OPIOID SETTLEMENT ADVISORY COMMITTEE (OSAC)
Tuesday, September 16th, 2025
Teams Virtual Meeting
10:00 a.m. – 12:00 p.m.

ATTENDANCE

Members/Designees:

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

Visitors/Presenters: Antonio Gueudinot, Emma Biegacki, Luiza Barnat, Bobby Lawlor, Ciara Beattie, Dan Rezende, Angela Di Paola, Dr. James Lehman, Natatile Dumont, Danielle Ebrahimi, David Fiellin, Cyndi Frank, Anna Gasinksi, Gina Frazier, Robert Heimer, Michael Hines, Chrishaun Jackson, Jaime Ellis, Janine Vose, Julia Fishman, Kimberly Karanda, Christy Knowles, Maria Coutant-Skinner, Mary Murhpy, Christopher McClure, Sarah Messier-Smith, Justin Mehl, Melissa Augeri, Nathalie Garcia, Paul Steinmetz, Keith Radziwon, Kris Robles, Stephanie Welch, Karolina Wytrykowska, Sarju Shah, Gretchen Shugarts, Lynn Sosa, Sandra Springer, Adati Tarfa, Owen Rood, Michaela McLeod-Fraser

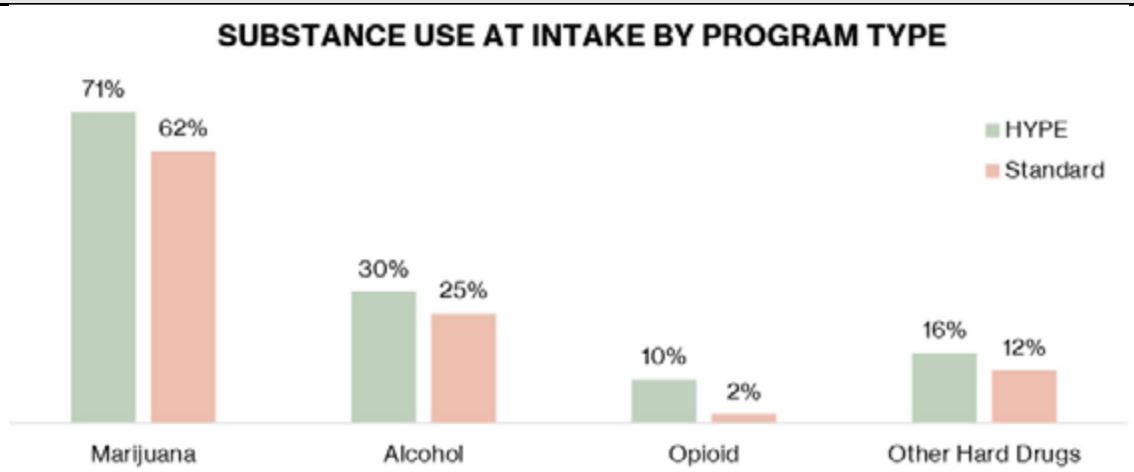
Recorder: Sarah Messier-Smith

The September 16th, 2025 meeting of the Opioid Settlement Advisory Committee (OSAC) was called to order at 10:02 a.m. by Commissioner Nancy Navarretta, DMHAS.

Topic	Discussion	Action
Welcome and Introductions	Commissioner Navarretta welcomed all in attendance. Mayor Paul Pernerewski was welcomed as the new co-chair.	Noted
Review and Approval of Minutes	Minutes approved from the July 8th, 2025 meeting – moved by Russel Melmed, seconded by Attorney Timothy Birch. There were no abstentions or objections.	Noted
National Recovery Month Spotlight Presentation	Justin Mehl and Christy Knowles of DMHAS Opioid Services provided a National Recovery Month presentation. The presentation provided National and CT Overdose data, CT Naloxone Distribution Data, spotlighted new Recovery videos as part of the LiveLOUD campaign, and highlighted upcoming Recovery Month events. The presentation concluded with Gina and Gregg sharing their joint recovery journey. Presentation: National Recovery Month Spotlight	Informational Justin Mehl & Christy Knowles, DMHAS

Topic	Discussion	Action
	Discussion: Multiple committee members expressed gratitude to Gina for sharing her story. Representative Toni Walked asked where LiveLOUD campaign information is being shared. Christy Knowles shared information is available at LiveLOUD.org, billboards and place-based media are in the community, and information is being shared online via social media, radio commercials. Rep Walker also highlighted the decrease in fatal overdoses as something to applaud. Kevin Elak asked about hospital-based Recovery Coaching that was highlighted during Gina's presentation; Gina shared about her engagement with the Recovery Coach throughout her recovery journey, which connected her to her path on volunteering and employment in the recovery community. Christine asked about availability of residential treatment in CT when Gina was seeking services; Gina shared about going out of state because she found a program in FL that would take her on scholarship. Commissioner Navaretta shared scholarship resources for beds for uninsured individuals are currently available in CT as part of the 1115 waiver.	
Administrative Updates	Sarah Messier-Smith, Opioid Settlement Program Manager, gave a presentation regarding updates for the Opioid Settlement Advisory Committee including the budget update, the upcoming CT Opioid Settlement Dashboard, Opioid Settlement Public Input on Funding of Initiatives to Combat the Opioid Crisis Summary, Municipal Reporting and Briefings, Meeting Schedule, and upcoming data collection for Gender and Racial Composition Reporting. Presentation: Administrative Update Discussion: DMHAS staff members will be rolling out a new dashboard. A preview of the dashboard was provided. OSAC meetings will move to a quarterly meeting schedule starting in 2026, meeting the 2nd Tuesday of January, April, July, and October from 10am-12pm. Senator Osten expressed concern regarding continued approval of project funding allocations without a comprehensive 5-year budgetary plan to ensure availability of adequate funding. Luiza Barnat stated this is being monitored by the DMHAS Administrative team and agreed to develop and share a 5-year budgetary plan as requested. Maritza shared a recommendation of a town level overlap map of where OSAC funding is reaching in comparison to fatal and nonfatal overdoses across CT to help track the impact of recommendations and improve transparency of who is funded. She reported this has been helpful at the local level. Representative Walker shared the finance subcommittee discussed having contracts for 3 years, not 5 years, and this needs further discussion. She also inquired about reporting back of data points beyond what was included in the status update shared with OSAC, and the importance of tracking measures for continued funding.	Informational Sarah Messier-Smith, DMHAS
Prevention Presentation	Sarju Shah, Director of Prevention and Health Promotion presented CT's Substance Use Prevention Overview, providing information on CT's Prevention infrastructure, outlining the differences between primary and secondary prevention, and explaining how data is gathered and evaluated. **Presentation**: CT's Substance Use Prevention Overview **Discussion**: John Lally asked if there was updated information since the noted decrease in substance use since 2018; Sarju shared DMHAS utilizes DPH data and anticipates an update to this data soon, though overall there have been decreases in substance use, particularly amongst youth. Maritza Bond requested a map of Narcan distribution compared to death rates to explore gaps; requested information on who can engage in needs assessment; and the intersectionality between DPH and DMHAS data. Sarju shared that many individuals are providing Naloxone across the state, including focused sectors via the RBHAOs; data is available and utilized but not via a dashboard. Commissioner Navaretta shared no naloxone requests are refused. Sarju shared the needs assessment are completed the RBHOAs who outreach a variety of stakeholders for participation, and DMHAS and DPH work hand-in-hand on data collection and implementation. Dr. Lehman asked about prevention education regarding non-pharmacological pain prescription; Sarju shared modules are being developed primarily for pharmacists with plans for expansion in the next year.	Informational, Sarju Shah, DMHAS

Topic	Discussion	Action
Funding Recommendations for Committee Vote:	Nancy Navarretta, Commission, DMHAS presented the following recommendations for Committee review and vote: **Detail Recommendation Summary**: (project title, summary of request, priority, category, funding amount requested, project dates) Project Title: Helping Youth and Parents Enter (HYPE) Recovery: Expanding Access to Opioid Use Disorder (OUD) Treatment and Recovery for Youth and Young Adults across Connecticut Summary of Request: This project aims to expand access statewide to evidence-based opioid use treatment and recovery support among the state's most vulnerable adolescents and transitional age youth up to age 21. This request is to expand access to opioid treatment for youth in Connecticut. Under this proposal DCF, the state's authority for children's mental health, will lead statewide expansion of Multidimensional Family Therapy (MDFT) for opioid use disorders, known locally as HYPE Recovery, from six teams currently to a total of 14 teams resulting in statewide access to this critical program. MDFT is an evidence-based youth treatment for substance use and co-occurring mental health disorders. The HYPE Recovery model also includes training MDFT Therapist Assistants to deliver post-treatment recovery supports using the evidence-based Recovery Monitoring and Support (RMS) model. DCF proposed to use OSAC funding to accomplish these goals by doing the following: • train and certify 43 clinical staff in the 8 existing standard MDFT teams in the HYPE Recovery opioid treatment protocols, • provide these staff enhanced MDFT case consultation and supervision consistent with the higher level of clinical acuity these youth present in treatment and to ensure fidelity to the HYPE Recovery protocols, • train and certify the existing 14 Therapist Assistant staff in the standard MDFT teams to deliver RMS, • provide RMS coaching and case consultation to TA staff in the standard MDFT teams to ensure fidelity to the RMS model, • modify existing data systems to collect, monitor and report on expansion efforts, implementation progress, model fidelity and client outcomes and • compensate 43 clinical staff and 14 Therapist Assistant staff through salary increase warranted by the increased expectation in clinical skills. DCF contracts with CT agencies to provide MDFT services. Currently, there are 18 MDFT Teams; six of those teams are MDFT for OUD HYPE Teams (Standard MDFT training/capability plus HYPE Recovery training/capability) and 12 are Standard MDFT Teams. This proposal is to train the staff of the 8 existing Standard MDFT Teams to be MDFT-for OUD HYPE teams so that 14 MDFT Teams in CT will be MDFT-for OUD HYPE Teams. While MDFT-HYPE was designed specifically to treat opioid use, it is generalizable to other substance use as well, allowing for the treatment of individuals using opioid or at risk of opioid use or overdose. Between FY21 and FY24, HYPE served 310 families, with an average length of stay of 173 days. In FY24, MDFT HYPE programs served 185 families, of which 127 cases were closed during the year. Youth and families served by the MDFT HYPE programs had serious and complicated problems. Diagnoses and problems at intake were as follows: 75% had a mental health disorder; 71% have used drugs; and 60% were engaged in illegal activity. At intake, 71% used marijuana, 30% alcohol, 10% opioids and 16% reported hard drugs other than opioids. When compared with the participants in the Standard MDFT programs, we can see that HYPE participants on average show more substance use at intake than standard programs.	

Topic	Discussion	Action
	 Individuals with opioid use will continue to get priority access to HYPE Recovery programming, and engagement, particularly for individuals using opioids and at high risk of use, is included in this recommendation. This recommendation will result in the ability to serve 312 youth and their families throughout Connecticut, as outlined below: **DCF Region** / **Existing HYPE Recovery Team Service Areas** / **Existing Standard MDFT Teams for Proposed HYPE Recovery Expansion** Region 1 / 1 Team: Bridgeport, Norwalk / 1 Team: Bridgeport, Norwalk Region 2 / 1 Team: Milford, New Haven / 1 Teams: Greater New Haven Region 3 / 1 Team: New London, Norwich / 1 Teams: New London, Norwich, Willimantic Region 4 / 1 Team: Hartford, Manchester / 2 Teams: Hartford, Manchester Region 5 / 1 Team: Waterbury, Danbury, Torrington / 1 Teams: Waterbury Region 6 / 1 Team: Meriden, New Britain / 2 Teams: New Britain, Meriden	

Topic	Discussion	Action

Cost Per Youth Episode and Benefit-Cost Ratio (ROI)

CT Youth Substance Use Evidence-Based Practices by Setting

EBP	Ages	Est. County Coverage	Focus	Length of Stay	Setting	Est. Cost per Episode	Est. Benefit-Cost Ratio (ROI)
SBIRT*◆	12+	63%	Substance Use	1+ Session	Flexible	$150–$400	7:1 (Moderate)
A-CRA	12–24	100%	Substance Use	4 Months	Outpatient	$1,700–$2,200	TBD (Est. Moderate)
DBT-A	12–18	Limited	Co-occurring Primary Mental Health	3-12 months	Range: Outpatient-Residential	$4,800–$7,800	TBD (Est. Low)
MET/CBT*◆	12+	63%	Co-occurring	Brief:2+ Sessions Extended: 3-4 months	Range: Outpatient-Residential	$1,100–$1,200	4–7:1 (Moderate)
Seven Challenges◆	12–25	Limited	Co-occurring	6-8 months	Range: Outpatient-Residential	$2,000–$3,000	TBD (Est. Moderate)
FFT	11-18	88%	Co-occurring Primary Mental Health	4-6 months	Intermediate/In-home	$3,000–$5,000	19:1 (High)
HYPE*	12–21	63%	Co-occurring	12 months	Intermediate/In-home	$4,000–$8,000	8–12:1 (Moderate)
MDFT	9–17	100%	Co-occurring	5 months	Intermediate/In-home	$3,000–$6,000	7–12:1 (Moderate)
MST*	12–17	100%	Co-occurring	3-5 months	Intermediate/In-home	$4,000–$7,000	3–7:1 (Moderate)

*Able to be tailored for youth who use opioids
◆Able to develop a CT-based statewide trainer network

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Statement of Need:

Substance Use Disorder (SUD) among Connecticut's youth is a critical and growing concern, with Medicaid (HUSKY Health) data from 2023 underscoring the urgent need for targeted family-centered intervention. In 2023, **2,643 HUSKY Health members ages 3–17** were diagnosed with a SUD, excluding tobacco and nicotine. The prevalence among adolescents aged 13–17 is particularly alarming at **2.3%**, compared to 0.4% for ages 3–12. Geographically, SUD diagnoses are distributed across the state, with notable pockets of higher rates. The burden of these disorders is reflected in the **average annual cost of $19,939 per member**, driven by combined dental, pharmacy, medical, and behavioral health claims. This figure is **nearly double** the cost for members without an SUD diagnosis. Specific substances present unique risks for youth. Cannabis-related disorders (1.5%), alcohol-related disorders (0.3%), opioid-related disorders (0.1%), and stimulant use disorders (0.4%) are all present among HUSKY youth members. Co-occurring conditions, such as mental and substance use disorders (0.6%) and sedative-related disorders (0.1%), further complicate treatment and recovery. Given that SUD impacts not only the individual but also family stability, academic performance, and long-term health outcomes, the Helping Youth and Parents Recover (HYPE) model is well-positioned to address this crisis. By combining evidence-based adolescent treatment with active family engagement, HYPE addresses root causes, promotes sustained recovery, and reduces the likelihood of relapse. Implementing HYPE more broadly in Connecticut can reduce both the human and financial costs of youth SUD, while strengthening families and communities statewide.

Topic	Discussion	Action

Connecticut HYPE Benefits

Resource Map: Description, Impact & Value

	Description	Impact & Value
Cost Per Youth Episode	$4,000–$8,000	Affordable vs. inpatient or juvenile justice costs
Return on Investment	8:1 to 12:1	$28,000–$88,000 in savings per youth
Treatment Focus	Youth (12–21) with Co-Occurring Disorders	Early intervention for high-risk population
Service Enhancements	Family overdose planning, naloxone training, MOUD access	Reduces overdose risk, increases recovery outcomes
Setting	Intermediate / In-Home services	Reduces out-of-home placement and hospitalization costs
Systemic Funding	Supported by Connecticut DCF	Enables statewide replication and long-term implementation
Cross-System Benefits	Savings to Juvenile Justice, Education, Child Welfare, Health Care	Multi-sector cost efficiency
Workforce Capacity	Trained clinicians in COD/SUD, family systems, trauma-informed approaches	Increases access to effective and evidence-based services

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Rationale for HYPE Recovery as the Model to Expand Statewide:

1. *The hub intervention of HYPE Recovery, MDFT, for OUD is an evidence-based practice that has demonstrated effectiveness in treating youth substance use and co-occurring conditions*.
    - The results from standard MDFT delivered across the state of Connecticut stand out as exceptional: During the 2021-2022 fiscal year there was a 66% reduction in drug use other than alcohol and cannabis among youth who were using these drugs at intake. At discharge, 94% of youth were abstinent from these drugs.
2. *HYPE Recovery specifically was developed to address youth and young adult opioid use*.
    - HYPE Recovery adds to standard MDFT opioid-specific interventions to reduce overdose risk, like Family Overdose Prevention Planning, Naloxone and opioid family education modules, and opiate withdrawal assessments.
    - HYPE Recovery promotes youth access to MOUD directly or through formal agreements with community MOUD provider(s).
3. *HYPE Recovery directly provides up to six months of evidence-based Recovery Monitoring and Support (RMS).*
    - RMS helps youth and their families build on progress made during treatment, monitor substance use and triggers, facilitate connections to pro-social/pro-recovery groups to help build recovery capital, and when needed rapidly re-engage youth into treatment or other services.
4. RMS is derived from multiple evidence-based practices shown to increase recovery and abstinence among youth. These continuing care approaches have been shown to significantly increase:
    - returns to treatment more often and more quickly when needed, and total days of treatment received (Dennis & Scott, 2012),
    - linkages and retention in continuing care after discharge from residential treatment (Godley et al., 2007, Godley et al., 2014), and
    - participation in substance-free activities with pro-recovery peers, and significantly decrease substance use (Godley et al., 2018).

Topic	Discussion	Action

5. *CT's existing HYPE Recovery teams demonstrate success serving a high severity population*. All youth with OUD at intake meaningfully reduced their opioid use by discharge and had other positive outcomes including reduced substance use, improved mental health, reduced aggression and violence, reduced involvement in delinquent activities, improved school or vocational functioning, and improved family functioning. Additionally:
    - 83% of youth showed a reduction in opioid and other drug use (e.g., benzodiazepines, cocaine, and methamphetamine).
    - 63% of youth with OUD were abstinent from opioids and all other drugs (other than alcohol and marijuana) at discharge.
6. *Connecticut has a ready infrastructure to rapidly expand access to HYPE Recovery.*
    - Staff in the 8 standard MDFT teams already are trained and certified in the MDFT approach.

As outlined below, this initiative will strengthen and expand the existing service array, ensuring that any youth with opioid use disorder (OUD) or identified as high risk for OUD can access specialized, evidence-based care statewide. The funding requested from OSAC represents only a small portion of the program's current and ongoing annual investment.

At present, statewide provider contracts total $10,011,232, with an additional $618,180 dedicated to model fidelity and quality assurance activities. The requested funding will build upon this strong foundation, allowing us to significantly enhance service capacity and reach for the highest-risk youth in Connecticut. By expanding access, integrating best practices, and ensuring consistent quality across providers, this initiative will directly improve outcomes for young people and their families, while contributing to a more coordinated and responsive statewide system of care.

2-Year Project Budget Summary

Category	Year 1	Year 2	TOTAL OSAC Project Costs
Category	**Year 1**	**Year 2**	**TOTAL OSAC Project Costs**
1) **MDFT International Personnel and Fringe, Trainer Travel, and Indirect Costs** for MDFTI, Inc. (model developers) and personnel to train and certify treatment team staff in the HYPE Recovery opioid use interventions and educational modules	276,510.09	221,467.55	497,977.64
2) **Chestnut Health Systems** **Personnel and Fringe, Trainer Travel, and Indirect Costs** for training and certifying therapist assistants to deliver Recovery Monitoring and Support (RMS) continuing care recovery services by Chestnut Health Systems and subcontract for RMS expert Quality Assurance raters	58,362.20	54,012.34	112,374.54
3) **Wrap Funds-**prosocial/incentive recovery activities: $150/youth x 312 youth/year = $46,800/year	46,800.00	46,800.00	93,600.00
4) **Salary Differential ($10,000per site x 8 sites)**- increase Supervisor, Therapist & Therapist assist/Recovery support specialist.	80,000.00	80,000.00	160,000.00
5) **Quality assurance, and program monitoring data system & subscription:** $4,700/year (eLearning system $2,000 & RMS session tracker $2,700)	4,700	4,700	9,400
Total Direct Cost	466,372.29	406,979.89	873,352.18

Topic	Discussion	Action
	CORE Priority: Priority 1 (Strategies 3 and 6): Increase Access to MOUD; Priority 2 (Strategy 4): Reduce Overdose Risk and Mortality with Linkage to Treatment; Priority 3 (Strategy 1): Improve collection, analysis, sharing, and use of data; Priority 4 (Strategies 1 and 2): Invest in Training and Support of the Addiction Workforce; and Priority 5 (Strategy 4): Expand access to MOUD treatment for youth and young adults. **Category:** ☒treatment ☐harm reduction ☐ prevention ☐ recovery supports Recommended Lead & Partnering Agencies: Lead Agency: Department of Children and Families Training Partners: • Multidimensional Family Therapy International, Inc. (MDFTI, Inc.) – developer of MDFT, and MDFT for Opioid Use Disorders (HYPE Recovery) • Chestnut Health Systems – developer of Recovery Monitoring and Support (RMS) Vetted by Referral Subcommittee: ☒ Vetted by Research and Data Subcommittee? ☒ • EBP ☒ or Promising Practice ☐ Program evaluation recommended? ☒ yes ☐ no • Pilot ☐ or Established Program ☒ • Local ð or Statewide Rollout ☒ Vetted by Finance and Compliance Subcommittee? ☒ **Approved with the condition that continued annual funding is contingent upon ongoing funding of underlying MDFT program** • Allowable Strategy ☒ Compliant yes ☒ no ☐ • Proposed Funding Amount: **Year 1: $**466,372.29**; Year 2: $**406,979.89**; totaling: $**873,352.18 • Approved Funding Amount: • Budget submitted ☒ • Proposed project dates: 10/1/25-6/30/27 • Approved project dates: • RFP ☐ Sole Source ☒ Results of Committee Vote: _26_ Proceed with Recommendation _7_ Do Not Proceed with Recommendation _10_ Absent/Did Not Vote _0_ Abstention Recommendation Discussion: Representative Walker shared that the finance committee approved the recommendation with concerns and would like more information to assure this funding is not supplantation and understanding DCF's existing investment. Commissioner Navaretta shared this is not supplantation because there is no movement of statewide costs, and this is an expansion project. Kris Robles shared that the state currently invests about $3.6Million in the HYPE teams, about $6Million in regular MDFT, and $577,000 for QA to model developers. Kris clarified that data provided is from the QA providers and contracted providers. Russel Melmed asked about systems in place for continued support after the program is completed; Kris shared the HYPE model includes Recovery Monitoring Support via the contracted providers for continued support through the transitional period. Commissioner Navaretta clarified that the funding is primarily for training supports. Maritza Bond requested a sustainability plan be a part of the plan for continuation of the services, equity targets regarding enrollment particularly for high burden towns, and looking at public outcomes dashboard to see youth MOUD uptake and re-engagement rates. The recommendation was passed by the Members of the Committee.	

Topic	Discussion	Action
Subcommittee Updates	**Referral: Luiza Barnat for First Selectman Rudi Marconi** The subcommittee met once since the last meeting. Newly received recommendations were reviewed and prioritized during the meeting. **Research and Data: Dr. Srinivas Muvvala** The subcommittee didn't meet this cycle due to no recommendations for review. **Finance and Compliance: Representative Toni Walker** The subcommittee met once and discussed and voted on the HYPE recommendation. Data and outcome collection reports were requested to be shared with the subcommittee for review.	Informational
Public Comment	There were no items brought forth during the public comment period.	Public Comment
Next Steps	The next OSAC meeting is scheduled for Tuesday, January 13th, 2026 from 10:00 – 12:00 p.m.	Informational

NEXT MEETING – Tuesday, January 13th, 2026- Video Conference Call through Teams
ADJOURNMENT – Tuesday, September 16th, 2025 meeting of the Opioid Settlement Advisory Committee adjourned at 11:46 a.m.