

Opioid Settlement Advisory Committee Funding Recommendations 26-1 and 26-2 Summary Sheet

In 2022, Public Act 22-48, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS was passed into law and later amended by Public Act 23-92 and Public Act 24-150. The Acts establish an Advisory Committee in Connecticut General Statutes Secs. 17a-674b through 674g. The Committee is co-chaired by the Commissioner of the Department of Mental Health and Addiction Services (DMHAS) and a representative from the municipalities, to ensure the proceeds received by the state as part of the opioid litigation settlement agreements are allocated appropriately. The statutes specify the 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.

Section (e) of CGS Sec. 17a-674c states:

“(e) Moneys in the fund shall be spent only for the following substance use disorder abatement purposes, in accordance with the controlling judgment, consent decree or settlement, as confirmed by the Attorney General's review of such judgment, consent decree or settlement and upon the approval of the committee and the Secretary of the Office of Policy and Management:

- (1) State-wide, regional or community substance use disorder needs assessments to identify structural gaps and needs to inform expenditures from the fund;
- (2) Infrastructure required for evidence-based substance use disorder prevention, treatment, recovery or harm reduction programs, services and supports;
- (3) Programs, services, supports and resources for evidence-based substance use disorder prevention, treatment, recovery or harm reduction;
- (4) Evidence-informed substance use disorder prevention, treatment, recovery or harm reduction pilot programs or demonstration studies that are not evidence-based, but are approved by the committee as an appropriate use of moneys for a limited period of time as specified by the committee, provided the committee shall assess whether the evidence supports funding such programs or studies or whether it provides a basis for funding such programs or studies with an expectation of creating an evidence base for such programs and studies;
- (5) Evaluation of effectiveness and outcomes reporting for substance use disorder abatement infrastructure, programs, services, supports and resources for which moneys from the fund have been disbursed, including, but not limited to, impact on access to harm reduction services or treatment for substance use disorders or reduction in drug-related mortality;
- (6) One or more publicly available data interfaces managed by the commissioner to aggregate, track and report data on
 - (A) substance use disorders, overdoses and drug-related harms, (B) spending recommendations, plans and reports, and (C) outcomes of programs, services, supports and resources for which moneys from the fund were disbursed;
- (7) Research on opioid abatement, including, but not limited to, development of evidence-based treatment, barriers to treatment, nonopioid treatment of chronic pain and harm reduction, supply-side enforcement;
- (8) Documented expenses incurred in administering and staffing the fund and the committee, and expenses, including, but not limited to, legal fees, incurred by the state or any municipality in securing settlement proceeds, deposited in the fund as permitted by the controlling judgment, consent decree or settlement;

(9) Documented expenses associated with managing, investing and disbursing moneys in the fund; and

(10) Documented expenses, including legal fees, incurred by the state or any municipality in securing settlement proceeds deposited in the fund to the extent such expenses are not otherwise reimbursed pursuant to a fee agreement provided for by the controlling judgment, consent decree or settlement.”

Summary

Contained herein are three funding recommendations passed by the Connecticut Opioid Settlement Advisory Committee on April 7, 2026. Included are two new funding recommendations (26-1 and 26-2).

Each of the funding recommendations requires different analyses, so the recommendations are being presented for your approval individually. The balance table on this summary page is to demonstrate total available funding, with the budgets for each funding proposal available within the respective recommendation.

Opioid Settlement Fund Balance

Opioid Settlement Fund Balance	
Fund Balance as of April 7, 2026	74,194,550
Total Cost of Recommendations 26-1 and 26-2	(7,269,600)
Available Balance Upon Approval	66,924,950

Opioid Settlement Advisory Committee Funding Recommendation 26-1

Summary of Current Proposal

This recommendation allows for the one-year continuation of the LiveLOUD Public Awareness & Education campaign. Odonnell Company is currently contracted with the Connecticut Department of Mental Health & Addiction Services' (DMHAS) for the LiveLOUD campaign which promotes anti-stigma, harm-reduction, prevention, and treatment for individuals with opioid use disorder (OUD), their communities, and others at risk of opioid overdose. A continuation of Live LOUD is recommended to maximize the impact and reach of the public health campaign and meet the Connecticut Opioid Settlement Advisory Committee (OSAC) goals of urgently and efficiently decreasing the adverse impact of opioids.

Timeline

This approach has been recommended for funding for one year from the date of project implementation initiation or until funding is fully utilized.

Compliance Analysis

Allowable Use:

Statutory: CGS Sec. 17a-674c(e)3

(3) Programs, services, supports and resources for evidence-based substance use disorder prevention, treatment, recovery or harm reduction

Settlement Agreement: Exhibit E, Schedule B Part 1 (A)(2)

Background

OSAC Funding Recommendation Form:

Date of Project Continuation Review (to coincide with OSAC meeting date): 4/7/26
Project Title: LiveLOUD Public Awareness & Education
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:

- 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

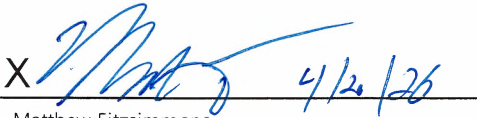
Results of Committee Vote: 25 Proceed with Recommendation 0 Do Not Proceed with Recommendation 1 Abstain

Signatures

X 

Joshua Wojcick

Secretary Designate, Office of Policy and Manag...

X  4/20/26

Matthew Fitzsimmons

Designee, Attorney General, State of Connecticut

Opioid Settlement Advisory Committee Funding Recommendation 26-2

Summary of Current Proposal

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. The demand for naloxone has steadily increased since 2019. To ensure this life saving medication is abundant for individuals who need it, the Opioid Settlement Advisory Council (OSAC) has approved one year of funding required to maintain saturation level.

Timeline

This approach has been recommended for funding for three years from the date of project implementation initiation.

Compliance Analysis

Allowable Use:

Statutory: CGS Sec. 17a-674c(e)3

(3) Programs, services, supports and resources for evidence-based substance use disorder prevention, treatment, recovery or harm reduction

Settlement Agreement: Exhibit E, Schedule B, Part 1 (A)(1) and (5).

Background

OSAC Funding Recommendation Form:

Date of Project Continuation Review (to coincide with OSAC meeting date): 4/7/26
Project Title: Naloxone Saturation
Project Overview: <p>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.</p> <p>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.</p> <p>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.</p>

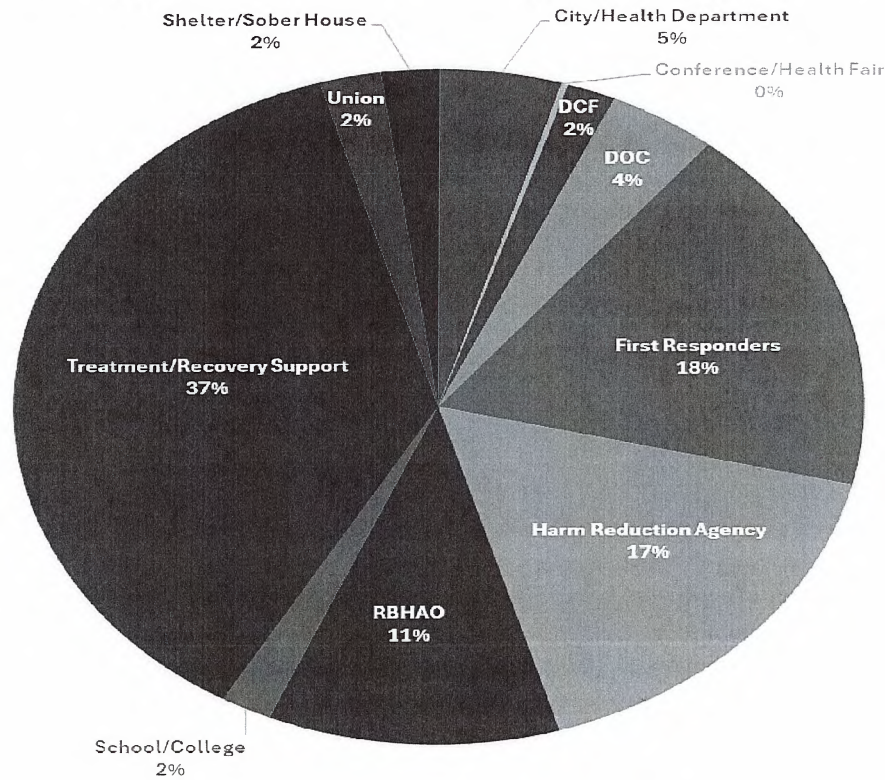
Summary of Data Collection Output Reporting and/or Program Evaluation Outcomes:

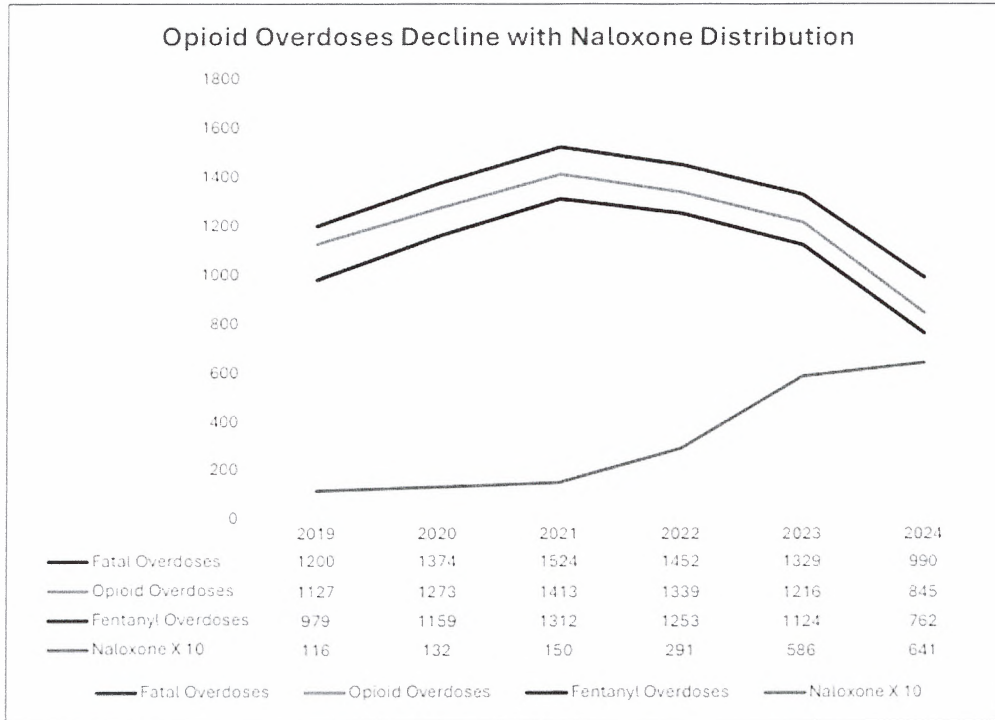
Since achieving the saturation goal, Connecticut saw a significant decrease in overdose fatalities for four consecutive years, and that trend is on track to continue for 2025. Demand for naloxone requests continues to increase year over year since 2019. There was a 102% increase in Naloxone distributed 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

FY 25 DMHAS NALOXONE DISTRIBUTION BY ENTITY TYPE





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

Signatures

X



Joshua Wojcick

Secretary Designate, Office of Policy and Manag...

X



Matthew Fitzsimmons

Designee, Attorney General, State of Connecticut