

OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)
Meeting of Tuesday, May 13th, 2025
Teams Virtual Meeting
10:00 a.m. – 12:00 p.m.

ATTENDANCE

Members/Designees: Nancy Navarretta, Jennifer Kolakowski, Dr. Srinivas Muvvala; Judy Dowd, OPM; Kimberly Grove; Senator Cathy Osten; Representative Toni Walker; Bridget Fox; First Selectwoman Maureen Nicholson, Pomfret; John Lally; Patrick McCormack, Amy Bethge, Erica Teixeira, First Selectman Rudy Marconi, Maggie Young, Robert Miller, Megan Albanese, Attorney Timothy Birch, Elizabeth Rivera-Rodriguez, Christine Gagnon, Ebony Jackson-Shaheed, Erica Texeira, Russell Melmed, Tracey Hanson, Janine Vose, Kevin Elak, Daniel Rezende, Mayor Thomas Dunn, Katherine Tucker, Katherine Milde, Representative McCarthy Vahey, Mayor Elinor Carbone, Torrington, Elizabeth Fitzgerald, Representative Tammy Nuccio, Jeanne Milstein, Mayor Paul Pernerewski, Christian Spencer, Ray Bishop, Lisa Deane, Senator Anwar

Visitors/Presenters: Luiza Barnat; Christopher McClure, Danielle Ebrahimi, Dr. David Fiellin, Michael Hines, Sarah Messier-Smith, Matthew Fitzsimmons, Gretchen Shugarts, Robert Heimer, Susan Logan, Keith Radziwon, Gary Roberge, Sandra Springer, Andrew Brown, Kimberly Haugabook, Krystin DeLucia, Edith Atwerebour, Karolina Wytrykowska, Christy Knowles, Ciara Beattie, Tamara Steele, Sarju Shah, Bobby Lawlor, Maddie Myers, Natalie Dumont, Emma Biegacki, Pamela Mautte, Francis Gregory, Dr. Mary Murphy, Edzon Ruz, Nicole Taylor, Paul Steinmetz, Kelley Edwards, Ryan Tobin, Diane Santos, Cyndi Frank, Alysse Schultheis, Michelle Michaud, Andressa Granado, Jaime Ellis, Maria Coutant Skinner, Ben Grippo, Bob Freeman

Recorder: Melanie Richard

The May 13th, 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.	Noted
Review and Approval of Minutes	Minutes approved from the March 11 th , 2025 meeting – moved by Attorney Timothy Birch, seconded by Representative Tammy Nuccio.	Informational
Administrative Updates	<p>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.</p> <p>Presentation by Chris McClure: Administrative Update</p> <p>As of the end of April, the State has received a total of \$161,184,046, with funding recommendations having passed for \$93,439,158 leaving a balance in the fund of \$67,744,888.</p>	Informational Chris McClure, DMHAS
Funding Recommendations for Committee Vote: <ul style="list-style-type: none"> Connecticut Drug Data Collaborative (CT-DDC) Opioid Treatment 	<p>Nancy Navarretta, Commission, DMHAS presented the following recommendations for Committee review and vote:</p> <p>Title: Connecticut Drug Data Collaborative (CT-DDC)</p> <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 in response to the overdose epidemic. 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 and information from other sources, such as the Department of Emergency Services and Public</p>	Motion to Vote

Topic	Discussion	Action
<p>Program (OTP) Access Expansion</p> <ul style="list-style-type: none"> Recovery Centers Continuation 	<p>Protection and the Office of Chief Medical Examiner. This initiative is overseen by the Connecticut Overdose Response Strategy (CT-ORS) in partnership with the Connecticut Prevention Network (CPN), who will complete statewide analysis, trend identification, and coordination of resources across regions. The CT-DDC will include an Administrator Dashboard (Phase 1) and Public-Facing Website (Phase 2), both of which are described further below. Amston Health will develop and maintain the dashboard and website. Amston Health has extensive experience in creating technological solutions, including websites, dashboards, and smartphone applications, to address community and provider opioid needs in Connecticut.</p> <p>The primary objective of the CT-DDC is to bridge existing data gaps in Connecticut's drug monitoring systems, which often rely on delayed and fragmented information from drug checking sites, arrests, hospitalizations, and post-mortem reports. By integrating data from diverse sources, the CT-DDC will provide a real-time, comprehensive view of the substances present in the state, enabling harm reduction, treatment, and other public health organizations to engage more effectively with their clients and empowering policymakers to make data-driven decisions on resource allocation and intervention strategies. The CT-DDC will not only facilitate integration of data for multiple stakeholders but will serve to streamline crucial workflows for harm reduction organizations undertaking community drug checking.</p> <p>This Recommendation includes funding for the Database Build, Hosting and Maintenance; a Data Analyst position; and funding for operational costs of the 5 community drug checking sites. Connecticut Prevention Network would serve as the fiduciary for the initiative.</p> <p>The CT-DDC will:</p> <ul style="list-style-type: none"> Centralize Drug Data and Expand Connectivity in three phases <ul style="list-style-type: none"> Phase I: The CT-DDC will focus on enhancing each community drug checking site's ability to enter and analyze data and respond to both site specific and state specific trends. Phase II: The data inputted by the community drug checking sites will be available to Harm Reduction and Treatment programs for analysis and dissemination via a public facing website. Phase III: CT-DDC will focus on expanding the platform's capacity to incorporate additional data points that will capture a more comprehensive view of the illicit drug environment in Connecticut. Enable Near Real-Time Data Analysis and Enhance Client Communication and Harm Reduction Efforts Support Evidence-Based Policymaking and Resource Allocation Future-Proof the System for Comprehensive Drug Landscape Analysis <p>In summary, by consolidating diverse data streams, the CT-DDC will serve as a powerful tool for stakeholders across the state, creating a holistic view of Connecticut's drug environment. This unique approach will enable the early detection of dangerous trends, the issuing of rapid alerts, and the implementation of coordinated interventions to safeguard communities. The CT-DDC's emphasis on breaking down silos between public health, law enforcement, and community organizations makes it more than a data system—it has the potential to become Connecticut's centralized hub for understanding and responding to the illicit drug supply, which will enhance public safety and health outcomes. Its ability to adapt to new threats, incorporate evolving data sources, and foster cross-agency collaboration will position Connecticut as a leader in innovative, evidence-based responses to the opioid crisis.</p>	

Topic	Discussion					Action	
	Category	Year 1	Year 2	Year 3	Total		
	Personnel (Employed by CPN)						
	Epi/Data Scientist	\$106,250.00	\$108,906.25	\$111,628.91	\$326,785.16		
	Supplies	\$600.00	\$600.00	\$600.00	\$1,800.00		
	Equipment (Laptop, Monitor, Printer)	\$5000.00			\$5,000.00		
	Indirect	\$25,285.00	\$25,050.63	\$25,322.89	\$75,658.52		
	Amston Health:						
	Platform Development	\$437,170.00	---	---	\$437,170.00		
	Hosting/Maintenance	\$16,000.00	\$16,000.00	\$16,000.00	\$48,000.00		
	Drug Checking Sites:						
	Drug Checking Services, Maintenance, Supplies, Software updates (5 sites x \$25,000 per site)	\$125,000.00	\$125,000.00	\$125,000.00	\$375,000.00		
	Total	\$715,305.00	\$275,556.88	\$278,551.80	\$1,269,413.68		
	<p>CORE Priority: Priority 2, Strategy 4, Tactic 3: Fund efforts to collect, report, and disseminate real time data on the drug supply in Connecticut.</p> <p>Category: <input type="checkbox"/> treatment <input checked="" type="checkbox"/> harm reduction <input type="checkbox"/> prevention <input type="checkbox"/> recovery supports</p> <p>Recommended Lead & Partnering Agencies: DMHAS Connecticut Overdose Response Strategy (CT-ORS) Community Drug Checking Sites Connecticut Prevention Network</p> <p>Vetted by Referral Subcommittee: <input checked="" type="checkbox"/></p> <p>Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/></p> <ul style="list-style-type: none">• EBP <input checked="" type="checkbox"/> or Promising Practice <input type="checkbox"/> Program evaluation recommended? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no• Pilot <input checked="" type="checkbox"/> or Established Program <input type="checkbox"/>• Local <input type="checkbox"/> or Statewide Rollout <input checked="" type="checkbox"/>• <p>Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/></p> <ul style="list-style-type: none">• Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/>• Proposed Funding Amount: Year 1: \$715,305.00, Year 2: \$275,556.88, Year 3: \$278,551.80, Total: \$1,269,413.68• Approved Funding Amount: Same as above• Budget submitted <input checked="" type="checkbox"/>• Proposed anticipated project dates: 7/1/25-6/30/28• Approved anticipated project dates: Same as above =• RFP <input type="checkbox"/> Sole Source <input checked="" type="checkbox"/> <p>Title: Opioid Treatment Program (OTP) Access Expansion</p>						

Topic	Discussion	Action
	<p>This proposal is to fund an increase in access to admission and same-day provision of Medications for Opioid Use Disorder (MOUD) at all eight existing non-profit agencies that have Outpatient Opioid Treatment Programs (OTP) in Connecticut.</p> <p>Currently, program hours and admission availability varies across CT's OTPs. In general, both admission and dosing hours are limited, typically during weekday morning times. As a result, individuals experience long waits for admission and MOUD induction, increasing overdose risk. Additionally, insufficient admissions hours result in individuals ready for discharge at residential programs, long-term care facilities, and hospitals remaining in these settings for additional medically unnecessary days while awaiting transfer of their MOUD to an Outpatient OTP.</p> <p>Extensive data is available indicating MOUD, particularly methadone and buprenorphine, are the most effective Opioid Use Disorder (OUD) Treatments. Methadone and Buprenorphine reduce overdose risk and all-cause mortality when compared to other OUD treatment options. Additionally, evidence shows that MOUD reduces rates of substance use, transmission of viral infections, and criminal behavior and is a cost-effective treatment. When exploring MOUD as a treatment option with an opioid-using individual, the practitioner should educate the individual on all MOUD options available to them and support them in making an informed choice on the best option available to them. OTPs are the only sites where individuals can be prescribed all 3 FDA-approved MOUD (buprenorphine, naltrexone, and methadone).</p> <p>This expansion has the potential to increase access for under-resourced individuals. Despite recent decreases in overdose deaths, drug overdose death rates are higher among the non-Hispanic Black and Hispanic populations compared to the non-Hispanic White population.</p> <p>OTPs are predominately located in urban areas where large populations of BIPOC (Black, Indigenous, and People of Color) individuals reside. OTPs provide access to all 3 FDA approved Medications for Opioid Use Disorder (MOUD); expansion of their treatment hours would help decrease disparities in treatment access and increase access to all 3 medications in urban areas and for BIPOC populations.</p> <p>Per feedback received from the Connecticut Hospital Association (CHA), the allocation of funds to enable the expansion of the hours of operation of methadone clinics around the state beyond normal business hours will improve access to the services patients require in order to manage their life in recovery, and afford hospitals with an opportunity to improve patient throughput in both emergency medicine and behavioral health settings in those instances where a referral to a methadone clinic must be made at a time other than a normal business hour.</p> <p>Providers will be expected to utilize funding to increase operating hours, particularly at locations with limited admission hours, and thus increase admissions by at least 10-15% of existing location census, including ensuring adequate medical staff availability for provision of access to same-day MOUD. Amount of funding provided per agency would vary depending on number of OTPs operated by the agency. Specific operational expansions and changes will vary depending existing practices and area need; OTP leadership will be expected to collaborate with DMHAS staff to identify opportunities and plans for program enhancement as part of the contracting process. Minimally, OTPs will be expected to have admission hours with same-day MOUD prescription at least 5 days a week. In areas where there is a lack of on-site admissions (such as New London county), agencies will be required to utilize funding to ensure on-site admissions and inductions are available at a frequency that matches area need. Funding will be provided for expansion and start-up of the increased admission and same-day MOUD access. Agencies are expected to provide and implement a plan to build infrastructure over the course of the funding to sustain expanded hours and access via service billing. Agencies will also be contractually obligated to provide a staffing plan to address staffing shortages and outcome data including but not limited to admissions increases, inductions increases, and number of new staff hired. Continued funding will be contingent on fulfillment of data reporting expectations.</p> <p>References: The Connecticut Opioid REsponse (CORE) Initiative: Report on Funding Priorities for the Opioid Settlement Funds in the State of Connecticut. March 2024</p>	

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	<p>Sordo L, Barrio G, Bravo M J, Indave B I, Degenhardt L, Wiessing L et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies BMJ 2017; 357 :j1550 doi:10.1136/bmj.j1550</p> <p>Krebs E, Enns B, Evans E, Urada D, Anglin MD, Rawson RA, Hser YI, Nosyk B. Cost-Effectiveness of Publicly Funded Treatment of Opioid Use Disorder in California. Ann Intern Med. 2018 Jan 2;168(1):10-19. doi: 10.7326/M17-0611. Epub 2017 Nov 21. PMID: 29159398.</p> <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>Root Center for Advanced Recovery – 10 Locations</td><td>\$1,000,000</td><td>\$1,000,000</td><td>\$1,000,000</td><td>\$3,000,000</td></tr><tr><td>Connecticut Counseling Center – 5 Locations</td><td>\$500,000</td><td>\$500,000</td><td>\$500,000</td><td>\$1,500,000</td></tr><tr><td>APT Foundation – 5 Locations</td><td>\$500,000</td><td>\$500,000</td><td>\$500,000</td><td>\$1,500,000</td></tr><tr><td>Community Health Resources (CHR) – 2 Locations</td><td>\$300,000</td><td>\$300,000</td><td>\$300,000</td><td>\$900,000</td></tr><tr><td>Cornel Scott-Hill Health Center – 2 Locations</td><td>\$300,000</td><td>\$300,000</td><td>\$300,000</td><td>\$900,000</td></tr><tr><td>Liberation Programs – 2 Locations</td><td>\$300,000</td><td>\$300,000</td><td>\$300,000</td><td>\$900,000</td></tr><tr><td>Recovery Network of Programs (RNP) – 2 Locations</td><td>\$300,000</td><td>\$300,000</td><td>\$300,000</td><td>\$900,000</td></tr><tr><td>Chemical Abuse Services Agency (CASA) – 1 Location</td><td>\$150,000</td><td>\$150,000</td><td>\$150,000</td><td>\$450,000</td></tr><tr><td>Total</td><td>\$3,350,000</td><td>\$3,350,000</td><td>\$3,350,000</td><td>\$10,050,000</td></tr></table> <p>CORE Priority: Priority 1, Strategy 1, Tactic 1: Fund increased access at existing OTPs including expanded OTP service hours, same-day medication initiation, expanded use of take-home doses, and provision of supportive behavioral health services</p> <p>Category: <input checked="" type="checkbox"/> treatment <input type="checkbox"/> harm reduction <input type="checkbox"/> prevention <input type="checkbox"/> recovery supports</p> <p>Recommended Lead & Partnering Agencies: DMHAS CT Opioid Treatment Centers</p> <p>Vetted by Referral Subcommittee: <input checked="" type="checkbox"/></p> <p>Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/></p> <ul style="list-style-type: none">• EBP <input checked="" type="checkbox"/> or Promising Practice <input type="checkbox"/>• Recommended Outcome Review: Data Collection and Output Reporting <input checked="" type="checkbox"/> Program Evaluation <input type="checkbox"/>• Pilot <input type="checkbox"/> or Established Program <input checked="" type="checkbox"/>• Local <input type="checkbox"/> or Statewide Rollout <input checked="" type="checkbox"/> <p>Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/></p> <ul style="list-style-type: none">• Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/>• Proposed Funding Amount: \$3,350,000 yearly for 3 years totaling \$10,050,000• Approved Funding Amount: same as above• Budget submitted <input checked="" type="checkbox"/>• Proposed anticipated project dates: 7/1/25-6/30/28• Approved anticipated project dates: same as above		Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Cost	Root Center for Advanced Recovery – 10 Locations	\$1,000,000	\$1,000,000	\$1,000,000	\$3,000,000	Connecticut Counseling Center – 5 Locations	\$500,000	\$500,000	\$500,000	\$1,500,000	APT Foundation – 5 Locations	\$500,000	\$500,000	\$500,000	\$1,500,000	Community Health Resources (CHR) – 2 Locations	\$300,000	\$300,000	\$300,000	\$900,000	Cornel Scott-Hill Health Center – 2 Locations	\$300,000	\$300,000	\$300,000	\$900,000	Liberation Programs – 2 Locations	\$300,000	\$300,000	\$300,000	\$900,000	Recovery Network of Programs (RNP) – 2 Locations	\$300,000	\$300,000	\$300,000	\$900,000	Chemical Abuse Services Agency (CASA) – 1 Location	\$150,000	\$150,000	\$150,000	\$450,000	Total	\$3,350,000	\$3,350,000	\$3,350,000	\$10,050,000	
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	<ul style="list-style-type: none"> RFP <input type="checkbox"/> Sole Source <input checked="" type="checkbox"/> <p>Title: <u>Recovery Centers Continuation</u></p> <p>This request is to seek funds to keep 3 Recovery Community Centers—Torrington, Danbury, and New London—open, continue offering evening and weekend hours at the busier centers, and provide statewide young people and family support. Initial funding for these initiatives began on 9/29/23 via congressionally directed federal funding and has been exhausted.</p> <p>CCAR offers accessible support without barriers to ensure everyone can seek help. Services are provided at no cost and do not require insurance. CCAR provides a compassionate and non-judgmental environment for everyone seeking recovery. Each person's autonomy is honored, and they are encouraged to define what recovery means to them. Staff support various recovery paths, including Medication for Opioid Use Disorder (MOUD) and harm reduction strategies and offer a variety of activities and groups that support recovery and overall health and wellness.</p> <p>This recommendation is for a 1-year continuation (7/1/25-6/30/26) for CCAR's Recovery Community Centers in Torrington, Danbury, and New London, as well as continuation of the existing Extended Hours and Young People and Services Programming. There will be a competitive bidding process for the continuation of the 3 Recovery Centers for the following 3 years starting 7/1/26. CCAR will need to develop a sustainability plan for their Extended Hours and Young People and Families Services beyond the one year of continuation funding.</p> <p><u>Recovery Community Centers (RCCs):</u></p> <ul style="list-style-type: none"> Recovery-oriented sanctuaries anchored in the heart of communities that serve as hubs offering a variety of recovery support services supporting the 'many pathways of recovery'. Centers attract people in recovery, family members, friends and allies. Services include: <ul style="list-style-type: none"> Recovery Coaching: Recovery community centers offer recovery coaching, providing personalized support to individuals at various stages of their recovery journey. Recovery Support Services: A variety of Peer-run support meetings; Recovery and Advocacy trainings; Wellness Activities including journaling, yoga, gardening, and meditation; opportunities to getting involved with the larger "Recovery Community" including building a support system and connecting to community resources; volunteer opportunities via Telephone Recovery Support; and Young People and Family Services. Community Resource Navigation: Individuals are helped to connect with local resources and higher levels of care, including Medication for Opioid Use Disorder (MOUD), withdrawal management, intensive outpatient programs (IOP), and both inpatient and outpatient care. CCAR staff and volunteers are experienced in linking individuals to community and state programs that support housing, employment, food insecurity, and other resources to help build recovery capital. Naloxone Training: Our staff and numerous volunteers are trained to administer naloxone effectively to reverse overdoses. Utilization Data for Recovery Community Centers included in this recommendation (data from center opening through 2/28/25) Torrington (opened Feb. 2024) <ul style="list-style-type: none"> # of visits= 4,084 # of unique individuals= 1,136 Danbury (opened Apr. 2024) <ul style="list-style-type: none"> # of visits= 1,211 # of unique individuals= 381 New London (opened June 2024) 	

Topic	Discussion	Action
	<ul style="list-style-type: none"> • # of visits= 5,134 • # of unique individuals= 3,178 • The Jail Diversion Recovery Coaching program was recently ended due to premature ending of temporary funding. Jail Diversion clients in need of Recovery Coaching can be referred to their local Recovery Center for recovery supports. • <p>Extended Hours: Hours at the busiest Recovery Centers (Hartford, Bridgeport, and New Haven) were extended to Tuesday-Friday 4:30-8pm and Saturday 9am-5pm. Participants who visit the centers during the extended hours are mainly people who work during the day and young people, which generally is a different population from daytime hours. Over 3,000 individuals attended extended-hours programming in 2024.</p> <ul style="list-style-type: none"> • Number of Extended Hours visits <ul style="list-style-type: none"> o Bridgeport (12/1/2023 – 2/28/25): 5,642 o Hartford (12/1/2023 – 2/28/25): 5,298 o New Haven (4/1/24 – 2/28/25): 2,845 o Torrington (9/1/24 – 2/28/25): 1,167 <p>Young People & Family Services: CCAR's Young People and Family Services supports young adults aged 18 to 32, as well as families with loved ones who are in recovery or struggling with substance use. The program offers peer-led groups that utilize the All-Recovery meeting format and provide a wide range of support both virtually and in person. There is a focus on engaging the community through outreach to schools, colleges, and other places where young people gather. Additionally, recreational activities are organized that provide direct peer support and make recovery enjoyable. In addition to helping young people and families build support networks, recovery coach training is offered to assist young people in recovery with finding employment and a sense of purpose.</p> <ul style="list-style-type: none"> • Total participants: Over 1,000 young individuals and families engaged in YPFS programs in 2024 • 106 Young People All Recovery Meetings were held • 36 Parents in Recovery Meetings were held • 66 Family, Friends, and Allies Meetings were held <p>Multiple studies highlight the effectiveness of Recovery Community Centers (RCCs) in supporting individuals with substance use disorders. Studies demonstrate significant benefits RCC participants gain from engagement, such as improved emotional well-being and stronger social support systems.</p> <p>All agencies, both CCAR and those selected during the RFP process, will be required to provide data regarding service utilization, number of individuals served who use(d) opioids or other substances increase overdose risk, and number of treatment referrals, including to Medications for Opioid Use Disorder. Agencies will also be required to ensure all staff are trained to provide unbiased recovery support services to ensure person centered support and referrals, and all individuals using opioids are educated in Medication for Opioid Use Disorder treatment options and offered relevant referrals to services. Agencies will be required to include a sustainability plan as part of their response to the Request for Proposals.</p> <p>References: Kelly JF, Fallah-Sohy N, Cristello J, Stout RL, Jason LA, Hoepfner BB. Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. J Subst Abuse Treat. 2021;124:108287. doi:10.1016/j.jsat.2021.108287 Kelly JF, Stout RL, Jason LA, Fallah-Sohy N, Hoffman LA, Hoepfner BB. One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived From U.S. Recovery Community Centers. Alcohol Clin Exp Res. 2020;44(3):711-721. doi:10.1111/acer.14281</p>	

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	<table><tr><th>Budget Category (Includes 3% annual increase)</th><th>7/1/25–6/1/26</th><th>7/1/26-6/1/27</th><th>7/1/27-6/1/28</th><th>7/1/28-12/31/28</th><th>1/1/29-12/31/29</th><th>Total</th></tr><tr><td>CCAR: Personnel (Salaries and Fringe): New London: \$146,089 Torrington: \$ 202,591 Danbury: \$148,651 Extended Hours + Young People and Family Program: \$190,286 Other (Including travel, program expenses and membership, rent/utilities, information technology, phones, office supplies and program pamphlets, insurance, and volunteer support) New London: \$109,741 Torrington: \$81,805 Danbury: \$137,880 Extended Hours + Young People and Family Program: \$20,600 Subtotal: \$1,037,643 Indirect (10%): \$103,76 Annual Total: \$1,141,407</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>\$1,141,407</td><td>\$1,175,650</td><td></td><td></td><td></td><td>\$2,317,057</td></tr><tr><td></td><td></td><td></td><td>\$1,210,920</td><td>\$1,247,248</td><td>\$1,284,666</td><td>\$3,742,834</td></tr><tr><td colspan="7">Grand Total: \$6,059,891</td></tr></table>	Budget Category (Includes 3% annual increase)	7/1/25–6/1/26	7/1/26-6/1/27	7/1/27-6/1/28	7/1/28-12/31/28	1/1/29-12/31/29	Total	CCAR: Personnel (Salaries and Fringe): New London: \$146,089 Torrington: \$ 202,591 Danbury: \$148,651 Extended Hours + Young People and Family Program: \$190,286 Other (Including travel, program expenses and membership, rent/utilities, information technology, phones, office supplies and program pamphlets, insurance, and volunteer support) New London: \$109,741 Torrington: \$81,805 Danbury: \$137,880 Extended Hours + Young People and Family Program: \$20,600 Subtotal: \$1,037,643 Indirect (10%): \$103,76 Annual Total: \$1,141,407								\$1,141,407	\$1,175,650				\$2,317,057				\$1,210,920	\$1,247,248	\$1,284,666	\$3,742,834	Grand Total: \$6,059,891												
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<p>CORE Priority: Priority 1: Increase Access to the Most Effective Medications (Methadone and Buprenorphine) for Opioid Use Disorder Across Diverse Settings, Appendix A, Recovery Support Services</p> <p>Category: <input type="checkbox"/>treatment <input type="checkbox"/>harm reduction <input type="checkbox"/> prevention <input checked="" type="checkbox"/> recovery supports</p> <p>Recommended Lead & Partnering Agencies: Department of Mental Health and Addiction Services (DMHAS) Connecticut Community for Addiction Recovery (CCAR)</p> <p>Vetted by Referral Subcommittee: <input checked="" type="checkbox"/></p> <p>Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/></p> <ul style="list-style-type: none">• EBP <input checked="" type="checkbox"/> or Promising Practice <input type="checkbox"/>• Recommended Outcome Review: Data Collection and Output Reporting <input checked="" type="checkbox"/> Program Evaluation <input type="checkbox"/>• Pilot <input type="checkbox"/> or Established Program <input checked="" type="checkbox"/>• Local or Statewide Rollout <input checked="" type="checkbox"/>																																										

Topic	Discussion	Action
	<p>Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/> • Proposed Funding Amount: 7/1/25-12/31/26: \$1,712,111; 1/1/27-12/31/27: \$1,050,000; 1/1/28-12/31/28: \$1,050,000; 1/1/29-12/31/29: \$1,050,000 • Approved Funding Amount: Year 1: \$1, 141,407; Year 2: \$1,175,650; Year 3: \$1,210,920; Year 4: \$ 1,247,248; Year 5: \$1,284,666; Total: \$6,059,891 • Budget submitted <input checked="" type="checkbox"/> • Proposed anticipated project dates: 7/1/25-12/31/29 • Approved anticipated project dates: • RFP (1/1/27-12/31/29) <input checked="" type="checkbox"/> Sole Source (7/1/25-12/31/26) <input checked="" type="checkbox"/> <p>Recommendation Discussion:</p> <p>Regarding the third recommendation, Representative Walker asked who owns the software that we're developing with the data and Bobby Lawlor clarified that we would own the software that we are paying Amston Health to build for us, and it would be our software.</p> <p>Russel Melmed asked, in terms of the second recommendation, that for the ten organizations, will the funding go to extend hours for general operations and the other things that they do, or will this be focused on extra hours spent getting people into treatment and getting them prescribed the MOUD. Commissioner Navarretta explained that our regional manager and director oversees all of our community programs and will be very involved, so that we're collecting the data that we want to make sure that we're actually paying for the volume and if it is making a difference in terms of access. The focus will be getting people through the program with extended hours, as the access to that medication window in the morning sometimes is limited. Transportation is also not being addressed in this recommendation, but we do have other programs throughout the state that deal with transportation, as well as individual providers that try to make those services as accessible as possible.</p> <p>Representative Nuccio asked if CCAR is in the northeastern part of the state, and Commissioner Navarretta informed that there is one in Willimantic. Representative Nuccio expressed hope that through the RFP process, we could look at putting some in the northern part of the state, like Torrington. Tamara Steele clarified that there are eight centers total in Bridgeport, Hartford, Willimantic, Torrington, New London, New Haven, Danbury, and Waterbury. Representative Walker asked if it was possible to find out how much is costs to operate per site to get a basic idea of how much that is so we can look at adding on a location in the northwest section so that we try and balance the locations, as long as we have enough data to show that the northwest requires more volume.</p> <p>Christopher McClure wanted to note for the record that there were members of the Opioid Settlement Advisory Committee who potentially had conflicts of interest regarding a recommendation, so they would not be able to vote on that recommendation.</p> <p>All three recommendations were passed by the Members of the Committee, with those abstaining where necessary due to conflicts of interest.</p>	

Topic	Discussion	Action
Subcommittee Updates	<p>Referral: First Selectman Rudy Marconi</p> <p>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. This subcommittee also reviewed submissions that came through the public portal or via email. There were 20 – 30 in total and while the majority were rejected, there may be a few that will move on through the review process.</p> <p>Research and Data: Dr. Srinivas Muvvala</p> <p>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. This subcommittee did ask that the focus on all three of the recommendations reviewed for today's meeting must be on opioid users or treatment expansion and that our risk mitigation is being maintained as these roll out. Members continue discussion regarding developing the evaluation component and will request for and continue to review reports and data from various projects that are being implemented.</p> <p>Finance and Compliance: Representative Toni Walker</p> <p>This subcommittee continues to meet and review proposed recommendations and will be meeting before the next scheduled Opioid Settlement Advisory Committee meeting. This subcommittee would like to make sure that the recommendations are complying with our mission going forward, and there was good discussion to make sure that it's for the direction of what the Opioid Settlement Committee's mission is. Representative Walker did ask for follow up from previously approved recommendations where there were supposed to be reports. At this time, it is a little premature for the reports, but they will be forthcoming. There is also an internal database being created that will have a public facing dashboard, where there will be information and updates on each recommendation.</p>	<p>Informational</p>
<p>Public Comment</p> <ul style="list-style-type: none"> Mary Murphy, LADC, Ph.D., Western Connecticut State University, Dept. of Psychology, Assistant Professor 	<p>Dr. Mary Murphy introduced herself as the program coordinator for the Masters in Addiction Counseling Program at Western Connecticut State University, and is a licensed clinical psychologist, as well as a licensed alcohol and drug counselor that has been a clinician and an education working in the addictions field for the last two decades.</p> <p>In regard to the funding for the Opioid Settlement Advisory Committee, Dr. Murphy wanted to note how important the agencies, services, and programs are that are being funded in our state and community. She also wanted to recognize how difficult the task for this Committee has been and how committed the group is to making sure that this process is transparent, but that it may be important for the members to hear feedback from the people who submitted proposals that may not reach this level of committee review. Dr. Murphy was able to present a proposal to one of the subcommittees that would fund the training of students who need to complete educational requirements and experience internships to be eligible to become licensed alcohol and drug counselors in our state, but after the meeting, they were not asked for follow up information like some of the groups that were discussed today. She wanted to note that it was explained that the proposal was not selected because workforce development is not prioritized at this time, but expressed how important it was to focus attention on that area in fear of not having enough people to actually deliver these services. Dr. Murphy wanted to implore the group to consider shifting priorities in the next wave of funding to include workforce development.</p> <p>Commissioner Navaretta thanked Dr. Murphy for the work that she does and the feedback that she provided.</p> <p>Representative Nuccio and Representative Walker commented that it would be important to look more into workforce development and receive the proper information before moving forward with funding to incentivize individuals to join the workforce. Rudy Marconi commented that there should be a contractual obligation to keep people in the state of Connecticut if funding was provided. John Lally noted that he was involved in</p>	<p>Informational</p>

Topic	Discussion	Action
	the OSAC and ADPC subcommittee in which this proposal was discussed and while he and others agreed that workforce development would be an important priority to focus on in the future, if this is going to be sustained, there are more immediate concerns now that most of the programs the committee is looking at that have real time life saving measures that the committee has decided would be the priority for the time being. There is the understanding that workforce development takes time and that it should be addressed in some way at a later date, but again, we decided to prioritize proposals that have a more immediate lifesaving result at this time.	
Next Steps	<p>The next OSAC meeting is scheduled for Tuesday, July 8th, 2025 from 10:00 – 12:00 p.m.</p> <p>The subcommittees will continue meeting to review the recommendation submissions.</p>	Informational

NEXT MEETING – Tuesday, July 8th, 2025 - Video Conference Call through Teams

ADJOURNMENT – Tuesday, May 13th, 2025 meeting of the Opioid Settlement Advisory Committee adjourned at 11:01 a.m.