OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)
Tuesday, April 7, 2026
Teams Virtual Meeting
9:30 A.M. – 11:00 A.M.

ATTENDANCE:

Members/Designees:

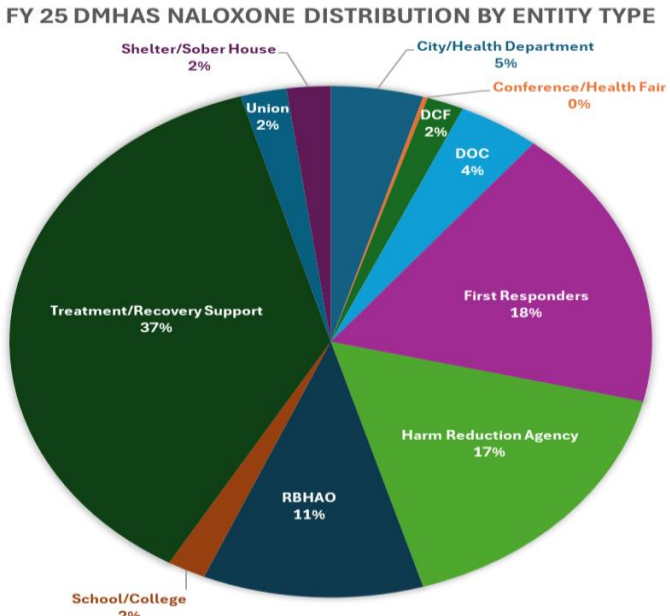
☒Nancy Navaretta
☒Paul Pernerewski
☐Senator Saud Anwar
☒Amy Bethge
☒Attorney Timothy Birch
☒Ray Bishop
☒Maritza Bond
☒Susan Campion
☐Mayor Elinor Carbone
☒Lisa Deane
☒Judy Dowd
☒Mayor Thomas Dunn
☒Kevin Elak
☒Daniel T. Farley
☐Liz Fitzgerald
☒Bridget Fox
☐Christine Gagnon
☒Kimberly Grove
☐First Selectwoman Tracey Hanson
☒Ebony Jackson-Shaheed
☒Paul Januszewski
☒Jennifer Kolakowski
☒John Lally
☒First Selectman Rudy Marconi
☐Mayor Lisa Marotta
☒Representative Cristin McCarthy Vahey
☒Patrick McCormack
☐Russell Melmed
☐Katherine Milde
☐Robert Miller
☒Jeanne Milstein
☒Dr. Srinivas Muvvala
☒First Selectwoman Maureen Nicholson
☐Representative Tammy Nuccio
☒Senator Cathy Osten
☐Daniel Rezende
☐Elizabeth Rivera-Rodriguez
☐Dr. Marilyn Sanders
☒Gretchen Shugarts
☒Senator Heather Somers
☒Christian Spencer
☒Erica Teixeira
☒Dr. Katherine Tucker
☒Janine Vose
☒Representative Toni Walker
☐Kaye White
☒Maggie Young

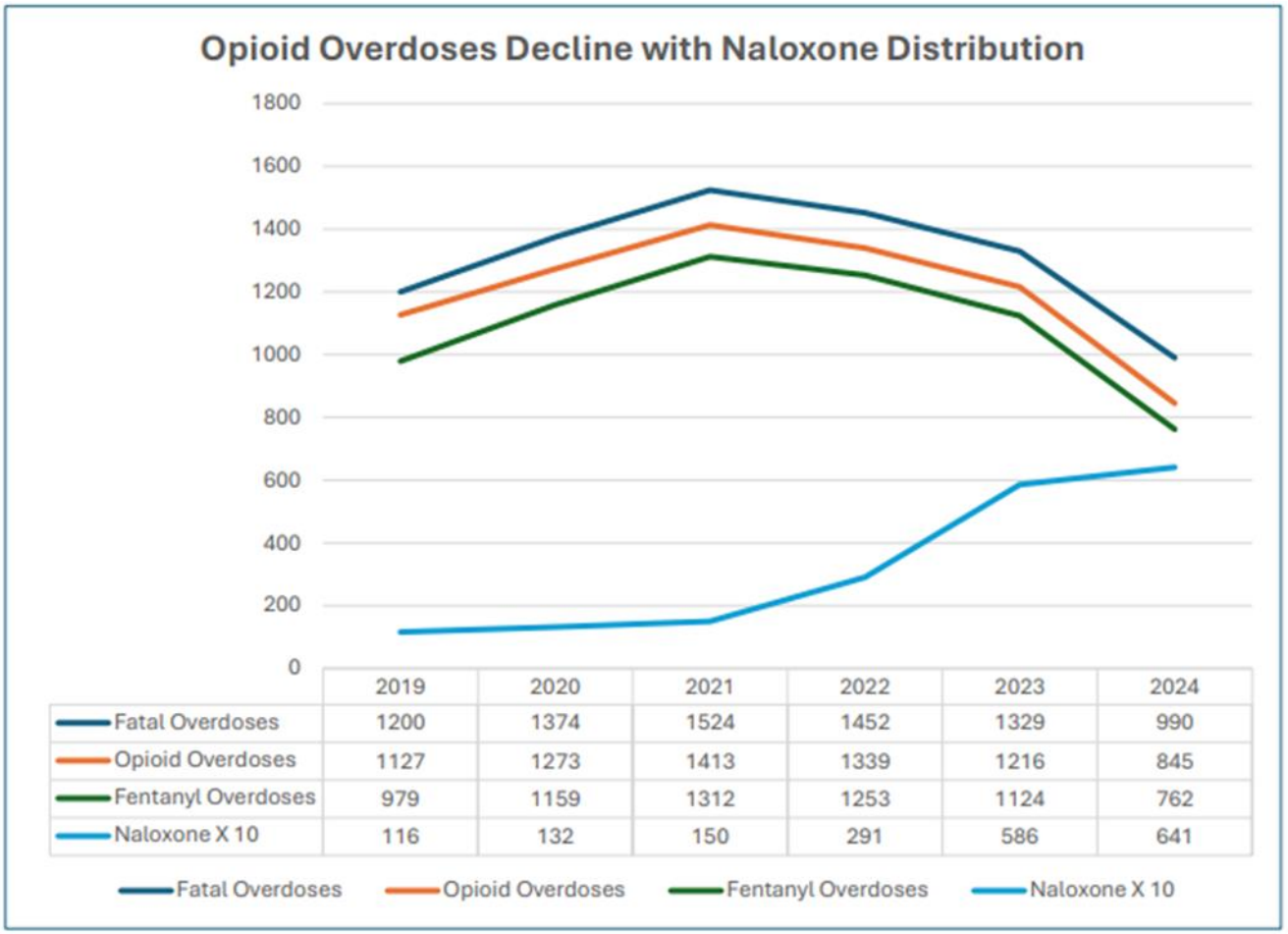
Visitors/Presenters: Sarah Messier-Smith, Michaela McLeod-Fraser, Keith Radziwon, Nicole Taylor, Kris Robles, Luiza Barnat, Danielle Ebrahimi, Chris McClure, Megan Albanese, Paul Steinmetz, Jaime Ellis, Natalie DuMont, Esther Schlossberg, Antonio Gueudinot, Cyndi Frank, Lynn Sosa, Melissa Augeri, Julia Fishman, Ciara Beattie, Owen Rood, Nathalie Garcia, Gretchen Shugarts, Matthew Fitzsimmons, Abigail Lieberman, David Fiellin, Jacqueline M. Calayag, Robert Heimer, Melissa Maichack, Amy Bogert, Sara Moriarty, Gary Roberge, Faith Mailu ,Karolina Wytrykowska, Angela Di Paola, Carlos Sosa-Lombardo, Michael Hines,

Recorder: Chrishaun Jackson

The April 7th, 2026, meeting of the Opioid Settlement Advisory Committee (OSAC) was called to order at 9:32 a.m. by Commissioner Nancy Navarretta, DMHAS.

Topic	Discussion	Action
Welcome and Introductions:	Commissioner Navarretta welcomed all in attendance. Also welcoming new committee member Gretchen Schugarts from the Commission on Racial Equity and Public Health	Noted
Review and Approval of Minutes	Minutes approved from the January 13, 2025, meeting – moved by Atty. Tim Burch, seconded by Patrick McCormick. Gretchen Schugarts abstained. There were no objections.	Noted
Administrative Updates: Sarah Messier-Smith, Opioid Settlement Program Manager	Sarah Messier-Smith, Opioid Settlement Program Manager, presented a brief Administrative Update, including: • Review of the new CORE Priority allocation module on the CT Opioid Settlement Dashboard ▪ Financial update ▪ Program Highlights: o OTP Expansion: Contracts executed for participating providers; one provider declined the funding so exploring other provider options to ensure there are no service area gaps. All other agencies have active contracts and are working on hiring, baseline data collection, and early implementation.	Informational

	○ HERO: Substantial progress in reviewing applications and submitting applications for RAP voucher approvals. Over 12 individuals have been housed; number increases regularly. **Presentation:** Administrative Update	
Naloxone Saturation Continuation: DMHAS Commissioner Nancy Navarretta	Commissioner Nancy Navarretta presented the Naloxone Saturation Continuation recommendation for vote in today's meeting: Project Overview: This request is a continuation of funding to purchase Naloxone to provide to any organizations in need of naloxone to distribute to the community to ensure statewide availability. Naloxone (brand name Narcan®), is an opioid antagonist medication, used as a harm reduction tool to reverse an active overdose. The Department of Mental Health and Addiction Services has made it a priority to make this life saving medication available to all hospital emergency departments, treatment and recovery support providers, municipalities (first responders), and harm reduction service organizations. DMHAS employs an efficient system of purchasing naloxone directly from a distributor, who mails it directly to the organizations requesting the product for bulk orders or coordinates a pickup or drop off for smaller orders. In 2022, DMHAS created a state naloxone saturation plan of distributing at least 45,000 naloxone kits and distributed close to 60,000 naloxone kits in the following calendar year, at no cost to the receiving organizations across the state. DMHAS exceeded the saturation goal in Calendar Years 2024 and 2025. Summary of Data Collection Output Reporting and/or Program Evaluation Outcomes: Since achieving the saturation goal, Connecticut saw a significant decrease in overdose fatalities for four consecutive years, and that trend is on track to continue for 2025. Demand for naloxone requests continues to increase year over year since 2019. There was a 102% increase in Naloxone distributed in the year following the initiation of the Naloxone Saturation Plan. Since then, demand increased 9% in 2024 and 21% in 2025. DMHAS tracks annual distribution amounts, and starting in 2025, began tracking distribution by entity type. Data is displayed below. DMHAS naloxone distribution by calendar year 2019 11,581 2020 13,162 2021 14,986 2022 29,064 2023 58,642 2024 64,087 2025 77,304  	The recommendation was approved for implementation.



	2019	2020	2021	2022	2023	2024
Fatal Overdoses	1200	1374	1524	1452	1329	990
Opioid Overdoses	1127	1273	1413	1339	1216	845
Fentanyl Overdoses	979	1159	1312	1253	1124	762
Naloxone X 10	116	132	150	291	586	641

Source: Naloxone Distribution data is gathered and reported by CT DMHAS. Overdose data is per the Drug Overdose and Deaths in Connecticut Data Dashboard by CT-DPH. Chart created by Peter Canning.

Lead Agency Recommended Project Changes: No changes noted.

Budget:

	Budget Category 7/1/26-6/30/27 7/1/27-6/30/28 7/1/28-6/30/29 Total Naloxone Purchase $2,323,200 $2,323,200 $2,323,200 $6,969,600 CORE Priority: Priority 2, Strategy 1; Priority 5, Strategy 7 : Increase use of and access to naloxone Category: ☐treatment ☒harm reduction ☒ prevention ☐ recovery supports Recommended Lead & Partnering Agencies: DMHAS Vetted by Research and Data Subcommittee: ☒ Vetted by Finance and Compliance Subcommittee: ☒ Approval Information: •Proposed Continuation Funding Amount: $2,323,200 annually for 3 years totaling $6,969,600 •Approved Continuation Funding Amount: $2,323,200 annually for 3 years totaling $6,969,600 •Proposed Continuation Project Dates: 7/1/26-6/30/29 •Approved Continuation Project Dates: 7/1/26-6/30/29 Results of Committee Vote: 25 Proceed with Recommendation 0 Do Not Proceed with Recommendation 1 Abstain	
LiveLoud Public Awareness & Education Continuation: DMHAS Commissioner Nancy Navarretta	Commissioner Nancy Navarretta presented the LiveLOUD Continuation recommendation for vote in today's meeting: Project Overview: LiveLOUD (Life with Opioid Use Disorder) is Connecticut's comprehensive public awareness initiative from the Department of Mental Health & Addiction Services (DMHAS) to increase awareness of opioid use disorder (OUD), provide support and resources to individuals and families, and increase access to overdose prevention and treatment. Since 2018, LiveLOUD has established itself as Connecticut's trusted hub for OUD information, leading more people to treatment and recovery services while building a supportive online community. The next phase (Phase IX) of the LiveLOUD campaign builds on this proven foundation with refined strategies and new media placements to maximize reach and impact. Investment in Public Education Increases Action Public education campaigns are critical to raising awareness and driving behavior change. Continued investment in LiveLOUD sustains momentum, preserves audience reach, and amplifies impact—ensuring audiences are not reached just once, but supported through the repeated exposures research shows are necessary to change behavior and reduce stigma. Key messages align with CT CORE Report objectives including: •Harm Reduction: Naloxone normalization, never use alone (SafeSpot awareness), fentanyl dangers, drug supply testing •Treatment Information: Medication for opioid use disorder (MOUD) effectiveness, treatment pathways, recovery options •Stigma Reduction: Anyone can struggle with addiction; we can all save a life; connection is critical •Youth-Specific: Counterfeit pill information, fentanyl warnings, age-appropriate treatment information All messaging uses plain language and is available in English and Spanish, with other languages identified as needed. Phase IX Media Strategy Based on the approved $300,000 budget, there is not sufficient funding to add new tactics. Proposed continued tactics are as follows:	The recommendation was approved for implementation.

	•Paid Social Media (Meta/Instagram): Promoted posts and ads designed to drive website traffic, available in both English and Spanish. •Geofencing: Targeting transit hubs, recovery housing, high-traffic locations •Bus Queens: Reaching lower-income neighborhoods and cities relying on public transportation •Billboards: High-profile highway placements timed with National Recovery Month •Website Content and Digital Toolkit Enhancement: Since 2018, LiveLOUD.org has been providing information on the opioid crisis and access to statewide resources to key populations across the state. Phase IX will include: ○ Continued audit and updating of the website content to reflect the evolving opioid epidemic landscape ○ The Digital Toolkit continues to provide high resolution LiveLOUD materials in English and Spanish for free to community and partner organizations to download. ○ New campaign creatives and outreach materials will equip partner organizations with ready-to-use materials, including social media templates, branded visual assets, key messaging, and outreach materials to leverage in their communities and respective media channels. Summary of Data Collection Output Reporting and/or Program Evaluation Outcomes: Since 2018, LiveLOUD has contributed to measurable impacts and is correlated with: •50% increase in access line calls for support and treatment •Increased requests for transport to treatment •Increased OUD screenings •Increased naloxone dispensing rate •Increased 211 calls for support •Reversed trend of opioid overdose deaths Phase 8 (03/01/25-10/20/25) Campaign Key Metrics: •Impact Summary −Raised awareness: Messages appeared across Connecticut more than 48.4 million times −Expanded reach: The campaign reached over 3.6 million individuals −Connected with target audiences: The campaign earned more than 879,000 social engagements in English and Spanish, meaning the individual interacted with the content on social rather than just seeing it −Engaged audiences: Over 108,000 link clicks drove users to key information on the website −Platform diversification: Added TikTok, Twitch, place-based media, and community print −Geographic expansion - broader Out-of-Home (OOH) coverage across Connecticut communities with 64% increase in OOH impressions •Key Performance Metrics −Overall reach: •LiveLOUD content appeared 48 million times (impressions) •3.6 million people reached •879,000 interactions with the information (engagements) −Social Media tactics exceeded industry standard engagement rates at 172x the benchmark (Facebook) and 197x the benchmark (Instagram), indicating people weren't just seeing the ads, they were actively interacting with them −115% improvement in Google Search Click Thru Rate (CTR), indicating significantly better relevance and targeting −96% increase in Google impressions indicating an enhanced digital presence •LiveLOUD.org Website Metrics: 03/01/25 - 10/20/25 −New Users: 76,616 (+132.87% compared to Phase 7 Campaign 6/24/24-10/01/24) −Pageviews: 109,543 pages viewed (+87% compared to Phase 7 Campaign 06/24/24-10/01/24) −Flight #1 of the education campaign in Spring 2025 averaged 330 people per day visiting the LiveLOUD website.	

−Flight #2 of the education campaign in Fall 2025 averaged over 600 people per day visiting the LiveLOUD website.

More extensive reporting is available in the OSAC Settlement Advisory Committee Project Data Collection and Outcome Report available at: https://portal.ct.gov/-/media/dmhas/publications/osac/osac-project-data-collection-and-outcome-report-dec-2026.docx?rev=87053c21deff4e20afa2f68aa4404a06&hash=A966AD7C537300E15532C89AEF3D1D8C

Lead Agency Recommended Project Changes:
Research efforts will be enhanced via stakeholder interviews and digital surveys to gather insights from a diverse set of individuals with lived experience, OSAC committee members, local health departments, first responders, and treatment professionals. This will help to further understand the nuances of age-specific, racial, ethnic, sexual, and gender minority populations to determine which communications will resonate and affect lasting behavior change. Deliverables will include insights and recommendations based on findings.

Based on feedback provided by OSAC members, the following enhancements are recommended:
•Primary care clinic representation in focus groups and/or digital surveys
•Increased clarity around the geographic targeting strategy; specifically how media placements are distributed across Connecticut and whether certain regions or communities are prioritized.
•Additional detail on audience segmentation to help illustrate how messaging is tailored to different audiences, such as individuals at risk, families seeking information, or people looking for treatment resources.
•Inclusion of simple breakdowns of engagement by geography or language so the committee can better understand where the campaign is resonating most in future reports
•Enhanced whitelisting and place-based media to increase engagement of CT providers/community-based partners further information dissemination via trusted existing resources, including soup kitchens and faith-based organizations. Given the budget reduction from the proposed $600,000 to $300,000, place-based media placements would likely be accomplished via community provider printing and dissemination of tool kit materials.
•Updated messages stressing changes in the drug supply (stimulants, kratom)

Proposed Budget:

Budget Category	5/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	Total
LiveLOUD Public Awareness & Education Campaign	$600,000	$600,000	$600,000	$1,800,000

CORE Priority: #1 Access to Medications; #2 Reduce Overdose Risk and Mortality; #6 Reduce Community Stigma
Category: ☐treatment ☐harm reduction ☒ prevention ☐ recovery supports

Recommended Lead & Partnering Agencies:DMHAS
Vetted by Research and Data Subcommittee: ☒
Vetted by Finance and Compliance Subcommittee: ☒Approved for $300,000 for 1 year

Approval Information:
•Proposed Continuation Funding Amount: $600,000 annually for 3 years totaling $1,800,000

	•Approved Continuation Funding Amount: $300,000 for 1 year •Proposed Continuation Project Dates: 5/1/26-12/31/28 •Approved Continuation Project Dates: 5/1/26-12/31/26 Results of Committee Vote: 25 Proceed with Recommendation 0 Do Not Proceed with Recommendation 1 Abstain	
Subcommittee Updates:	**Referral Subcommittee:** First Selectman Rudi Marconi Previous recommendations were reviewed and prioritized in last meeting. The subcommittee will continue to review and prioritize incoming recommendations. **Research & Data:** Dr. Srinivas Muvvala The evaluation and data committee met twice since last OSAC meeting. The role and scope of the subcommittee was discussed and the group agreed on key roles of the subcommittee: ➢ To review data for new recommendations to ensure the project is an evidence based or promising practices ➢ Ensure correct data is being collected and accurately collected ➢ Monitor outcomes and project benchmarks and make recommendations on project continuations The subcommittee reviewed and approved both recommendations presented today. **Finance & Compliance:** Representative Tony Walker Both recommendations were reviewed and approved by the subcommittee.	Informational
Other Business:	None	
Next Steps:	The next OSAC meeting is scheduled for July 14, 2026 from 10a.m.-noon.	Informational

Next Meeting: Tuesday, July 14th 2026 from 10:00a.m-12:00p.m.
Adjournment: Tuesday, April 7th, 2026, meeting of the Opioid Settlement Advisory Committee adjourned at 10:19 a.m.