OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)
Meeting of Tuesday, January 14th, 2025
Teams Virtual Meeting
10:00 a.m. – 12:00 p.m.

ATTENDANCE

Members/Designees: Nancy Navarretta, Commissioner, Jennifer Kolakowski, Dr. Srinivas Muvvala; Judy Dowd, OPM; Kimberly Grove; Lisa Deane; Senator Cathy Osten; Representative Toni Walker, Hartford; Bridget Fox; First Selectman Rudy Marconi, Ridgefield; Mayor Lisa Marotta, Rocky Hill; First Selectwoman Maureen Nicholson, Pomfret; Dawn Niles; John Lally; Patrick McCormack, Christian Spencer, Amy Bethge, Erica Teixeira, Maritza Bond, Maggie Young, Robert Miller, Megan Albanese, Attorney Timothy Birch, Elizabeth Rivera-Rodriguez, Susan Campion, Christine Gagnon, Ebony Jackson-Shaheed, Erica Texeira, Russell Melmed, Tracey Hanson, Dr. Marilyn Sanders, Janine Vose, Daniel Farley, Kevin Elak, Daniel Rezende, Mayor Thomas Dunn, Katherine Tucker, Katherine Milde, Representative McCarthy Vahey, Mayor Elinor Carbone, Torrington, Elizabeth Fitzgerald, Senator Saud Anwar, Representative Tammy Nuccio, Kevin Elak, Kyle Zimmer, Jeanne Milstein, Kaye White, Katherine Milde, Pareesa Charmchi-Goodwin, Senator Heather Somers, Katherine Tucker

Visitors/Presenters: Luiza Barnat; Christopher McClure, Danielle Ebrahimi, Dr. David Fiellin, Michael Hines, Sarah Messier-Smith, Matthew Fitzsimmons, Krystin DeLucia, Gretchen Shugarts, Tempestt Latham, Kimberly Karanda, Dr. Sheila Alessi, Robert Heimer, Christy Knowles, Sarju Shah, Ciara Beattie, Justin Mehl, Alice Minervino, Stephen Murray, Sara Moriarty, Emma Biegacki, Alyssa Schultheis, Michael Williams, Gail D'Onofrio, Kris Robles, Susan Logan, Keith Radziwon, Gina Florenzano, Melissa Sienna, Francis Gregory, City of Waterbury, Lora Passetti, Paul Steinmetz, Alexandra Rice, Gayle Dakof, Bobby Lawlor, Mary Murphy, Gary Roberge, Marcus Yancoskie, Craig Safran, Benjamin Grippo, Ryan T, Nicole Tomassetti, Linda Kowalski, Tj Thompson, Alicia Angel Koshevoy, Nicole Taylor

Recorder: Melanie Richard

The January 14th, 2025 meeting of the Opioid Settlement Advisory Committee (OSAC) was called to order at 10:00 a.m. by Commissioner Nancy Navarretta, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	Commissioner Navarretta welcomed all in attendance and introduced the following new member of the Opioid Settlement Advisory Committee: • Kaye White, Persons or Family with Lived Experience Commissioner Navarretta explained that for today's meeting, we will be conducting the review and vote of the recommendations presented today after the Administrative Updates on the agenda for purpose of quorum.	Noted
Review and Approval of Minutes	Minutes approved from September 10th, 2024 meeting – moved by Attorney Timothy Birch, seconded by Jeanne Milstein.	Informational
Public Comment	No requests were received regarding public comments. Dr. Gail D'Onofrio has been added to the public comment period for the next Opioid Settlement Advisory Committee meeting on Tuesday, March 14th, 2025.	Informational
Administrative Updates	Chris McClure, DMHAS Chief of Staff, gave a presentation on updates regarding the Opioid Settlement Advisory Committee and the funding disbursements of the settlement dollars thus far. Please see the linked Power Point presentation for key takeaways. Presentation by Chris McClure: Administrative Update | OSAC Update	Informational Chris McClure, DMHAS

<table>
<tr><th>Topic</th><th>Discussion</th><th>Action</th></tr>
<tr><td></td><td>The Municipal Proceeds Report is available on our website CT Opioid Settlement Advisory Committee. This report was also sent to the members of the Opioid Settlement Advisory Committee on Friday and if anyone has any questions or concerns, we encourage them to reach out to the team at DMHAS.</td><td></td></tr>
<tr><td>Funding Recommendations for Committee Vote:
Connecticut Harm Reduction Centers Continuation
Supportive Housing as Recovery
SafeSpot Overdose Hotline Expansion to Connecticut</td><td>Nancy Navarretta, Commission, DMHAS presented the following recommendations for Committee review and vote:

Title: Connecticut Harm Reduction Centers Continuation

Harm Reduction Centers provide low-barrier, drop-in support for individuals who use substances, particularly those who are at high risk for opioid overdose. The goals of these centers include but are not limited to (1) Broadly improving the overall health and well-being of individuals who use drugs, through measures including but not limited to reduction of unintentional overdoses and disease transmission; (2) increasing engagement between providers of treatment services, health care and social services and the individuals who access the drop-in center; (3) reducing the number of fatal overdoses in the immediate and surrounding areas of the center. Harm Reduction Centers also reduce disease transmission through education, supplies, and wound care; distribute Naloxone and harm reduction supplies; provide connections to housing, employment, and other needed resources such as obtaining identification; and provided medical and behavioral health treatment options in-house or via referral. Community Engagement is a key component of the Harm Reduction Centers, both doing street level outreach to people who use drugs to welcome them to the Centers and building relationships with local businesses and community partners to increase referrals and build community relationships. Centers regularly hold in person groups and social events to increase a sense of community amongst the participants. Existing centers are required to have a Medication for Opioid Use Disorder (MOUD) referral relationship, either through a partnership or on-site service; the same will be expected of the new Bridgeport Center.

Between 10/1/23-10/1/24, the Harm Reduction Centers collectively had 4,284 total visits of 1,395 unique individuals. Of these individuals, there were the following connections to care:
Withdrawal Management (AKA Detox): 59
Medication for Opioid Use Disorder: 83
HIV/Hep CT Testing: 128
Wound Care: 259
Mental Health Treatment: 63
The Department of Mental Health and Addiction (DMHAS) currently supports three Harm Reduction Centers with federal block grant funding in New Haven, New London, and Waterbury, which are CT's communities with the 2nd-4th highest known fatal overdose rates. Funding for these programs ends on 9/29/25. This proposal requests to continue the operation of the three existing centers beyond the current end date to include an additional three (3) years of operation at each site. This request also includes three-year funding for a new site in Bridgeport, the municipality with the next highest known fatal overdose rates. The annual cost of operation per site is $500,000.00.

There is also a Harm Reduction Center located in Hartford, the city with the highest fatal opioid overdose rates, funded by SAMSHA's State Opioid Response Grant at $175,000 per year without opportunity for an increase in the budget. Given Hartford's overdose rate and the growing disparity of Black men dying from overdoses at higher rates than any other demographic, we are proposing a funding match for this program at $325,000 for program expansion.
<table>
<tr><th></th><th>Year 1 Cost</th><th>Year 2 Cost</th><th>Year 3 Cost</th><th>Total Cost</th></tr>
<tr><td>$500,000 per Harm Reduction Center x 4 Centers</td><td>$2,000,000</td><td>$2,000,000</td><td>$2,000,000</td><td>$6,000,000</td></tr>
<tr><td>$325,000 for Hartford Harm Reduction Center</td><td>$325,000</td><td>$325,000</td><td>$325,000</td><td>$975,000</td></tr>
<tr><td>Total</td><td>$2,325,000</td><td>$2,325,000</td><td>$2,325,000</td><td>$6,975,000</td></tr>
</table></td><td>Motion to Vote</td></tr>
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Topic	Discussion	Action
	CORE Priority: Priority 2 Strategy 2: Create Harm Reduction Centers that provide ancillary supports services for people using drugs Category: ☒ treatment ☒ harm reduction ☐ prevention ☒ recovery supports Recommended Lead & Partnering Agencies: DMHAS Partnering Agencies Vetted by Referral Subcommittee: ☒ Vetted by Research and Data Subcommittee? ☒ •EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☐ yes ☒ no •Pilot ☐ or Established Program ☒ Local or Statewide Rollout ☒ Vetted by Finance and Compliance Subcommittee? ☒ •Allowable Strategy ☒ Compliant yes ☒ no ☐ •Proposed Funding Amount: $2,325,000 per year; $6,975,000 total for 3 years. • Approved Funding Amount: $2,325,000 per year; $6,975,000 total for 3 years • Budget submitted ☒ • Proposed project dates: 9/30/25-9/29/28 • Approved project dates: 9/30/25-9/29/28 • RFP ☒ (New Bridgeport Location) Sole Source ☒ (Existing Locations) **Title:** Supportive Housing as Recovery This proposal would fund CT Department of Housing (DOH) Rental Assistance Program (RAP) Housing subsidies, client supports (security deposit, furniture, etc.), and trauma-informed case management services that would follow and support an individual from homelessness to being housed and maintaining housing stability. The program would target heads of household (1) with Opioid Use Disorders or at risk for overdose and (2) who are experiencing homelessness or who were homeless prior to entry to substance use disorder (SUD) treatment, inclusive of Sober and Recovery Homes, who do not have a safe and/or viable housing discharge plan. Housing as a Health-Related Social Need (HRSN), previously known as Social Determinant of Health, plays a significant role in influencing substance use, particularly opioid use, and affects both the risk of addiction and recovery outcomes. Individuals experiencing homelessness or unstable housing are more likely to use substances as a means of coping with the trauma, stress and uncertainty of their situation. Opioids and other substances may be used to self-medicate mental health issues that are often exacerbated by housing instability. People who are unsheltered or in unsafe living environments are more frequently exposed to drug use and availability, which increases the risk of starting or relapsing into opioid use. Research has shown that having stable housing significantly improves recovery outcomes for individuals with opioid use disorder. Finally, program models that integrate supportive housing are more effective in reducing opioid use, as the model allows individuals to access housing without first requiring sobriety, thus providing immediate stability and support to initiate recovery. **Strategy to Identify Potential Participants**: The By Name List (BNL) consists of persons experiencing homelessness who have accessed homeless services by calling 211, contacted HUB staff (drop-in centers for referral to housing and homelessness assessment and referrals), and/or have worked with homeless	

Topic	Discussion	Action

outreach staff. The BNL allows our provider systems to know who is currently homeless and to understand the inflow (the number of people becoming homeless each month) and the outflow (the number of people obtaining permanent housing). Currently there are approximately 4500 people on the BNL, with approximately 30% having a known or self-identified substance use disorder.

Supportive Housing Model Components:

- **The Rental Assistance Program (RAP) certificate** is an ongoing housing subsidy. Individuals experiencing homelessness have very limited options of affordable and deeply affordable apartments, and their potential histories of unestablished credit or eviction often dissuade landlords from renting to them. Having a RAP certificate that affords guaranteed rent payment along with client supports incentivizes landlords to rent to this special population.
- **Wrap-around, community-based Case Management Services** include landlord/tenant negotiation, referral to substance use/mental health/medical care, budgeting, tenancy rights and responsibilities and tenancy sustaining skill building. The Case Management services would be provided by Private Non-Profit (PNP) agencies with experience providing case management to unhoused and housing insecure individuals with substance use and/or co-occurring mental health disorders. The Case Manager will explore treatment options and other recovery resources available with the individual with an emphasis on connection to Medications for Opioid Use Disorder for individuals in active opioid use. The Case Manager will support the individuals in connecting to their chosen level of support.
- **Client Support** includes funding for apartment application fees, security deposits for new apartments, furniture, and/or for payments of basic utilities that prohibit persons from renting an apartment.

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Cost
Supportive Housing Model Components: RAP Certificate = $14,000 per person Wrap-Around Case Management Services = $9,500 per person Client Support = $5,000 per person Total: $28,500 per person annually x 500 individuals = $14,250,000	$14,250,000	$14,250,000	$14,250,000	$14,250,000	$57,000,000
Program Evaluation	$400,000	$400,000	$400,000	$400,000	$1,600,000
Total	$14,650,000	$14,650,000	$14,650,000	$14,650,000	$58,600,000

CORE Priority: Priority 2: Reduce Overdose Risk and Mortality, Especially Among Individuals at Highest Risk and Highest Need with Linkage to Treatment, Naloxone, and Harm Reduction; Priority 7, Strategy 3: Provide affordable supportive and transitional housing for people with SUD; increase access to "Housing First" models and other models of affordable, supportive, and transitional housing to unhoused people with or at high risk for OUD.

Category: ☐ treatment ☐ harm reduction ☐ prevention ☒ recovery supports

Recommended Lead & Partnering Agencies:

Department of Mental Health and Addiction Services
Department of Housing
PNP provider agencies

Topic	Discussion	Action
	Vetted by Referral Subcommittee: ☒ Note: The recommendation was passed by the Referral Subcommittee though one member requested notation that they have concerns regarding the amount of the recommendation and whether it is appropriate to dedicate OSAC funding to housing. Vetted by Research and Data Subcommittee? ☒ EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☒ yes ☐ no Pilot ☐ or Established Program ☒ Local or Statewide Rollout ☒ Vetted by Finance and Compliance Subcommittee? ☒Approved for 4 years of funding with data review and vote for continuation at 3 years Allowable Strategy ☒ Compliant yes ☒ no ☐ Proposed Funding Amount: $14,650,000 yearly for 3 years totaling $43,950,000 Approved Funding Amount: $14,650,000 yearly for 4 years totaling $58,600,000 Budget submitted ☒ Proposed project dates: 7/1/25-6/30/28 Approved project dates: 7/1/25-6/30/29 RFP ☐ Sole Source ☒ **Title:** SafeSpot Overdose Hotline Expansion to Connecticut The SafeSpot Overdose Hotline is a 24 hour-7-day a week service that provides immediate, accessible, real-time support to individuals at risk of an overdose. SafeSpot has a proven track record of providing this service for the Massachusetts Department of Public Health. Since January 2023, the team has supervised over 11,500 use events across more than 4,500 calls for service, with 21 overdoses detected and successfully reversed. The average caller wait time to connect with an operator in the month of November 2024 was 16 seconds. SafeSpot prevents opioid-related fatalities and improves health outcomes by generating a safety plan with people who use drugs alone and offering real-time phone-monitored supervision of drug use. As part of safety planning, SafeSpot caller-operator interactions typically include guidance on overdose prevention, drug-checking, and developing safer use networks. Interested callers are connected to harm reduction services and supplies, treatment (including medication for opioid use disorder), crisis response, and other supports as needed. SafeSpot supports and facilitates person-centered, evidence-based, harm reduction practice. The hotline team, who all work virtually, is directed and staffed by people with lived experience with substance use and overdose. They are housed at the Boston Medical hospital, a large academic medical hospital that focuses on harm reduction and overdose prevention. SafeSpot collaborates with its public health funders and community partners to ensure the hotline is responsive to the needs of people who use drugs and their care providers. The hotline has a track record of assisting people who might not feel comfortable or who are unable to physically access harm reduction services in physical settings. This high-risk category is primarily made up of women, people of color, sex workers, and LGBTQIA+ people. This recommendation would fund the expansion of the SafeSpot Overdose Hotline to Connecticut. SafeSpot already supports people who use drugs in Connecticut, which is taxing on the call volume without funding for additional operators. More than 648 calls have been taken from callers in Connecticut since May 2024, with over 3,226 use events recorded, reflecting approximately 14.2% of the total call volume. This is made up of several callers in geographically diverse areas of the state. SafeSpot would commit to hiring people who use drugs in	

Topic	Discussion	Action

Connecticut; having local operators involved encourages a feeling of community ownership and trust in our services and ensures operators are aware of Connecticut resources.

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Cost
Personnel Costs (Including Administration, Program Coordinator, 2 Full Time Operators, Per Diem Operators)	$392,402	$396,793	$408,697	$1,197,892
Other Direct Costs (including training, evaluation, supplies, promotional supplies, travel)	$62,140	$57,750	$57,750	$177,640
Indirect Costs	$45,454	$45,454	$46,645	$137,553
Total	$499,996	$499,997	$513,062	$1,513,085

CORE Priority: Priority 2, Strategy 3, Tactic 1: Fund a safe drug use hotline to reduce solitary opioid use.
Category: ☐ treatment ☒ harm reduction ☐ prevention ☒ recovery supports

Recommended Lead & Partnering Agencies:
DMHAS
Boston Medical Center/SafeSpot Hotline

Vetted by Referral Subcommittee: ☒
Vetted by Research and Data Subcommittee? ☒Approved 3 years of funding contingent on Year 1 data review
EBP ☐ or Promising Practice ☐ Program evaluation recommended? ☐ yes ☐ no
Pilot ☐ or Established Program ☒
Local or Statewide Rollout ☒

Vetted by Finance and Compliance Subcommittee? ☒
Allowable Strategy ☒ Compliant yes ☒ no ☐
Proposed Funding Amount: 7/1/26-6/30/26: $499,996, 7/1/26-6/30/27: $499,997; 7/1/27-6/30/28: $513,062; Total: $1,513,085
Approved Funding Amount: 7/1/26-6/30/26: $499,996, 7/1/26-6/30/27: $499,997; 7/1/27-6/30/28: $513,062; Total: $1,513,085
Budget submitted ☒
Proposed project dates: 7/1/25-6/30/28
Approved project dates: 7/1/25-6/30/28
RFP ☐ Sole Source ☒

Discussion:

Senator Osten asked if the SafeSpot Hotline was the same as 211 and 988, and Commissioner Navarretta explained that there is no interconnection between them. There is direct access to the SafeSpot Hotline, so if the person is unable to get to a harm reduction center or is alone and doesn't want to use alone, they would have someone on the phone with them while they used. This would endure that the staff member on the hotline would be able to contact emergency services if necessary, as they could talk the caller through a safety plan. The program is run out of Boston Medical Center, but it is a 100% virtual program so all of the staff, including their administration, works virtually. This particular program does not have a physical location. Senator Osten voiced concerns over the fact that there is no physical space in Connecticut working with structures that we already have.

Topic	Discussion	Action
	In relation to the housing recommendation, Senator Osten questioned where this program would be functioned out of and where the housing would be available. Alice Minervino responded that this recommendation would not be to build additional apartments, but that there would be the RAP vouchers to help people rent apartments that exist already in their community if they applied for the vouchers. It would depend on where the people applying for the program would be living. People would work with case managers to help them negotiate with landlords on renting apartments and then supporting them once they're in the apartment. DMHAS has been involved with various housing initiatives for almost 30 years now and we do have tenants that live all over the state. Maritza Bond requested clarification for the Connecticut Harm Reduction continuation of funds and if there is a way that they can break down the data specifically by municipality, as that would be helpful. Commissioner Navarretta confirmed that we would get the additional information and send. Ms. Bond also asked in regards to the Housing recommendation how people with low credit scores or other struggles getting approved for renting would navigate the program, and Alice Minervino explained that the case managers would help those who have received the vouchers move through the process, including working with landlords. Rusell Melmed asked how the process works when it comes to who is chosen to receive the housing assistance and Alice Minervino explained that we will be taking applications and referrals from those who are exiting treatment centers, including sober houses and recovery houses. Those who are experiencing homelessness are on the by name list, but it would include those who may be in treatment to stabilize themselves. There will also be an evaluation component to this program, so that researchers will be tracking on components like how this housing initiative would help those with staying housed and connecting to care while in this program. There will also be a feedback component that will be used while setting up the evaluation to start collecting data, and we will be reporting back after the third year, in which the data will be presented to the group and we will have the opportunity to decide if we want to keep going with the program. We served roughly 4,000 – 5,000 individuals a year with support services that are joined with a RAP voucher or support from the Federal Department of Housing and Urban Development (HUD). The HUD rental assistance voucher is set aside specifically for people experiencing homelessness and after 30 years of this work, it has been shown that adding the services to the affordable housing is really the best model to help people with substance use disorders. It is difficult to offer those services to someone who has unstable housing because their priority is often basic needs of eating and finding a place to sleep. This group is currently focused on the recommendation on housing first and giving people the opportunity to have a place to live and get well, so that is why the focus is on pairing the voucher with the services, but this group can certainly entertain other recommendations moving forward. Representative Walker commented that it was important, especially to the Finance and Compliance Subcommittee, that the program was re-evaluated at the third year and would consider the questions and feedback members were providing. John Lally commented that as we are looking at these recommendations, that we want to be careful how we are spending the money, as we have a responsibility to the state and to the people that we serve to use this responsibly, but to also be careful not to throw out the good recommendations because they are not perfect. These recommendations are intended to help people in the future and we can look at improving these things as we move through the process. The Opioid Settlement Advisory Committee members voted to pass the three presented recommendations with an established quorum of members.	
Drug Trends in Connecticut Presentation	Nancy Navarretta, Commissioner, DMHAS introduced Robert Lawlor Jr., MS-ADPP, MS, BSCJ, Drug Intelligence Officer, Connecticut. Bobby Lawlor is also a long time partner of the Department and is the Drug Intelligence Officer for the Overdose Response Strategy	Informational

Topic	Discussion	Action
	(ORS). The ORS is a federally funded program, and it's a collaboration between the HIDA programs, which is the high intensity drug tracking areas program out of the Office of National Drug Control Policy and the Center for Disease Control and Prevention. Drug Trends in Connecticut Presentation Discussion: Luisa Barnat asked Mr. Lawlor to explain why drug checking is helpful to the community because there has been some public interest in hearing about drug checking. Mr. Lawlor explained that it is important because it allows clients to bring in their drug trash and drug remnants to harm reduction sites, as well as get their drug remnants tested. This helps understand what is actually in the substances at the micro-level that clients are specifically using, which will allow them to better inform their clients on how they can safely prevent overdoses and other harms.	
MDFT HYPE Recovery Presentation	Commissioner Navarretta introduced Gayle Dakof, Ph.D., Executive Director, MDFT International, Inc. and Lora Passetti, MS, EBP Center Program Director, Chestnut Health Systems, who will be presenting on HYPE Recovery. They have been working under the leadership of the Department of Children and Families, and have been collaborating for a few years to develop and implement a program to treat and prevent opioid use disorder, as well as overdose and death among young people, teenagers, and young adults up to age 21. MDFT HYPE Recovery Presentation Discussion: Representative Walker asked where the program was located, what is the per capita cost right now for staffing that the program has, is there drug testing in any of the programs, and who this is serving. Kris Robles will provide this information per Gayle Dakof.	Informational
Subcommittee Updates	**Referral: First Selectman Rudy Marconi** This subcommittee continues to meet and review proposed recommendations. The Referral Subcommittee will be meeting before the next scheduled Opioid Settlement Advisory Committee meeting to review additional proposed recommendations. **Research and Data: Dr. Srinivas Muvvala** This subcommittee has continued to meet monthly and review the recommendations received from the referral and other subcommittees and will be meeting before the next scheduled Opioid Settlement Advisory Committee meeting. The subcommittee is working on a data collection and outcome plan and will keep the members of OSAC updated. **Finance and Compliance: Representative Toni Walker** This subcommittee continues to meet and review proposed recommendations and will be meeting before the next scheduled Opioid Settlement Advisory Committee meeting.	Informational

Topic	Discussion	Action
Next Steps	The next OSAC meeting is scheduled for Tuesday, March 11th, 2025 from 10:00 – 12:00 p.m. The subcommittees will continue meeting to review the recommendation submissions.	Informational

NEXT MEETING – Tuesday, March 11th, 2025 - Video Conference Call through Teams
ADJOURNMENT – Tuesday, January 14th, 2025 meeting of the Opioid Settlement Advisory Committee adjourned at 11:39 a.m.