

## Opioid Settlement Advisory Committee Funding Recommendations 25-1, 25-2, and 25-3 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 January 14, 2025. Included are three new funding recommendations (25-1, 25-2, and 25-3).

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 January 9, 2025	134,108,504
Total Cost of Recommendations 25-1, 25-2, and 25-3	(67,088,085)
Available Balance Upon Approval	67,020,419

# Opioid Settlement Advisory Committee Funding Recommendation 25-1

## Summary of Current Proposal

This recommendation funds CT Department of Housing (DOH) Rental Assistance Program (RAP) Housing subsidies, client supports (security deposit, furniture, etc.), and trauma-informed case management services that would follow and support an individual from homelessness to being housed and maintaining housing stability. The program would target heads of household (1) with Opioid Use Disorders or at risk for overdose and (2) who are experiencing homelessness or who were homeless prior to entry to substance use disorder (SUD) treatment, inclusive of Sober and Recovery Homes, who do not have a safe and/or viable housing discharge plan.

## Timeline

This approach has been recommended for funding for four 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 A, (E)(4) and Schedule B Part 1 (B)(1), (2), (4)

## Background

### OSAC Funding Recommendation Form:

Source of Recommendation: Public Portal
ADPC Subcommittee Name: Recovery and Health Management (Housing Workgroup)
Date of Initial Recommendation Presentation (should coincide with OSAC meeting date) 1/14/2025
Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)  Project Title: <b>Supportive Housing as Recovery</b>  Summary of Request:  This proposal would fund CT Department of Housing (DOH) Rental Assistance Program (RAP) Housing subsidies, client supports (security deposit, furniture, etc.), and trauma-informed case management services that would follow and support an individual from homelessness to being housed and maintaining housing stability. The program would target heads of household (1) with Opioid Use Disorders or at risk for overdose and (2) who are experiencing

homelessness or who were homeless prior to entry to substance use disorder (SUD) treatment, inclusive of Sober and Recovery Homes, who do not have a safe and/or viable housing discharge plan.

Housing as a Health-Related Social Need (HRSN), previously known as Social Determinant of Health, plays a significant role in influencing substance use, particularly opioid use, and affects both the risk of addiction and recovery outcomes. Individuals experiencing homelessness or unstable housing are more likely to use substances as a means of coping with the trauma, stress and uncertainty of their situation. Opioids and other substances may be used to self-medicate mental health issues that are often exacerbated by housing instability. People who are unsheltered or in unsafe living environments are more frequently exposed to drug use and availability, which increases the risk of starting or relapsing into opioid use. Research has shown that having stable housing significantly improves recovery outcomes for individuals with opioid use disorder. Finally, program models that integrate supportive housing are more effective in reducing opioid use, as the model allows individuals to access housing without first requiring sobriety, thus providing immediate stability and support to initiate recovery.

#### Strategy to identify potential participants:

The By Name List (BNL) consists of persons experiencing homelessness who have accessed homeless services by calling 211, contacted HUB staff (drop-in centers for referral to housing and homelessness assessment and referrals), and/or have worked with homeless outreach staff. The BNL allows our provider systems to know who is currently homeless and to understand the inflow (the number of people becoming homeless each month) and the outflow (the number of people obtaining permanent housing). Currently there are approximately 4500 people on the BNL, with approximately 30% having a known or self-identified substance use disorder.

#### Supportive Housing Model Components:

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

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

**CORE Priority:** Priority 2: Reduce Overdose Risk and Mortality, Especially Among Individuals at Highest Risk and Highest Need with Linkage to Treatment, Naloxone, and Harm Reduction; Priority 7, Strategy 3: Provide affordable

supportive and transitional housing for people with SUD; increase access to "Housing First" models and other models of affordable, supportive, and transitional housing to unhoused people with or at high risk for OUD.

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

Recommended Lead & Partnering Agencies:

Department of Mental Health and Addiction Services

Department of Housing

PNP provider agencies

Vetted by Referral Subcommittee: ☒

Note: The recommendation was passed by the Referral Subcommittee though one member requested notation that they have concerns regarding the amount of the recommendation and whether it is appropriate to dedicate OSAC funding to housing.

Vetted by Research and Data Subcommittee? ☒

- EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☒ yes ☐ no
- Pilot ☐ or Established Program ☒
- Local ☐ or Statewide Rollout ☒

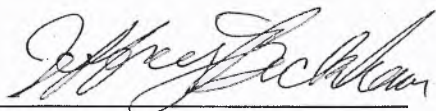
Vetted by Finance and Compliance Subcommittee? ☒ Approved for 4 years of funding with data review and vote for continuation at 3 years

- Allowable Strategy ☒ Compliant yes ☒ no ☐
- Proposed Funding Amount: \$14,650,000 yearly for 3 years totaling \$43,950,000
- Approved Funding Amount: \$14,650,000 yearly for 4 years totaling \$58,600,000
- Budget submitted ☒
- Proposed project dates: 7/1/25-6/30/28
- Approved project dates: 7/1/25-6/30/29
- RFP ☐ Sole Source ☒

Results of Committee Vote: 37 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 Connecticut

# Opioid Settlement Advisory Committee Funding Recommendation 25-2

## Summary of Current Proposal

This recommendation is intended to continue the operation of three existing Harm Reduction Centers located in New Haven, New London, and Waterbury beyond the current funding end date to include an additional three (3) years of operation at each site. This request also includes three-year funding for a new site in Bridgeport, the municipality with the next highest known fatal overdose rates. There is also a Harm Reduction Center located in Hartford, the city with the highest fatal opioid overdose rates, funded by SAMSHA's State Opioid Response Grant at \$175,000 per year without opportunity for an increase in the budget. We are proposing a funding match for this program at \$325,000 for program expansion.

## 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, (B)(2), (3), (6)

## Background

### OSAC Funding Recommendation Form:

Source of Recommendation: ADPC Subcommittee
ADPC Subcommittee Name: Recovery Subcommittee
Date of Initial Recommendation Presentation (should coincide with OSAC meeting date) 1/14/2025
Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)
Project Title: <b>CT Harm Reduction Centers Continuation</b>
Summary of Request: Harm Reduction Centers provide low-barrier, drop-in support for individuals who use substances, particularly those who are at high risk for opioid overdose. The goals of these centers include but are not limited to (1) Broadly improving the overall health and well-being of individuals who use drugs, through measures including but not limited to reduction of unintentional overdoses and disease transmission; (2) increasing engagement between providers of treatment services, health care and social services and the individuals who access the drop-in center; (3) reducing the



number of fatal overdoses in the immediate and surrounding areas of the center. Harm Reduction Centers also reduce disease transmission through education, supplies, and wound care; distribute Naloxone and harm reduction supplies; provide connections to housing, employment, and other needed resources such as obtaining identification; and provided medical and behavioral health treatment options in-house or via referral. Community Engagement is a key component of the Harm Reduction Centers, both doing street level outreach to people who use drugs to welcome them to the Centers and building relationships with local businesses and community partners to increase referrals and build community relationships. Centers regularly hold in person groups and social events to increase a sense of community amongst the participants. Existing centers are required to have a Medication for Opioid Use Disorder (MOUD) referral relationship, either through a partnership or on-site service; the same will be expected of the new Bridgeport Center.

Between 10/1/23-10/1/24, the Harm Reduction Centers collectively had 4,284 total visits of 1,395 unique individuals. Of these individuals, there were the following connections to care:

- Withdrawal Management (AKA Detox): 59
- Medication for Opioid Use Disorder: 83
- HIV/Hep CT Testing: 128
- Wound Care: 259
- Mental Health Treatment: 63

The Department of Mental Health and Addiction (DMHAS) currently supports three Harm Reduction Centers with federal block grant funding in New Haven, New London, and Waterbury, which are CT's communities with the 2<sup>nd</sup>-4<sup>th</sup> highest known fatal overdose rates. Funding for these programs ends on 9/29/25. This proposal requests to continue the operation of the three existing centers beyond the current end date to include an additional three (3) years of operation at each site. This request also includes three-year funding for a new site in Bridgeport, the municipality with the next highest known fatal overdose rates. The annual cost of operation per site is \$500,000.00.

There is also a Harm Reduction Center located in Hartford, the city with the highest fatal opioid overdose rates, funded by SAMSHA's State Opioid Response Grant at \$175,000 per year without opportunity for an increase in the budget. Given Hartford's overdose rate and the growing disparity of Black men dying from overdoses at higher rates than any other demographic, we are proposing a funding match for this program at \$325,000 for program expansion.

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Cost
\$500,000 per Harm Reduction Center x 4 Centers	\$2,000,000	\$2,000,000	\$2,000,000	\$6,000,000
\$325,000 for Hartford Harm Reduction Center	\$325,000	\$325,000	\$325,000	\$975,000
Total	\$2,325,000	\$2,325,000	\$2,325,000	\$6,975,000

**CORE Priority:** Priority 2 Strategy 2: Create Harm Reduction Centers that provide ancillary supports services for people using drugs

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

Recommended Lead & Partnering Agencies:

DMHAS

Partnering Agencies

Vetted by Referral Subcommittee: ☒

Vetted by Research and Data Subcommittee? ☒

- EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☐ yes ☒ no
- Pilot ☐ or Established Program ☒
- Local ☐ or Statewide Rollout ☒

Vetted by Finance and Compliance Subcommittee? ☒

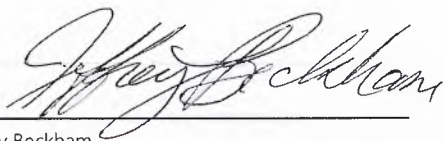
- Allowable Strategy ☒ Compliant yes ☒ no ☐

- Proposed Funding Amount: \$2,325,000 per year; \$6,975,000 total for 3 years.
- Approved Funding Amount: \$2,325,000 per year; \$6,975,000 total for 3 years
- Budget submitted ☒
- Proposed project dates: 9/30/25-9/29/28
- Approved project dates: 9/30/25-9/29/28
- RFP ☒ (New Bridgeport Location) Sole Source ☒ (Existing Locations)

Results of Committee Vote: 36 Proceed with Recommendation 1 Do Not Proceed with Recommendation

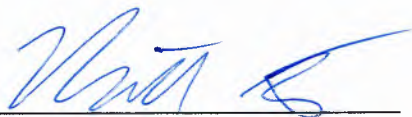
## Signatures

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Jeffrey Beckham  
Secretary, Office of Policy and Management

X



Matthew Fitzsimmons  
Designee, Attorney General, State of Connecticut



# Opioid Settlement Advisory Committee Funding Recommendation 25-3

## Summary of Current Proposal

This recommendation would fund the expansion of the SafeSpot Overdose Hotline to Connecticut. SafeSpot is a 24 hour-7-day a week service with operators that supports callers in the prevention of opioid-related fatalities and improves health outcomes by generating a safety plan with people who use drugs alone and offering real-time phone-monitored supervision of drug use. An emergency response is activated if the individual becomes unresponsive.

## Timeline

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

## Compliance Analysis

### Allowable Use:

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

(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;

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

## Background

### OSAC Funding Recommendation Form:

Source of Recommendation: Public Recommendation
ADPC Subcommittee: Recovery and Health Management
Date of Initial Recommendation Presentation (should coincide with OSAC meeting date) 1/14/2025
Detail Recommendation Summary: (project title, summary of request, priority, category, funding amount requested, project dates)  Project Title: <b>SafeSpot Overdose Hotline Expansion to Connecticut</b>  Summary of Request: The SafeSpot Overdose Hotline is a 24 hour-7-day a week service that provides immediate, accessible, real-time support to individuals at risk of an overdose. SafeSpot has a proven track record of providing this service for the Massachusetts Department of Public Health. Since January 2023, the team has supervised over 11,500 use events across more than 4,500 calls for service, with 21 overdoses detected and successfully reversed. The average caller

wait time to connect with an operator in the month of November 2024 was 16 seconds. SafeSpot prevents opioid-related fatalities and improves health outcomes by generating a safety plan with people who use drugs alone and offering real-time phone-monitored supervision of drug use. As part of safety planning, SafeSpot caller-operator interactions typically include guidance on overdose prevention, drug-checking, and developing safer use networks. Interested callers are connected to harm reduction services and supplies, treatment (including medication for opioid use disorder), crisis response, and other supports as needed. SafeSpot supports and facilitates person-centered, evidence-based, harm reduction practice. The hotline team, who all work virtually, is directed and staffed by people with lived experience with substance use and overdose. They are housed at the Boston Medical hospital, a large academic medical hospital that focuses on harm reduction and overdose prevention. SafeSpot collaborates with its public health funders and community partners to ensure the hotline is responsive to the needs of people who use drugs and their care providers. The hotline has a track record of assisting people who might not feel comfortable or who are unable to physically access harm reduction services in physical settings. This high-risk category is primarily made up of women, people of color, sex workers, and LGBTQIA+ people.

This recommendation would fund the expansion of the SafeSpot Overdose Hotline to Connecticut. SafeSpot already supports people who use drugs in Connecticut, which is taxing on the call volume without funding for additional operators. More than 648 calls have been taken from callers in Connecticut since May 2024, with over 3,226 use events recorded, reflecting approximately 14.2% of the total call volume. This is made up of several callers in geographically diverse areas of the state. SafeSpot would commit to hiring people who use drugs in Connecticut; having local operators involved encourages a feeling of community ownership and trust in our services and ensures operators are aware of Connecticut resources.

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

**CORE Priority:** Priority 2, Strategy 3, Tactic 1: Fund a safe drug use hotline to reduce solitary opioid use.

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

Recommended Lead & Partnering Agencies:

DMHAS

Boston Medical Center/SafeSpot Hotline

Vetted by Referral Subcommittee: ☒

Vetted by Research and Data Subcommittee? ☒ Approved 3 years of funding contingent on Year 1 data review

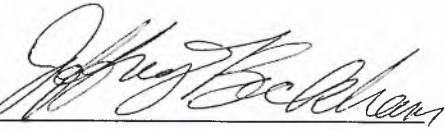
- EBP ☐ or Promising Practice ☒ Program evaluation recommended? ☐ yes ☒ no
- Pilot ☐ or Established Program ☒
- Local ☐ or Statewide Rollout ☒

Vetted by Finance and Compliance Subcommittee? ☒

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

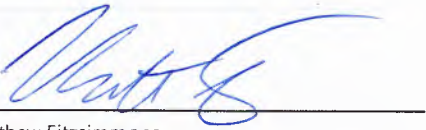
Results of Committee Vote: 33 Proceed with Recommendation 4 Do Not Proceed with Recommendation

## Signatures

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Jeffrey Beckham

Secretary, Office of Policy and Management

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Matthew Fitzsimmons

Designee, Attorney General, State of Connecticut