

## Opioid Settlement Advisory Committee Funding Recommendations 25-5, 25-6, and 25-7 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 May 13, 2025. Included are three new funding recommendations (25-5, 25-6, and 25-7).

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 May 13, 2025	67,744,888
Total Cost of Recommendations 25-5, 25-6, and 25-7	(17,379,304)
Available Balance Upon Approval	50,365,584

## Opioid Settlement Advisory Committee Funding Recommendation 25-5

### Summary of Current Proposal

This recommendation funds the Connecticut Drug Data Collaborative (CT-DDC) dashboard, 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 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.

### 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 2 (H) (9) and Part 3 (J) (2)

## Background

### OSAC Funding Recommendation Form:

Source of Recommendation: Public Input via email to OSAC Administration Team

Date of Initial Recommendation Presentation (should coincide with OSAC meeting date): 3/11/25

Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)

Project Title: **Connecticut Drug Data Collaborative (CT-DDC)**

Summary of Request:

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 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.

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.

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.

The CT-DDC will:

1. Centralize Drug Data and Expand Connectivity in three phases
  - 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.
2. Enable Near Real-Time Data Analysis and Enhance Client Communication and Harm Reduction Efforts
  3. Support Evidence-Based Policymaking and Resource Allocation
  4. Future-Proof the System for Comprehensive Drug Landscape Analysis

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.

Category	Year 1	Year 2	Year 3	Total
<b>Personnel (Employed by CPN)</b>				
<b>Epi/Data Scientist</b>	\$106,250.00	\$108,906.25	\$111,628.91	<b>\$326,785.16</b>
<b>Supplies</b>	\$600.00	\$600.00	\$600.00	<b>\$1,800.00</b>
<b>Equipment</b> (Laptop, Monitor, Printer)	\$5000.00			<b>\$5,000.00</b>
<b>Indirect</b>	\$25,285.00	\$25,050.63	\$25,322.89	\$75,658.52
<b>Amston Health:</b>				
Platform Development	\$437,170.00	---	---	<b>\$437,170.00</b>
Hosting/Maintenance	\$16,000.00	\$16,000.00	\$16,000.00	<b>\$48,000.00</b>
<b>Drug Checking Sites:</b>				
Drug Checking Services, Maintenance, Supplies, Software updates (5 sites x \$25,000 per site)	\$125,000.00	\$125,000.00	\$125,000.00	<b>\$375,000.00</b>
<b>Total</b>	<b>\$715,305.00</b>	<b>\$275,556.88</b>	<b>\$278,551.80</b>	<b>\$1,269,413.68</b>

**CORE Priority:** Priority 2, Strategy 4, Tactic 3: Fund efforts to collect, report, and disseminate real time data on the drug supply in Connecticut.

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

Recommended Lead & Partnering Agencies:

DMHAS

Connecticut Overdose Response Strategy (CT-ORS)

Community Drug Checking Sites

Connecticut Prevention Network

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: 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

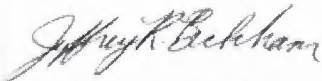


- Budget submitted ☒
- Proposed anticipated project dates: 7/1/25-6/30/28
- Approved anticipated project dates: Same as above
- RFP ☐ Sole Source ☒

Results of Committee Vote: 31 Proceed with Recommendation 0 Do Not Proceed with Recommendation

## Signatures

X



Jeffrey Beckham  
Secretary, Office of Policy and Management

X



Matthew Fitzsimmons  
Designee, Attorney General, State of Conne...

## Opioid Settlement Advisory Committee Funding Recommendation 25-6

### Summary of Current Proposal

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.

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.

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.

## Timeline

The 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)

## Background

### OSAC Funding Recommendation Form:

Source of Recommendation: Public Portal

ADPC Subcommittee Name: Treatment Subcommittee

Date of Initial Recommendation Presentation (should coincide with OSAC meeting date): 5/13/2025

Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)

Project Title: **Opioid Treatment Program (OTP) Access Expansion**

Summary of Request:

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.

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.

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).

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.

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.

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.

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.

#### References:

The Connecticut Opioid REsponse (CORE) Initiative: Report on Funding Priorities for the Opioid Settlement Funds in the State of Connecticut. March 2024

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

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.

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Cost
<b>Root Center for Advanced Recovery—10 locations</b>	\$1,000,000	\$1,000,000	\$1,000,000	\$3,000,000
<b>Connecticut Counseling Center—5 locations</b>	\$500,000	\$500,000	\$500,000	\$1,500,000
<b>APT Foundation—5 locations</b>	\$500,000	\$500,000	\$500,000	\$1,500,000
<b>Community Health Resources (CHR)—2 locations</b>	\$300,000	\$300,000	\$300,000	\$900,000
<b>Cornel Scott-Hill Health Center—2 locations</b>	\$300,000	\$300,000	\$300,000	\$900,000
<b>Liberation Programs—2 locations</b>	\$300,000	\$300,000	\$300,000	\$900,000
<b>Recovery Network of Programs (RNP)—2 locations</b>	\$300,000	\$300,000	\$300,000	\$900,000
<b>Chemical Abuse Services Agency (CASA)—1 location</b>	\$150,000	\$150,000	\$150,000	\$350,000
<b>Total</b>	\$3,350,000	\$3,350,000	\$3,350,000	\$10,050,000

**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

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

Recommended Lead & Partnering Agencies:

DMHAS

CT Opioid Treatment Centers

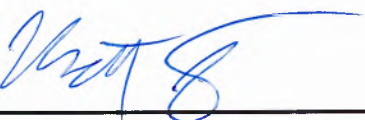
Vetted by Referral Subcommittee: <input checked="" type="checkbox"/>
Vetted by Research and Data Subcommittee? <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li>EBP <input checked="" type="checkbox"/> or Promising Practice <input type="checkbox"/></li> <li>Recommended Outcome Review: Data Collection and Output Reporting <input checked="" type="checkbox"/> Program Evaluation <input type="checkbox"/></li> <li>Pilot <input type="checkbox"/> or Established Program <input checked="" type="checkbox"/></li> <li>Local <input type="checkbox"/> or Statewide Rollout <input checked="" type="checkbox"/></li> </ul>
Vetted by Finance and Compliance Subcommittee? <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li>Allowable Strategy <input checked="" type="checkbox"/> Compliant yes <input checked="" type="checkbox"/> no <input type="checkbox"/></li> <li>Proposed Funding Amount: \$3,350,000 yearly for 3 years totaling \$10,050,000</li> <li>Approved Funding Amount: same as above</li> <li>Budget submitted <input checked="" type="checkbox"/></li> <li>Proposed anticipated project dates: 7/1/25-6/30/28</li> <li>Approved anticipated project dates: same as above</li> <li>RFP <input type="checkbox"/> Sole Source <input checked="" type="checkbox"/></li> </ul>

Results of Committee Vote: 29 Proceed with Recommendation; 0 Do Not Proceed with Recommendation; 2 Abstention

## Signatures

X 

Jeffrey Beckham  
Secretary, Office of Policy and Management

X 

Matthew Fitzsimmons  
Designee, Attorney General, State of Conne...

## Opioid Settlement Advisory Committee Funding Recommendation 25-7

### Summary of Current Proposal

This recommendation to seek fund to the continuation of 3 Recovery Community Centers—Torrington, Danbury, and New London—to 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. Services are provided at no cost and do not require insurance. CCAR provides a compassionate and non-judgmental environment for everyone seeking recovery. 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. This recommendation is for a 2-year continuation (7/1/25-6/30/27) 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 7/1/27. 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.



## Timeline

This approach has been recommended for funding for five years upon the project implementation initiation date.

## 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 (B) (6) and (10)

## Background

### OSAC Funding Recommendation Form:

Source of Recommendation: Public Portal

ADPC Subcommittee Name: ADPC Recovery and Health Management Subcommittee

Date of Initial Recommendation Presentation (should coincide with OSAC meeting date): 5/13/25

**Detail Recommendation Summary:** (project title, summary of request, priority, category, funding amount requested, project dates)

**Project Title:** Recovery Centers Continuation

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.

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.

This recommendation is for a 2-year continuation (7/1/25-6/30/27) 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 7/1/27. 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.

### **Recovery Community Centers (RCCs):**

- 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:
  - **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)
    - # of visits= 4,084
    - # of unique individuals= 1,136
  - Danbury (opened Apr. 2024)
    - # of visits= 1,211
    - # of unique individuals= 381
  - New London (opened June 2024)
    - # 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.

**Extended Hours:** Hours at the busiest Recovery Centers (Hartford, Bridgeport, Torrington, 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.

- Number of Extended Hours visits
  - Bridgeport (12/1/2023 – 2/28/25): 5,642
  - Hartford (12/1/2023 – 2/28/25): 5,298
  - New Haven (4/1/24 – 2/28/25): 2,845
  - Torrington (9/1/24 – 2/28/25): 1,167

**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.

- 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

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.

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.

**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

Budget Category (Includes 3% annual increase)	7/1/25-6/30/26	7/1/26-6/30/27	7/1/27-6/30/28	7/1/28-6/30/29	7/1/29-6/30/30	Total
<b>CCAR:</b>						
<b>Personnel</b> (Salaries and Fringe):						
New London: \$146,089						
Torrington: \$ 202,591						
Danbury: \$148,651						
Extended Hours + Young People and Family Program: \$190,286						
<b>Other</b> (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						
<b>Subtotal:</b> \$1,037,643						
<b>Indirect</b> (10%): \$103,76	\$1,					
<b>Annual Total:</b> \$1,141,407	141,407	\$1,175,650				\$2,317,057
3 Recovery Community Centers (To be determined via competitive bidding process)			\$1,210,920	\$1,247,248	\$1,284,666	\$3,742,834
<b>Grand Total:</b> \$6,059,891						

**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

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

Recommended Lead & Partnering Agencies:

Department of Mental Health and Addiction Services (DMHAS)

Connecticut Community for Addiction Recovery (CCAR)

Vetted by Referral Subcommittee: ☒

Vetted by Research and Data Subcommittee? ☒

- EBP ☒ or Promising Practice ☐
- Recommended Outcome Review: Data Collection and Output Reporting ☒ Program Evaluation ☐
- Pilot ☐ or Established Program ☒

- Local ☐ or Statewide Rollout ☒

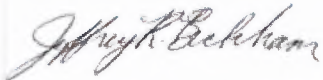
Vetted by Finance and Compliance Subcommittee? ☒

- Allowable Strategy ☒ Compliant yes ☒ no ☐
- 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 ☒
- Proposed anticipated project dates: 7/1/25-12/31/29
- Approved anticipated project dates: 7/1/25-6/30/30
- RFP (7/1/27-6/30/30) ☒ Sole Source (7/1/25-6/30/27) ☒

Results of Committee Vote: 31 Proceed with Recommendation 0 Do Not Proceed with Recommendation

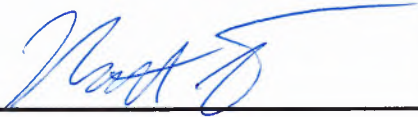
## Signatures

X



Jeffrey Beckham  
Secretary, Office of Policy and Management

X



Matthew Fitzsimmons  
Designee, Attorney General, State of Conne...