfort zone. AH will be fully equipped with a state-of-the-art audio/video studio where residents can learn the art of recording and production, and working together as a team. Though the first of its' kind in CT., music based sober houses can be found throughout the country. Multiple studies have found that music incorporated into recovery, created a decrease in anxiety, depression, anger and stress in	Not prioritized at this time	
APT Foundation, Inc.	Shoreline Open Access	We are requesting resources to aid in developing a new OTP treatment site on the shoreline. In reviewing our internal data, we have found 400 patients who utilize services at APT who would benefit from APT opening a new location in Guilford CT. This site has already been secured and we are currently working with the town in the permitting process. This would open access to an area that is currently experiencing the highest rate of overdoses and has significant deficits with regards to treatment access. APT would also use this location as a hub for our mobile methadone clinic which would allow us to extend our service reach even further allowing us to service much needed areas such as Middlesex Country as well as the Connecticut shoreline. Currently, there are 47.8 miles between treatment providers from New Haven to New London, 38 miles between Middletown and New London and 31 miles between Middletown and New Haven. Using mobile services will cut travel by up to 50% or more in some cases reducing barriers due to transportation and access issues. Our mobile methadone services would also include evaluation services for new patients entering treatment, as well as harm reduction strategies including Narcan distribution.	"Pilot Mobile Opioid Treatment Program (OTP)" approved January 2024 + "OTP Access Expansion" approved May 2025	
Art Pharmacy	Art Pharmacy	Art Pharmacy is a pioneering social prescribing organization that offers innovative, arts-based interventions to improve mental health and address SUD/OD. Art Pharmacy stands out as an evidence-informed, community-driven partner capable of expanding access to non-clinical supports and addressing unmet behavioral health needs. Art Pharmacy delivers personalized, arts-based social prescriptions through a precision-matching model that connects individuals with culturally relevant arts and cultural opportunities in their communities. These activities are proven to foster social connection, rebuild identity outside of addiction, and support motivation and adherence to treatment, including MAT for OUD. Grounded in robust scientific research, Art Pharmacy's model draws on decades of evidence showing that arts engagement improves mental health, reduces symptoms of anxiety and depression, and positively affects biological mechanisms related to addiction and chronic pain. Crucially, Art Pharmacy operationalizes equity by ensuring access to community-based programs among populations often underserved by the healthcare system. This includes addressing transportation, financial, and technological barriers, and partnering with local cultural institutions to co-create care pathways that reflect the identities and needs of CT residents. By extending care delivery through trusted community organizations, Art Pharmacy not only amplifies the impact of the existing behavioral health infrastructure but also helps reduce the burden on overstretched clinical systems—an essential goal identified by CT's OSAC. Art Pharmacy's inclusion of care navigators, data sharing with health providers, and integration of creative therapies into comprehensive treatment plans ensures continuity of care and measurable outcomes. Its model is particularly well-suited to CT's public health priorities, offering scalable, cost-effective, and person-centered interventions that complement formal treatment and foster long-term recovery.	Not recommended to move forward	Navigator services exist throughout CT to connect with comprehensive array of services; duplication of efforts.

Association of Religious Communities	Supportive Housing Project in New Milford for clients with a history of opioid addiction	A developer who owns property in New Milford has a strong interest in developing supportive housing for clients with a history of addiction. The idea would be to build 40+ micro-self-sufficiency units for clients on vouchers. Unlike some places that reserve a unit or two for affordable housing this entire project would be for clients on vouchers. This developer already owns the real estate and it is conveniently located a short walk from the bus lines. It's a prime location for something like this, but he is in need of the resources to provide the seed money to start the project. Specifically, he needs to hire an architect to come up with plans. We are hoping perhaps there would be some way to receive some of the Opioid Settlement Funding to help us start this endeavor.	Not recommended to move forward	Large scale infrastructure projects are not being explored at this time.
Believe in Me Empowerment Corporation	Believe in me Empowerment Corporation	This is proposal to fund a program for our Returning Citizens from incarceration. Believe in me Empowerment Corporation proposes to provide outpatient group therapy, therapeutic counseling sessions, and socio-emotional support. Additionally, individuals/families in need will have access to a Recovery Coach. All groups and individual counseling would be provided by licensed and certified clinicians and coaches who are culturally competent and experienced with individuals suffering through substance use disorder. BIMEC has two available locations to provide treatment/ therapeutic services.	Not recommended to move forward	Most of the services noted in the recommendation are billable services.
BHcare - Alliance for Prevention & Wellness Program	Bridging Region 2 Communities Against Opioid Disparities	Addressing opioid-use disorders within marginalized communities demands a multifaceted approach. Implementing this plan requires sensitivity, cultural competence, and a commitment to dismantling systemic barriers. By engaging with those with lived experience and their families we can gain invaluable guidance and ensure that the approach is respectful, inclusive, and truly meets the needs of those affected. We will strengthen partnerships to leverage collective resources and expertise, tailor messages to resonate with different communities for effective communication and engagement, acknowledge biases within treatment providers and increasing awareness about disparities are key steps toward addressing institutional racism, acknowledging biases within treatment providers, Utilize needs assessment data ensures that efforts are directed where they're most needed, and focusing on specific geographic hotspots, utilize a comprehensive evaluation as a vital tool measuring the impact of interventions and adjusting strategies as needed. Target population communities in DMHAS Region 2	Not prioritized at this time	
Brian Cody's Brothers & Sisters Foundation	Sober Housing Vouchers (not Basic Needs)	Provide CT residents who are seeking assistance housing voucher (good for two months) to any CTAR certified sober home	ADPC Subcommittee to review	
Bridge Family Center	Therapeutic Mentoring Program	Expand existing mentoring program. Expansion to focus on engaging disengaged youth - specifically 8th graders, as they transition to high school to prevent risky behavior. Period of intensive mentoring during summer transition, followed by a transition to a supervised peer mentoring model at the start of the school year to engage them with positive and pro-social supports at school.	Not prioritized at this time	
Bridgeport Rescue Mission	Ongoing Recovery Programming	At BRM, we provide evidence-based, holistic recovery services to individuals struggling with addiction, homelessness, and co-occurring mental health disorders. Our programming includes: 1.Residential Recovery Program: Offering structured, long-term recovery in a safe, supportive environment. 2.Case Management: Personalized plans to address individual needs, including substance use treatment, physical and mental health care, and life skills development. 3.Counseling and Peer Support: Trauma-informed counseling and peer-led groups foster community and resilience among participants. 4.Workforce Development: Training and job placement support to help participants achieve economic stability post-recovery. 5.Family Reunification: Assistance rebuilding relationships and reunifying with loved ones when appropriate. 6.Successful change: This holistic approach has empowered many to achieve sobriety and rebuild their lives, contributing positively to their communities.	Not recommended to move forward	Much of this is covered by insurance reimbursement. Residential not aligned with CORE report. Peer support and Case Management would need RFP for statewide implementation of services.

Bridgeport Rescue Mission	Affordable Supportive Housing at 1088 Fairfield Avenue: renovations of the building and operational support for one year	To support long-term recovery and stability, BRM seeks funding for the renovation and operation of 1088 Fairfield Avenue, a building we own. If the feasibility survey recommends, this project will create at least 20 affordable housing units, studio to two bedrooms to serve individuals transitioning from recovery programs or facing housing instability. Renovations to the building will include: •Upgraded HVAC System: Ensuring improved energy efficiency and reliable climate control for residents. •Upgrades to Plumbing, Electrical, and HVAC Systems: Ensuring energy efficiency and reliable infrastructure. •Unit Modernization: Updating kitchens, bathrooms, flooring, and common areas to provide safe and comfortable living spaces. •Security Enhancements: Installing secure access systems, cameras, and improved lighting for resident safety.	Not recommended to move forward	Large scale infrastructure requests are not being funded at this time. Bond funds may be available for infrastructure upgrades. Housing workgroup continues to explore Recovery Housing needs. May be a future RFP.
Bridges Healthcare	Academic Detailing for Medication assisted treatment	The goal of this program is to generate change in the way primary care doctors view addiction, screen for opiate use disorder, and prescribe medication for addiction treatment. Despite several advances across the nation to encourage physicians to prescribe medication for addiction treatment, the number of physicians who feel comfortable with office based opiate treatment remain low. We are proposing to use academic detailing as a strategy to enhance physician knowledge and comfort with treatment for OUD thus increasing the number of individuals with OUD entering into treatment in the office based setting. Academic detailing, also known as educational outreach, uses one-on-one interactions to provide physicians and pharmacists with unbiased, evidence-based information that can be used to improve clinical practice. In a publication from the CDC, they stated interventions that include academic detailing have shown to improve clinician adherence to guidelines for monitoring patients treated with opioid therapy for pain, improved toxicology testing, improved overall clinician knowledge about opioid prescribing, decreased rates of high-dose opioid prescribing as well as opioid-benzodiazepine co-prescribing, increased amount of naloxone prescriptions being filled by their patients. Our team would consist of trained pharmacists, nurses, and physicians who will provide education, research, and support to help physicians prescribe the safest, most effective medications for their patients. Our target population would be local physicians/prescribers who are not comfortable with their current level of knowledge on OUD. We would also target pharmacists to enhance their comfort with naloxone distribution.	ADPC Subcommittee to review	

Carelon	ACCESS Mental Health and Substance Use for Moms	<p>The ACCESS Mental Health and Substance Use for Moms program is a statewide perinatal psychiatric consultation program in CT. The program launched in 2022 through SAMHSA funding awarded to DMHAS. Carelon Behavioral Health administrates this program. The funding is ending in September 2025, and we are actively seeking funding to sustain this exceptional program. Given the focus on substance use and mental health needs in the perinatal period, and the vulnerability of the health and well-being of both the mother and baby, we are confident that this program aligns with the state's priorities for the reinvestment funds of the opioid settlement. Led by our AMH for Moms Hub Team Medical Director, Dr. Ariadna Forray, our program-to-date statistics include: 1. Real-time substance use and mental health consultation for healthcare providers treating pregnant and postpartum individuals. From June 2022 through December 2024, the program facilitated 2,667 consultations benefitting 439 individuals. Consultations have been requested by obstetricians, psychiatrists, pediatricians, and primary care providers. 2. Care coordination and linkage to community-based resources, offering vetted referrals to services, support groups, and further resources for pregnant and postpartum individuals. 344 individuals have been connected to vital services addressing substance use, mental health, medication management, parenting, and social factors. 3. Trainings and toolkits for healthcare providers, ensuring adherence to evidence-based guidelines for substance use and mental health screening and treatment. Since its development, the AMH for Moms website has accumulated over 13,942 views, highlighting its reach and influence. A total of 285 providers have been trained with 21 training sessions conducted and recorded since the start of the series. In conjunction with the ACCESS Mental Health for Moms Clinical Conversations Series, the AMH for Moms Hub team psychiatrists enhanced the program's provider toolkit incorporating new clinical guidance on identifying and treating substance use in the perinatal period. This comprehensive toolkit now offers perinatal providers actionable information, detailed algorithms, and valuable clinical insights, empowering them to effectively manage perinatal mental health and substance use conditions within their practice. View toolkit here: <a href="#">AMH-for-Moms-Provider-Toolkit-Final-Summer-2024.pdf</a></p>	Not recommended to move forward	Now funded through reinvestment; funding no longer needed
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Carelon	Substance Use Disorder Prevention that Promotes Opioid Recovery & Treatment for Patients & Communities Act (SUPPORT): Creating access and quality for underserved HUSKY Health populations across Connecticut	<p>This is a sole source population health request that outlines a data-informed, evidenced based strategy to mitigate the impact of overdose deaths and address health disparities within the HUSKY Health population. We are requesting funding to enhance our data analytic capabilities for three purposes: 1) to develop a predictive model and specific interventions 2) develop an integrated overdose fatality report and 3) examine HEDIS ® Initiation and Engagement of Substance Use Disorder Treatment (IET) metric by demographic groups and service categories to pinpoint key focus areas. This funding will allow us to develop a predictive model that will help identify HUSKY Health members who are at risk of delivering a substance-exposed infant. Outcomes will be ranked into specific risk scores that will be tiered to inform stratified interventions. This financial support will be used to build upon our data analytic capabilities by adding the following FTEs to develop these advanced analytics (predictive model) and implement subsequent intervention: • Two Wellness Recovery Specialists/Peers (to provide care coordination and care management focused on the wellness and recovery of members) • One Business Information Analyst II (to meet data analytics and reporting requirements) By leveraging advanced analytics and data-driven insights, our goal is to execute a program that provides timely interventions and support to expectant parents, ultimately mitigating the number of infants impacted by substance exposure and thus fostering healthier families and communities. Moreover, our data findings and interventions can inform state-wide decision-making regarding policies pertaining to members at risk of delivering an infant exposed to substances. The CT BHP continues to monitor the unique needs of the HUSKY Health population and subpopulations as it relates to SUD prevalence, utilization, and medication for substance use disorders. This funding would therefore also support the development of an integrated HUSKY Health overdose fatality report to analyze the impact of SUD within HUSKY Health population. This data-centric approach will allow us to identify factors associated with fetal overdose and as such inform effective recommendations for early interventions to help mitigate deaths by overdose.</p>	Not recommended to move forward	Wellness Recovery Specialists overlap with REACH Navigators, which is an existing program with capacity to serve this population, and Navigators meet with individuals in the community and/or the setting of their choice. Additionally, there is pending legislation separating maternal and infant medical records; this seems to move in the opposite direction. There is concern that this could be a flagging system for DCF intervention; a predictive model doesn't align with CAPTA, which is blinded to prevent flagging.
Carelon Behavioral Health	Community Wellness One Stop Shop	Statewide- One stop option for accessing help for social determinants of health and SUD. Focus on communities with high deprivation index. Create statewide recovery community centers with established Memorandums of Understanding (MOUs) with local harm reduction centers, community-based agencies, faith community, and behavioral health providers. These recovery community centers will be facilitated by a dedicated team of community health workers, peer specialist, and family members. The array of community-based services and supports should include facilitating access to basic needs, developing respite for SUD, providing emotional support and disseminating education/information, guiding individuals through the behavioral health system, and establishing support groups tailored for both families and individuals on their paths to wellness.	"Recovery Centers Continuation" approved May 2025	
Carelon Behavioral Health	Emergency Department MOUD Induction	Incentivize EDs for initiation of MAT including navigators/recovery coaches to assist and support transition from ED to appropriate next level of care/support. Incorporate data collection of induction rates statewide share best practices. and and deploy resources to OUD in induct	"Treatment Bridge Model for Connecticut's Emergency Departments" approved September	
Carelon Behavioral Health	Specialized SUD Care Model	Expand options for transitional recovery-oriented housing plus treatment, especially making available options for pregnant women that includes doula/midwife support, women in general, youth and LGBTQ+ community. Focus on communities with high deprivation index.	ADPC Subcommittee to review	
Carelon Behavioral Health	Recovery High School	Recovery High Focus on communities with high deprivation index. School: use the concept of “magnet schools” that support recovery for youth with substance use disorders.	Not recommended to move forward	

Carelon Behavioral Health	Building Neighborhood Capacity	Develop a designated non-traditional trusted stakeholder model of care that is designed for individuals in recovery, sponsors, family members of those in recovery, and diverse faith leaders. This initiative aims to offer information and education to equip participants to become peer specialist and/or enhance their understanding of stigma, substance misuse, and medications for opioid use disorder. Upon completion, provide opportunity for continued engagement via technical assistance, SUD community capacity/ infrastructure development and Targeted Request for Funding (RFP) opportunities for these community leaders to obtain funding to develop supports/services in their neighborhoods. Focus on communities with high deprivation index.	Not recommended to move forward	Overlaps with existing resources
CCAR	Recovery Center Continuation	We seek \$1.2 million annually in opioid settlement funds to keep 3 Recovery Community Centers—Torrington, Danbury, and New London—open, continue offering evening and weekend hours, and provide statewide young people and family support. These services were funded through federal funds (congressionally directed spending FY2023), which have run out.	"Recovery Centers Continuation" approved 5/13/25	
Central Connecticut Health District	Housing First: Permanent Supportive Housing	Our suggestion is that one or each County or selected regional areas offer housing with wrap-around services for individuals in recovery or at high risk for SUD, such as unhoused individuals. The Housing First program is the model for this suggestion. It has been utilized with success for veterans and in others in various locations around the country. This housing concept offers wrap-around services. Services include: transportation to community services and businesses, access to sober support groups, a social services navigator, employment and/or job training opportunities, mental health treatment and counseling services and peer counseling.	"Supportive Housing as Recovery" approved January 2025	
Central Connecticut Health District	Increased funding for affordable housing.	This is a general recommendation. One of the problems our Social/Human Service partners discuss often is that there is not enough affordable housing available in the four towns of Berlin, Newington, Rocky Hill and Wethersfield (and throughout the state). As you may be aware, hotels and motels are not infrequently serving as defacto "affordable housing". Investments towards increasing accessible and affordable housing can serve factor in primary prevention, by offering more stable living environments for children, their families and other individuals. One suggestion is to offer eligible builders 50% of the cost for the affordable units they build. This could create incentives for builders to undertake such projects.	Not recommended to move forward	Proposal isn't specific to individuals with OUD
Central Connecticut Health District	A New Leaf - Cafe+	This recommendation is for funding for a Cafe/Coffee shop that offers more than coffee/tea and healthy food options. It would also offer: •Job and job training for people in Recovery •A place for people in recovery (and others) to go that is alcohol and substance free •Connection to Recovery Coach/Harm Reduction services available •Meeting room(s) for peer support meetings on site. This concept is similar to: Fayette County Connection Café (harmreductioncafe.org); Forge City Works (https://www.forgecityworks.org);/ Wilson's Bakery & Cafe in downtown Kent, CT - Wilson's by High Watch (wilsonsbbyhighwatch.com); Hope & Coffee – A Recovery-Friendly Oasis in Tamaqua (hopeandcoffee.org) Note: we are not suggesting that we could operate such a facility. But an RFP may attract individuals or organizations to run such a facility. CCHD may be able to Also, it is expected that OSAC will be setting aside funds for evaluation of this and other programs to determine potential for continued funding through OSAC or to be potentially included in the State budget for the most promising programs.	ADPC Subcommittee to review	

Central Connecticut Health District	Revolving Loan Fund for Security Deposits	Develop a microfinance fund, potentially in conjunction with willing bank (potentially a revolving fund) for those at risk of homelessness/SUD or in recovery to have access to a free or low interest rate loan for a security deposit for an apartment. Similar to Grameen Bank Report Finds Grameen America And Microfinance Are Helping To Lift Women Out of Poverty ( <a href="https://www.forbes.com/sites/annefield/2019/03/12/report-finds-grameen-america-and-microfinance-are-helping-boost-women-out-of-poverty/?sh=2f0bcf9f1f43">https://www.forbes.com/sites/annefield/2019/03/12/report-finds-grameen-america-and-microfinance-are-helping-boost-women-out-of-poverty/?sh=2f0bcf9f1f43</a> )	Not recommended to move forward	Loosely aligned with CORE report; concerns re: feasibility (ability to pay back loan, logistics of tracking)
CHESS Health	The Connections App: Essential, 24/7 Recovery Support for CT	Recovery is possible, but also hard. Individuals usually need more than just treatment to achieve sustained recovery, but many encounter barriers to vital recovery supports, including lack of offerings, lack of transportation, stigma, social anxiety, and more. When individuals lack recovery support their risk of return to use and all the resulting consequences is heightened. Other communities and states, including West Virginia, Oklahoma, and Ohio, have addressed recovery support access challenges by supporting the availability of digital recovery support through an evidence-based smartphone app, given the greater than 90% adoption of smartphones by adults, including very high rates among individuals with substance use disorder. Even individuals who experience homelessness often maintain access to a smartphone. Evidence-based smartphone apps for recovery support exist; one of the leading ones even integrates the evidence-based CBT for recovery lessons, CBT4CBT, developed at Yale University. The leading apps also incorporate 24/7 peer recovery support, resource libraries, crisis help support, video support meetings, and even contingency management. These apps not only help individuals, but they help community behavioral health and substance use disorder (SUD) providers too by supporting individuals between treatment visits, which boosts retention in treatment (which providers value) and reduces clinician stress. A statewide deployment should include sponsored use of such a technology platform by the state's providers. We recommend the State of Connecticut follow the lead of other states and incorporate the use of evidence-based technology to improve access to recovery supports and to support the efforts of local treatment providers.	Not prioritized at this time	
CHR	CHR MOUD	CHR has been receiving SAMHSA funding for the past few years as a CCBHC which supports our Primary Care clinic in Enfield where we have provided a lot of same-day MOUD access and ongoing treatment with buprenorphine for OUD. The grant runs out this September and with current low reimbursement rates for the majority of patients on Medicaid, is not financially sustainable and is at risk of closing.	Not recommended to move forward	MOUD is a billable services and MOUD is supported via SOR at CHR with opportunity for increased capacity with current funding. Need
City of Meriden - Health and Human Services Dept.	Technical Assistance Support	For those who are awarded funding under Harm Reduction and Prevention should go through some Technical Assistance Support to ensure activities are data driven and a best or promising practices.	Not recommended to move forward	DMHAS provides TA as well as access to NE ORN

City of Middletown/ Greater Middletown Opioid Taskforce	Greater Middletown Opioid Recovery Coach Program	Because of the very high rate of relapse among individuals with opioid use disorder, it is essential that a Recovery Coach provide high touch support by continuously engaging each program participant through home visits, regular phone check ins, and facilitated support groups to help navigate recovery goals. Within 24 hours of enrollment in the program, a Recovery Coach will conduct a home visit to establish a relationship with the individual and assess the individual's needs. The Recovery Coach will engage on an ongoing basis with each participant as needed to ensure access to quality healthcare and community services. At a minimum, the Recovery Coach will continue to conduct daily home visits for the first ten days, then at least two to three home visits per week for the next 50-80 days, and at least one home visit per week after 90 days, until the individual has been enrolled in the program for at least six months. A final home visit will be conducted at six months and will include an exit interview to elicit feedback about the program. The Recovery Coach will make phone contact with each individual at least three to four times per week for the first 30 days, followed by two to three points of contact weekly for the next three months, and one point of contact in months five and six. The Recovery Coach also will encourage attendance at a weekly support group, tofacilitated by the Recovery Coach and a trained community member with lived experience. We anticipate that approximately 200 individuals in the Middletown area will be impacted by this program.	Not prioritized at this time	Subcommittee continues to review statewide need for Recovery Coaches in a variety of settings.
City of Norwich	Norwich Task Force Effort Expansion	Our recommendation to expand existing services provided by the Norwich Task Force, managed by Norwich Human Services, would allow our team to more actively address the opioid crisis and provide enhanced recovery support services in Norwich. Our request includes funding for a Prevention Coordinator, a Community Engagement Coordinator, and a Triage Worker. These positions would oversee the implementation of prevention and recovery-focused activities, internal and external coordination, developing materials, and conducting Task Force Meetings. They will also be responsible for training, communication, data collection and reporting, and information dissemination to the Norwich Community. Task Force Meetings are held monthly and members provide expertise, increase our outreach capacity, and offer other invaluable resources to our prevention and recovery strategies and interventions. We are also recommending funding for a Narcan Vending Machine capable of vending Narcan nasal spray, naloxone injections, and fentanyl test strips and kits. Our intent is to buy machines that have Narcan nasal spray in a pre-packaged dose that can be administered by anyone, making it an easy solution for bystanders or first responders to use in the event of an opioid overdose. We also recommend trainings for Human Services Staff to support specialized training needs as needed; funds will support the attendance of staff and Task Force members at conferences that assist in capacity building and service delivery best practices. Our last recommendation is for Assistance Payments, to provide to additional resources that are needed for clients to be successful in treatment and recovery.	"Prevention and Harm Reduction through Public Access" approved July 2024 inclusive of a Harm Reduction Vending Machine pilot. For other components, ADPC Subcommittee to review.	
CJR	Substance Abuse Treatment for adolescents	CJR, in collaboration with MDFT International and The Children's Center of Hamden (TCCOH), is submitting for your review an application for an MDFT Residential Treatment Program for youth and families suffering with OUD, SUD and AUD. The program is designed as a 4-month residential treatment stay followed by 4 months of intensive in-home MDFT aftercare and care coordination services. It is developed as an 8-bed facility housed at The Children's Center in Hamden, CT, which will provide the full array of residential programming including educational, vocational, medical and social/recreational programming. CJR will provide the clinical services including MDFT based therapies to the youth and families, as well as the transitional support and clinical aftercare. MDFT International will provide the training, consultation and data management for the program. It is anticipated that we can treat 24 youth annually in the residential program and another 24 plus in the aftercare phase of treatment yearly.	ADPC Subcommittee to review	

Clinton Human Services	Project to reduce youth (grades 7-12) substance use and to reduce behavioral health disparities for LGBTQ+ and Hispanic populations within Clinton CT.	Prevention efforts in Clinton have had a huge impact through evidence-based practices and implementation, guided by survey data that has been collected from the community since 2005. We currently operate under a 5-year SAMHSA grant which is set to end September 30, 2024. The youth voice drives our work, and the community buy-in we have benefitted from is excellent, but we want to ensure programming that facilitates education and awareness, prevention initiatives, harm reduction, and collective community investment continues for the years ahead. Concerns about access to and use of substances, especially among our youth are not going anywhere. The implications of this on the mental health and physical wellbeing of our community is huge. The primary focus of prevention in Clinton has always been on the young people in town, and fighting for them, their safety, and empowering them to make healthy choices. Further, there are under-represented groups within our community, such as the LGBTQ+ community and the increasing Hispanic population, who continue to be at heightened risk. With the ever-changing landscape of opioids and other substances, along with ease of access to them, there is need for our comprehensive approach to prevention to be maintained. In order to ensure this, funding would ideally cover Prevention Coordinator salaries and benefits, prevention related activities and campaigns, conducting surveys, coalition and capacity building strategies, community wide messaging, e.g. billboards and mobile impressions, and opportunities to empower youth on a local, state and national level.	ADPC Subcommittee to review	
Community Health Resources	Mobile van, in-home, and IOP services	Community Health Resources (CHR) proposes using Opioid Settlement Funds for Mobile OTP services to increase access to medications for opioid use disorder (MOUD) to vulnerable communities in central and eastern CT. This evidence-based practice, (EBP) would expand existing MOUD services, focusing on Harm Reduction as well as treatment. The mobile unit will be fully equipped with Harm Reduction supplies including Naloxone, clean needles, fentanyl test kits, gloves, etc, and will be staffed with Peer Support and Care Coordination specialists. Emphasis will be placed on linking individuals to services as they re-integrate into the community from DOC facilities. In-home therapy and MAT: In-home addiction recovery care throughout central and eastern CT including therapy, peer support, case management, and MAT, eliminates barriers to treatment. IOP for Teens and Young Adults with Substance Use or Co-Occurring Disorders at our outpatient clinics throughout central and eastern CT: Utilize EBPs to help adolescents and young adults in recovery with relapse management, coping strategies, and linkages to support mechanisms. Our program can be used as an early intervention or a step-down from higher levels of care and will help to reduce the drastic wait time that exists for those who need help.	"Pilot Mobile Opioid Treatment Program (OTP)" approved January 2024. Other components to be reviewed by ADPC subcommittee.	
Connecticut Chapter of Labor Assistance Professionals	Union Assistance Overdose Prevention	To provide union members and their families the tools to identify an overdose through a PowerPoint on signs and symptoms, statistics, Narcan administration and provide Narcan to these individuals. Target population is union members across the State of Connecticut, including all counties and towns within the State. With this grant the goal is to train up to 500 union members.	Not recommended to move forward	Existing resources cover this recommendation. Naloxone saturation supply approved May 2024; Can work with RBHAOs and CT Clearinghouse to support training of staff and receipt of naloxone kits

Connecticut Community for Addiction Recovery (CCAR)	Recovery Community Center funding	CCAR operates five recovery community centers (Bridgeport, Hartford, New Haven, Waterbury, and Willimantic). This year, CCAR received \$1.5M through a one-time Congressional Discretionary Spending (CDS) award to expand hours and open three additional RCCs (Danbury, Norwich/New London, and Torrington). In 2022, 5 RCCs had 23,800 visits from 9,000 individuals seeking support for their recovery, family members, friends, and allies. The majority of the people we see are dealing with an opioid issue. Through the RCCs, CCAR nurtures an active volunteer force –last year, 486 volunteers contributed 28,400 hours of service. Some other highlights include 47,000+ outbound telephone recovery support calls by volunteers to check in with people on their recovery, 2,200+ requests for recovery coaching, and 1,500+ people attending our Young People and Family All-Recovery Meetings. RCCs also house CCAR Recovery Coaches, both Emergency Department (ED) and DOC, and offer a sanctuary to meet with recoverees. In 2022, CCAR EDRCs responded to 4,865 referrals from 29 hospitals. Currently, CCAR EDRCs are now responding to all 32 Connecticut hospitals. CCAR DOC-RCs respond to all prisons, parole, and probation offices and to several courts. CCAR strategically chose three new sites to support local communities that requested an RCC while providing the Emergency Department and DOC recovery coaches sites convenient to hospitals, courts, prisons, parole, and probation offices. The expansion of hours and the three new sites will be implemented by September 30, 2024, when the \$1.5M funding ends. The Opioid Settlement money is a solution for the sustainability of the CCAR RCCs.	"Recovery Centers Continuation" approved May 2025	
Connecticut Harm Reduction Alliance	Harm Reduction Nurses to support Harm Reduction Center and Outreach	There is a demonstrated need for harm reduction nurses in the community to provide health screenings, wound care, safer injection and vein care education, vaccinations, and linkage to services. People who use drugs (PWUD), and especially those also experiencing homelessness, have unique skin health needs. Wounds related to xylazine in the drug supply are a major concern, especially with people who are unsheltered. Many of the PWUD community will not access traditional medical care due to past negative experiences and stigma related to their drug use, and we are seeing significant wounds in participants at our Harm Reduction Drop-In Centers and mobile outreach programs. CTHRA has had great success in connecting with hard-to-reach populations and increased funding would allow us to have a full-time Program Nurse at our Harm Reduction Drop-In Center in Hartford and a part-time Harm Reduction Nurse to provide services on our Mobile Outreach programs in the Greater Hartford area. Low-threshold access to nursing services also functions as a bridge for participants to more complex, traditional medical interventions and substance use treatment as mediated by nursing staff who can make trustworthy referrals, avoiding stigmatizing models of care. CTHRA is deeply committed to involving people who use or have used drugs in service design and delivery, and that is a key reason why we have been so successful at reaching groups that do not usually access services.	"Continuation and Expansion of Harm Reduction Centers" approved January 2025	Increased budget for each location may allow for implementation of Harm Reduction Nurses.
Connecticut Mental Health Center (CMHC)	The Living Free Program	Collaborative care model that integrates addiction care, mental health care, primary health care, and peer mentorship. Will treat 100 clients/yr with opioid use disorder transitioning from incarceration (jails and prisons) back to the New Haven area.	Not prioritized at this time	May be covered by 1115 Judicial Waiver.

Connecticut Mental Health Center (CMHC)	From Assessment to Action: Advancing Equitable Pain Management for Underserved, Minoritized Communities in Opioid Use Disorder Treatment at the Connecticut Mental Health Center	<p>Pain and opioid use disorder (OUD) are inextricably linked, as up to 60% of persons with OUD also endure chronic pain. However, pain management is frequently neglected in OUD care, especially for marginalized populations, who frequently suffer from unaddressed pain. This oversight is born the separation of pain and addiction services, exacerbating the opioids crisis. Pain is associated with serious mental illnesses, poor sleep, and reduced social function, all of which hinder OUD recovery. Treating OUD in those with chronic pain is complex — they typically require higher opioid doses, experience more severe cravings, and face a higher risk of fatal overdose. To close this gap, we aim to implement a detailed pain evaluation for patients with OUD at the Connecticut Mental Health Center. This plan includes a multimodal pain assessment targeting the physical, cognitive, emotional, and social facets of pain, addressing the needs of minoritized persons with serious mental illnesses. State-of-the-art techniques such as quantitative sensory testing (QST) will objectively gauge pain, while a battery of well-validated assessments will evaluate pain's psychological impact, quality of sleep, and the effects of race-related stress on pain experience. Our proposal combines advanced resources and expert collaboration to investigate how individual and structural factors affect pain in marginalized OUD communities. Our findings will guide an evidence-based pain management program for this vulnerable population. Such transdisciplinary approach is crucial for improving treatment and aligns with the Opioid Abatement Fund's missions of reducing overdose risk and addressing social determinants of health, representing a life-saving effort.</p>	Not prioritized at this time	
Connecticut Mental Health Center (CMHC) Street Psychiatry Team	CMHC Street Psychiatry Expansion	<p>The CMHC Street Psychiatry Team engages those who are unhoused and suffering from mental illness and substance use disorders through street outreach to the New Haven area and community-wide coordination amongst providers. Opioid overdose prevention activities include harm reduction supplies distribution (Narcan, fentanyl testing strips), MOUD (e.g. buprenorphine inductions), and recovery coaching, with the goal of reducing drug-related deaths in those experiencing unsheltered homelessness. Comprehensive mental health services such as individual counseling, group counseling, and medication management are provided in the community through a low-barrier, trauma-informed, person-centered approach. The social and structural determinants of health, such as housing, are addressed in order to promote recovery for those experiencing homelessness. We have engaged 644 unique clients, with over 2,211 clinical encounters since 2019 through the staffing of one 1.0 FTE clinician and 0.7-0.9 FTE of psychiatrist time, the management of one program manager and the support of one recovery coach. Currently, the team is limited in the number of clients able to be prescribed MOUD by the capacity of a single clinician caseload. We propose an expansion of the team through two major routes: 1.Local expansion: Hire bilingual Spanish/English staff to expand both clinical and case management needs of the CMHC Street Psychiatry Team locally 2.Statewide expansion: Development of street psychiatry services across the state through consultation with other mental health centers. This expansion will increase harm reduction efforts, allow increased prescriptions of MOUD, tailor services to those who are monolingual and dealing with substance use disorders, and make case management more accessible and robust to those using substances.</p>	Not prioritized at this time	

Connecticut Mental Health Center/ Yale University School of Medicine	Establishing a Contingency Management Program for treatment of Stimulant/ Cocaine Use Disorders to prevent fentanyl related overdose deaths	<p>According to state-wide data, use of stimulants (primarily cocaine) adulterated with fentanyl is one of the drivers of opioid-related deaths in Connecticut especially in minoritized communities. There is limited access to evidence-based treatment in the state and to prevent future opioid-related deaths this gap must be addressed. Since there are no current FDA-approved medications for stimulant use disorder, the best evidence-based treatment for reducing stimulant use is a structured therapy program called Contingency Management (CM). Recently the state of California implemented a unified strategy across its state mental health department to deliver CM. Unfortunately, there are few structured CM programs in the state of Connecticut mostly due to barriers in funding, expertise, and training. Here we propose a program to implement CM intervention at the Connecticut Mental Health Center (CMHC) and to create a unified, state-wide model across the programs under the Department of Mental Health and Addiction Services (DMHAS) and other interested treatment programs. We hope to use this funding to provide education, training, and assistance to open new CM programs across the state to deliver care for all Connecticut residents that are high-risk for overdose. Our team will provide ongoing consultation and support for these new sites. This would represent a crucial step towards providing evidence-based, effective treatment for our residents and drive Connecticut forward as a leader in this space. The program will also involve education about distribution of naloxone, fentanyl test strips, and other evidence-based overdose prevention strategies highlighted in the Connecticut Opioid Response Initiative report.</p>	"Contingency Management" approved September 2024	
Connecticut Mental Health Center/ Yale University School of Medicine	Mobilizing the Community: A Bilingual Community Health Worker to Address Social Determinants of Health in Latinx with Substance Use Disorder	<p>Latinx communities have experienced disproportionate deaths from COVID-19 and substance use disorders in recent years. Although this etiology is multifactorial, an increased vulnerability in social determinants of health (SDoH) plays a key role. As a result, it is not surprising that the Report on Funding Priorities for the Opioid Settlement Funds in the State of Connecticut strongly recommends addressing social determinants and the needs of minoritized populations. To respond to this need, we are submitting a proposal for funding to pilot a bilingual Community Health Worker (CHW) as an innovative and holistic evidence-based intervention to strengthen infrastructure to address SDoH. CHWs are lay members of the community who usually share racial/ethnic heritage, language, socioeconomic status, and life experiences with the community members they serve. CHWs' community status places them in a position to not only help clients navigate an often cumbersome and complex healthcare system but, more importantly, to help clients address issues related to age, sex, culture, language, and stigma that can play an integral role in overall satisfaction and outcome. This is significant because Hispanic/Latinx comprise the highest share (41,068 of 134,023) of residents in New Haven from all racial/ethnic groups and have the highest number (31%) of individuals with limited English proficiency and highest rate (22%) of uninsured status in the city. The CHW will work in partnership with local organizations with long-standing history in the Greater New Haven Community (Latino Behavioral Health System, Connecticut Mental Health Center, Cornell Scott Hill, and Fair Haven Community Health Center) to increase referrals and connect Latinx adults to addiction services and address vulnerability in SDoH that are barriers to access and retention to treatment.</p>	ADPC Subcommittee to review	



Connecticut Mental Health Center/ Yale University School of Medicine	Establishing a state-wide opioid addiction consultation model to advance addiction care in Connecticut	<p>With over 100,000 overdose deaths reported each year in the United States, it is evident that our current healthcare infrastructure is struggling to meet the demands of individuals battling addiction and the high prevalence of co-morbid mental health disorders. Siloed treatments are barriers to effective care in mental health programs that are underprepared to treat opioid use and prevent overdose deaths. To address these gaps, an innovative program was started for establishing an outpatient addiction consultation service within the Connecticut Mental Health Center (CMHC). This model improves access to evidence-based addiction treatment for individuals with opioid use disorder (OUD) by providing consultation and support to mental health treatment providers. It advances treatments such as buprenorphine and harm reduction interventions such as naloxone and fentanyl test strip distribution. This proposal seeks funding to expand this addiction consultation model within Department of Mental Health and Addiction Services (DHMAS) and to generate a state-wide technical support and consultation service to all Local Mental Health Agencies in Connecticut. This service will identify champions at various clinics and use implementation facilitation and academic detailing to support providers and staff to expand OUD treatment services. Leveraging the Yale addiction fellowships and existing consultation services, this service will provide education and guidance to advance addiction treatment across the state. Importantly, this service would particularly help remote and underserved areas in Connecticut where there are few addiction specialists and will involve dissemination of evidence-based initiatives and treatments outlined in the Connecticut Opioid Response Initiative report.</p>	ADPC Subcommittee to review	
Connecticut State Building Trades Council	Building Trades MAP	<p>The Connecticut State Building Trades Council is a statewide labor organization made up of 13 affiliates with over 30 thousand members. Our industry has been disproportionately effected by the opioid scourge. Unfortunately our members have an overdose rate 6 times that of the national average. All of our local unions have self insured multi employer health funds that have done great work in providing care and education for its members with the help of their Employee Assistance Programs. Collectively we've spent millions of dollars in this fight. We are coming up short in helping our members that are not eligible in their health funds. Eligibility in our health funds is based on hours worked with a signatory contractor. Eligibility typically runs from quarterly or on a biannual basis. If a member isn't contributing hours to the health fund then they lose their eligibility. We have members that are falling through the cracks do to their opioid addiction. They remain members in good standing but haven't worked enough hours to qualify for the help they need. Our local union leadership is handcuffed with helping their members when this occurs. We have a great system in place to help our members that have eligibility. We're requesting funds to help our members that have lost eligibility in their health funds as the result of an opioid addiction. We would contract with the local unions health fund and their Employees Assistance Program to provide services for the member. In the past 5 years we've had approximately 100 members that we weren't able to provide services for because they lost eligibility. Once these folks receive the proper help they need they'll be back working in the industry earning a good living and providing for their families.</p>	Not recommended to move forward	Income based insurance options are available in CT. Many treatment services are also available on a sliding scale.

Continuum of Care Inc.	Expanding long-term access to OUD specialized providers for CT	<p>This recommendation is to expand access, for all CT, to person-centered, specialist-trained OUD providers who prescribe, and address co-occurring medical/psychiatric conditions. A major gap in addressing the opioid crisis remains ready access to addiction medicine and psychiatric providers. Furthermore, we must improve access to clinical training itself to members of the under-represented communities that we seek to serve. Specialty training must provide meaningful experiences promoting: harm reduction, de-stigmatization, critical appraisal of evidence, and continuous quality improvement (so we don't repeat the mistakes of the past). If a provider is not exposed to a treatment/philosophy during training, they are less likely to adopt that practice later. National expansion of addiction medicine/psychiatry physician training is crucial, however, whereas a specialized physician undertakes 14 years of training (post-high-school) to be prepared for virtually all clinical scenarios; a capable, specialized nurse practitioner (or physician associate) would undertake 7 years, to be ready for most. With a collaborating specialized physician - for the same cost, twice the number of practitioners, at twice the speed, could be out serving CT! Effective cross-profession collaboration will greatly expand access to OUD care for CT. Yale School of Nursing and Medicine faculty will deliver a one-year nurse practitioner and physician associate 'residency training program' specializing in community psychiatry/addiction medicine embedded within Continuum's residential, crisis-response, crisis-receiving, shelter and general outpatient services; focused in Greater New Haven and Bridgeport. This will be followed by one-year mandatory employment within local specialized, inter-disciplinary services, and then professional incentives to practice longer-term within CT.</p>	ADPC Subcommittee to review	
Cornell Scott-Hill Health Corporation	Expanding Methadone Hours and Access at CS-HHC's Ansonia Care Site	<p>Cornell Scott-Hill Health Center (CS-HHC) will provide methadone to about 135 additional people annually with the expansion of our methadone window hours at our Ansonia care site. This care site currently provides methadone to clients Monday through Saturday from 5:30 am to 12:30 pm. We will increase the hours during which we provide methadone by two-and-a-half hours, from 5:30 am to 3:00 pm. With the increase in window hours, we anticipate experiencing approximately a 30% increase in the number of clients we serve in Ansonia with methadone, from about 450 annually to 585 annually. Methadone is a medication assisted treatment (MAT) used to help clients reduce or quit their use of heroin or other opiates including fentanyl, morphine, codeine, oxycodone, and hydrocodone. Methadone is most effective as part of a comprehensive treatment plan that includes individual and group counseling. Other evidence-based treatments we will provide include motivational interviewing (MI), cognitive behavioral therapy (CBT), harm reduction (e.g., Narcan and fentanyl test strips), and trauma-informed groups, such as anger management, AcuDetox, and trauma recovery and empowerment. We currently possess the SAMHSA opioid treatment program (OTP) certification and Connecticut licenses required for methadone dispensation. The funding for this project will support salaries and fringe for our Ansonia Program Director, a psychiatric APRN, a RN, a LPN, and a social worker (to help address social determinants of health [SDOH]). Funding will also support harm reduction materials, outreach/educational materials, and client incentives. We anticipate the project will have an annual cost of about \$300,000.</p>	"Opioid Treatment Program Access Expansion" approved May 2025	

Cornell Scott-Hill Health Corporation	Expanding Methadone Hours and Access at South Central Rehabilitation Center	<p>Cornell Scott-Hill Health Center (CS-HHC) will provide methadone to about 150 Greater New Haven residents annually with the expansion of our methadone window hours at our South Central Rehabilitation Center (SCRC) in New Haven. SCRC currently provides methadone to clients Monday through Saturday from 5:30 am to 12:30 pm. We will increase the hours during which we provide methadone by two-and-a-half hours, from 5:30 am to 3:00 pm. With the increase in window hours, we anticipate experiencing an approximate increase in the number of clients we serve at SCRC with methadone from about 550 annually to 700 annually. Methadone is a medication assisted treatment (MAT) used to help clients reduce or quit their use of heroin or other opiates including fentanyl, morphine, codeine, oxycodone, and hydrocodone. Methadone is most effective as part of a comprehensive treatment plan that includes individual and group counseling. Other evidence-based treatments we will provide include motivational interviewing (MI), cognitive behavioral therapy (CBT), harm reduction (e.g., Narcan and fentanyl test strips), and trauma-informed groups, such as anger management, AcuDetox, and trauma recovery and empowerment. We currently possess the SAMHSA opioid treatment program (OTP) certification and Connecticut licenses required for methadone dispensation. The funding for this project will support salaries and fringe for our SCRC Program Director, a psychiatric APRN, a RN, a LPN, and a social worker (to help address social determinants of health [SDOH]). Funding will also support harm reduction materials, outreach/educational materials, and client incentives. The target population is people with opioid use disorder.</p>	"Opioid Treatment Program Access Expansion" approved May 2025	
Cornell Scott-Hill Health Corporation	Therapeutic Shelter Beds	<p>Cornell Scott-Hill Health Center (CS-HHC) will provide therapeutic shelter beds to approximately 52 clients a night. The shelter beds will be at our soon-to-open Recovery and Wellness Center (RWC). The RWC will be a state-of-the-art, comprehensive substance use disorder (SUD) treatment facility that will serve Greater New Haven. The RWC will offer intensive outpatient therapy (IOP); partial hospitalization program (PHP); outpatient counseling; individual and group therapy; life skills and case management; supportive vocational services; and integrated primary care services that will be co-located with 52 beds of shelter housing for males and females. The 52 therapeutic shelter beds will provide shelter for men and women who are experiencing homelessness and are in SUD recovery. Forty of the RWC beds will provide shelter to men who are experiencing homelessness and are in SUD recovery whereas 12 of the RWC beds will provide shelter to women who are experiencing homelessness and are in SUD recovery. The therapeutic shelter beds will fill a gap in services, especially for women, who find treatment beds such as we will have at the RWC very difficult to come by. Funding for this project will help us cover our costs for the therapeutic shelter beds. Insurance providers often will not reimburse us for providing shelter beds to RWC clients and grant funding for this type of service is very limited. The annualized cost to implement this project estimates a cost of \$40 per bed per night.</p>	ADPC Subcommittee to review	

Cornell Scott-Hill Health Corporation	Integrated Recovery and Support Services for Homeless Individuals	<p>CS-HHC will serve about 90 homeless individuals annually with substance use disorders (SUD) and/or alcohol use disorder (AUD) and co-existing mental health disorders. Clients will receive treatment and support services that address social determinants of health (SDOH), such as shelter, housing, insurance, food, and clothing, among others. The project will meet clients where they are in the recovery process (pre-contemplation, contemplation, preparation, action, or maintenance). The project will build on the existing outreach work of CS-HHC's Homeless Outreach medical team with linkages to our Recovery and Wellness Center (RWC), which provides outpatient SUD/AUD treatment (including medication assisted treatment [MAT]) with a 52-bed (male/female) therapeutic shelter component. Our adjoining South Central Rehabilitation Center (SCRC) will provide residential detox programming and methadone induction and maintenance services. Evidence-based treatments will include screening, brief intervention, and referral to treatment (SBIRT); harm reduction; motivational interviewing (MI); coordinated case management; peer supports; cognitive behavioral therapy (CBT); and MAT (methadone/buprenorphine). We will also work with partners such as the New Haven Coordinated Access Network (CAN) and Downtown Evening Soup Kitchen (DESK) to address SDOH. Funding for this project will support salaries and fringe for our Clinical Director of Homeless Services, a Program Director, a nurse, a psychiatric APRN, a behavioral health clinician, a patient navigator, and a peer recovery specialist. Funding will also support harm reduction materials, outreach/educational materials, and client incentives, among other things. We anticipate the project will have an annual cost of about \$450,000.</p>	ADPC Subcommittee to review	
Cornell Scott-Hill Health Corporation	Expanding Methadone Hours and Access at South Central Rehabilitation Center	<p>Cornell Scott-Hill Health Center (CS-HHC) will use this funding to renovate our South Central Rehabilitation Center (SCRC) to expand access to individuals with substance use disorder (SUD)—including opioid use disorder (OUD)—and alcohol use disorder (AUD) in Greater New Haven. The renovations will encompass 22,600 square-feet of SCRC, which provides outpatient and inpatient medication assisted treatment (MAT), such as methadone and buprenorphine, among other treatments. The renovations—which will include adding another methadone dispensing window—will enable us to serve 500 more clients annually (from about 2,500 to 3,000). SCRC provides evidence-based treatment practices. Those include MATs for OUD (methadone, buprenorphine, and naloxone). Other evidence-based treatments include motivational interviewing (MI), cognitive behavioral therapy (CBT), harm reduction (e.g., Narcan and fentanyl test strips), and trauma-informed groups, such as anger management, AcuDetox, and trauma recovery and empowerment. SCRC currently possesses the SAMHSA opioid treatment program (OTP) certification and Connecticut licenses required for methadone dispensation. SCRC provides in-patient treatment and detoxification services (for SUD, OUD, and AUD) for up to 24 individuals at a time. On SCRC's lower level, the renovations will increase and enhance patient access, safety, and flow and add outpatient counseling offices, a group counseling room, a medical suite for integrated medical health care, storage areas, a staff lounge, and administrative offices. On the upper level the renovations will expand and upgrade the methadone treatment room, the acute unit nursing station, the triage area and the lobby. We will also add a methadone dispensing window to the upper level.</p>	Not recommended to move forward	<p>Individual large scale renovation projects are not being funded at this time. Bond funds may be available for infrastructure upgrades. Portions of this may be covered by the "OTP Access Expansion" approved May 2025.</p>

Cornell Scott-Hill Health Corporation	Buprenorphine Expansion through Addiction Medicine Team	Cornell Scott-Hill Health Center (CS-HHC) will serve about 150 people annually with opioid use disorders (OUD) with this project. Clients will receive services from an addiction medicine team. These services will include medication assisted treatment (buprenorphine), integrated primary care and pharmacy services, and recovery support services that address social determinants of health (SDOH), such as employment assistance, benefits enrollment, and housing, among others. Project services will occur at our Recovery and Wellness Center (RWC), which provides outpatient substance use disorder (SUD) treatment with a 52-bed (male/female) therapeutic shelter component. Through this project, CS-HHC will assemble an addiction medicine team that will serve clients with OUD. These clients will receive MAT and primary care services from an addiction medicine physician and participate in weekly meetings with a recovery coach to promote recovery. A registered nurse (RN) will provide administrative support for this project and assist with data collection and reporting requirements. A pharmacist will provide the clinical management of client medications, dispense medications, and provide medication education and access to harm reduction resources (e.g., naloxone and fentanyl test strips). Evidence-based treatments will include SBIRT; harm reduction; motivational interviewing (MI); peer supports; and MAT (buprenorphine). Funding for this project will support salaries and fringe for our RWC Program Director, an addiction medicine physician, a RN, a recovery coach, and a pharmacist. Funding will also support harm reduction materials, outreach/educational materials, and client incentives. We anticipate the project will have an annual cost of about \$700,000.	Not recommended to move forward	Many services noted are billable services
Cornell-Scott Hill Health Corporation	South Central Rehabilitation Center Infrastructure Improvements	Cornell Scott-Hill Health Corporation (CS-HHC) is seeking \$6.2 million in opioid settlement funding for Phase 2 renovations to its South Central Rehabilitation Center (SCRC) facility located at 232 Cedar Street in New Haven. SCRC provides behavioral health (mental health and substance use disorder) services - such as inpatient detoxification, outpatient and inpatient medication assisted treatment (methadone, buprenorphine, and vivitrol), and behavioral health counseling services (individual and group) - to about 2,500 clients annually. The Phase 2 project will renovate approximately 11,500 square feet of SCRC's upper level, including adding an extra window for outpatient methadone maintenance; expanding and upgrading the methadone treatment room, acute unit nursing station, triage area, and lobby; relocating inpatient bathrooms; and creating a recreational room for detoxification clients. The Phase 2 project also will include renovations to the building's exterior by replacing the windows and roof, renovating the entranceway, and adding an EIFS (Exterior Insulation Finishing System) to the walls. The Phase 2 project will follow CS-HHC's soon-to-begin Phase 1 renovations. The fully funded \$2.4 million Phase 1 project will renovate approximately 8,500 square feet of SCRC's unfinished lower level, including adding outpatient counseling offices, a medical suite for onsite primary care and infectious diseases services, and administrative offices - in addition to installing HVAC units to support the lower-level renovations. Together, the Phase 1 and Phase 2 renovations will improve opioid treatment infrastructure by renovating approximately 20,000 square feet of the 35-year-old SCRC facility and increasing its existing capacity by 20% (500 clients) so that it will be able to serve 3,000 clients annually.	Not recommended to move forward	Individual large scale renovation projects are not being funded at this time. Bond funds may be available for infrastructure upgrades. Portions of this may be covered by the "OTP Access Expansion" approved by OSAC on 5/13/15.

Courage to Speak Foundation	“Courage to Speak - Courageous Parenting 101 "Parenting Through the Opioid Crisis and Beyond” (also in Spanish) and Courage to Speak “Navigating Through the Opioid Crisis and Beyond for Students”	I recommend support of the life saving drug prevention education efforts of the Courage to Speak Foundation. Ginger Katz, the Founder and CEO, bases her presentations to both students and parents on the loss of her son Ian to a drug overdose. The Foundation developed their programming for students and parents with a team of experts which is updated as the landscape of substance use changes. In an ongoing collaboration with substance use experts, the Courage to Speak Foundation developed two programs in response to the Opioid crisis: For students, “The Courage to Speak Navigating through the Opioid Crisis and Beyond” and “The Courage to Speak Parenting through the Opioid Crisis and Beyond” for parents (Also, in Spanish). For the next 3 years I recommend the Foundation to be considered for opioid funding for updates to the CTS website and continued use of these lifesaving programs above. , The Courage to Speak Parenting and Student programs are aimed at parents, K-12 youth in schools and community organizations, youth in colleges and universities throughout the state. Presentations highlight the importance of living in a drug-free life and the dangers of substance use. The Courage to Speak Foundation provides speakers, for in person or virtual presentations and information on each presentation posted on the website, a training module: free to parents and many resources. Pre and post-test evaluations are administered to participants to determine if learning objectives have been met which have been proven to have positive outcomes. <a href="http://www.couragetospeak.org">www.couragetospeak.org</a>	Not recommended to move forward	This is currently funded under Prevention & Health Promotion Division. The Division is planning a competitive procurement process to identify parent education programs in the State.
Courage to Speak Foundation	Courage to Speak - Courageous Parenting 101 - Parenting through the Opioid Crisis and Beyond and Courage to Speak Navigating through the Opioid Crisis and Beyond (for students)	I highly recommend supporting the drug prevention education efforts of the Courage to Speak Foundation, through its two vital programs known as “Courage to Speak - Courageous Parenting 101 "Parenting Through the Opioid Crisis and Beyond” (also in Spanish) and Courage to Speak “Navigating Through the Opioid Crisis and Beyond for Students” . These programs, spanning twelve substance use prevention presentations per year for three years, are specifically aimed at parents, K-12 and college students, and various community organizations and educational institutions throughout five regions in Connecticut. It emphasizes the utmost importance of leading a drug-free life and understanding the inherent dangers of substance use. The Courage to Speak Foundation provides speakers, both in-person and virtual; hosts comprehensive information about each presentation and a module training for parents on their website. In addition, they employ pre- and post-survey evaluations to gauge the effectiveness of the presentations, consistently demonstrating increases in knowledge among both students and parents. The Foundation's unwavering commitment to substance use prevention is nothing short of lifesaving. Their ongoing collaboration with experts in the field of prevention ensures that their programming remains up-to-date and pertinent. Their two distinct programs for parents and students offer critical guidance, pertinent information, and awareness of various demographics, fostering early prevention through effective communication about substance use. By endorsing the Courage to Speak Foundation's endeavors, you contribute to a crucial cause that addresses the pressing issue of substance use among youth throughout Connecticut. Visit <a href="http://www.couragetospeak.org">www.couragetospeak.org</a> .	Not recommended to move forward	This is currently funded under Prevention & Health Promotion Division. The Division is planning a competitive procurement process to identify parent education programs in the State.
CPN	Statewide Prevention Workforce Development and Primary Prevention Support to Local Prevention Councils	The RBHAOs propose that OSAC funds be dedicated to hiring ten (10) Prevention Coordinators (2 at each RBHAO/DMHAS Region.) CPN would train the Prevention Coordinators in coalition building, evidence-based prevention practices and programs, and prepare each coordinator for prevention specialist certification. Their time would be focused entirely on the support, training and enhancement of the LPCs. This initiative would have an immediate statewide impact on reducing risks related to substance misuse, at the same time promoting positive childhood experiences across CT.	Under OSAC Review	

CPN	Statewide Prevention Workforce Development and Life Skills Training Project	Proposal for Connecticut Prevention Network (CPN) to partner with PreventionCorps CT (part of Americorps) and recruit 10 Full-time Servicemembers (2 per DMHAS Region). Servicemembers would become trainers in evidence-based prevention and participate in community outreach and engagement. PreventionCorps Servicemembers would be part of the Regional Behavioral Health Action Organizations (RBHAOs) and will receive professional development that enhances the prevention workforce in CT. PreventionCorps Servicemembers will offer statewide Botvin Life Skills Training (LST) to elementary and/or middle school-aged youth. The program consists of eight (8) class sessions of approximately 45 minutes each. Ideally these sessions run consistently across three years and will engage a minimum of 60 young people per region per year. Botvin Life Skills Training is a research-validated substance use prevention program proven to reduce the risks of alcohol, tobacco, drug misuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. CPN will offer learning opportunities for caregivers, parents, and other involved adults while youth are engaged in the LST including Healthy Outcomes from Positive Experiences (H.O.P.E.) training- Tufts Medical, Everyone's An Asset Builder- Search Institute, Talk They Hear You -SAMHSA, and Narcan Education. Additionally, PreventionCorps Servicemembers will become trainers in a variety of primary and secondary prevention skills to provide training and resources across the lifespan.	Not recommended to move forward	Reviewed by OSAC and not approved. Concerns include: Recommendation is peripherally involved with opioid crisis vs direct abatement resulting in concern on overall impact on opioid abatement.
CT Association of Directors of Health - Substance Misuse Subcommittee	Local Public Health Addressing Substance Use Disorder statewide	Create a set-aside or allocation for Local Public Health agencies to apply for projects (of their own if they have capacity) or with community partners/providers. Developing or expanding programs, services and supports and/or providing resources for prevention, treatment, recovery and harm reduction. Projects will vary depending on community population, target population, and how proposal fits/connects/expands existing services or if it is a new or initial program. Project Costs could include a baseline for each applicant ie. \$30k for each of 59 public health agencies, plus \$1 per capita, so approx 59 x \$30K plus \$3,605,597 = \$5,375,597. This is just one possible cost allocation consideration it could be structured differently.	Not recommended to move forward	The ask is to support health departments; not a specific project/program in mind
CT Coalition to End Homelessness	Opioid Prevention Center	Geared toward unhoused or at-risk individuals	Not recommended to move forward	Not legislatively approved in CT
CT DPH Laboratory	Expansion of Opioid Surveillance Capacity	Current funding supports a pilot program for the surveillance of opioids in clinical specimens submitted by hospital emergency departments on patients that meet the criteria for suspected drug overdose. The Laboratory seeks dedicated funding to double testing capacity in anticipation of mandated participation by all hospitals.	ADPC Subcommittee to review	

CT General Assembly Commission on Women, Children, Seniors, Equity & Opportunity	“Courage to Speak - Courageous Parenting 101 "Parenting Through the Opioid Crisis and Beyond” (also in Spanish) and Courage to Speak “Navigating Through the Opioid Crisis and Beyond for Students”	As a policy driving organization rooted in supporting prevention, we highly recommend supporting the drug prevention education efforts of the Courage to Speak Foundation, through its two vital programs known as “Courage to Speak - Courageous Parenting 101 "Parenting Through the Opioid Crisis and Beyond” (also in Spanish) and Courage to Speak “Navigating Through the Opioid Crisis and Beyond for Students”. There are two guiding principles to the work of the Commission that align very closely to the work of Courage to Speak: Social and emotional skills building, and the critical role of parents/guardians and their engagement in prevention and lifelong success for children. The Courage to Speak helps teach parents how to talk about difficult issues such as drugs and peer pressure in a way that is accessible and relatable to parents. The work is also rooted in storytelling, which is a powerful way to deliver content for children of all ages. Most importantly, the curriculum teaches parents that it is ok to talk about loss, or the prospect of loss, in the context of prevention. This work saves lives.	Not recommended to move forward	This is currently funded under Prevention & Health Promotion Division. The Division is planning a competitive procurement process to identify parent education programs in the State.
CT Paramedic Overdose Response Team	Connecticut Paramedic Overdose Response Team (C-PORT)	<p>Initiative aimed at addressing the escalating opioid overdose crisis in our communities. The opioid epidemic has devastated families and communities across Connecticut. Traditional emergency medical services (EMS) are often limited to immediate medical interventions, leaving a significant gap in follow-up care and support for individuals who have experienced an overdose. The C-PORT program seeks to bridge this gap by deploying a dedicated team of community paramedics and recovery support specialists who can provide personalized, compassionate care tailored to the unique needs of each individual.</p> <p>* The C-PORT team: will consist of two community paramedics or a paramedic and a recovery support specialist (PSS), ensuring that at least one paramedic is always present. Team members will be experienced paramedics only from the community, trained in both emergency response and peer support already, with a deep understanding of the challenges faced by individuals with OUD.</p> <p>*Immediate Response: The C-PORT team will receive direct referrals from 911 calls indicating withdrawal or substance use, allowing for immediate on-scene support.</p> <p>*Harm Reduction Supplies The team will provide naloxone, sterile syringes, and other harm-reduction supplies directly to individuals in need.</p> <p>*Medication-Assisted Treatment (MAT): The team will have the unique capability to administer MAT, including buprenorphine, directly in the field.</p> <p>*Ongoing Support: C-PORT will maintain contact with individuals, offering follow-up services, including assistance in accessing treatment programs and ongoing care.</p> <p>*Community Integration: Thee program will actively partner with local law enforcement, hospitals, and the Criminal Justice Resource Department’s Lantern Project to ensure a comprehensive support network for individuals with OUD.</p>	ADPC Subcommittee to review	
CT Prevention Network	CT Statewide Anti Stigma Assessment	CT Prevention Network five RBHAO Regions will implement a statewide anti stigma survey to inform municipal opioid settlement fund spending. The statewide evidence-based survey will identify stigmatizing barriers across the prevention, treatment, and recovery continuums.	Not recommended to move forward	Overlap with Shatterproof Addiction Stigma Index
CT Renaissance	Peer Recovery Staff and a Care Coordinator	CT Renaissance operates Behavioral Health Clinics that provide individual and group therapy as well as IOPs. We serve the Waterbury, Bridgeport and Norwalk communities. Approximately 85% of the patients we serve are covered by Medicaid. Given the intense demands of a Medicaid environment, our clinicians would benefit from Peer Recovery staff to conduct outreach and engage patients. A Care Coordinator could alleviate the administrative burdens of our clinical staff so that, they can be readily available for Open Access hours. Research shows that Peer Recovery is extremely beneficial to individuals who are struggling with opioid use disorders. In our clinics, about 50% of our patients	Not recommended to move forward	Focus should be on positions for individuals with lived experience vs Care Coordination. Subcommittee continues to review statewide need for Recovery Coaches in a variety of settings.



Day Kimball Healthcare, Inc.	Provider training and technical support to establish Opioid Agonist/Antagonist (Suboxone) Induction in ED patients with OUD and/or overdose	Day Kimball's service area includes Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson and Woodstock. Currently, Day Kimball primary care has MAT providers. This project entails providing MAT waiver training for ED physicians and advanced practice professionals, development of induction protocols, education of all ED clinical staff and technicians on protocols, and the development and deployment of community education.	"Treatment Bridge Model for Connecticut's Emergency Departments" approved September 2024	
DMA Health Strategies	Youth Needs Assessment	DMA Health Strategies proposes to conduct a comprehensive programmatic needs assessment for the Connecticut Department of Children and Families (CT DCF), specifically targeting youth aged 13-17. This assessment will focus on the substance use continuum of care, including early intervention, treatment, and recovery support services, addressing key issues identified in our initial discussions with CT DCF. The CT DCF and its stakeholders will be part of this process not only through information gathering interviews, but also by widely sharing the results of the draft report and incorporating their feedback into the final report. Following the completion of the needs assessment and gap analysis, DMA will assist CT DCF in convening a workgroup to set priorities and develop a multi-year strategic plan to address identified needs and gaps including service planning, development, and the preparation of Requests for Information (RFI) and Requests for Proposals (RFP) to procure services to address identified needs.	Not recommended to move forward	Per DCF staff, this is being conducted under the Children's BH plan.
DMHAS	Recovery coaches for individuals on MOUD during LOS in long term care facilities (LTC)	I would like to recommend funding recovery coaches for individuals on MOUD during LOS in long term care facilities (LTC). This could be a modified model to the initial CCAR ED model. Individuals are often not able to access SUD supports in community. This would increase access to recovery support and support the transition for folks back to the community.	Not prioritized at this time	May be considered as part of a large-scale, statewide Recovery Coaching recommendation to go to RFP in the future. Recommended to collaborate with PNP agencies that have Recovery Coaching for now.
DMHAS Forensic Services	Jail Diversion Recovery Coach Program	The Jail Diversion Recovery Coaches will remain in continuous communication with any person who is referred by the Courts as an additional service in providing one-on-one recovery coaching, ongoing support such as (recovery goals and planning, recovery coach check-in calls, resource referrals) and to walk alongside the individual in starting and sustaining this journey for as long as they desire.	Not recommended to move forward	Program ended and will not be continued.

Downtown Evening Soup Kitchen (DESK)	Overdose Prevention Center Pilot Program	Among the array of best-practice public health measures that have proven effective in addressing the opioid epidemic are overdose prevention centers, or OPCs. Sometimes referred to as supervised consumption or safe-injection programs, OPCs have been successfully operated throughout Canada, Australia, and Europe for more than three decades; data have consistently demonstrated the effectiveness at preventing overdose-related deaths and enhancing financial and housing stability, while at the same time improving community health through quantifiable reductions in public drug use and litter. In 2021, the first sanctioned OPCs opened in New York City; the program has already intervened in more than 1,300 overdoses, among which there have been zero fatalities. Rhode Island has already deployed Opioid Settlement funds for this purpose; the question of legal ramifications for Connecticut should be addressed by AG Tong. The substantial overlap between opioid use disorder and homelessness have encouraged low-barrier, harm reduction programming for decades in Connecticut, including drop-in centers that offer syringe services, fentanyl test strips, and sample testing. All of these are lifesavers in their own right; just as importantly, these measures are strategies to build trust with those struggling with addiction and housing instability. Along with food, bathrooms, and charging stations, harm reduction products bring people in the door and indicate to the client that the space and people are trustworthy. Trust, as we know, is the basis of recovery. Combining an OPC with other homelessness services is the logical and equitable step to offering immediate life-saving AND long term life-changing services.	Not recommended to move forward	Not legislatively approved in CT
Downtown Evening Soup Kitchen, Inc	Drop-in & Resource Center	Under this proposal, DESK will expand upon the work we have been doing for years at our Drop-in & Resource Center at 266 State Street in New Haven, as well as through street outreach, with a focus on: distribution of new syringes and collection/clean-up of used syringes, along with resources and education support for injection alternatives; reducing fatal overdoses through the distribution of test strips to detect fentanyl and xylazine, and naloxone education, administration, and distribution; mitigating secondary harms through onsite medical care and distribution of wound-care kits (the need for which has been heightened by the introduction of xylazine into the local drug supply); onsite rapid blood-borne pathogen screening and referrals to testing and treatment; engagement and trust-building through the provision of a variety of other needs (as DESK has done for almost forty years), including meals and beverages, clothing, toiletries, public restrooms, public phones and Wifi, computers, and printers, and a cafe for clients to simply rest and feel welcome—all fostered by peer staff with lived expertise; onsite provision of case management and clinical psychiatric evaluation and referrals, operating as New Haven’s lowest-barrier “front door” to services for unhoused individuals entering the system; support in accessing a variety of substance use treatment options, including medication assisted treatment; meeting people where they’re at: physically, whether in Drop-in Center or through street outreach activities, and emotionally, whether they are ready for treatment or need interim care and assistance as they work toward stability and recovery; working with partner agencies to train outreach staff, shelter staff, and supportive housing case managers to deploy harm reduction strategies.	"Continuation and Expansion of Harm Reduction Centers" approved January 2025	
DPH	data collection/IT infrastructure	Increase capacity to improve data collection and sharing across agencies and community; IT or other systems to collect data on Harm Reduction efforts/OD indicators to inform priority areas and measure program efficacy [statewide]	"CT Drug Data Collaborative; approved May 2025	
DPH	Harm reduction supplies	additional funding to support the purchase of harm reduction supplies to meet growing demand-- syringes, Narcan, other drug-use supplies, fentanyl and xylazine strips [at risk population, statewide]	"Expansion of Syringe Service Program (SSP) Supplies approved" Nov 2023 + May 2024	
DPH	Narcan availability	Make Narcan available in the community and across the lifespan -- daycares, schools, colleges, libraries, senior centers [everyone, statewide]	"Naloxone Saturation" approved May 2024	

DPH	Harm Reduction Vending Machines	Install and stock harm reduction vending machines in publicly accessible spaces, particularly college campuses, but other common gathering spaces, to allow for 24/7 access. [young adults, statewide]	"Prevention and Harm Reduction through Public Access" approved July 2024	Pilot of Harm Reduction Vending Machines in 20 municipalities across Connecticut approved July 2024
DPH	supportive housing	Funding for supportive housing that provides wraparound, intensive services to those with opioid use disorder [those in recovery, statewide]	"Supportive Housing as Recovery" approved January 2025	
DPH	maintenance of interagency interface	Annual maintenance costs for OCME/DCP interface that prevents filling of prescriptions after someone's death and notifies provider of patient overdose death. This interface was built with grant funding but requires ongoing maintenance costs [Pharmacists, prescribers; statewide]	ADPC Subcommittee to review	
DPH	primary prevention	Fund expansion of evidence based primary prevention programs targeted at youth through school-based and community organizations. (youth, statewide)	ADPC Subcommittee to review	
DPH	Lived experience compensation	Compensate/provide incentives for travel and participation to increase engagement of people with lived experience who participate in committees, planning sessions, provide input. [those with lived experience, statewide]	ADPC Subcommittee to review	
DPH	small mobile units	Support the purchase of small mobile unit(s) (e.g., small car, motorcycle, moped, etc.) for harm reduction/overdose prevention services home deliveries for those who lack transportation or access to harm reduction programs [transportation challenged, rural, statewide]	ADPC Subcommittee to review	
DPH	Harm Reduction Expansion	Expand Harm Reduction Programs funded through the DPH AIDS Service Line (Insurance Fund) to provide increased staffing and capacity for bundled services i.e., SUD Tx, HIV/HCV prevention and testing, and SSP services	ADPC Subcommittee to review	
DPH	Postvention Support for Loss Survivors of Overdose Death	include more social work staff embedded within OCME for intervention with families and loved ones when there is an opioid related death	ADPC Subcommittee to review	
DPH	Drug Take-back Disposal	The placement of drug take back cabinets across the state but especially in underserved/rural areas as assessed with existing sites in the state. This will allow for more of the population to properly dispose of medications where they might not have access to or feel uncomfortable disposing of medications in a police department. If proper disposal is offered, it lessens the chance of drug misuse/abuse while also protecting the environment and accidental overdoses in children, teens and adults.	ADPC Subcommittee to review	
Eden's Oasis Detox	Eden's Oasis	inner city and BIPOC	Not recommended to move forward	For profit provider - detox is not recommended under CORE principles
Eden's Oasis Detox	Eden's Oasis Detox	Meeting the needs of detox to extended sobriety after care to under served areas, Inner city , BIPOC , and regional to greater Hartford of CT.	Not recommended to move forward	For profit provider - detox is not recommended under CORE principles

Enders Island	Multi-Dimensional Remediation for OUD on Enders Island	<p>Enders Island in Mystic, CT has supported the SECT community in addiction recovery for 58 years. Our targeted substance abuse retreats, Twelve Step meetings, and our in-residence program for young men, serve over eleven thousand CT residents. Enders Island has been an innovator in addiction remediation for over 25 years. There are 14 different Twelve Step meetings offered weekly on the Island. The Twelve Step communities provide a critical means of support for those recovering from opioid use addictions and other substances. We host approximately 30 substance-abuse related retreats, serving over 1000 attendees annually. We provide subject matter experts in the arena of recovery for those who attend these retreats. Our post-treatment residential services are for up to 12 men at a time, (18-30 years old). We provide this at no cost to many of them for room, board, meals, counseling, and support services for the duration of their stay with us (which can range from 3 months to 3 years). Our recovery community is grounded in the principles of the Twelve Steps providing a structured and supportive environment for sustained, long term recovery including support for starting/returning to college or vocational training. Funding from OSAC will supplement donations that are the lifeblood of our programs. Our recovery support has evolved to meet the needs of the opioid crisis. Donations do not fully cover the costs of our programs. Since the inception of our programs, the inability to pay has not been a barrier for participation in our programs.</p>	Not recommended to move forward	Residential treatment is not supported by CORE report. Recommendation includes many location specific components that are not generalizable to statewide implementation.
Fair Haven Community Health Care	Harm Reduction Services in high-needs areas	<p>The Fair Haven neighborhood in 2022 had one third of the City of New Haven's overdose deaths, yet does not have harm reduction drop-in services like other parts of the city; services in Spanish are also very limited. We propose that Fair Haven Community Health Care oversee a harm reduction center along the Grand Ave corridor during hours that New Haven overdoses are most prevalent (afternoon, evening), with bus access to other city neighborhoods. For two years, we have worked with police, area businesses, and residents to establish buy-in for this plan that will promote a healthier and safer Fair Haven. Services would include medical care for injection-related harm, access to MOUD and PrEP on-site, case management, and psychotherapy. Populations of focus would be people who inject drugs, people who engage in sex work, and people who engage in public drinking; services would be provided in English and/or Spanish as is FHCHC's ethos/practice. Happy to provide fuller proposal.</p>	"Continuation and Expansion of Harm Reduction Centers" approved January 2025	

Global Health Justice Partnership at Yale Schools of Law and Health	CT should collect and report disaggregated & intersectional data, income of those surveyed) for all measures related to overdose, drug use experience, access and utilization of harm reduction services, health outcomes, and other allied fields (eg: access to housing, childcare, etc).	<p>There is a substantial gap in publicly available data on substance use and treatment in Connecticut with a focus on gender, particularly with regard to prevalence, trends, outcomes and treatment barriers for women, trans, non-binary, and LGBTQ+ people who use substances. While this data is increasingly being made available nationally, Connecticut specific data sources tend to have analyses by age, race, gender or location (if at all) but does not account for other characteristics, nor to how people are impacted by differential experiences simultaneously across gender, sexuality, race, age (including attention to seniors), (dis)ability, immigration status, etc. Given that there is strong evidence to show that substance use uniquely harms people of color and LGBTQ+ communities, it is imperative to collect and report disaggregated and intersectional data. Based on our review of the evidence, there is urgent need for intersectional data in the following areas: Substance use trends and overdose deaths among LGBTQ+ and gender diverse people, to account for specific drug use practices and overdose trends in these communities Qualitative data on overdose and drug use experiences and barriers to access to care Treatment admission and program use, and the efficacy of current initiatives Data that explores intersections and additive modes of marginalization, including as related to stigma, discrimination and violence Additionally, CT's data collection plans must ensure privacy protections and remain attentive to the high risk consequences of data disclosure for people of color and LGBTQ+ communities, including stigma, discrimination, addiction surveillance in health care settings, child welfare involvement, and criminalization. GHJP Data Challenges &amp; Harm Reduction Primer: <a href="https://bit.ly/data_harmreduction">https://bit.ly/data_harmreduction</a>. In addition, our team would be happy to provide all the evidence we have collected to support this recommendation which we were not able to include for lack of space.</p>	Not recommended to move forward	General statement about justice
Global Health Justice Partnership at Yale Schools of Law and Health		<p>Provide leadership; decision-making power; and prioritized funds, training, institutional capacity-building, and workforce, mental health and wellbeing support to community-based individuals, collectives and organizations led by and providing harm reduction and related services to racially and gender-marginalized populations, in order to continue critical adapted services and develop further programming based on priorities identified by them and the specific populations they work with. BIPOC groups, sex workers, and queer and trans folks have historically been leaders, providers and beneficiaries of harm reduction, including more community-based and structural efforts (Roane, 2019; Jackson, 2019). Despite this, these groups are often overlooked in the development and delivery of substance use services (Iverson et al., 2015; Boyd et al., 2020). Interventions must recognize and integrate the current and historical leadership of women and gender diverse people in harm reduction services, particularly the pathbreaking harm reduction work of Black women, which has also engaged political analysis and built legacies of Black health activism (Roane, 2019), queer communities responding to HIV/AIDS, and harm reduction as practiced by sex workers, making the concept broader and more holistic to value sex workers and their sense of self, wellness, and individual needs (Jackson, 2019). Providing funding via more holistic harm reduction work is essential to building trust and effectively providing harm reduction services to underserved populations. Additionally, funding should be allocated to engage persons who use drugs (PWUD) in service feedback and decision-making, and for patient advocates with lived experience that matches the communities served, to support PWUD with navigating services. A study of the Sex Workers and Allies Network (SWAN) in New Haven underscored the importance of building a supportive community and policy advocacy efforts while employing harm reduction strategies (Cammisa et al., forthcoming). GHJP Reproductive Justice &amp; Harm Reduction Primer: <a href="https://bit.ly/reproductivej_harmreduction">https://bit.ly/reproductivej_harmreduction</a>. In addition, our team would be happy to provide all the evidence we have collected to support this recommendation which we were not able to include for lack of space.</p>	Not recommended to move forward	General statement about justice

Global Health Justice Partnership at Yale Schools of Law and Health	<p>Piloting Overdose Prevention Sites (OPS) with moneys from the Opioid Settlement Funds, with attention to accessibility across populations. In this context, the state can rely on the evidence of OPS success, and not concede a position as to their legality or inadvertently minimize the room for legal advocacy for their implementation.</p>	<p>Overdose Prevention Sites (OPS) are among the strongest evidence-based harm reduction strategies that have been successfully implemented and scaled-up around the world. Overdose prevention sites “allow people to consume pre-obtained drugs under the supervision of trained staff and are designed to reduce the health and public order problems often associated with public drug consumption.” (Drug Policy Alliance, n.d.). OPS have been shown to be particularly efficacious in preventing overdose deaths, with zero fatal overdoses reported within OPS (Kerr et al., 2006; Ng et al., 2017). OPS have also been shown to reduce overdose fatality in the area around the site, not just within it (Marshall et al., 2011). In addition to reduction in overdose fatality, OPS have been shown to reduce new HIV, hepatitis C, and soft tissue infections, and increase the likelihood of injection cessation (Kerr et al., 2006; Larson et al., 2017; Walley et al., 2013; Watters et al., 1994). With regard to the impact an OPS can have on the community around the site, evidence has shown that OPS lead to a decrease in public injection or drug use, a decrease in public discarding of drug use materials, and a decrease in drug related crime and violence in the neighborhoods around the site (Wood et al., 2004; 2006). Ethnographic research points at the effectiveness of trans-inclusive women-only supervised consumption sites in addressing gender inequities that are otherwise not tackled by gender-neutral or mixed-gender services. These spaces can also provide food and other fundamental needs, and allow for information-sharing regarding drug toxicity, access to shelter and detoxification services. A key consideration for women-only spaces is to adopt inclusive gender definitions that are not essentialist and thus limited to cisgender women, but rather, expand to include transgender women and other gender-diverse people who might similarly feel unsafe in male-dominated spaces (Boyd et al., 2020).</p>	Not recommended to move forward	OPS not legislatively approved in CT
Global Health Justice Partnership at Yale Schools of Law and Health	<p>CT should recognize that there are no gender-blind or race-blind harm reduction policies, and an intersectional gender and racial justice lens in distributing funds, and evaluating their impacts, is necessary to respond to the critical and urgent vulnerabilities and disparities among people who use drugs (PWUD).</p>	<p>The traditionally masculine/male-oriented nature of harm reduction services threatens the effectiveness and accessibility of services among women and sexual and gender minorities (Boyd et al., 2018). Often ignored or overlooked in the development and delivery of substance use services, gender-informed services for these populations remain under-prioritized, underfunded, and underutilized (Iverson et al., 2015a; Boyd et al., 2020). People of color, cis-women and LGBTQ+ communities including trans people face a wide- range of barriers - including heightened violence, policing, stigma, and discrimination - that impact their access to harm reduction services and that often result in poor substance use-related outcomes. These communities have specific needs – related to food and housing insecurity, economic disenfranchisement, and increased need of sexual, mental health, and reproductive services - that must be differentially addressed, also with regard across race, place and age among other key aspects. For instance, cis-women and LGBTQ+ identifying individuals across genders are disproportionately impacted by policies that criminalize substance use and sex work, and often balance “competing priorities” of personal needs and safe substance use with avoidance of criminal persecution (Goodyear et al., 2020; COC Nederland, 2018). Every policy adopted by CT should remain attentive to the differential needs of racial, sexual, and gender minorities. It is not enough to adopt a few gender-responsive policies or identify racial equity as an overarching principle. Gender and racial justice must be systematically central to each OSAC recommendation. Recommendations drawn from existing research suggest service integration and coordination in the form of integrating reproductive health approaches and resources, medication-assisted therapy, and social support services into substance use services (Baca-Atlas et al., 2023; Taylor et al., 2021) in order to not exclude racial, sexual, and gender minorities. GHJP Gender &amp; Harm Reduction Primer: <a href="https://bit.ly/gender_harmreduction">https://bit.ly/gender_harmreduction</a>. In addition, our team would be happy to provide all the evidence we have collected to support this recommendation which we were not able to include for lack of space.</p>	Not recommended to move forward	General statement about justice

Global Health Justice Partnership at Yale Schools of Law and Health	Provision of childcare specifically for use by women and gender diverse people with children who use drugs.	The state should ensure that gender-specific services acknowledge gender norms, roles, and relations and include accommodations that mitigate significant barriers for women and parenting people to engage in substance use treatment (link to reproductive justice and gender justice factsheets). Lack of appropriate and adequate childcare is a demonstrated barrier for women and gender diverse individuals to engage in substance use treatment, especially for single parents. Gender-specific services could mitigate this through the provision of childcare at women's substance use services (Perri et al., 2022). Additionally, pregnant and parenting people have differential drug use experiences, and face specific barriers and sanctions for drug use (link to reproductive justice factsheet). Pregnant women are more likely to stay in outpatient treatment if these programs provide childcare, parenting classes, and vocational training (Chen et al., 2004). In order for women's services to be maximally effective, they should be inclusive of gender diverse PWUD as well.	Not recommended to move forward	General statement of inclusivity/gender equity
Global Health Justice Partnership of the Yale Schools of Law and Health	CT should ensure funding towards increasing financial assistance and resources for transportation for individuals who use drugs, with a particular focus on women and parents.	Transportation is frequently cited as a barrier to accessing substance use services and is a factor contributing to reduced uptake by women and gender-diverse people who use drugs (Perri et al., 2022). Adequate transportation is necessary in order to access substance use services such as syringe exchange programs, MOUD (medications for opioid use disorder) treatment, and other healthcare services. In a peer-based needs assessment survey for people engaged in street-based sex work in New Haven, for which there is an overlap of PWID in New Haven, 66% of respondents (all women) were unable to afford the transportation they needed. Most respondents relied on public transportation, walking, or rides from others to reach their destinations (GHJP & SWAN, 2020). Our team would be happy to provide all the evidence we have collected to support this recommendation which we were not able to include for lack of space, and would be happy to work with and support your team in any way we can.	Not recommended to move forward	General statement about justice; we should keep this as overarching principle and a good recommendation for CORE report
Global Health Justice Partnership of the Yale Schools of Law and Health	CT should fund additional low-barrier and stable housing for people who use drugs (PWUD).	This recommendation for accessible and affordable low-barrier housing includes programs that cover the real cost of rent, and pay attention to specific housing needs, such as supporting housing for pregnant, birthing and parenting people, or vulnerabilities due to stigma and discrimination for specific populations. These populations include people with criminal records, LGBTQ+ people, particularly LGBTQ+ youth aged 18-24. Low-barrier housing means, in part, no requirements for sobriety or zero-tolerance policies regarding alcohol and substance use. A national study found that comprehensive services, such as housing, transportation, education, and income support, reduces post-treatment substance use among both men and women, with gender differences in outcomes (Marsh et al., 2004). Furthermore, a study of a transitional living center serving homeless and at-risk African American mothers and their children found that a comprehensive, community-based housing program had a positive impact on women's recovery journeys and had lasting impacts on lifetime trajectories for women who had experienced homelessness (Krueger et al., 2022). A study of women and men in substance-free recovery housing showed poor outcomes, with increased poor outcomes across metrics for women (Sawyer-Morris et al., 2021) This demonstrates how accessible housing is an important baseline need for uptake of harm reduction and treatment services. GHJP Harm Reduction Primer: <a href="https://bit.ly/40Npd4W">https://bit.ly/40Npd4W</a> . In addition, our team would be happy to provide all the evidence we have collected to support this recommendation which we were not able to include for lack of space, and would be happy to work with and support your team in any way we can.	Not recommended to move forward	General statement about justice

Global Health Justice Partnership of the Yale Schools of Law and Health	Ensuring effective, transparent and accountable gender and race equity in CT's distribution of Opioid Settlement Funds and create metrics of reporting on this distribution and its impact	The potential for evidence-based and effective use of the OSF is high– as is the potential for missed opportunities and preventable morbidity and death. Attention to the diversity of persons who use drugs across race, gender, sexuality and parenting status in CT is key to success. Moreover, for every metric of diversity flagged in distribution, the state must also create metrics and publically accessible processes of accountability: how were the funds used, to what effect over the time period of the distribution (ten years minimum). GHJP Gender & Harm Reduction Primer: <a href="https://bit.ly/gender_harmreduction">https://bit.ly/gender_harmreduction</a> . In addition, our team would be happy to provide all the evidence we have collected to support this recommendation which we were not able to include for lack of space.	Not recommended to move forward	general statement of inclusivity - gender and race equity
Gordon's Place	Gordon's Place	With funding from the City of Hartford via the Opioid Settlement Fund, CPA opened Gordon's Place in April 2023. Gordon's Place is a transitional home for up to nine (9) men located at 510 New Britain Avenue in Hartford. This beautiful safe home provides transitional housing to support stable, sober living for the men as they transition from prison or shelter to independent living. All residents of Gordon's Place are justice involved, have a substance use disorder and/or mental health diagnosis and are actively engaged in recovery. The men residing in this home are required to abide by all house rules, secure and maintain employment if able, participate in relapse prevention programming and maintain their sobriety. In addition to working on their individual recovery plans, all residents work directly with CPA's Housing Specialist located at the Hartford Reentry Welcome Center to create long term housing goals. The Housing Specialist is the point of contact for A Fortress and the CPA programs providing wrap around support for the men. The Housing Specialist has played an instrumental role in building relationships with local landlords and helping residents find safe and affordable long-term independent housing. The cost to rent the home is \$24,000 per month or \$288,000 annually. This price includes heat, hot water, electricity, gas, cable, internet, all household cleaning supplies, toilet paper, laundry detergent and a sanitizing agent for each load of laundry. The fee also includes 24-hour staff, employed by A Fortress. Participant support funds are also included in the budget. These funds are used to meet participant needs such as security deposits and/or first month's rent for men moving onto independent living. A copy of the budget for FY 24/25 is included with this recommendation. CPA was recently informed that the City of Hartford is unable to extend the contract for Gordon's Place beyond March 31, 2025, due to budget and funding constraints.	Not recommended to move forward	Recovery & Health Management Housing subcommittee continues to look at general housing solutions. Specific housing program requests are not under consideration at this time.
Hartford Public Library	Hartford Public Library	We serve the entire Hartford population through our 7 branch locations (6 are currently open). We experience patrons of all walks of life, but we encounter active users and those in recovery on a regular basis. We have experienced overdoses happening in and around our branch libraries. I have been in contact with DMHAS and told them about our plan to start distributing free Narcan at our branches (piloting a dispenser at one branch) to help patrons who are users or who know those who use. Having a steady supply would be tremendously helpful.	"Naloxone Saturation" approved May 2024 + "Prevention and Harm Reduction through Public Access" approved July 2024	Naloxone Boxes mounted in public spaces including but not limited to college campuses approved as part of Prevention and Harm Reduction through Public Access. Can work with RBHAOs and CT Clearinghouse to support training of staff and receipt of naloxone kits.



Haven	HAVEN (Health Assistance interVention Education Network)	<p>I am writing to you on behalf of my organization, HAVEN (Health Assistance interVention Education Network), a 501(c)(3) organization located in East Berlin, Connecticut. Our mission is to enhance patient safety in Connecticut by promoting the health and wellness of healthcare professionals. We achieve this through education and prevention, early detection and intervention, referral for evaluation and treatment, and ongoing support and accountability. Our vision is to be the leader in promoting both the well-being of healthcare professionals and the safety of patients in the State of Connecticut through intervention, monitoring, advocacy and education. Established in 2007, HAVEN is the sole confidential alternative to public discipline for licensed healthcare professionals in the State of Connecticut. Before HAVEN's establishment, Connecticut's licensed healthcare professionals suffering from mental health, cognitive, medical, and substance abuse challenges were generally required to work directly with the Department of Public Health, typically in consent orders with publicly encumbered licenses. Because of the potential risks to their licenses, careers, reputations, and financial stability, many healthcare professionals were reluctant to engage in treatment, choosing instead to continue working with impairing or potentially impairing conditions. Our participants are licensed healthcare professionals from all disciplines across the State of Connecticut. Since its inception, HAVEN has supported thousands of healthcare professionals and, by doing so, ensured that millions of Connecticut residents receive care from professionals who are able to practice with reasonable safety and skill. A significant percentage of our participants are referred to us and work with us due to underlying opioid use disorders. In fact, opioids are one of the more commonly abused substances by health care professionals with substance use disorders. We are writing today to inquire about the opportunity to apply for funding from the Opioid Settlement Advisory Committee to help support our mission and programming. In the years following the pandemic, HAVEN is still seeing the ripple effects that COVID had on its healthcare professionals, most notably, the use of opiates as a coping mechanism for the trauma of the pandemic.</p>	Not prioritized at this time	
I Care Health Network	Recovery coaches in skilled nursing home	Adding Recovery Coaches through CCAR to our program.	Not prioritized at this time	May be considered as part of a large-scale, statewide Recovery Coaching recommendation to go to RFP in the future. Recommended to collaborate with agencies that have Recovery Coaching.
IPMD Medical	Opioid Halo and Bridge by Masimo	accidental opioid overdose through prescribed medication and transitioning from metahadone to suboxone.	Not recommended to move forward	

Judicial Branch, Court Support Services Division	Treatment Pathway Program	<p>The Treatment Pathway Program (TPP) is an innovative court-based pretrial diversionary initiative that provides assessment and referral services. TPP services include substance use disorder and mental health treatment (MAT) and support services, medication assisted therapy, housing assistance, enrollment with entitlements, access to medical care, access to employment services, access to social supports, basic need items, and access to peer support. The target population are justice involved individuals with substance use disorders, charged with certain nonviolent offenses, who are less likely to be released from custody at time of arraignment. Judicial Branch Court Support Services Division (JB-CSSD) Pretrial Services identifies clients with substance use disorders, mainly opioid dependent, who are then assessed by the court-based Adult Behavioral Health Services (ABHS) JB-CSSD contracted licensed clinical social worker (LCSW). Many of the LCSW evaluates the client for appropriateness and motivation in the TPP. Clients are assessed in lockup prior to their arraignment. During arraignments, Pretrial Services makes a recommendation to the Court that clients be granted the TPP condition of release into the community program in lieu of incarceration. Those granted TPP are immediately connected with clinical and recovery support services in the community. The clients' care is managed during the pendency of their case under the collaborative supervision of Pretrial Services, ABHS clinical provider, recovery coach, and Adult Probation Services. Regions served: Bridgeport, Waterbury, New Haven, New Britain, New London, Torrington, Danielson, Willimantic, Manchester. Current TPP funding expires on June 30, 2024.</p>	"Treatment Pathway Program (TPP) Continuation" approved May 2024	
L.E.A.D Inc.	L.E.A.D (Law Enforcement Against Drugs and Violence)	<p>L.E.A.D (Law Enforcement Against Drugs and Violence) was established in 2014 as a 501 (c)(3) and has quickly emerged as a national leader in drug and violence prevention services. We currently have a presence in 50 states, with over 5000 law enforcement officers trained and growing. Our mission is to provide leadership, resources, and management to ensure law enforcement agencies have the means to partner with our educators, community leaders, and families. We succeed by providing proven and effective programs to deter youth and adults from drug use, drug related crimes. bullying, and violence. We are committed to reinforcing the mutual respect, goodwill and relations between law enforcement and their communities.</p> <p>L.E.A.D has partnered with the Mendez Foundation to deliver their Too Good for Drugs curricula which provides an evidence-based, K-12, tested and proven effective, anti-drug and anti-violence curriculum. Our programs are delivered by trained law enforcement officers and teachers once a week over a ten-week period and include interactive and hands-on activities designed for skills building and application. <a href="https://toogoodprograms.org/pages/evidence-base">https://toogoodprograms.org/pages/evidence-base</a></p>	Not recommended to move forward	Lack of eval/data available; last report on their website is from 2013. Indicates all 50 states involved but only 5 listed on site.

Ledge Light Health District/New London County CARES	Fund New London County Coordinated Access, Engagement, Resources and Support (NLC CARES) for three years	<p>New London County Coordinated Access, Resources, Engagement and Support (NLC CARES) is a comprehensive public health intervention implemented in New London County in response to the overdose epidemic. NLC CARES is implemented by Alliance for Living, Community Health Center Inc., Yale Schools of Medicine and Public Health, and Ledge Light Health District, Uncas Health District and Chatham Health District, the three local health departments covering the region. The Overdose Action Team of Southeastern CT serves as an advisory body with many additional partners including first responders. NLC CARES centers and follows evidence-based practices, data and science about substance use and health to create change at the individual and community levels. Our priorities include increasing access to evidence-based treatment, harm reduction services and resources that address the social determinants of health; naloxone saturation; and stigma reduction. We implement a range of activities including data collection, analysis and sharing; “Navigator” support for individuals and families; and community education and public messaging. We center community voice and health equity in all aspects of our work. We have activities that align with Parts One, Two and Three of the Settlement Funds Approved Uses and a robust and skilled team, the majority of whom have personal lived experience with substance use disorder. Our work has been effective at increasing connections to services, reducing harm associated with substance use, and increasing initiation of medication for opioid use disorder – this investment would allow us to continue and expand those efforts as other grant funding streams have ended.</p>	ADPC Subcommittee to review	
LiveLOUD	LiveLoud Multi-Year Anti-Stigma, Prevention, and Support Campaign	<p>LIVELOUD GENERAL MULTI-YEAR CAMPAIGN Saving lives and reducing barriers to recovery takes a community coming together, to make changes in the many arenas that impact opioid use, recovery, and overdose. We recommend funding be prioritized to continue LiveLOUD as a multiyear, statewide campaign, building momentum off the progress Connecticut has made reducing harm, unifying stakeholders, and connecting audiences with resources. LiveLOUD is an essential component of Connecticut’s efforts against the opioid overdose epidemic, because it reduces stigma and risk of overdose through harm reduction. LiveLOUD is also unique in that its messaging applies to both individuals with OUD and their friends and family. Additional funding would help to create campaigns targeted to families with children, sexual and gender minority populations, unhoused populations, and racial minorities. So many have contributed to Connecticut’s efforts under the LiveLOUD umbrella, with multiple organizations across the state working to reduce barriers, spread awareness, and create toolkits. Consistent funding would maintain that progress and build on it with new momentum.</p>	"LiveLOUD Public Awareness and Education" approved September 2024	
LiveLOUD	NALOXONE AWARENESS AND DISTRIBUTION	<p>Naloxone is a powerful tool in saving lives from overdose, but its effectiveness hinges on accessibility and public knowledge. Funding for a new, multiyear, statewide naloxone awareness campaign under Connecticut’s LiveLOUD initiative will leverage the progress LiveLOUD has made in the harm reduction space, and further extend its positive impact. This campaign would save lives by improving public uptake of naloxone kits for more widespread coverage. To achieve broad distribution, we must shift public perceptions about opioid use disorder (OUD), overdose, recovery, and the role each person can play in saving lives. By implementing a behavior change campaign designed to reduce the stigma and moral judgment surrounding addiction, we can inspire individuals to become lifesavers. This campaign will also increase awareness of the significance of harm reduction methods like naloxone, emphasizing that they can help people survive another day, ultimately enabling the path to recovery. Funding a naloxone awareness and distribution campaign will significantly contribute to Connecticut’s goal of reducing opioid overdose deaths.</p>	"LiveLOUD Public Awareness and Education" approved September 2024	

Love146	Statewide Response to Prevent and Respond to Victims of Human Trafficking, a Population at Significant Risk of Opioid Use and Abuse	Love146 is Connecticut's primary statewide provider of specialized services for children and youth who have experienced human trafficking. The correlation between trafficking victimization and the opioid epidemic has been well documented (e.g., <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6687238/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6687238/</a> ). Of the over 800 youth served by Love146 since 2014, 59% had a history of drug use, 73% have been children of color, and have 91% identified as female. Based on the principles of harm-reduction, Love146's provides specialized services including crisis intervention, safety planning, assistance meeting basic needs, mental and sexual health services, assistance navigating governmental systems, and education/employment services. Currently, Connecticut lacks sufficient services for this population, with referrals to Love146 jumping from 105 in 2021 to 139 in 2022, and Love146 maintaining an ongoing waitlist of 30-40 youth at any given time. Through this project, Love146 will collaborate with the Connecticut Children's Alliance, which oversees Connecticut's 17 multi-disciplinary teams (MDTs) to expand Connecticut's ability to identify and provide specialized services to this population. Through this collaborative effort, children who are suspected and confirmed victims of trafficking will receive a coordinated response that will include providers from the medical field, law enforcement, prosecutors, and victim services. In addition, Love146 will journey with these children as they address their trauma and substance use/abuse, develop healthy coping skills, reengage in education, and build a life free from victimization and substance use/abuse. For this project, the MDTs and Love146 anticipate providing services to 50-100 youth annually.	Not recommended to move forward	
Matt's Mission-End the Stigma of Drug Addiction	Matt's Mission Recovery and Reentry Resources	Matt's Mission serves Griswold, Voluntown, Lisbon, Sprague, Norwich and Plainfield.	Not recommended to move forward	Municipal funding may be available to address locality-specific needs.
McCall Behavioral Health Network	Recovery housing and adolescent substance use disorder treatment	Recovery Housing for people with long term substance use that has hindered their ability to work and have stable supports need long term housing to develop skills needed for long term recovery. Most sober housing is short term for those with little financial support and resources that does not allow enough time to develop them. Most people start using substances in adolescents and there are few resources in the state for adolescent who need these services. More investment in these services will save years of lost time with progression of substance use disorders.	Not recommended to move forward	
McCall Behavioral Health Network	Interpreter Services for Non-English Speaking Clients	McCall provides behavioral healthcare services to underserved and marginalized children, their families, and individuals of all ages. Recently we held a focus group to identify potential gaps in care. We heard very specific feedback related to the lack of Spanish speaking services in our communities for families, especially those struggling with mental health and/or substance use issues. Providing accessible, culturally competent, evidence-based, and linguistically appropriate care will dramatically improve the social determinants of health for families and individuals, particularly in the areas of access to health care as well as community and social support. To reach underserved Hispanic communities in Northwestern Connecticut who may not have access to quality and culturally sensitive care, McCall would like to employ a translation service that provides linguistically appropriate services for Spanish-speaking individuals. Providing access to quality and culturally appropriate care specifically for our underserved Hispanic communities will decrease mental health disparities and eliminate barriers to care that now exist. Currently 50% of young Hispanic adults with serious mental health issues do not receive treatment. In the United States, Hispanic young adults are experiencing significant increases of mental health issues related to acculturation and immigration issues. And the Hispanic community has more than double the rate of poverty as their non-Hispanic peers.	ADPC Subcommittee to review	

McCall Behavioral Health Network	Statewide rollout of the CLEAR program	CT has piloted the Community and Law Enforcement for Addiction Recovery (CLEAR) deflection program in Litchfield and Fairfield counties with excellent early results. It establishes and enhances partnerships between community behavioral health agencies and law enforcement. Key to the success are integrated software platforms use by all partners to record and track incidents and interactions. There is momentum and interest in many other areas of the state for a full roll out of this promising practice.	ADPC Subcommittee to review	
McCall BHN	Recovery Coach Support Hotline	Anonymous hotline to support Recovery Coaches when feeling triggered, etc.	Not recommended to move forward	Employer and supervisor to provide this level of support
MDFT International	Multidimensional Family Therapy - Opioid Use Disorder	Target population: age range 10 to 26 throughout the state of Connecticut	Not recommended to move forward	Proposal reviewed by OSAC and was not approved. Rationale includes: cost to train staff and market program are too high for number of individuals with OUD or at risk of overdose historically served under existing MDFT HYPE programs in CT
Midwestern Connecticut Council of Alcoholism (MCCA)	MCCA Outpatient Clinic Recovery Coaches	The MCCA outpatient clinics operate in Danbury, New Milford, Torrington, Waterbury, Derby, New Haven and Bridgeport, all parts of regions 1, 2 & 5. The clinics provide individual and group treatment to adults 18 and older who are seeking treatment for co-occurring substance use disorders. It has been determined a best practice to the evidence-based treatment modalities, that use of recovery support services (recovery coaches) significantly increase successful treatment outcomes. The recommendation is for funding to add 1 full-time recovery coach at each of our 7 outpatient clinics.	Not prioritized at this time	Subcommittee continues to review statewide need for Recovery Coaches in a variety of settings.
Mid-Western Connecticut Council of Alcoholism, Inc. (MCCA)	MCCA Prevention Van	The MCCA Prevention Program is an educational service to enhance the well being of all families, not just those at high risk of substance use with an emphasis on underage drinking and drugging. MCCA is proud to be partnering with Stand Together Make a Difference, the designated Local Prevention Council for Danbury. The Prevention Program targets school age children and the families in the Danbury area. They collaborate with local schools, agencies, churches and community centers to provide assessments and education at health fairs and distribute educational materials. This recommendation is for a Prevention Van that would be used to travel to events with materials inside and would be wrapped with a Prevention theme for promoting the program. Similar vans have been supported through the DMHAS Responsible Gambling Program and Change the Script Program.	Not recommended to move forward	DMHAS Change the Script and Problem Gambling Vans are statewide initiatives that provide prevention, recovery and treatment across the state. MCCA can partner with existing mobile outreach to enhance their activities.
Move to Heal	Move to Heal	Move to Heal is a special organization, started in July 2021, with a mission to enhance the health of all individuals suffering from all forms of mental health issues, addiction/recovery, depression, and other life trauma by offering free group exercise, group support meetings, nutritional coaching, and mental health counseling. The organization is strengthening communities across the state and does this work by partnering with local gyms (currently 12 locations in CT, including partnering with Sacred Heart University) who host a weekly 30-minute fitness class directly followed by a group support meeting. For individuals who show consistency in these weekly meetings (2x/month), Move to Heal will sponsor their full-time gym membership, two free therapy sessions per month with a licensed therapist, and access to a nutritional coach as well as a nutritional guide. Through September 2024, over 7,000 individuals attended a Move to Heal meeting in CT. Out of those individuals, there have been over 750 therapy sessions and over 1,250 gym memberships sponsored by Move to Heal, affecting change throughout the state and helping people become healthy.	Not recommended to move forward	Does not appear sufficiently recovery focused for OSAC funding. Therapy session component is reimburseable by insurance.

New Editions Consulting	Data Infrastructure, Tracking, and Public Dashboard Initiative	<p>We recommend investing in the development of a Connecticut opioid settlement data infrastructure to increase public transparency and equip OSAC with the tools to gain insights on funding, inform decision-making, and enhance statewide coordination. The goals of the proposed project are to: Assess the reach, equity, and impact of past and current opioid settlement-funded activities; Identify gaps in prevention, harm reduction, treatment, and recovery services and develop recommendations for future investments; Build and maintain a public-facing interactive map and dashboard to promote transparency and highlight Connecticut's initiatives; and Establish a foundation for robust, longitudinal data tracking to guide sustained, evidence-based improvements over time. PROPOSED PROJECT TASKS: 1. Data Acquisition and Integration: Opioid Settlement Funding Data: Gather data on OSAC funding allocation and use; Enhance municipal annual report requirements, as needed, and develop data collection tools to collect key metrics from OSAC funded projects; Provide technical assistance to ensure consistent, high-quality data submission across municipalities and grantees. State and National Data: Integrate publicly available longitudinal data on opioid-related outcomes from sources such as CT DPH, the Opioid Response Initiative, DataHaven, CDC, and SAMHSA. 2. Data Management, Analysis, and Reporting: Store all data in secure, encrypted systems, ensuring it is de-identified and accessible only to the project team; Where appropriate, harmonize data across systems to allow for consistent variable definitions and temporal and geographic alignment, enhancing interoperability; Develop analytic variables such as funding levels by municipality, initiative types, and target populations served; Create standardized data dictionaries, standard operating procedures (SOPs), and reusable code to support consistent, replicable analyses; Analyze data and report on reach, outputs, and outcomes of funded activities across municipalities and over time. 3. Interactive Dashboard and Mapping Tool: Design and host a public-facing dashboard and map that display: Opioid settlement fund distribution and use; Funded initiative types and geographic reach o Local needs and trends in outcomes; Develop the tools in collaboration with OSAC to align with state priorities and reporting needs.</p>	Not recommended to move forward	Dashboard and Database are being built using internal state resources; anticipated launch summer 2025
New England HIDTA	Connecticut Drug Data Collaborative	<p>The Connecticut Drug Data Collaborative (CT-DDC) is a transformative initiative designed to provide comprehensive, near real-time insights into the state's evolving drug landscape, empowering Connecticut's public health and safety stakeholders to make timely, informed decisions. As a software-based, centralized data platform, the CT-DDC will integrate data from five community drug testing sites—Connecticut Harm Reduction Alliance (Hartford), New Haven Syringe Services Program, Liberations Program (Bridgeport), Alliance for Living (New London), and McCall Behavioral Health (Torrington)—alongside confirmatory testing results from the Connecticut Department of Public Health's Laboratory. This initiative is overseen by the Connecticut Overdose Response Strategy (CT-ORS) in partnership with the Connecticut Prevention Network (CPN).</p>	"CT Drug Data Collaborative" approved May 2025	
New Horizons Living Center Inc	Expanding Affordable Housing for Individuals in Addiction Recovery on MAT and engaged in Behavioral health Treatment	<p>Our non-profit sober home organization proposes to rehabilitate existing properties in Bristol to create affordable housing specifically for individuals in recovery from SUD. This initiative will focus on those engaged in treatment and on MAT and, providing a sober living environment alongside supportive services. We aim to rehabilitate a specified number of properties to create affordable housing units that include case management, primary healthcare, and behavioral health treatment for clients suffering with SUD, Dual Diagnosis and any other DSM diagnosis.</p>	Not recommended to move forward	Individual housing program requests are not being funded at this time. Bond funds may be available for infrastructure upgrades. Housing workgroup continues to explore Recovery Housing needs. May be a future RFP.

New Life II Recovery Community Center	Integrated Healing Facilitator Overview Training	New Life II (NLII) will provide five in-person trainings, once a month, for four hours each, in Greater New Britain (Plainville, Bristol, Meriden, and Berlin) on an overview of the Integrated Healing Facilitator (IHF) methodology. NLII will promote the IHF methodology to community members and providers on the eight following modules: Anti-Oppression Perspective, Emotional Distress, Problems with Substances, Incarceration, Homelessness, Trauma, The Importance of Language and review of Trauma Awareness, Ethics & Bias Check Tools. The goal will be to educate participants on the complexities of individuals within the Black, Indigenous, and People of Color (BIPOC) community that identify with mental health, substance use, housing, and a myriad of challenges. We will provide tools to support these individuals to overcome some of the barriers they face and stress the importance of collaborating and integrating care to treat and support the whole person within multiple community services. NLII is Connecticut's first Black-owned, Faith-based, and Peer-led Recovery Community Organization. Representation matters and our mission is to transform Black and Brown neighborhoods, disenfranchised by racism and discrimination by equipping and empowering individuals that are caught in cycles of hopelessness, dependency on substances like alcohol/opioids, or mental health struggles to build self-reliance, sustainable development, and continued upward mobility. Positive interactions with peers lead to improvements in treatment initiation, retention, and acceptability. Harm Reduction and Recovery Support promotion will destigmatize substance use disorders among community members and addiction specialists.	Not prioritized at this time	
New London Homeless Hospitality Center	Flexible Spending Fund	We request support for a flexible spending fund, in which NLHHC staff are empowered to help solve the financial problem of a guest experiencing homelessness so that they may get home and begin to have hope for a better life. When a person reaches literal homelessness they are extremely poor, and getting to housing is sometimes impossible without financial resources to back them up. This request is to solve a financial problem that a homeless adult is experiencing so the barriers to becoming housed are removed.	"Supportive Housing as Recovery" approved January 2025	Supportive Housing as Recovery Recommendation is inclusive of client supports fund for program participants.
Northeast Pharmacy Service Corporation	Community Pharmacy Enhanced Services Network of Ct (CPESN-CT) Opioid Stewardship Program	An Opioid stewardship program for our pharmacies that will focus on prevention of Opioid Use Disorder (OUD) by implementing patient screening, naloxone dispensing (with robust education), harm reduction services, MAT treatment referrals, and other services. Our goal is to promote safe and effective opioid use amongst our patients and to empower patients to avoid Opioid Use Disorder. Additionally, we seek to become a valued resource in our communities to provide resources and guidance for those dealing with OUD. CPESN-CT shares best practices with other 48 state-based chapters.	Not recommended to move forward	The components of this recommendation should be standard operating procedure. Given this is not adding staff, there will continue to be time constraints impacting pharmacist ability to follow through with this request. Resources are available for trainings and supplies through local RBHAOs, Harm Reduction Agencies, and Syringe Service Programs.

OP Innovates	Addiction Recovery Formulatory	<p>OP Innovates is a manufacturing and formulation based in Lexington, Kentucky that specializes in nature-based solutions. Our formulations utilize an array of full spectrum hemp based cannabinoids, terpenes, and vitamins. Our Addiction Recovery formula is scientifically developed using peer reviewed published research and the best available data to source and craft a well-thought, functional product to help recover from opioid addiction and dependence. Our addiction recovery formula utilizes a patented bio-delivery system for lipophilic substances to deliver full spectrum hemp oil, with less than 0.3% THC and with natural terpenes found in hemp, and vitamins found to support relief from addictive substances like opioids and alcohol. The scientific basis for this formula is drawn from extensive literature research and peer reviewed scientific studies. The product provides an excellent “one-size-fits-all” supplemental approach in addiction recovery to maintain healthy inflammatory and immunological responses, provide relief from occasional pain and support oxidative stresses and anxieties from opioid withdrawal symptoms.</p>	Not recommended to move forward	Not an evidence based practice
Oxford House, Inc.	Expansion of the Oxford House Model in CT	<p>Oxford House, Inc. (OHI) proposes to expand its evidence-based recovery housing model by establishing 12-18 new Oxford Houses over the next 24 months in high-need areas of CT. These democratically run, peer-supported homes provide safe, substance-free living environments that promote long-term recovery, accountability, and community reintegration. Currently, 7 Oxford Houses operate statewide, far below the need. Initial focus areas may include New Haven, Hartford, and Bridgeport, where overdose mortality, housing insecurity, and reentry challenges are prominent. A team of 5 full-time OHI staff with lived experience in recovery, including 3 Outreach Workers, 1 Reentry Coordinator, and 1 Regional Manager, will lead project implementation. These staff will identify and secure rental homes, support and train residents, facilitate the placement of at least 25 justice-involved individuals annually, and develop local chapters to maintain fidelity to the Oxford House Model™ long-term. The team will also engage with treatment providers, correctional facilities, and community partners to strengthen referral networks and ensure smooth transitions into housing. The project will also offer quarterly or as-needed opioid overdose prevention and response training for residents, alumni, and field staff. OHI brings 50 years of experience in supporting peer-run recovery housing, with over 4,000 homes nationwide and contracts in more than 31 states, including multiple opioid settlement funded initiatives. Our infrastructure, fidelity standards, and national partnerships ensure our readiness and successful implementation. We respectfully request opioid settlement funding of \$600,000 per year to support staffing, training, and start-up costs for 6 to 9 new Oxford Houses. Since Oxford Houses become self sustaining through resident-paid rent and utilities, this project offers a scalable and cost-effective solution to CT's ongoing overdose crisis</p>	Not recommended to move forward	<p>Individual housing program requests are not being funded at this time. Housing workground continues to explore Recovery Housing needs. May be a future RFP.</p>



Peace at Home	Substance Abuse Prevention and Education for Parents	<p>The parent-child relationship can provide a protective factor against teen addiction by fostering healthy communication and emotional resilience. Peace At Home Parenting Solutions (PAH) is launching a comprehensive Substance Abuse Prevention and Education Pilot Program for Parents in Connecticut. This program aims to empower parents with knowledge and skills to prevent youth substance abuse, foster open communication about drugs and addiction, and support families affected by substance use disorders. Key Program Components: 1. Live Interactive Workshops: 18 bi-weekly online sessions covering topics such as recognizing signs of substance abuse, communication strategies, and supporting recovery. a. Video recordings will be made available on <a href="http://peaceathomeparenting.com">peaceathomeparenting.com</a>. b. Audio will be extracted and made available on major podcast platforms. 2. Live Q&amp;A Sessions: 9 monthly sessions where PAH experts respond to parent questions 3. Quick Video Parenting Solutions Libraries: On-demand access to 10-minute recorded videos in English and Spanish, with helpful handouts. 4. Opioid Awareness and Intervention Library: 10 specialized videos focusing on opioid abuse and recovery strategies. 5. Clinician Orientation Videos and Ongoing Support: Resources for clinicians to integrate the program into their treatment plans. Program Goals - After this program, participants will be able to: Apply parenting strategies that protect youth against substance abuse; Strengthen parent-child relationships through effective family communication and support; Take positive action steps while awaiting professional care; Recognize the value of professional interventions and the parent role in their child's difficulties; Identify and apply parenting approaches that reduce the likelihood of post-treatment relapse</p>	Not recommended to move forward	Overlaps with existing program, Courage to Speak, which is currently funded under Prevention and Health Promotion Division. The Division is planning a competitive procurement process to identify parent education programs in the state.
Pivot Ministries Inc	Clinical Program Enhancement	<p>We provide a nine-month residential treatment program in Bridgeport for men with substance use disorder. We take anyone in need, regardless of their background or income/insurance status. Most entrants come from within a 50-mile radius of Bridgeport. In 53 years, we have returned hundreds of men to their families in recovery and employed. In 2017 we added clinical counseling to our faith-based program and saw a marked increase in men successfully completing the program. To continue the improvement, we need a Clinical Program Manager to implement Case Management Software, and a Case Manager to follow up with program graduates to keep them connected and support their long-term recovery. We also need a Medical Social Worker to address the biggest obstacle to men staying in the program - the challenges their families face while their breadwinner recovers. A social worker who can navigate issues of housing, substance use by the remaining parent, debt, parenting etc. can stabilize the family and allow men to stay long enough to really address their issues and gain the skills needed for employment and re-entry. These three positions would allow us to enhance our ability to complete our mission of returning men to their families and to society "usefully whole."</p>	Not recommended to move forward	Residential treatment is not recommended under CORE report

Prime Time House	Project Hope: Community Engagement for Disconnected Youth	<p>Prime Time House proposes implementing a pilot program, Project Hope, to provide psycho-social and vocational services to at-risk teenagers and young adults living with substance use disorders (SUD) or co-occurring mental health/SUD throughout Northwest Connecticut. The target population is disconnected youth who are neither working nor in school, putting them at risk for substance use, long periods of unemployment, poverty, and criminal behavior. We will empower participants to focus on elements that are often overlooked in the clinical mental health system, such as peer connections, rebuilding self-confidence, and achieving personal growth. An evening and weekend program will provide opportunities to socialize, learn new skills, advocate for themselves, participate in wellness activities, and get connected to other community-based recovery programs. Participants will enjoy nutritious dinners that they learn to prepare and have access to a food pantry to help fight food insecurity. They will have access to a computer lab to further their communication skills and participate in the evidence-based program on cognitive remediation. Job Coaches will prepare them for adulthood by evaluating vocational interests and skills, assisting with resume development and job applications, and offering mock interviews. Transportation will be provided to ensure that a lack of public transit throughout NW CT is not a barrier to accessing services. Project Hope will position participants to reach recovery goals, achieve mental wellness, and be prepared for careers that will increase their incentive to engage in the labor market while reducing their potential need for more costly services.</p>	Not prioritized at this time	
Reliance Health, Inc.	Eastern CT Recovery Coach Expansion	<p>Reliance Health (RH) is requesting \$425,000 to expand its current Recovery Coach (RC) Program to include 4 additional RC's. The program currently consists of 2 RCs funded by the How Can We Help Grant (since 2018) to cover Norwich and for one year only had 2 RCs funded by the Omnibus Appropriations Bill (2023) to cover Eastern CT. Relationships have been established with town officials, providers, and first responders in these locations in conjunction with the Norwich Task Force; a collaboration of over 50 entities serving Eastern CT. This proposed expansion would provide continued funding for the expired Omnibus Appropriations Bill allowing an additional 4 RCs to cover all Eastern CT. The RH RC Program (RHRCP) has provided recovery support to 631 individuals and 341 families and friends. This support includes outreach, overdose follow-up with first responders, education, distribution of over 1200 lifesaving Naloxone and harm-reduction kits, recovery coaching/goal-setting, and increased connection to the recovery community. Per the CDC, individuals using harm-reduction services are 5x more likely to enter treatment, evidenced by RHRCP helping 334 individuals enter treatment. Further, the National Center for Biotechnology Information reports a reduction in mortality rate of treatment goes by 50%. Norwich First Responders report responding to 112 instances of overdose, 50 where Naloxone was administered prior to their arrival. Of those 50 instances, only 1 instance resulted in a fatality. This expansion of RC's in Eastern CT is essential to saving lives.</p>	Not recommended to move forward	<p>Specific recommendation is not recommended to move forward. Subcommittee continues to review statewide need for Recovery Coaches in a variety settings.</p>

RNP	OSAC funding Request for Family Recovery Coach staff for Non-Profit Opioid Treatment Programs (OTPs) in Connecticut	Connecticut OTPs request consideration for funding to hire Family Recovery Coaches to work on a multi-disciplinary team within each non-profit OTP. This funding request falls under CORE Report funding priorities of “Treatment (Linkage, Provision and Retention)” and “Recovery Supports.” Family Recovery Coaches will serve an innovative, vital role in enhancing support systems available to individuals and their families. Family Recovery Coaches will be individuals with shared/lived experiences of Opiate Use Disorder (OUD) and will provide a unique, critical role by providing guidance, inspiration, connection to care, emotional support, and practical resources to individuals with OUD and their loved ones/families. This proposal will further strengthen and support OSAC approved funding for Recovery Coaches located in hospital emergency departments by establishing a formal process to seamlessly link individuals to MOUD treatment and supportive housing. Research demonstrates that family engagement significantly improves long-term outcomes for individuals with Opioid Use Disorders. In addition to aforementioned positive outcomes, this proposal will demonstrate its cost-effectiveness by retaining individuals in treatment with support from their families, improving outcomes, reducing stigma and reducing opiate related overdoses.	ADPC Subcommittee to review	
Root Center	Root Center- Residential Treatment-Room and Board Funding	Root Center plans to open our new residential program in New Britain in the fall of this year. Currently, under the ASAM 1115 waiver, no new residential programs are being approved for reimbursement of the room and board. Attached to this email is a letter from my organization, asking for DMHAS and the state partners to consider approving some of the Opioid Settlement monies to support our room and board expense for the first year.	Not recommended to move forward	Residential Treatment does not align with CORE report
Rushford Center, Inc	Harm Reduction Outreach Vehicle Staff	Rushford's Harm Reduction Outreach Vehicle will serve Meriden and Wallingford. The target population is hard to reach individuals in the community, those who are not trusting of medical systems and/or those that have barriers to access care and treatment, for example homelessness, transportation, or child care needs.	ADPC Subcommittee to review	
Second Chance Re-entry Initiative Program (SCRIP)	Comprehensive services for re-entry populations	Second Chance Re-entry Initiative Program (SCRIP) is a nonprofit located in Hartford that provides education and services to formerly incarcerated men and women who are transitioning back into society. SCRIP believes that every individual deserves support in order to understand how their past influences their present, identify their strengths, and rediscover who they are by valuing their inner worth. Our mission is to raise awareness of the often-overlooked traumatic experiences in urban communities and help individuals overcome the oppressive realities of incarceration, homelessness, unemployment, and racial injustice. A majority of SCRIP clients have been disproportionately impacted by the war on drugs. Most have served time for actions taken while actively addicted to opioids or other substances. It is SCRIP's goal to help these clients overcome the circumstances that resulted in their addiction and incarceration and to pursue a more positive path. SCRIP's strategy begins with an evidence-based training and intervention curriculum, developed by experts in urban trauma and evaluated by the Kelm Research Center. Our curriculum is a trauma-informed, cognitive-behavioral intervention that catalyzes a powerful shift in the mental, emotional, and behavioral well-being of our clients, almost all of whom are Black and/or People of Color. We help break the cycle of trauma and addiction and empower people to find hope, claim their potential, and become their best selves. Founded by Edward Andrews, who himself successfully navigated reentry after decades of incarceration, SCRIP has received support from Connecticut legislators, Hartford Foundation for Public Giving, and other public and private partners.	Not prioritized at this time	May be covered by 1115 Judicial Waiver.

Southeastern Regional Action Council, Inc.	Secondary Prevention	<p>Target population: selected (individuals who have lost a family member to an opioid overdose) in eastern CT across 41 towns. This project would assist in building the infrastructure for secondary prevention by implementing evidence informed trauma programs such as post-traumatic stress management and skills for psychological recovery (National Center for PTSD, 2019 National Child Traumatic Stress Network, 2019). Funding would provide staffing for such program models as a pilot study with at-risk populations to reduce behavioral health risks to be measured by pre and post indicators. The program would not provide any direct clinical treatment services but would rather serve to support these individuals and families impacted by the opioid epidemic and link them with appropriate services as needed. Some examples of this may include monthly/weekly groups or one-to-one sessions for grandparents raising grandchildren (due to the loss of a parent), youth and young adults who have lost a parent/friend/sibling, parents who have lost children, and staff in systems such as schools and businesses within these communities across eastern CT. This project would work with existing opioid taskforces, local prevention councils, state opioid response grantees, and local family advocacy agencies to reach these individuals. Community partners would be engaged to secure accessible locations, marketing, and any educational materials that are needed. A minimum goal of 50 participants would be sought for the initial project timeline. Research strongly supports working with survivors who have experienced a loss as an effective secondary prevention and warrants being applied to the opioid epidemic.</p>	ADPC Subcommittee to review	
Speranza Therapeutics	S.T. Genesis: an FDA approved Auricular Percutaneous Nerve Field Stimulator	<p>The S.T. Genesis is an FDA approved Auricular Percutaneous Nerve Field Stimulator; it is applied and worn on the left ear for the 5 days of acute withdrawal and begins alleviating withdrawal symptoms upon application and is followed by a 92-95% relief of symptoms within 1 hour. This is a medical grade device and requires a MD to prescribe it and a licensed staff member to apply it, at the direction of the MD. MAT/MOUD can be started while the S.T. Genesis is applied without the risk of precipitated withdrawal and your robust existing Social Services can engage during the initial 5 days of treatment. The fear of withdrawal is a barrier for many individuals suffering from Opiate Use Disorder. The S.T. Genesis provides relief from withdrawal and the opportunity for the individual to make decisions without being in distress and making a stress-based decision. There is no concern of cross tolerance with illicit substances and no adverse reactions with other prescribed medications. Primary contraindication in the Community would be an existing Pacemaker, Implanted Cardiac Defibrillator or Metal plate in the head. Social Services and the many services that have been built up in the CT communities can begin on day 2 to plan the next steps in a sober transition. This can be used by First Responders administering Narcan, Urgent Care Centers, or Emergency Rooms as well as Harm Reduction Centers where clients are prepared to stop using their substance of choice.</p>	Not recommended to move forward	
Tail to Paw	Tail to Paw	<p>This project focuses on those individuals, within Greater New Haven County, who are facing the challenges of substance use disorder and the desperate need to seek treatment, but not being willing to due to the fear of losing their companion animal. Many individuals will choose not to seek help for themselves due to not having a safe place for their pets. Tail to Paw recognizes this and wants to be able to offer assistance to as many individuals as possible to engage in withdraw management/inpatient treatment or outpatient (PHP IOP) while we ensure that their pet is boarded (overnight or during the day) in a licensed and secure facility.</p> <p>All required vaccinations required as part of boarding would be provided. In those instances where pets are still intact, spay/neutering would be offered (at the agreement of the owner). Transportation will also be a resource for individuals, to/from the boarding facility to allow drop-off and pickup of their animals, as well as visitation.</p>	Not prioritized at this time	Community resources available; request recovery subcommittee to explore further to create a resource list and determine need.

Tata Consultancy Services	Moving Beyond Controlled Drug Analytics	<p>We propose the following use cases for our TCS Healthcare Analytics to pilot with the State of Connecticut to help identify, predict, and alert for possible abuse of controlled substances. Prescriber detailing We plan to generate information for more than 600 data elements. Drug Hot Zones We plan to geolocate 'hot zones' as well alerts and notification. Visits Profiler The symptoms and health risks for Xylazine are new to clinicians. We plan to profile, score and risk determine symptoms and visits. Contextual Profiler We can provide a longitudinal person profile including social health factors. Population Health and Syndromic Surveillance Our solution brings forth trends and assists in planning, treating, and combatting our public health emergency. Wound assessment and treatment In reducing the harms of Xylazine for major harms domains: acute poisoning, extended sedation, and wounds along with hyperglycemia and anemia our solution can support clinicians. Referrals Wound healing and Amputation We plan to assist in finding the root causes of positive and negative outcomes. Opioid Overdose Reversal Treatment Failures For reversal agent Naloxone or other administered self or by emergency response in the field Clinical Practice Evidence Based Guidelines for Overdose and Withdrawal Treatment How clinicians manage presentation of symptoms our solution includes indicators that set-in motion studies of how clinical practice evidence is followed. Supply chain Our solution can monitor Fentanyl thresholds for supply chain and drug diversion bringing veterinary supplier data into setting thresholds and highlighting potential gaps.</p>	Not recommended to move forward	Cost for minimum viable product is not cost effective. State agencies currently collect data. It would be more effective to partner with current agencies to develop a data analytic dashboard with state partner buy-in.
The Governor's Partnership to Protect CT's Workforce dba The Governor's Prevention Partnership	Investing in Connecticut's Prevention Workforce	<p>The Governor's Prevention Partnership in collaboration with Community Anti-Drug Coalitions of America (CADCA) will launch a statewide workforce development initiative to expand the capacity and expertise of community coalitions to lead sustainable and effective opioid response efforts. The Opioid Coalition Academy (OCA) will provide a specialized opioid prevention and coalition-building certification modeled on CADCA's National Coalition Academy. Participants include local prevention professionals, youth development practitioners, school personnel, and other representatives of the coalition sectors. The training is designed to reduce uncoordinated efforts and strengthen partnerships to work together in the areas of prevention, harm reduction, and access to treatment. Participants will receive approximately 100 hours of training, technical assistance, and coaching. Six cohorts will be trained over a 12-18 month period. Coalitions will create community-specific tools to direct their efforts including a community assessment, logic model, and strategic action and evaluation plans. The OCA incorporates the skills and processes of SAMHSA's Strategic Prevention Framework. Working with trained coalitions, The Partnership will expand its prevention and safe disposal initiative statewide. Coalitions will deliver opioid prevention education and distribute 150,000 drug deactivation and disposal pouches to remove unwanted medications/illicit substances from circulation. An additional 100,000 pouches will be mailed to rural households where access to distribution is limited. The Partnership will coordinate a complementary public awareness campaign with specific messaging and outreach strategies for rural and urban/suburban areas. This investment will impact 126 communities and 252 practitioners and potentially remove up to 11.25 million pills from circulation in homes and communities.</p>	Not recommended to move forward	Duplication of efforts.

<p>The Governor's Prevention Partnership</p>	<p>The Governor's Prevention Partnership – The Connecticut Youth Advisory Board (YAB) – Youth-led opioid prevention efforts</p>	<p>Expansion of the CT YAB as the state's premier youth-led prevention initiative for 5 years to strengthen youth advocacy, expand peer-driven prevention programming, and enhance community engagement. By equipping youth with the tools to educate, advocate, and engage their peers, this initiative addresses the root causes and early warning signs of substance use before they escalate into opioid misuse or overdose. The YAB is a dynamic group of high school and early college-level students dedicated to advancing youth-led opioid prevention efforts throughout the state. YAB members participate in monthly meetings, statewide initiatives, and advocacy opportunities, ensuring that youth perspectives are central to local, state, and national prevention efforts. The objectives of this recommendation are: Statewide Opioid Prevention Youth Leadership &amp; Advocacy; Expanded Statewide Reach; Monthly Youth-Led Prevention &amp; Advocacy; Leadership &amp; National Engagement. Key components include: Youth Advisory Board (YAB): Expanding youth participation in local, state, and national prevention efforts; Developing leadership and advocacy skills through networking opportunities, mentoring, and hands-on projects. E3: Engage, Encourage, Empower: A structured peer-to-peer prevention program providing youth with mentoring, leadership, and advocacy training. Peer-to-Peer Prevention Speaker's Bureau: Training a group of 10-15 youth leaders in storytelling and prevention advocacy; Providing platforms for young people to share their experiences through evidence-based educational campaigns. Pizza &amp; Prevention Community Conversations: Monthly youth-led forums encouraging meaningful dialogue on substance use, mental health, and peer support. These events connect youth with parents, educators, and community stakeholders. School Training and Support: Bringing E3 programming to up to 10 new schools annually, providing training and resources for educators and advisors; Utilizing evidence-based curriculum and mentoring approaches shown to significantly reduce adolescent drug and alcohol use. Annual Future Prevention Leaders Conference: Offering specialized training, leadership development, and networking to foster effective youth-driven prevention campaigns.</p>	<p>ADPC Subcommittee to review</p>	
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The Governor's Prevention Partnership	The Governor's Prevention Partnership (GPP) Prevention Starts with Mentoring: REAL Rising Up School-Based Mentoring for Opioid Prevention	Partnership with TTASC, SERC, and the CT Clearinghouse to expand the REAL Rising Up school-based mentoring model over three years to scale a statewide, evidence-informed model for opioid prevention through school-based mentoring. This project, through strategic enhancements and mini-grants to 7-10 schools annually will support 250 mentor/mentee matches per year with training, prevention curriculum and referral pathways. Each mentoring match has the potential to create a ripple effect, not only impacting the mentee, but their peers, family members, and the wider community. The mentoring model includes: •A proven three-tiered curriculum delivered to mentors, mentees, and school-based practitioners. •Onboarding and foundational mentor training. •Prevention-focused knowledge and tools (e.g., SBIRT-A, Naloxone, Mental Health First Aid). •Ongoing support and roundtables to build shared learning among programs. •A strategic prevention framework and public awareness campaign to elevate prevention education. •A statewide school-based prevention conference in Year 3 to build scale and share innovations. This initiative will not only address youth substance use, but it will also strengthen community-school connections, build sustainable school-based mentoring infrastructure, and support system-wide transformation. Through this work, GPP is committed to creating lasting change for young people, their families, and the school communities that support them. Through this collaboration the partners will: • Develop and deliver opioid prevention training for school-based mentoring practitioners, including SBIRT-A training •Provide age-appropriate opioids prevention education for mentors, mentees, and families •Expand school-based mentoring programs through partnerships and mentor recruitment pipelines •Implement naloxone and drug deactivation kit training for mentors, parents/caregivers, and school staff •Award mini-grants to schools for opioid prevention enhancements in mentoring programs to expand school-based mentoring in less resourced areas and those with high prevalence of opioid misuse •Create a unified prevention social media campaign to amplify opioid awareness statewide •Conduct evaluations of project-specific training and impact on mentoring programs •Host a statewide School-Based Mentoring Prevention Conference in year 3 to showcase best practices, expand partnerships, and sustain prevention efforts in mentoring	ADPC Subcommittee to review	
The Governor's Prevention Partnership	Youth Prevention Through Family Engagement	Investing in youth prevention includes parent education campaigns as a primary prevention tool as stated in the Principles and elsewhere, such as “Talk. They Hear You” by SAMHSA. For over 30 years, The Governor's Prevention Partnership has worked with parents and communities to train caregivers on effective and immediately applicable prevention tools. This recommendation expands the investment in the state's families, specifically through the CT Fatherhood Initiative, to provide full-time prevention specialists embedded in programs to train and provide resources over the next three years. The Partnership works with Fatherhood programs to implement action plans using the Strategic Prevention Framework. The focus is statewide using a selective approach for Fatherhood program clients and their communities. Funding will support Community Cafés, a proven strategy to mobilize community members. We will train each community on the evidence-based strategy of Adverse Childhood Experiences (ACES) and the intersection with substance use prevention (CDC). These dynamic conversations are led by local community members who learn the Community Café approach through training by The Partnership. An influential community member is a facilitator because they can relate to the participants and build on the assets of their neighborhoods. This recommendation will equip and empower parents/caregivers to effectively guide youth toward healthy decisions while recruiting and engaging parents/caregivers as advocates for systemic change. Funding will reach seven programs and over 750 people a year, it includes supporting prevention-focused family/youth conferences, implementation funding, a full-time program manager, and robust evaluation. Investing in caregiver education leads to healthier Connecticut families.	Under OSAC Review	

The Kennedy Forum	The Mental Health Parity Index	<p>For generations, America has separated behavioral health and physical health, creating siloed systems that discriminate and marginalize individuals, families, and communities facing increasing challenges with opioid or substance use disorder and mental health care (MH/SUD). COVID-19 further highlighted the long-standing, inadequate access, and coverage for MH/SUD. As it stands today, individuals are still far more likely to access MH/SUD services out-of-network than other physical health services. Out-of-network benefits in most plan designs lead to more significant patient cost-sharing (i.e., higher deductibles, co-insurance percentages, etc.) and, therefore, can substantially reduce utilization of these valuable lifesaving and cost-reducing services. Historically, quantitatively determining Parity in Access and Coverage in given markets had never been possible due to the proprietary nature of insurance carrier networks. However, on July 1, 2022, the Centers for Medicare and Medicaid Services (CMS) finalized and effectuated new regulations as part of Transparency in Coverage which began requiring most health plans to publish machine-readable files (MRF) detailing in-network and out-of-network contract prices for all services. The Mental Health Parity Index for Connecticut will be a comprehensive and user-friendly, open-access tool that will score commercial insurance products on their MH/SUD access and coverage compared to the physical health benefits offered by these health plans in the same region. The index will uncover potential emerging parity violations and overall insurance product quality information, which can then be used by policymakers, employers, service providers, health plans, and families. This novel transparency data, presents a new opportunity that has never been possible before.</p>	Not recommended to move forward	Legislative issue; not in our scope
The Redemption House	Richard Delvalle	<p>The Redemption House at 10 Crescent St., New Haven, Connecticut originally opened at July 2020, it served 486 homeless people in its very first year. It was funded by Richard Delvalle, the owner of New Beginning Recovery House, and some private donations. We served people in the recovery process who were in the crisis, most of them being homeless or imminent danger of being homeless, due to their SUDs &amp; mental illness. We built partnerships with hospitals, detox centers, and treatment centers. We provide the residents with short term housing, help them secure the resources they need, to continue the journey of their recovery. In that very first year, we had 20 beds. Due to lack of funding, we had to close our doors in July of 2021. Currently we still have 2 redemption beds open, we do not want to give up and turn our back entirely on people who seek recovery. We love the relationships we have built in the community that enables us to work closely with local detox centers &amp; hospitals. People are immediately admitted to the redemption house for recovery services &amp; housing, instead of being released back to the street homeless &amp; start using again. The redemption is a viable resources with the right amount of funding we can have even more of an impact on SUDs, mental illness &amp; homelessness. The redemption House provides food, housing and case management services. The Redemption House was supported by volunteers who would run peer to peer support groups 4 times a day. The Redemption House should be part of the recovery process, especially with the lack of treatment beds in the state of Connecticut. Re-opening the redemption house to full capacity will help lower the financial burden the opioid crisis has had on the state, will lower the cost the states spend on people's treatment, and will lower the number of overdoses in the community. Please help us reopen our doors, to give people a place to go when there is nowhere else to go.</p>	ADPC Subcommittee to review	
The Samaritan House Inc.	Recovery Support Triage Center	Young Adults, Women, Men, Families, & Faith Leaders. New London County	Not recommended to move forward	Duplicative as there is a Harm Reduction Center and Recovery Center in New London.



The Town of Glastonbury	Social Worker (Police Department)	This position will be in charge of responding to the Glastonbury community. We are hoping to be able to identify individuals who need mental health and substance use resources when they come into contact with our Police Department. This individual can connect residents to appropriate care for both mental health and substance use resources, as well as their families.	Not recommended to move forward	Not a statewide initiative. Municipal funding may be available for municipal-specific initiatives.
The Tucker Project	The Tucker Project: Multi-District Proposal for Connecticut	This consolidated proposal outlines the deployment of The Tucker Project in three Connecticut public school districts—New Haven, New London, and Torrington (Middle and High Schools). Each district will receive a tailored implementation strategy for addressing fentanyl awareness, supporting student mental health, enhancing career readiness, and fostering robust community and family engagement in alignment with district goals and community needs. By leveraging innovative partnerships and locally relevant resources, the project ensures sustainable implementation across CT schools, equipping students, educators, parents, and communities with essential tools and support. The Tucker Project is a national K-12 education initiative designed to address the growing opioid and fentanyl epidemic through prevention-based curriculum, educator training, and community outreach. By equipping schools with scalable, evidence-informed programming, The Tucker Project supports students, teachers, and families in navigating the intersection of mental health, substance use prevention, and academic well-being. Rooted in a public health and education partnership model, The Tucker Project leverages curriculum aligned to state health standards, professional development for educators, and family-facing tools to foster open dialogue and early intervention. The initiative is named in honor of a young life lost to fentanyl and aims to prevent future tragedies through systemic educational solutions. The Tucker Project stands out as the premier option for fentanyl awareness and prevention education by uniquely partnering with Angel Families and leveraging founder advocacy to integrate fentanyl education into state curricula. The 360-degree approach encompasses education, law enforcement, recovery, and harm reduction, collaborating with states, cities, non-profits, and community organizations. Includes Evidence-based lesson plans and resources, professional development courses and resources for teachers, and assemblies organized across with Angel Families--those who have lost loved ones to the opioid crisis. Their lived experiences lend a powerful voice to prevention efforts, inspiring action and driving change. Engagement Strategies include Parent Workshops and Seminars, Community Partnerships, utilizing various communication platforms, including newsletters, emails, social media, and the individual district websites, Family Engagement Events, Volunteer and Leadership Opportunities.	Not prioritized at this time	Subcommittee will continue to explore need + school willingness/ability to implement school prevention recommendations. Concerns re: substantial budget for this recommendation for 3 school districts.
The Village for Families & Children	Integrating Peer Support into IOP	To integrate and evaluate, ahead of pending Medicaid reimbursement, peer support into Hartford substance abuse (SA) intensive outpatient programs (IOPs) that predominantly serve BIPOC clients to enhance engagement in treatment and treatment outcomes	ADPC Subcommittee to review	

Tom Cat's Place II	Recovery Reintegration Program	<p>TomCat's Place II is a recovery-focused sober living residence located in Manchester, Connecticut, dedicated to supporting individuals impacted by substance use disorder (SUD), particularly those recovering from opioid addiction. Our mission, "Homes with a Heart," reflects our commitment to providing not just shelter, but holistic wrap-around services that empower residents to rebuild their lives. TomCat's Place II addresses a crucial gap in recovery services by offering stable, structured housing combined with access to mental health support, peer mentorship, employment readiness training, and case management. Many of our residents are individuals re-entering society following incarceration or homelessness—populations disproportionately impacted by the opioid crisis. We are in the early portion of our collaboration phase with community partners like the Second Chance Re-Entry Initiative Program (SCRIP) to offer Licensed Alcohol and Drug Counselor (LADC) services, job placement assistance, and recovery coaching. Funding from the Opioid Settlement would directly expand our capacity to serve more individuals. Specifically, we seek support to launch our "Recovery Reintegration Program", which will offer individualized recovery plans, weekly therapy groups, skills-based workshops (e.g., resume building, budgeting, relapse prevention), and peer-led recovery meetings on-site. Additionally, the funding would cover partial housing scholarships for residents who are early in their recovery and face financial hardship—removing a major barrier to long-term success. By investing in TomCat's Place II, the state will strengthen an essential piece of the recovery ecosystem. Our model emphasizes dignity, accountability, and community, creating a safe environment where residents can achieve sustainable sobriety, reconnect with their families, and contribute meaningfully to society. We are deeply aligned with the goals of the Opioid Settlement: to reduce opioid-related harms and build stronger, healthier communities. We respectfully request an annualized grant of \$105,000 to fully fund the Recovery Reintegration Program for one year, with the goal of serving approximately 30 individuals annually.</p>	Not recommended to move forward	Individual housing program requests are not being funded at this time. Housing workground continues to explore Recovery Housing needs. May be a future RFP.
Town of West Hartford Social Services	PHACTT (Peer Health Awareness and Concerns Teen Taskforce)	<p>The PHACTT program provides students of all ages to maximize the power of peer education by equipping students with skills and strategies to deliver vital and accurate health information to their peers in their own schools and community. Groups will receive support to identify issues that affect their peer group, research community resources and develop a creative marketing campaign targeted at their intended population. The pilot would be open to schools, clubs and community groups in West Hartford. Program staff will provide capital and human resources to fund and launch each approved marketing campaign. Students will create multi-faceted marketing campaigns that target 100% of the student population or a particular community. Peer education creates stakeholders who can educate, reduce stigma and improve access to services for those who are most vulnerable. Topics can include: vaping, alcohol, cannabis, fentanyl, tobacco, depression for example.</p>	Not recommended to move forward	Overlaps with existing initiatives
Town of Winchester	Winchester Community Resource Center Project	<p>This project needs funding: The Winchester Community Resource Center seeks to transform how social services are delivered in this rural region of the state by bringing together, under one roof, a collaborative of non-profit providers to offer a variety of services to community members who are experiencing social detriments of health disparities in a safe, supportive and resource driven center.</p>	ADPC Subcommittee to review	

TriCircle Corporation	Support Groups for Individuals and their Loved Ones Affected by Opioid Use Disorder (OUD) with Professional Training & Community Education Series	TriCircle requests funding to expand current support groups, clinical services, and community relations to all affected, relating to Opioid Use Disorder (OUD), Substance Use Disorder (SUD), and Mental Health (MH). TriCircle will grow its own clinical workforce, Recovery Support Specialists (RSS), and services to adults 18 years and older. Expanding services to individuals, families, loved ones, communities, and workforces will foster understanding of services related to the disease of addiction and provide viable solutions. TriCircle hosts monthly SMART groups and will expand SMART Family & Friends resources to existing Hope & Support Groups. SMART Recovery is an evidence-based education that offers life skills for family, friends, and those affected by the disease of addiction. We will provide training retreats for facilitators and clinicians, include SMART materials/resources in support groups, and make information available to the public. Workforce development will be cultivated through an educational series targeting health professionals and community members to destigmatize OUD/SUD to increase the number of licensed and certified addiction professionals, RSSs, and facilitators in Connecticut. Increasing capacity provides links to evidence-based resources and treatments. Our workshops and retreats for peers, people with lived experience with addiction, with addiction professionals highlights unintentional biases toward people with substance use and addiction, to bridge gaps between individuals affected with OUD/SUD/MH, their families, provider compliance, and the community to embark on recovery options. "Peer-delivered services generate superior outcomes in terms of engaging "difficult to reach" individuals...and decrease substance use (MHA)."	Not prioritized at this time	
TriCircle Corporation	Community Center with a Residential Program	TriCircle's mission is to provide resources for individuals, families, and communities affected by substance use disorders. We recommend implementing a recovery resource center (RC) with a residential program that will act as a collaborative hub for a host of community addiction services that will build self-sustaining arms of funding. This mixed-use RC, including a safe 5-bed residential component in Wallingford, will be directly connected to TriCircle's clinical and other supportive services for individuals with Opioid Use Disorder (OUD), Substance Use Disorder(SUD), and/or Co-Occurring Mental Health (CoMH). The RC will employ a peer with lived experience to collaborate with community agencies to receive and provide resources for those affected by OUD/SUD/CoMH. RC residents will follow policies and procedures conducive to a safe recovery environment, while obtaining and utilizing life skills, such as having house responsibilities and workforce readiness opportunities at the RC. The RC will provide community opportunities for the multiple pathways of recovery such as Narcotics Anonymous, Alcoholics Anonymous, SMART Programs, and provide local access to resources such as food bank(s), clothing services, financial education, GED, and free medical services. This RC will provide its residents employment opportunities, community engagement, and introduce civic organizations to support healthy living. Holistic style programs include yoga, mindfulness practices, adventure activities, crafting, creative writing, book clubs and games to sustain recovery. The RC will also encourage residents to engage in volunteer hours and community services to encourage selfless service and community involvement.	"Recovery Centers Continuation" approved May 2025	recovery subcommittee to review community center but not residential tx component as not recommended by CORE report

TriCircle Restoration LLC	The Paraphernalia Project Communities of CT Educational Resource	<p>TriCircle Restoration is requesting funding to make The Paraphernalia Project including the 169 Paraphernalia Walking Project a user friendly and marketable educational resource for Connecticut. This two-part project is described as anything used to produce, consume, or conceal a legal substance, or an illegal substance used illegally and so much more. These resources have already been shown in multiple towns, schools, support groups, and civic organizations bringing awareness to communities of the residuals of OUD/SUD. As times change so do substances and access, this is an eye-opening look into common everyday products, over the counter products, products used to hide substances and drug paraphernalia, and starting in 2021 the paraphernalia and residuals picked up when walking within CT's 169 towns. Supportive materials, interactive lessons, PowerPoints, vignettes, 5 glass top boxes with residual, handouts, and 300 products that can be seen and touched. The project highlights what people walk by every day in neighborhoods, parks, and parking lots across the state. Many of the items being picked up will affect our drinking water as runoff, children, adults, animals, and visibly as garbage. Items picked up from these walks are sorted, catalogued, counted, showing the distance of travel, location, town, and available for viewing. The project does focus on specific items like, heroin/fentanyl wrappers, alcohol related nippers/cans/bottles, syringes and parts, crack pipes and filters, crystal meth pipes, nitrous cartridges, marijuana/THC and supportive products, vaping products, limited tobacco products and supportive products, containers/baggies all varieties, harm reduction products, cookers, sterile water containers, condoms.</p>	Not prioritized at this time	
United Community and Family Services, Inc.	Expansion of Recovery Supports for MAT Clients in Northeast CT	<p>UCFS will expand our Medication Assisted Treatment (MAT) Program to low-income individuals who struggle with substance use in the Northeast region of Connecticut (specifically Plainfield/Griswold) by hiring a full time Recovery Coach and purchasing a van. UCFS has a 7-year history of providing MAT services throughout Eastern Connecticut. While we do provide services to this area currently, this desperately needed expansion would provide a dedicated Recovery Coach to Plainfield/Griswold. We had a recovery coach in Plainfield/Griswold up until May 2023, but budgetary constraints contributed to the loss of that position. UCFS currently has only one full time Recovery Coach who is stationed at the Norwich Health Center but is responsible for covering 22 towns in Eastern CT from Colchester to Voluntown and New London to Danielson with a caseload of 122 clients. Recovery Coaches assist with pro-social activities, including employment, housing, transportation to medical appointments, and other supports to help clients learn how to live fully in recovery. By hiring a dedicated Recovery Coach for the Northeast and a van to transport clients, UCFS can make a significant difference in the lives of people who are managing substance use issues. UCFS is also requesting funds to support nutritional/lifestyle supports for clients in the MAT program. Through a number of extremely successful pilots in the MAT program, UCFS has worked with clients to provide nutritional counseling and healthy foods which contribute significantly to long term health, wellness, and recovery. We would like to expand this program to the Northeast.</p>	Not prioritized at this time	Subcommittee continues to review statewide need for Recovery Coaches in a variety of settings.

United Way of Connecticut	Reinvest in Families and Communities Impact by Opioid Use Disorder	The effects of the opioid overdose crisis have been devastating to individuals, as well as to Connecticut's families, neighborhoods and communities. United Way of Connecticut and its partners in the Campaign for Working Connecticut work together to mitigate the impacts of poverty, family instability and lack of opportunity that deeply impact communities across Connecticut. These conditions have become inextricably intertwined with OUD, and are disproportionately borne by our urban centers and communities of color. In alignment with the CORI Initiative's goals to invest in youth prevention and focus on racial equity, and the report's prioritization of addressing in social determinants of health, we recommend remediating the impacts of OUD by investing in the economic opportunity and wellbeing of the state's young people who have become disconnected from school, work and future opportunities. Working with UWCT and our network of community-based partners, we propose that the state invests \$3million per year -- \$1.75m in subsidized employment, \$834k in youth outreach and \$416k in wrap around supports -- in promising and evidence-based practices that provide the necessary supports and resources to re-engage the 40,000 young people ages 14-26 in Connecticut's who are severely disconnected or off-track from employment and education.	Not recommended to move forward	Peripherally related to Opioid Abatement.
Universal Health Care Foundation of Connecticut	Black and Brown -led organizing groups for Racial Justice and Health Justice throughout Connecticut who may or may not have a 501C3 and we can assist as a 20 year old Foundation to disperse the funds to them or their fiscal agents	At Universal Health Care Foundation of Connecticut, we support our Black-and -Brown-led organizing partners who have been most harmed by the carceral system (parole, probation, bail, school to prison pipeline and mass incarceration); and face the poorest health outcomes due to existing systemic barriers. Our partners are promoting health justice solutions across Connecticut that reduce risks to addiction, incarceration, housing instability and other quality of life stressors. The power of Black-and-Brown-led organizing brings positive change in the lives of individuals suffering alone towards advocating with a group of like-hearted people; in service to self, family and community through systems change work to address the systemic root causes to risky social determinants of health. We will redistribute funds to Black- and- Brown -Youth- led organizing groups leading Care -Not- Cops campaigns ( to fund nurses and counselors) in public schools including City Wide Youth Coalition ( In New Haven); Black and Brown Student Union- a statewide coalition; Step Up New London and Norwalk's Youth Business Initiative. We will fund the Ministerial Health Fellowship to address Black Health (in Middletown and Statewide); Mothers and Others for Justice (who were formed from losing family to gun violence and addressing the State "Benefits Cliff" and pushing for safe and affordable housing at a Statewide level); Full Citizens Coalition- (folks impacted by incarceration and addressing voting and other rights); and Bridgeport Generation Now (civic engagement and government accountability). We also highly recommend Transitions Clinic and Katal Center for Health Equity to receive funds.	Not recommended to move forward	General statement of inclusivity + overarching philosophy . Redistributing funds to organizations that do not work on opioid abatement

University of Connecticut School of Social Work	Patient-Centered Research on Family Care Plans for Pregnant and Postpartum People with Opioid Use Disorder	<p>This submission proposes to expand the scope of a current NIH-funded research study into the effectiveness of Family Care Plans (FCP) for supporting pregnant and postpartum people with opioid use disorder. In Connecticut, birthing people with opioid and other substance use in pregnancy are eligible to receive a FCP during pregnancy or at the birth event. Unfortunately, little is known about the effect of FCP on prevention, harm reduction, and treatment outcomes among this vulnerable population. This study will recruit pregnant and parturient patients at three large Connecticut birthing hospitals (Hartford, UCONN, and Yale) and publicly funded substance use treatment facilities across the state for a longitudinal survey to understand whether and how FCP promote health services utilization, harm reduction, and substance use prevention and recovery for mothers and infants. The NIH funding provides a limited research budget that may adversely impact sample size and therefore the ability to draw meaningful conclusions from the project. Opioid Remediation Funds will be used to support two approaches to increasing the longitudinal participation of diverse birthing people across the state: (1) to employ individuals with lived experience as research assistants, and (2) to provide robust incentives to research participants. The study's principal investigator is already working with lived experts to design the survey, but budget constraints prevent their involvement in data collection. Additionally, the current budget provides small incentives to participants but, per the recommendation of the lived experts, more creative and generous incentives are needed to adequately retain participants.</p>	Not recommended to move forward	
Ward 14, New Haven Board of Alders	Harm Reduction Center in Fair Haven	<p>Fair Haven Community Health Center in partnership with many Fair Haven neighborhood stakeholders propose a Harm Reduction Center at 413 Grand Avenue, New Haven. This location is adjacent to, but not directly within, the commercial center of the Fair Haven neighborhood, where New Haven overdoses cluster. It is located on the 212 bus line and within blocks of the 206 and 223 bus lines, facilitating access for individuals from all New Haven neighborhoods. Hours of operation align with the hours and days that overdose deaths are most prevalent in New Haven: Monday through Saturday, 1pm – 7pm. The core team at the Center will include: a Peer Specialist with lived expertise in drug use and sex work, a Physician Associate who will be credentialed and privileged as a licensed independent practitioner, an art therapist, a bilingual Case Manager, and a bilingual medical assistant. The Center will offer an array of evidence-based harm reduction services (naloxone distribution, overdose education, harm reduction first-aid, fentanyl drug testing, condoms, and pre-exposure prophylaxis for HIV prevention), other clinical services (medications for OUD, medications for AUD, and other primary and urgent care settings) as well as recovery-oriented activities (survivorship groups, skills groups, and English as a second-language). Haven's Harvest, a local non-profit that addresses food insecurity, will provide one full meal per day, with snacks, including healthy foods. FHCHC's certified art therapist will provide weekly art/expressive therapy groups by population. The case manager will coordinate other supportive activities, including showers and laundry services.</p>	"Continuation and Expansion of Harm Reduction Centers" approved January 2025	
Wesleyan University, Office of Health Education	Campus Overdose Prevention & Naloxone Administration Training	<p>Train Wesleyan University students &amp; staff in overdose prevention, identification &amp; Narcan administration allowing our community to have this important training as well as other cities &amp; towns the Wesleyan community may live in or visit in the future</p>	"Promote and Expand Opioid Overdose Education and Prevention in CT's Colleges and Universities" approved November 2024	

Western CT State University	An addiction counseling workforce expansion training program proposal for the state of Connecticut	Over the next three years, the proposed program will attract and financially support 110 counseling students entering WCSU counseling degree programs (50 M.S. in Addiction Studies students pursuing licensure as Licensed Alcohol and Drug Counselors, 35 M.S. in Clinical Mental Health Counseling students pursuing licensure as Licensed Professional Counselors, 25 M.S. in Social Work students pursuing licensure as Clinical Social Workers). Each student will receive a \$15,000 stipend to encourage enrollment in specialized coursework and internships in addiction counseling, to help alleviate the burden of educational costs and cost of living during the internship year. By completing additional education and internships in substance use disorders, students enrolled in LPC and LCSW programs will qualify to also become LADCs after graduation. The program will also address barriers to entering the addiction counseling field as well as combat common reasons for leaving the field: All students will be enrolled in an alumni group that provides post-graduate career support, including career resources and advice, access to continuing education, mentorship with addiction faculty, and stipends to defray costs associated with licensure onboarding (LADC examination and licensure fees). The primary goal and anticipated outcome is that Connecticut will have an expanded and more adequately trained workforce in the mental health counseling field, competent to treat clients with substance use disorders, and better able to address our state (and national) addiction crisis.	Not recommended to move forward	Workforce development is not being prioritized at this time.
Wheeler Clinic, Inc.	Prevention and Harm Reduction through Community Resource Vans	Increase the statewide dissemination of lifesaving naloxone, fentanyl and xylazine test strips, medication lockboxes, medication safe disposal pouches, and prevention and harm reduction educational materials through mobile community resource vans. Materials will be available at no cost for a wide variety of audiences statewide regardless of age, gender, race, ethnicity, or any other status. Priority will be given to those individuals most likely to engage in high-risk opioid and other substance use, and experience overdoses. Disseminating a broad range of prevention and harm reduction materials through well trained staff will help to reduce the stigma associated with substance use, normalize harm reduction approaches, encourage individuals to engage in substance use treatment and recovery services, and reduce fatal overdoses. In addition, resources disseminated will help to prevent the initiation of opioid and other substance use. Other costs included in the budget total are the expense of a new upfitted mobile resource van and all associated annual expenses including salaries and fringe benefits for two staff members, gas, maintenance, and prevention/harm reduction materials for widespread community dissemination.	"Prevention and Harm Reduction through Public Access" approved July 2024	

Wheeler Clinic, Inc.	Preventing Overdose through Public Access Naloxone	<p>This proposal is to recommend funding be allocated for the purchase of a supply of naloxone, naloxone boxes that can be mounted in public places, and any supplies necessary to install them on 32 college campuses. Opioid misuse and overdose continue to be a significant public health problem. There were 1,467 overdose deaths in Connecticut in 2022. Anyone may find themselves as a bystander that could help in a crisis with the right resources available. Naloxone is known to quickly reverse an opioid overdose when it is administered in time. Public access to naloxone increases its availability and may help prevent overdose deaths. The Connecticut Healthy Campus Initiative (CHCI) is a statewide initiative to support the efforts of all CT Institutions of Higher Education to address substance misuse, suicide prevention, and mental health promotion in their campus community. CHCI has been a support network to campuses and their stakeholders since 2010. The initiative has been addressing opioid misuse and overdose prevention since 2017. The campuses that participate in CHCI have expanded access to naloxone in the last couple years, making it available through their public safety and health services departments. Several schools are looking for opportunities to increase naloxone availability on campus. Funding for campuses to purchase naloxone containers, such as Naloxbox, that can be placed at various locations on campus, such as residence halls, dining halls, gyms, etc., will increase access to naloxone at times of crisis, both on and near the campus community, potentially preventing an overdose death.</p>	"Prevention and Harm Reduction through Public Access" approved July 2024	Naloxone Boxes mounted in public spaces including but not limited to college campuses, libraries, and trains approved as part of Prevention and Harm Reduction through Public Access
Wheeler Clinic, Inc.	Promote and expand recovery-friendly campus initiatives within Connecticut institutions of higher education	<p>Based on the success of the Connecticut recovery friendly communities and workplaces, the Alcohol and Drug Policy Council approved a recommendation from the Recovery Friendly Campus and School Workgroup of the Recovery and Health Management Subcommittee to “research and develop programming and policy recommendations to increase the capacity of institutions of higher education to support the growing needs of students and faculty/staff members seeking recovery and/or harm reduction resources and supports”. Connecticut Healthy Campus Initiative, a DMHAS-funded statewide initiative, and Youth Recovery CT, a DCF and DMHAS funded statewide initiative, are collaborating on promoting opioid overdose education, prevention, and recovery supports throughout all CT institutions of higher education. This ongoing collaboration will be enhanced by an opportunity to host national training and technical assistance for institutions seeking to create and sustain recovery friendly campuses. Ongoing technical assistance from national leaders in the field of collegiate recovery is necessary to assist campuses in aligning with the current best practice models for developing and enhancing recovery supportive communities. Topics to be covered include opioid overdose response training, secure medication storage and disposal, harm reduction, understanding treatment and addiction, the role of the continuum of care in supporting students in recovery, SMART Recovery Training (an evidence-informed model of peer support), and recovery ally training to reduce stigma. This proposal would provide a comprehensive collaborative opportunity for campuses to enhance recovery friendly initiatives, with guidance from national experts, in order to reduce the risks and impacts of opioid overdose within communities.</p>	"Promote and Expand Opioid Overdose Education and Prevention in CT's Colleges and Universities" approved November 2024	



Wheeler Clinic, Inc.	YouthRecoveryCT	<p>YouthRecoveryCT (formerly known as CROSS) is a statewide initiative that provides facilitated peer support meetings for teens, young adults, adults, and families utilizing the SMART Recovery model. SMART Recovery is an international model of facilitated peer support that was created through the collaborative efforts of substance use disorder treatment professionals and peers in recovery and can be utilized for opioid use disorder as well to manage any other addictive and/or problematic behavior. SMART Recovery incorporates evidenced-based materials from cognitive-behavioral therapy, rational emotive behavior therapy and motivational interviewing and has received recognition from NIH, NIAAA, and SAMHSA. SMART Recovery is secular, can be combined with any other recovery pathway, is welcoming of medication assisted recovery, is accessible due to being offered freely to participants as well as being offered on virtual platforms. Since 2017 YouthRecoveryCT has engaged behavioral health agencies, community-based nonprofit organizations, and institutions throughout CT offering a network of SMART Recovery-based peer support meetings. Additionally, the network offers meetings utilizing the SMART Recovery Family and Friends model and also offers Alternative Peer Group activities, which engage teens and young adults in prosocial activities to support their recovery. YouthRecoveryCT receives funding from Connecticut Departments of Children and Families and the Department of Mental Health and Addiction Services, with the support of the Substance Abuse and Mental Health Services Administration (SAMHSA), and is managed through Wheeler Clinic. The initiative's current funding ends in September 2024 and we are requesting additional funding to continue the network's efforts to support youth and families.</p>	Not recommended to move forward	This would supplant current funding
Wheeler Clinic, Inc.	Multidimensional Family Therapy Helping Youth and Parents Enter Recovery Treatment Model (MDFT-HYPE Recovery)	<p>Given strong program outcomes but current insufficient capacity to address need in the DCF Region 6 catchment area, we recommend expanding the Multidimensional Family Therapy Helping Youth and Parents Enter Recovery (MDFT-HYPE) program by one clinician and one Recovery Monitoring Support (RMS) therapist assistant. This would extend services to 18 additional clients annually. Wheeler's MDFT-HYPE Recovery is an evidence-based, intensive in-home treatment program for adolescents/young adults ages 12-21 with opioid use disorder, complex behavioral health, or social/emotional challenges. MDFT-HYPE provides clinical interventions/strategies and connects the youth to community-based services, collaborating with internal and external providers and addressing education/employment needs as needed. Staff connect clients to Medications for Opioid Use Disorders (MOUD) services, which can be obtained through Wheeler's community health centers or an outside provider. The team works with the client and their families, with a strong clinical focus for the first 6-8 months of treatment, including intensive sessions and frequent check-ins. The following 6 months focus on Recovery Monitoring and Support. Staff provide regular toxicology screenings and process the results with the family to develop next steps, such as treatment programs (if not in place) or other services/modalities. Staff also connect the youth to positive peers, activities, and meetings. MDFT-HYPE helps youth understand the connection between drug use, criminal behavior, and mental health; acquire skills that enhance positive peer relations, healthy self-esteem, connection to school/job/community activities, increased independence, and an emotional connection to family members. MDFT HYPE provides crisis intervention 24 hours a day, 7 days a week.</p>	Not recommended to move forward	Proposal reviewed by OSAC and was not approved. Rationale includes: cost to train staff and market program are too high for number of individuals with OUD or at risk of overdose historically served under existing MDFT HYPE programs in CT

Wheeler Clinic, Inc., City of Bristol, and surrounding communities	Wheeler Bristol Medication Assisted Treatment (Bristol MAT) Program	Wheeler is proposing the “ <i>Wheeler Health Medication Assisted Treatment (Bristol/Waterbury MAT) Program</i> ” to enhance access to medication-assisted treatment (MAT) and recovery supports through the implementation of peer and MATCore online support for persons with opioid use disorder (OUD) who present to our Bristol and Waterbury Health & Wellness Centers that serve a cross-section of towns and cities in the Greater Bristol/Waterbury catchment area. The aim is to increase access to and sustainment in recovery through supporting patient engagement and connectivity and evaluating the initial use of a new online program, MATCore. Implementation of MATCore into Wheeler’s existing standard of care integrates an innovative technology and approach to provide comprehensive treatment and recovery support services to better serve individuals with OUD. The goal will be to create a scalable treatment model that can be expanded to other treatment centers across the state.	Not prioritized at this time	
Yale	NORS	Overdose Prevention Hotline. <a href="http://www.nors.ca">www.nors.ca</a> <a href="mailto:smghosh@gmail.com">smghosh@gmail.com</a>	"SafeSpot Overdose Hotline" approved January 2025	
Yale New Haven Hospital	Embedded Nonpharmacologic Approaches for Pain in Emergency Department Settings	<p>This proposal supports implementation studies of nonpharmacologic approaches for pain embedded and integrated in the ED setting as the “pain safety net” and a common clinical location of opioid prescribing. Specifically, chiropractic care, acupuncture, physical therapy, and behavioral health interventions for pain will be implemented as an “integrated pain care team”. The importance of the project is highlighted by frequently limited access to these nonpharmacologic options for uninsured and under-insured populations, as well as minority groups who are all at higher risk of opioid related harms. This fits two of the HHS Opioid Overdose Prevention framework pillars, in harm reduction to reduce primary opioid prescribing and treatment of co-occurring pain. We will conduct an evaluation/pilot project at one large academic medical center ED (Yale New Haven Hospital) to rigorously study potential for feasibility, acceptability, and scalability. We will incorporate partnerships with VA healthcare setting as largest integrated service provider of nonpharmacologic options locally and nationally, with associated scientific expertise. Implementation science frameworks (CFIR and RE-AIM) will be used to evaluate implementation and evaluation outcomes. Initial pilot work will include acceptability of the integrated pain care team by ED clinical teams, workflow evaluation to identify optimal integration, and stakeholder engagement (patients, clinicians, administration) to assess perceptions. Facilitators and barriers will be identified to support scalability across other academic and non-academic medical center ED settings.</p> <p>We have a team at Yale and VA Connecticut with the expertise to complete this evaluation project, and support from YNHH ED and VA Connecticut ED leaderships.</p>	ADPC Subcommittee to review	

Yale School of Medicine	InSTRIDE mobile healthcare and pharmacy	<p>We have been in operation in the State of CT since December 13, 2023. We have seen over 700 persons, had over 1600 patient engagements and dispensed over 1800 medications to people where they live, housed or unhoused, insured, or uninsured. We provide whole person health care for anyone who needs help that cannot or will not be able to utilize traditional brick and mortar services possibly due to transportation issues, housing issues, stigma etc. We provide a clinician (family APRN), a medical technician ( can perform phlebotomy), a pharmacist and community health workers as well as a fully functioning mobile retail pharmacy and clinic. This is important as it allows us to provide healthcare in the moment in a non-stigmatizing environment including importantly medications in the moment when people need them like naloxone, buprenorphine as well as all other medications including for psychiatric conditions, Hepatitis C, HIV prevention (PrEP) and treatment, as well as routine primary care conditions like Diabetes (insulin), Hypertension. In addition the pharmacy can provide ANY vaccine as well. Given pharmacies are shutting down across CT and even if they have not, many pharmacies are difficult for people to access, providing mobile retail pharmacy services is critical ( think CVS/Walgreens on wheels with much much more). We also provide other harm reduction services including fentanyl and xylazine test strips, and because it is a pharmacy can dispense clean syringes. We have been partnering with the CT DPH and local community programs and now moving to expand now into Bridgeport and Hartford. The community health workers also provide assistance with housing, personal identification cards, transportation, communication ( Cell phones), and insurance applications. The opioid settlement funds will facilitate the expansion of the mobile response team (MRT) with the MPC to Bridgeport, Hartford, and New Britain as well as other locations that can use the services including in northeast territories of CT based on overdose data from the CT DPH.</p>	ADPC Subcommittee to review	
Yale School of Medicine	Request for Support for Patient-Controlled Dispenser and Deactivator of Liquid Oral Pain Medication	<p>I am writing to formally request funding from the Connecticut Opioid Settlement proceeds to support the development of the Patient Controlled Dispenser &amp; Deactivator (PCDD), a liquid oral medication dispenser that administers medication to patients while preventing abuse and diversion. This innovative device is being developed at Yale School of Medicine and Yale New Haven Hospital. It features inherent safety mechanisms to minimize overdose, limit abuse and diversion, including fingerprint patient identification, physical tamper prevention, patient-secured dispensing, and real-time data on opioid delivery and pain levels. The PCDD aims to solve the pressing issues of opioid diversion. The PCDD addresses these challenges by allowing patients to self-administer liquid medication while preventing diversion through instant deactivation of excess medication. Our target patients include post operative patients and chronic pain patients. We are requesting up to \$350,000 in funding to achieve critical milestones in our development. Specifically, we need funds to attain regulatory approval, produce 15 additional devices for our clinical trial and execute the trial. The funding will be allocated as follows: \$160,000 for FDA regulatory consultant work, \$145,000 for engineering and development, \$21,000 for product costs, and \$24,000 for hiring a full-time nurse and coordinator for the clinical trial.</p>	Not recommended to move forward	Not appropriate to use OSAC funding for this project as it is peripherally related to opioid abatement, particularly for immediate impact on individuals using or at risk of using opioids.

Yale University	The Orchard and Chapel Hub and Hotline	<p>“The Orchard and Chapel (OC) Hub and Hotline” aims to create an addiction services clinic and tele-consultation addiction services hub providing low-barrier, rapid access to opioid use disorder (OUD) treatment and linkage to recovery support services (RSS). The OC Hub and Hotline, a collaboration between Yale School of Medicine (YSM), Yale New Haven Hospital (YNHH), Connecticut Community for Addiction Recovery (CCAR), and CT Harm Reduction Alliance (CTHRA) establishes an essential resource that is currently limited in the city of New Haven, the Greater New Haven area, and the state of Connecticut (CT). It will serve adults and adolescents over age 15 with OUD. Current YNHH and state resources are not available to fund this service. Clinical care and consultation will be evidence-based, culturally-informed, trauma-informed, and harm-reduction oriented. The OC Hub clinic will be located in the Dwight neighborhood New Haven at YNHH. The OC Hub and Hotline will be staffed by Addiction Medicine boarded physicians and Addiction-trained clinical personnel and aim the following: (1) Establish a low barrier clinic in a racially and ethnically diverse community, at one of its safety net hospitals with in person and telehealth appointments; (2) Establish low barrier tele-consultation services to clinicians throughout CT to address access to medications for OUD (MOUD) in multiple medical settings; (3) Increase RSS referrals. It aims to serve a minimum of 250 unduplicated individuals in its first year and a total of 1500 patients over 5 years along with providing 750 referrals to treatment via the Hub.</p>	ADPC Subcommittee to review	
Youth Challenge	Youth Challenge Transition to Progressive Diagnostics	<p>This recommendation is to suggest and petition for funding to help us transition into more sophisticated lab testing by way of Progressive diagnostics. This will drastically help us monitor our residents better but also open up an avenue to be able to take on more struggling men and women who maybe struggling with mental health as well.</p>	Not recommended to move forward	Toxicology screening is insurance reimbursable. Residential treatment is not in alignment with the the CORE report, and CORE Report doesn't identify toxicology screening as a priority.
Youth Challenge	Youth Challenge Building Project	<p>This recommendation is to suggest and petition for funding to help us transition into more sufficient living quarters. We are situated on property that needs a significant amount of construction. We were looking to secure funding for our building project. This will drastically help us monitor our residents better but also open up an avenue to be able to take on more struggling men and women who maybe struggling with mental health as well.</p>	Not recommended to move forward	Bond funds available for infrastructure upgrades. Residential Treatment does not align with CORE report.
Zschool	Police Officer Training Program	<p>We are offering a 4-hour online course, that is approved to be paid for using the Opioid Settlement Funds, to Police Officers and Law Enforcement specializing in effective strategies and practical techniques for addressing opioid use disorder and co-occurring conditions. Some highlights include:</p> <ul style="list-style-type: none"> <li>•4- hour, online, asynchronous course available to all LEOs</li> <li>oWe are also working on the same type of training for teachers and educators- it is in the approval stages now</li> <li>•4 modules, with a focus on Opioid Use Disorder and other Co-Occurring conditions</li> <li>•\$450 per officer</li> <li>•Many states are including 4 hours of overtime pay for officers who complete the course as part of the approved expenses through the allowable use guide of the settlement</li> </ul>	Not recommended to move forward	Overtime necessary for the training will likely be cost prohibitive and an online course will be insufficient for the relational building that's pivotal in this learning. The proposer also outreached individual police department representatives; individual departments can make their own determinations.

	Peer facilitated expressive writing groups	<p>Facilitated artistic expression is a seldom funded method of personal transformation in addiction recovery. There is a model for offering a community-based writing group, utilized by the Writer's Collective of Canada (WCC), that has demonstrated positive impacts for individuals in both addiction and mental health recovery. These fiction writing groups engage participants in a structured, non-clinical peer group modality and can be adapted as standalone workshops or offered as a complement to existing behavioral health or social service programming. Independent research and program evaluations have identified numerous positive impacts delivered by this group writing method and these outcomes have emerged consistently across a variety of settings, environments and populations. A facilitator quote collected by WCC explains the impact of the program well: "People in the WCC workshops feel more self-confidence, more self-efficacy, a greater connection to others, a sense of personal identity, and acknowledgement of creative gift. They see improvement in time management, sleep, self-worth, regular daily routine, listening, communication and writing skills, along with creativity and productivity". Another quote explains the experience of a participant "I used to think I was just an addict, now I see that I am more than that...today I saw that I am creative, that I am a writer, and that I just might have something to give back after all". A small portion of the settlement funding could be used to train and compensate peer recovery based facilitators in a variety of settings so that these groups could be held statewide.</p>	ADPC Subcommittee to review	
	Developing CT's First Sobering Center - Western CT	<p>In response to the need of support for individuals experiencing acute opioid and alcohol intoxication, Connecticut should create a sobering center pilot using the Opioid Abatement funding. Sobering centers are facilities designed to allow an individual to safely recover from the effects of a substance or combination of substances. There are approximately 40 known sobering centers across the United States, with many (25%) located in the state of California (<a href="https://nationalsobering.org">https://nationalsobering.org</a>). Sobering centers seek to provide a safe place to recover from acute intoxication while also functioning as a hub that links individuals who frequently utilize emergency services to supportive interventions (e.g., housing assistance, benefits, medical care, harm reduction services, mental health care and substance use disorder treatment programs) aimed at improving health outcomes and decreasing utilization of emergency services. A sobering center can interrupt patterns of cycling across crisis services systems, and reduce strain on crisis service systems like emergency departments and public safety services. Because a high number of emergency department (ED) visits are related to alcohol, opioid use disorder, and other unmet behavioral health needs, sobering centers can provide a crucial alternate destination within the emergency healthcare services infrastructure. I would be happy to provide detailed examples of RFPs and funding structures that could be pursued by the committee.</p>	Not prioritized at this time	

	Digital Cognitive Behavioral Therapy (CBT4CBT)	The Opioid Settlement funds should be used to expand access to select, evidence-based digital therapeutics for patients enrolled in Opioid Treatment Programs (OTPs) and office-based buprenorphine settings across the state of Connecticut. Most programs and providers of medications for opioid use disorder (MOUD) do not have the resources to expand access to behavioral health services, such as cognitive behavioral therapy because training is complex and time-consuming, and there is a shortage of trained clinicians. A digital version of cognitive behavioral therapy, known as CBT4CBT, was created at Yale and validated in diverse addiction treatment settings across Connecticut. CBT4CBT is a web-based program that teaches patients the same core strategies that would be delivered by a clinician to support recovery from substance use. The program provides a high-quality, easily accessible, and scalable form of CBT to enhance retention on MOUD by reducing opioid and illicit drug use, reducing risk for overdose, and improving patients' ability to navigate early stages of recovery. Because digital therapeutics, such as CBT4CBT, are not covered by most health insurance plans, the cost of providing these tools is a barrier to broad implementation across programs providing MOUD. Funds should be made available to OTPs and office-based providers to purchase access to digital therapeutics, such as CBT4CBT, for all patients within the first 6 months of MOUD. Clinicians and providers will be able to monitor patient use of the CBT4CBT program to enhance engagement in treatment and support learning of skills for reducing risk for overdose.	Not prioritized at this time	
	Model Portugal	Decriminalize all hard drugs, instilling early & continuing education, support centers for addiction, offset costs for those legally caught in the middle. I pay thousands of dollars every year just to see my doctor to get a prescription.	Not recommended to move forward	Beyond our scope
		Id like to see the people already impacted by the epidemic get support and treatment, jobs, housing, access to treatment and supports and also use funds for prevention, education, resources that will provide positive supports for at risk people	Not recommended to move forward	General Statement
	Preventive Maintenance: Addiction Education in Schools	Grade School Students and the entire Connecticut School Population are the target population.	Not recommended to move forward	DMHAS prevention partners works with schools who are interested in substance use prevention education and provide upon request. Interested schools can work with the State Education Resource Center, the RBHAOs, CT Clearinghouse and the Governor's Prevention Partnership to provide trainings and resources. Municipality funding is also available for municipal specific initiatives.

	Funding for a State-wide Community Capacity Building Training Web Portal	There is a wide range of community agencies who work with people who use drugs and/or people in recovery and while there are recovery coach trainings, there are limited resources for FREE capacity building trainings. Many agencies and non-profits do not have adequate funding to be able to provide adequate evidence-based, trauma-informed, person-centered trainings, and we are seeing the impact of this in the quality of services accessed by people impacted by the opioid epidemic. Having a free resource for a variety of frontline workers who engage with individuals and families in multiple supportive roles (eg. sober homes, detox/treatment/MAT providers, homeless services, supportive housing, shelters, outreach workers) would ensure access to training that would have a significant impact on the quality of these services and supports. Example of a Community Capacity Building Training Web Portal: <a href="https://www.homelessnessccbtraining.ca/">https://www.homelessnessccbtraining.ca/</a>	Not recommended to move forward	There are existing training resources. Recommendation to develop and share a list of existing free trainings.
	Apply novel interventions to fight OUD	Apply novel brain stimulation techniques to reduce cravings and drug use in patients with OUD in greater Hartford	Not recommended to move forward	