Meeting of the OSAC Referral Subcommittee
Friday, February 14th, 2025
2:30-3:30PM
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rudy Marconi, Jeanne Milstein, Tracey Hanson, Jennifer Kolakowski

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith

Members Absent: John Lally

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Minutes	December 5, 2024 were reviewed and approved.	Noted
Recommendations	The group reviewed and approved the following recommendations, which will move on to the Research and Data Subcommittee for further review. 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 OUD Treatment and Recovery for Youth and Young Adults across Connecticut** Short Title: HYPE Recovery Statewide Expansion Funding Amount: $1,277,937 (Year 1: $677,051, Year 2: $600,886) Project Dates: We propose a two-year project period: 7/1/2025 – 6/30/2027 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. We respectfully submit this request to the Opioid Settlement Advisory Committee (OSAC) for consideration to expand access to opioid treatment for youth in Connecticut. Under this proposal DCF, the state's authority for children's mental health and substance use services, 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 18 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. DCF proposes to convert 12 existing MDFT "standard" teams, with a total annual capacity to serve 576 youth and their families throughout Connecticut, into HYPE Recovery Teams. 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 will use OSAC funding to accomplish these goals by doing the following: •train and certify 60 clinical staff in the 12 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 24 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, and	

Topic	Discussion	Action
	•modify existing data systems to collect, monitor and report on expansion efforts, implementation progress, model fidelity and client outcomes. More detailed information about this proposal can be found in the attached document entitled, HYPE Recovery Expansion Resource Documents. Statement of Need: Substance use disorder is a pediatric condition. Nationwide an estimated 1 in 5 adolescents report opioid use in the past 12 months. Two out of 3 adults treated for an opioid use disorder report that they first started using opioids when they were younger than 25 (Uchitel et al., 2021). Opioid misuse among youth commonly occurs in combination with alcohol (66.9%), cannabis (49.9%) cocaine (35.5%), hallucinogen (49.4%) and other drug use. Friends and relatives are the most common sources of opioids for adolescents (33.5%) and young adults (41.4%) underscoring the importance of family-based interventions. And while overdose deaths for youth are lower than adults, since 2019 they have been climbing particularly among boys. Like adults, the picture of youth opioid use in Connecticut is evolving. While opioid overdose deaths among youth remain low, some forms of opioid use are on the rise placing more youth, who are more likely than their adult counterparts to be opioid naïve, at risk of overdose in the future. Between 2017-2023 self-reported misuse of prescription pain medicine among Connecticut high schoolers increased from one in 10 youth to one in eight . During that same period, self-reported lifetime use of heroin among high schoolers declined from 2.2% to 1.1%. Thus, the source of opioids is more likely than ever to be the family's medicine cabinet further underscoring the need for family treatment approaches. Rationale for HYPE Recovery as the Model to Expand Statewide: 1.The hub intervention of HYPE Recovery, MDFT, 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). 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 12 standard MDFT teams already are trained and certified in the MDFT approach.	

Topic	Discussion	Action

2-Year Project Budget Summary

Category	Year 1	Year 2	TOTAL OSAC Project Costs
1) Training and Quality Assurance Personnel	$162,526.55	$113,117.45	$275,644.00
2) Fringe	$39,436.61	$27,756.73	$67,193.34
3) Travel for Trainings	$11,820.00	$7,320.00	$19,140.00
4) Contractual	$21,700.00	$19,450.00	$41,150.00
5) Other: Wrap Funds for prosocial recovery activities: $200/youth x 576 youth/year = 115,200/year Awareness Campaign: $300,000/year Quality assurance and program monitoring data system subscription: $3800/year	$419,000.00	$419,000.00	$838,000.00
TOTAL Direct Costs	$654,483.16	$586,644.18	$1,241,127.34
Indirect Costs	$22,567.29	$14,242.07	$36,809.36
TOTAL Costs	$677,050.45	$600,886.25	$1,277,936.70

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

Project Title: CT Prevention Network (CPN) Statewide Workforce Development and Life Skills Training Project

Key components:

- Evidence-based Youth Prevention
- Community based learning opportunities for caregivers and other adults
- Prevention Workforce Development
- Enhanced capacity and relationships among community providers/ partners

Topic	Discussion	Action

•Replicable model

•Project milestones and annual evaluations

CPN is comprised of the five Regional Behavioral Health Action Organizations (RBHAOs) which together serve all 169 municipalities in Connecticut. Our proposal is to partner with PreventionCorps CT (part of Americorps) and recruit a total of 10 Full-time Servicemembers (2 per DMHAS Region). These Servicemembers would become trainers in evidence-based prevention and participate in community outreach and engagement. The RBHAOs have a history of success in recruiting full-time staff through the PreventionCorps initiative. There are several former PreventionCorps service members who have continued in the field of Prevention and have been employed by the RBHAOs, CT Clearinghouse and DMHAS. Please note this proposal reflects a specially negotiated rate for CT Prevention Network.

PreventionCorps trainers would be part of the Regional Behavioral Health Action Organizations (RBHAOs) and will receive professional development that enhances the prevention workforce in CT. PreventionCorps Servicemembers will become trainers in a variety of primary and secondary prevention skills to provide training and resources across the lifespan including Suicide Prevention and Postvention Training of Trainers, Naloxone Education, Mental Health First Aid, Youth Mental Health First Aid, the Search Institute's Everyone is an Asset Builder, CT Substance Exposed Children, and Adolescent Screening, Brief Intervention and Referral to Treatment (A- SBIRT), and more.

Additionally, the PreventionCorps Servicemembers will offer statewide Botvin Life Skills Training (LST) to elementary and/or middle school-aged youth. The program consists of eight (8) class sessions of approximately 45 minutes each. Ideally these sessions run consistently across three years and will engage a minimum of 60 young people per region per year. Botvin Life Skills Training is a research-validated substance use prevention program proven to reduce the risks of alcohol, tobacco, drug misuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. CPN will offer learning opportunities for caregivers, parents, and other involved adults while youth are engaged in the LST including Healthy Outcomes from Positive Experiences (H.O.P.E.) training- Tufts Medical, Everyone's An Asset Builder- Search Institute, Talk They Hear You -SAMHSA, and Narcan Education.

This initiative will continue to positively impact the relationships between statewide, regional and local prevention providers, youth serving organizations, parent groups and other important community groups that influence healthy youth development. Additionally, the initiative is intended to be easily and efficiently replicated in all communities across the State of Connecticut and is designed to create community level change by introducing evidence-based opportunities for families to learn skills together, make connections with town services, and receive new resources.

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Cost
10 Prevention Corps Staff=$50,000/Region x 5 Regions	$250,000	$250,000	$250,000	$750,000
Botvin Life Skills Training (LST) 15 LST Training of the Trainers (10 Prevention Corps Staff + 1 RBHAO Coordinator per Region) = $1070pp x 15=$16,050 LST Trainer Materials= $200pp x 15=$3,000 Participant Materials: 300 youth participants x $10 /youth=$3,000	$67,050	$67,050	$67,050	$201,150

Topic	Discussion	Action

Refreshments: 300 youth x $50pp=$15,000 Incentives for families of youth who complete all LST sessions = $100 x 300 possible completions=$30,000				
Administration: $10,000 per region (including supervision, marketing, supplies, mileage, professional development)	$50,000	$50,000	$50,000	$150,000
Annual Program Evaluation (Evaluator Salary, printed reports)	$30,950	$30,950	$30,950	$92,850
Indirect (15%)	$59,700	$59,700	$59,700	$179,100
Total	$457,700	$457,700	$457,700	$1,373,100

CORE Priority: Funding Priority 4: Invest in Training and Support to Increase the Size of the Addiction Workforce; Funding Priority 5: Fund primary prevention of opioid use among youth.

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

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.

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.

Topic	Discussion	Action
	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**
		Personnel		
Epi/Data Scientist	$106, 250.00	$108,906.25	$111,628.91	**$326,785.16**
Supplies	$600.00	$600.00	$600.00	**$1,800.00**
Equipment (Laptop, Monitor, Printer)	$5000.00			**$5,000.00**
Indirect	$25,285.00	$25,050.63	$25,322.89	$75,658.52
		Contractual		
Amston Health:				
Platform Development	$437,170.00	---	---	**$437,170.00**
Hosting/Maintenance	$16,000.00	$16,000.00	$16,000.00	**$48,000.00**

Topic	Discussion	Action

Drug Checking Sites:				
Drug Checking Services, Maintenance, Supplies, Software updates (5 sites x $25,000 per site)	$125,000.00	$125,000.00	$125,000.00	**$375,000.00**
Total	$715,305.00	$275,556.88	$278,551.80	$1,269,413.68

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

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

Title: Connecticut Community for Addiction Recovery (CCAR) Emergency Department Recovery Coach (EDRC) Continuation

The purpose of this recommendation is to provide continued funding for Recovery Coaching in the Emergency Departments at 9 acute care hospitals (Bradley Memorial, Bridgeport Hospital, Greenwich Hospital, John Dempsey Hospital, Milford Hospital, Sharon Hospital, Waterbury Hospital and the two Yale New Haven Campuses). Funding for this initiative will expire on 6/30/25.

In March 2017, DMHAS partnered with CCAR to pilot an initiative that pairs on-call recovery coaches with Emergency Departments in four hospitals in eastern Connecticut. The recovery coaches, who are individuals with lived addiction recovery experience, assist people who are admitted with opioid overdose and other alcohol or drug-related medical emergencies and connect them to treatment and other recovery support services. CCAR coaches provide Naloxone education bedside and educate individuals on various Harm Reduction resources, including connecting the individual to their chosen resources and services. Coaches are available 16 hours per day (8:00 am – 12:00 midnight), 7 days per week. With information from this successful pilot and support of federal grants, the program expanded to additional hospitals in 2018, serving a total of 22 emergency departments. This portion of the initiative is funded through SAMSHA SOR funding.

In 2022, DMHAS partnered with CCAR to expand the initiative into the last 9 acute care hospitals to cover all 31 emergency departments in CT, as well as 5 Satellite 24-Hour Emergency Departments. This made Connecticut the first state to offer this service to every emergency department. The CCAR EDRC expansion was initially funded by the McKinsey Settlement Fund, and funding will expire on 6/30/25.

In 2023, CCAR received 5056 referrals from the original 22 SOR-funded Hospitals and 565 referrals from the additional nine, during which time CCAR Recovery coaches aided in the connection to care to over 55 different community-based providers. In 2024, CCAR received 1250 referrals from the nine hospitals included in this recommendation. Based on the individual's identified wants and needs, individuals were connected to a variety of levels of care including Withdrawal Management, Inpatient Treatment, Intensive Outpatient, Medication for Opioid Use Disorder, and Outpatient Treatment.

A report compiled in 2021 by individuals with Yale Program for Recovery and Community Health identified that persons treated for an opioid-use disorder or overdose in one of CT's EDs who had a CCAR Recovery Coach had a significantly reduced chance of death or likely death than those without a RC, despite presenting with greater severity of illness (including comorbid serious mental illness, history of suicide attempts, and polysubstance use). Additionally, these individuals were more likely to receive withdrawal management, IOP, MOUD treatment with Suboxone, and other therapeutic services.

Funding Amount Requested: $60,000 per hospital annually for 9 hospitals

Topic	Discussion	Action
	Annual Amount: $540,000 Number of years: 4 Total Amount Requested: $2,160,000 CORE Priority: #1 Linkage to Treatment Category: ☒treatment ☒harm reduction ☐ prevention ☒ recovery supports	
Next steps	Next meeting will be 3/24/25 to review recommendations received since the portal closure.	Noted

NEXT MEETING – Next meeting is 3/24/25 at 3pm..
ADJOURNMENT – Friday, February 14, 2025 at 3:30pm.

Meeting of the OSAC Referral Subcommittee
Monday, March 24, 2025
3:00 – 4:00 p.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rudy Marconi, Jeanne Milstein, Tracey Hanson, John Lally

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith

Members Absent: Jennifer Kolakowski

Recorder: Sarah Messier-Smith

<table>
<tr><th>Topic</th><th>Discussion</th><th>Action</th></tr>
<tr><td>Minutes</td><td>To be reviewed in a future meeting</td><td></td></tr>
<tr><td>Recommendations</td><td>The group reviewed recommendations that had been submitted since the portal closing to determine next steps. Reviewed recommendations and identified steps are as follows:
<table>
<tr><td>Recovery coaches in skilled nursing home</td><td>Not prioritized at this time</td></tr>
<tr><td>MAT Core</td><td>Not prioritized at this time</td></tr>
<tr><td>internship stipends</td><td>Not recommended to move forward</td></tr>
<tr><td>Root Center- Residential Treatment- Room and Board Funding</td><td>Not recommended to move forward</td></tr>
<tr><td>CHR MOUD</td><td>Not recommended to move forward</td></tr>
<tr><td>L.E.A.D (Law Enforcement Against Drugs and Violence)</td><td>Will not move recommendation forward</td></tr>
<tr><td>Believe in me Empowerment Corporation</td><td>Will not move recommendation forward</td></tr>
<tr><td>Addiction Recovery Formulatory</td><td>Not recommended to move forward</td></tr>
<tr><td>Tail to Paw</td><td>Not prioritized at this time</td></tr>
<tr><td>Recovery Coach Support Hotline</td><td>ADPC Recovery Subcommittee to review</td></tr>
<tr><td>Adventure Recovery</td><td>ADPC Recovery Subcommittee to review</td></tr>
<tr><td>Recovery coaches for individuals on MOUD during LOS in long term care facilities (LTC)</td><td>Not prioritized at this time</td></tr>
<tr><td>Expanding Affordable Housing for Individuals in Addiction Recovery on MAT and engaged in Behavioral health Treatment in Bristol, CT</td><td>Will not move recommendation forward</td></tr>
</table></td><td></td></tr>
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Topic	Discussion	Action
	The members will reconvene to continue the review of the remaining recommendations.	
Next steps	Next meeting scheduled for 3/31/25.	Noted

NEXT MEETING – 3/31//2025.
ADJOURNMENT – Monday, March 24, 2025 at 4:00PM.

Meeting of the OSAC Referral Subcommittee
Monday, March 31, 2025
1:00 – 2:00 p.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rudy Marconi, Jeanne Milstein, Tracey Hanson, John Lally

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith

Members Absent: Jennifer Kolakowski

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Minutes	To be reviewed in a future meeting	
Recommendations	The group reviewed recommendations that had been submitted since the portal closing to determine next steps. Reviewed recommendations and identified steps are as follows: HAVEN (Health Assistance interVention Education Network): Not prioritized at this time Police Officer Training Program: Will not move recommendation forward Move to Heal: Will not move recommendation forward Gordon's Place: Will not move recommendation forward Postvention Support for Loss Survivors of Overdose Death: Request for more information; to be discussed in next meeting Connecticut Paramedic Overdose Response Team (C-PORT): Request for more information; to be discussed in next meeting Community Pharmacy Enhanced Services Network of Ct (CPESN-CT) Opioid Stewardship Program: Will not move recommendation forward S.T. Genesis: an FDA approved Auricular Percutaneous Nerve Field Stimulator: Will not move recommendation forward Request for Support for Patient-Controlled Dispenser and Deactivator of Liquid Oral Pain Medication: Will not move recommendation forward Ongoing Recovery Programming: Will not move recommendation forward Affordable Supportive Housing at 1088 Fairfield Avenue: renovations of the building and operational support for one year: Will not move recommendation forward ACCESS Mental Health and Substance Use for Moms : Will not move recommendation forward OSAC funding Request for Family Recovery Coach staff for Non-Profit Opioid Treatment Programs (OTPs) in Connecticut: ADPC Subcommittee to review The members will reconvene to continue the review of the remaining recommendations.	
Next steps	Next meeting scheduled for 4/16/25.	Noted

NEXT MEETING – 4/16//2025.
ADJOURNMENT – Monday, March 31, 2025 at 1:58PM.

Meeting of the OSAC Referral Subcommittee
Wednesday, April 16th, 2025
9:00-10:00 a.m.

Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rudy Marconi, Jeanne Milstein, John Lally

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Melanie Richard, Nita Assani

Members Absent: Tracey Hanson, Jennifer Kolakowski

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Minutes	To be reviewed in a future meeting.	Noted
Proposals	The group reviewed the following proposals: Project Title: Connecticut Community for Addiction Recovery (CCAR) 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. 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: o Recovery Coaching: Recovery community centers offer recovery coaching, providing personalized support to individuals at various stages of their recovery journey. o 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 o 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. o 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) o Torrington (opened Feb. 2024)	

Topic	Discussion	Action
	# of visits= 4,084 # of unique individuals= 1,136 o Danbury (opened Apr. 2024) # of visits= 1,211 # of unique individuals= 381 o New London (opened June 2024) # of visits= 5,134 # of unique individuals= 3,178 Extended Hours: Hours at the busiest Recovery Centers (Hartford, Bridgeport, and New Haven) were extended to Tuesday-Friday 4:30-8pm and Saturday 9am-5pm. Participants who visit the centers during the extended hours are mainly people who work during the day and young people, which generally is a different population from daytime hours. Over 3,000 individuals attended extended-hours programming in 2024. • Number of Extended Hours visits o Bridgeport (12/1/2023 – 2/28/25): 5,642 o Hartford (12/1/2023 – 2/28/25): 5,298 o New Haven (4/1/24 – 2/28/25): 2,845 o Torrington (9/1/24 – 2/28/25): 1,167 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. Category Year 1 Personnel (Salaries and Fringe) New London: $146,089 Torrington: $ 202,591 Danbury: $148,651 Extended Hours + Young People and Family Program: $190,286 Total: $687,617 $687,617 Other (Including travel, program expenses and membership, rent/utilities, information technology, phones, office supplies and program pamphlets, insurance, and volunteer support) New London: $109,741 Torrington: $81,805 Danbury: $137,880 Extended Hours + Young People and Family Program: $20,600	

Topic	Discussion	Action
	Total: $350,026 $350,026 TOTAL Direct Costs: 1,037,643 Indirect Costs (10%): 103,764 TOTAL Costs: $1,141,407 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 **The OSAC Referral subcommittee voted to approve the proposal for one year as written, then an additional 3 years as a RFP to continue the project. It will go through to the Opioid Settlement Advisory Research and Data Subcommittee for further review.** Project Title: **Expansion of Prevention in CT Fatherhood Initiative** Summary of Request: The Connecticut Fatherhood Initiative, collaborative multi-agency effort led by the Connecticut Department of Social Services (DSS) aims to build capacity within its eight (8) DSS-Certified Fatherhood agencies (Madonna Place in Norwich, New Opportunities in Waterbury, GBAPP in Bridgeport, Career Resources in Bridgeport, St. Joseph's Parenting Center in Stamford, Catholic Charities of Hartford, CRT in Hartford, Family Strides in Torrington). Currently, each agency employs a 0.5 FTE Case Manager; this proposal seeks to employ an additional full-time case manager at each agency, resulting in each agency employing 1.5FTE Case Managers and increasing the annual number served from 330 to 1030 individuals. This expansion also allows the opportunity for agencies to expand in new regions dependent on area need. These case managers will integrate into existing agencies, providing an extensive range of social services to fathers in need, thereby expanding their reach and/or establishing new capacities within diverse communities. Research consistently shows that children with involved fathers have higher chances of success including lower rates of alcohol and substance use and improved performance in school. Fathers, although crucial partners in youth substance use prevention, often remain difficult to reach . By equipping fathers with essential tools and knowledge, we can significantly enhance outcomes for children, including reductions in substance use, food insecurity, poverty, and school-related issues. The fathers engaged with these programs often face substantial challenges including financial instability, not living with their children, involvement with the criminal justice system, systemic discrimination, and are generally young and single parents. The demographics of the current clients served are: 48% African American, 23% Hispanic, and 25% Caucasian. Of these, 50% of all clients were under the age of 33, and 81% were single fathers. In Bridgeport, one program specifically supports fathers under 25, and currently serves 48 young fathers – of which 73% were African American, 23% were Hispanic, with 29 participants under the age of 23, and all were single. This highlights the critical need for comprehensive support services tailored to the unique challenges faced by at-risk fathers, fostering their development into more involved and effective parents. Educating CT's most at-risk demographic (black and Hispanic men aged 30-55) about the dangers of fentanyl, xylazine and fake medications is an evidence-based prevention strategy that is integral to this project. Having access to hundreds of fathers that make up the most at risk group for opioid overdose each year, the case managers are uniquely positioned to facilitate change in opioid using behaviors. For example, case managers are addressing drug and alcohol use in the 24:7 Dad ® Program (an evidence-based curriculum building parental and personal skills) group meetings and are educating fathers on how to communicate about drug and alcohol use with their children. The case managers increase the protective factors for these men (finding housing, training for and location of jobs, financial support, assistance with communication and relationships) which decreases the likelihood of recidivism, return to drug use, and potential opioid overdose. This is a wholistic strategy for prevention of opioid use by fathers, as it addresses all risk factors in their lives and provides them with the support and resources they need.	

Topic	Discussion	Action
	Training and technical assistance will be provided by the DMHAS Prevention Program Manager (in-kind) and Governor's Prevention Partnership Program staff to ensure case managers can offer substance use prevention and mental health promotion services to resource seeking fathers and their families including drug and alcohol education, suicide prevention, mental wellness, youth communication strategies, and positive coping mechanisms. Case managers will also be provided specific training around opioid education for caregivers and youths, age-appropriate resources, safe storage, and naloxone training. The pilot phase has resulted in: •An Enhanced Intake Process: Changes have been made to intake forms to explore the role of substance use or mental illness in the fathers' lives with the goal of improving access to quality services available to fathers and families. •Increased referrals: Case managers have significantly increased referrals to mental health/substance use treatment for fathers, which can have significant impact on the lives of the fathers and children, if followed through. "Paternal substance abuse is associated with a father's guilt and shame about has failure to fulfill his parental societal role. These feelings, coupled with substance abuse and societal norms, may cause fathers to avoid involvement with their children, creating a family with an absent father." •Substance Use Awareness: A forum has been created for teen fathers to discuss their own substance use and the full effects. •Parental Accountability: Fathers of all ages have been given the opportunity to reflect upon their substance use choices, take accountability, and learn how that translates to their children's decisions. •Effective Communication: Participants learn that they plan a crucial role in discussing mental health and substance use with their children. •Family Engagement Events: Events have emphasized the importance of open communication within families. •Suicide and Naloxone Training: Agency staff and fathers have received training on suicide prevention and naloxone administration and free naloxone kits. •Safe Storage Solutions: Lock boxes and lock pouches have been provided for safe storage of substances or medications at home, reducing the risk of children accessing harmful substances. **Description** / **Year 1** / **Year 2** / **Year 3** / **Total** **Case Managers** x 8 sites (includes salary, fringe, 2.5% increase for Y2 & Y3) / $708,000 / $725,700 / $743,843 / $2,177,543 **Training** ($3,000 per site) + **Supplies/Marketing** ($3,200 per site) x 8 sites / $49,600 / $49,600 / $49,600 / $148,800 **Training + Technical Assistance** by Governor's Prevention Project (staff salary and fringe) / $30,000 / $30,000 / $30,000 / $90,000 **Total Cost** / $787,000 / $805,300 / $823,443 / $2,415,743 CORE Priority: Priority 2, Strategy 1, Tactics 1 (Fund initiatives that directly distribute naloxone to high-risk individuals or people around them including families, friends, and caregivers), 3 (Fund outreach, education, and harm reduction service linkage efforts targeting people who are inadvertently exposed to illicit fentanyl when seeking other substances), & 4 (Fund initiatives that provide community-tailored, culturally responsive, socially and racially concordant initiatives to increase access to and use of harm reduction services in populations at high risk of overdose who are currently accessing harm reduction services at lower rates); Priority 5, Strategy 2 (Expand access to programs that address social determinants of health and community mental health to decrease opioid initiation and progression to OUD	

Topic	Discussion	Action
	Category: ☐ treatment ☒ harm reduction ☒ prevention ☐ recovery supports **The OSAC Referral subcommittee voted to not approve the recommendation at this time. The members requested additional information on DCF involvement and impact with the project, as well as increased understanding of the community partners involved in the project. The proposal will be re-reviewed at a future meeting.** Project Title: **Opioid Treatment Program (OTP) Access Expansion** 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. Funding will be provided for expansion and start-up of the increased admission and same-day MOUD access. Programs are expected to build infrastructure over the course of the funding to sustain expanded hours and access via service billing.	

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

The OSAC Referral subcommittee voted to approve the proposal with a notation that it include provisions to address gaps in admissions availability in some portions of the state where individuals need to travel far distance for same day MOUD induction/admission. The implementation should also be individualized per OTP location to identify and address program-specific barriers. It will go through to the Opioid Settlement Advisory Research and Data Subcommittee for further review.</td><td></td></tr>
<tr><td>Recommendations</td><td>The group reviewed recommendations that had been submitted since the portal closing to determine next steps. Reviewed recommendations and identified steps are as follows:
Postvention Support for Loss Survivors of Overdose Death: More information needed on need and staffing plan; DMHAS to follow up with submitter.
Connecticut Paramedic Overdose Response Team (C-PORT): ADPC Treatment Subcommittee to review. Notation that similar programs are happening in some municipalities in CT, so there are not regulatory or legislative barriers to implementation.
S.T. Genesis: an FDA approved Auricular Percutaneous Nerve Field Stimulator: Re-reviewed due to potential impact on precipitated withdrawal during MOUD induction. ADPC Treatment Subcommittee to review.
Mobile Retail Pharmacies: Committee requested additional information regarding how the program is currently funded and the rationale behind the funding request. Will be re-reviewed in a future meeting.</td><td></td></tr>
<tr><td>Next steps</td><td>Next meeting will be scheduled for May 2, 2025 from 2:30-3:30pm.</td><td>Noted</td></tr>
</table>

NEXT MEETING –. May 2, 2025 from 2:30-3:30 pm.
ADJOURNMENT – Wednesday, April 16th, 2025 at 10:03am.

Meeting of the OSAC Referral Subcommittee
Friday, May 2nd, 2025
2:30-3:30 p.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rudy Marconi, Tracey Hanson, Jennifer Kolakowski

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Melanie Richard

Members Absent: Jeanne Milstein, John Lally

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Minutes	To be reviewed in a future meeting	Noted
Recommendations	The group reviewed recommendations that had been submitted since the portal closing to determine next steps. Reviewed recommendations and identified steps are as follows: • InSTRIDE mobile healthcare and pharmacy: ADPC Treatment Subcommittee to review • Substance Use Disorder Prevention that Promotes Opioid Recovery & Treatment for Patients & Communities Act (SUPPORT): Creating access and quality for underserved HUSKY Health populations across Connecticut: Not recommended to move forward. Wellness Recovery Specialists overlap with REACH Navigators, which is an existing program with capacity to serve this population, and Navigators meet with individuals in the community and/or the setting of their choice. Additionally, there is pending legislation separating maternal and infant medical records; this seems to move in the opposite direction. There is concern that this could be a flagging system for DCF intervention; a predictive model doesn't align with CAPTA, which is blinded to prevent flagging. • South Central Rehabilitation Center Infrastructure Improvements: Not recommended to move forward. Individual large scale renovation projects are not being funded at this time. Bond funds may be available for infrastructure upgrades. Portions of this may be covered by the "OTP Access Expansion" recommendation approved by OSAC on 5/13/15. • Youth Challenge Transition to Progressive Diagnostics: Not recommended to move forward. Toxicology screening is insurance reimbursable. Residential treatment is not in alignment with the the CORE report, and CORE Report doesn't identify toxicology screening as a priority. • Youth Challenge Building Project: Not recommended to move forward. Bond funds available for infrastructure upgrades. Residential Treatment does not align with CORE report. • Supportive Housing Project in New Milford for clients with a history of opioid addiction: Not recommended to move forward. Large scale infrastructure projects are not being explored at this time. • The Governor's Prevention Partnership – The Connecticut Youth Advisory Board – Youth-led opioid prevention efforts: ADPC Prevention Subcommittee to review. Notation to ensure appropriate budget, as this looks like a substantial amount of funding for projects being implemented. Subcommittee also to ensure it does not overlap with existing funding. • The Governor's Prevention Partnership (GPP) Prevention Starts with Mentoring: REAL Rising Up School-Based Mentoring for Opioid Prevention: ADPC Prevention Subcommittee to review. Subcommittee to determine need, school willingness to engage, and look holistically across school prevention recommendations. Notation that the initiative may need an RFP.	

Topic	Discussion	Action
	• Recovery Reintegration Program: Not recommended to move forward. Individual housing program requests are not being funded at this time. Housing workgroup continues to explore Recovery Housing needs. May be a future RFP. • The Tucker Project: Multi-District Proposal for Connecticut Prevention: Not prioritized at this time. Subcommittee will continue to explore need + school willingness/ability to implement school prevention recommendations. Noted concerns regarding substantial budget for this recommendation for 3 school districts.	
Next steps	The next meeting will be scheduled after the 5/13/25 OSAC meeting.	Noted

NEXT MEETING – TBD
ADJOURNMENT – Friday, May 2nd, 2025 at 3:14PM.

Meeting of the OSAC Referral Subcommittee
Monday, June 9th, 2025
9:00-10:00 a.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rudy Marconi, Jeanne Milstein, Tracey Hanson, John Lally, Jennifer Kolakowski

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Melanie Richard

Members Absent:

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Minutes	To be reviewed in a future meeting	Noted
Proposals	The group reviewed and approved the following proposals: Project Title: **Expansion of Prevention in CT Fatherhood Initiative** The Connecticut Fatherhood Initiative, collaborative multi-agency effort led by the Connecticut Department of Social Services (DSS) aims to build capacity within its eight (8) DSS-Certified Fatherhood agencies (Madonna Place in Norwich, New Opportunities in Waterbury, GBAPP in Bridgeport, Career Resources in Bridgeport, St. Joseph's Parenting Center in Stamford, Catholic Charities of Hartford, CRT in Hartford, Family Strides in Torrington). Currently, each agency employs a 0.5 FTE Case Manager; this proposal seeks to employ an additional full-time case manager at each agency, resulting in each agency employing 1.5FTE Case Managers and increasing the annual number served from 330 to 1030 individuals. This expansion also allows the opportunity for agencies to expand in new regions dependent on area need. These case managers will integrate into existing agencies, providing an extensive range of social services to fathers in need, thereby expanding their reach and/or establishing new capacities within diverse communities. Research consistently shows that children with involved fathers have higher chances of success including lower rates of alcohol and substance use and improved performance in school. Fathers, although crucial partners in youth substance use prevention, often remain difficult to reach . By equipping fathers with essential tools and knowledge, we can significantly enhance outcomes for children, including reductions in substance use, food insecurity, poverty, and school-related issues. The fathers engaged with these programs often face substantial challenges including financial instability, not living with their children, involvement with the criminal justice system, systemic discrimination, and are generally young and single parents. The demographics of the current clients served are: 48% African American, 23% Hispanic, and 25% Caucasian. Of these, 50% of all clients were under the age of 33, and 81% were single fathers. In Bridgeport, one program specifically supports fathers under 25, and currently serves 48 young fathers – of which 73% were African American, 23% were Hispanic, with 29 participants under the age of 23, and all were single. This highlights the critical need for comprehensive support services tailored to the unique challenges faced by at-risk fathers, fostering their development into more involved and effective parents. Educating CT's most at-risk demographic (black and Hispanic men aged 30-55) about the dangers of fentanyl, xylazine and fake medications is an evidence-based prevention strategy that is integral to this project. Having access to hundreds of fathers that make up the most at risk group for opioid overdose each year, the case managers are uniquely positioned to impart prevention knowledge and facilitate change in opioid using behaviors. For example, case managers are	

Topic	Discussion	Action

addressing drug and alcohol use in the 24:7 Dad ® Program (an evidence-based curriculum building parental and personal skills) group meetings and are educating fathers on how to communicate about drug and alcohol use with their children. The case managers increase the protective factors for these men (finding housing, training for and location of jobs, financial support, assistance with communication and relationships) which decreases the likelihood of recidivism, return to drug use, and potential opioid overdose. This is a wholistic strategy for prevention of opioid use by fathers, as it addresses all risk factors in their lives and provides them with the support and resources they need.

Training and technical assistance will be provided by the DMHAS Prevention Program Manager (in-kind) and Governor's Prevention Partnership Program staff to ensure case managers can offer substance use prevention and mental health promotion services to resource seeking fathers and their families including drug and alcohol education, suicide prevention, mental wellness, youth communication strategies, and positive coping mechanisms. Case managers will also be provided specific training around opioid education for caregivers and youths, age-appropriate resources, safe storage, and naloxone training.

The pilot phase has resulted in:
•An Enhanced Intake Process: Changes have been made to intake forms to explore the role of substance use or mental illness in the fathers' lives with the goal of improving access to quality services available to fathers and families.
•Increased referrals: Case managers have significantly increased referrals to mental health/substance use treatment for fathers, which can have significant impact on the lives of the fathers and children, if followed through. "Paternal substance abuse is associated with a father's guilt and shame about has failure to fulfill his parental societal role. These feelings, coupled with substance abuse and societal norms, may cause fathers to avoid involvement with their children, creating a family with an absent father."
•Substance Use Awareness: A forum has been created for teen fathers to discuss their own substance use and the full effects.
•Parental Accountability: Fathers of all ages have been given the opportunity to reflect upon their substance use choices, take accountability, and learn how that translates to their children's decisions.
•Effective Communication: Participants learn that they plan a crucial role in discussing mental health and substance use with their children.
•Family Engagement Events: Events have emphasized the importance of open communication within families.
•Suicide and Naloxone Training: Agency staff and fathers have received training on suicide prevention and naloxone administration and free naloxone kits.
•Safe Storage Solutions: Lock boxes and lock pouches have been provided for safe storage of substances or medications at home, reducing the risk of children accessing harmful substances.

Evaluation will be completed by CPES (Center for Prevention Evaluation and Statistics through UCONN Health). The expected evaluation will focus on the transfer of information from DMHAS/DSS to case managers, from case manager to father, and then from father to child. Surveying and interviewing case managers and fathers helps to understand how knowledge is being put into action to prevent substance use and to prevent overdose fatalities. The number of individuals trained in Naloxone administration will be tracked will include report of use of Naloxone; connection of people who use opioids to treatment/medication will also be tracked. Additionally, the Evaluator will conduct focus groups, surveys and interviews.

Description	Year 1	Year 2	Year 3	Total
Case Managers x 8 sites (includes salary, fringe, 2.5% increase for Y2 & Y3)	$708,000	$725,700	$743,843	$2,177,543
Training ($3,000 per site) + **Supplies/Marketing** ($3,200 per	$49,600	$49,600	$49,600	$148,800

Topic	Discussion	Action

site) x 8 sites				
Training + Technical Assistance by Governor's Prevention Partnership (staff salary and fringe)	$30,000	$30,000	$30,000	$90,000
Evaluation (UConn)	$75,000	$75,000	$75,000	$225,000
Total Cost	$862,600	$880,300	$898,443	$2,641,343

CORE Priority: Priority 2, Strategy 1, Tactics 1 (Fund initiatives that directly distribute naloxone to high-risk individuals or people around them including families, friends, and caregivers), 3 (Fund outreach, education, and harm reduction service linkage efforts targeting people who are inadvertently exposed to illicit fentanyl when seeking other substances), & 4 (Fund initiatives that provide community-tailored, culturally responsive, socially and racially concordant initiatives to increase access to and use of harm reduction services in populations at high risk of overdose who are currently accessing harm reduction services at lower rates); Priority 5, Strategy 2 (Expand access to programs that address social determinants of health and community mental health to decrease opioid initiation and progression to OUD

Project Title: **Statewide Opioid Prevention Support to Local Prevention Councils (LPCs) and Prevention Workforce Development**

Key components:
•Evidence-based Prevention
•Community-based learning opportunities
•Prevention Workforce Development
•Enhanced capacity and relationships among community providers/partners
•Replicable model
•Project milestones and annual evaluations

Summary of Request:

This proposal is for funding dedicated to hiring and training five Opioid Prevention Specialists, one each per Regional Behavioral Health Action Organization, to support each of the 121 Local Prevention Councils (LPC) by conducting town level opioid prevention needs analysis, identifying resources and building coalition capacity, leading the development of LPC strategic plan and sustainability plans, increasing outreach to community partners, and coordinating opioid prevention efforts in the specific communities.

The three initial outcomes of this initiative will be:
1. Opioid Prevention: An increase in evidence-based prevention programs through community organizations (LPCs) across the state.
2. Capacity Building and Sustainability: Local Prevention Councils that experience stable leadership, continued growth and improved services.
3. Workforce Development: Increase in Certified Prevention Specialists
The CT Prevention Network (CPN) is made up of five (5) RBHAOs covering all 169 municipalities across CT. Part of their role with CT DMHAS is to administer contracts for 121 Local Prevention Councils (LPC). LPC funding comes from the federal block grant, and the municipal amounts are determined by CT DMHAS based on population size. Funding amounts range from $2265.16 to $10,356.82 annually. LPC funding is used to support grassroots initiatives determined by

Topic	Discussion	Action

assessing local needs and existing resources. LPCs are mostly volunteer led and vary in capacity. A few of the LPCs have hired part-time or full-time staff with financial support from federal or foundation grants, municipal dollars and, less frequently, private donations.

The majority of the LPCs subsist entirely on annually allocated LPC funds. Currently, only 15% of LPC funding can be used for administrative support, which is insufficient to hire a full or half-time person. Opioid Prevention Specialists at each of the LPCs would improve long-term planning and sustainability, while simultaneously increasing the number of Prevention Professionals in our state. Given the nature of small, volunteer organizations, long-term planning and steady leadership have been persistent challenges for many of the LPCs. Each of the 5 RBHAOs have identified a need for consistent and direct support for the leadership and membership of the 121 LPCs.

The RBHAOs propose that OSAC funds be dedicated to hiring five Opioid Prevention Specialists (OPS), 1 in each RBHAO/DMHAS Region. The OPS will be a resident in the region, adding local lived experience and equity to the process. CPN would train the OPSs in evidence-based prevention practices and coalition capacity building. The RBHAOs will also prepare each OPS for becoming Certified Prevention Specialists through the CT Certification Board (CCB). Their time would be focused entirely on the support, training, and enhancement of the LPCs. OPSs will be responsible for building the capacity of each LPC's by providing primary prevention focused programs and trainings across the lifespan including Life Skills Training, SBIRT and A-SBIRT, Youth Mental Health First Aid, and Teen Mental Health First Aid. The Opioid Prevention Specialists will coordinate regional and statewide prevention learning communities, assist in building relationships with other organizations, and assist in increasing LPC membership and sector representation, among other responsibilities.

This initiative would have statewide impact by reducing risks related to opioid and other substance misuse. By increasing awareness, providing education/skill building, reducing access, peer normative messaging, and changing policies LPCs can have a meaningful impact on opioid abatement when they are high functioning coalitions. LPCs need dedicated staff who will provide guidance and institute the use of proven effective prevention strategies. This proposal is inclusive of the design of an innovative curriculum by the RBHAOs to include consistent skills for the OPS to follow similar steps statewide and a planning guide for the LPCs; this would address local concerns and can be easily replicated.

Baseline information about the LPC's structure and functioning will be collected at the project onset. By the end of year one the OPSs will assist as LPCs draft mission statements, complete internal assessments, and develop comprehensive 3–5-year plans. Markers of progress at each LPC include completion of LPC coalition self- assessment, completion of sector agreements, training in the Strategic Prevention Framework (SPF), and LPC completion of the steps involved in the SPF. Process measures will track LPC progress. Local needs assessments will provide baseline data that will be used to mark trends, behavior change, and consequences of opioid use over the term of the contract. The evaluator will report both process and outcome measures in an annual report.

Markers of progress for the OPS include leading the LPC through all steps of the SPF including: conducting a local needs assessment, coalition capacity building, planning, implementation of evidence-based opioid prevention programs, and evaluation. Progress towards certification with CCB will be monitored by training hours. Additionally, Opioid Prevention Specialists will act as a liaison with town officials by sharing data and identifying areas where municipal opioid settlement funds might be strategically applied.

	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Year 5 Cost	Total Cost
5 Prevention Coordinator positions including Fringe	500,000	515,000	530,450	546,363	562,753	2,654,566
Training of Trainers	25,000	25,000	25,000	10,000	10,000	95,000
Annual Program Evaluation: 10hours/month x 12months x $50/ hour	6,000	6,000	6,000	6,000	6,000	30,000
Administrative costs 15%	79,650	81,900	84,218	84,354	86,813	416,935

Topic	Discussion	Action
	Total 610,650 627,900 645,668 646,717 665,566 3,196,501 CORE Priority #5: Primary Prevention. The OSAC Referral subcommittee voted to approve both proposals. They will go through to the Opioid Settlement Advisory Research and Data Subcommittee for further review. Members requested the Research and Data Subcommittee thoroughly vet if the Prevention in Fatherhood proposal satisfies opioid abatement criteria and includes data collection regarding impact on opioid abatement given lack of current data on participant substance use.	
Recommendations	The group reviewed recommendations that had been submitted since the portal closing to determine next steps. Reviewed recommendations and identified steps are as follows: Art Pharmacy: Not recommended to move forward. Navigator services exist throughout CT to connect with comprehensive array of services; duplication of efforts. Expansion of the Oxford House Model in CT: Not recommended to move forward. Individual housing program requests are not being funded at this time. Housing workgroup continues to explore Recovery Housing needs. May be a future RFP. Data Infrastructure, Tracking, and Public Dashboard Initiative: Not recommended to move forward Dashboard and Database are being built using internal state resources; anticipated launch summer 2025	
Next steps	Next meeting will be scheduled after the full OSAC meeting on 7/8/25.	Noted

NEXT MEETING – TBD after the full OSAC meeting on 7/8/25.
ADJOURNMENT – Monday, June 9th, 2025 at 9:52 a.m.

Meeting of the OSAC Referral Subcommittee
Monday August 18th, 2025
10-11:00 a.m.
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Rudy Marconi, Jennifer Kolakowski, Jeanne Milstein, John Lally, Kaye White

Visitors/Presenters: Luiza Barnat, Christopher McClure, Sarah Messier-Smith, Melanie Richard

Members Absent: Tracey Hanson

Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Introductions	Sarah Messier-Smith introduced a new subcommittee member, Kaye White.	Noted
Minutes	The following meeting minutes were reviewed and approved, Jeanne Milstein as first, and Jennifer Kolakowski as second. John Lally abstained from the May 2nd meeting. Kaye White abstained from all meetings. • March 24, 2025 • March 31, 2025 • April 16, 2025 • May 2, 2025 • June 9, 2025	Noted
Recommendations	The group reviewed recommendations that had been submitted since the portal closing to determine next steps. Reviewed recommendations and identified steps are as follows: • Improving Linkage and Recovery for Substance Use Disorders: Not prioritized at this time; similar pilot with DPH and Hartford Hospital; awaiting results. Will also need further assessment of need/overlap of similar existing services. • Community Opioid Awareness & Recovery Support Initiative): All aspects of this recommendation currently exist except legal supports. Legal Supports recommended to move forward and will be reviewed by ADPC Subcommittee. • Digital Recovery Supports for People with Opioid Use Disorder: Not recommended to move forward. Specific proposal is not recommended to move forward as individual components are already under review. Technology-based treatments are already under review but should be implemented as an adjunct to therapist-based treatments. CM has already been approved as a pilot. Mobile clinic/pharmacy is already under review. • Community Health Workers at MOUD/Primary Care Clinics in Underserved Areas: Not currently prioritized; awaiting more information about timeline and impact of Medicaid changes and CHW Medicaid reimbursement. • Building the Continuum – Evidence-Based Collaboration for OUD Care in Greater Hartford: Recommendation to move forward for ADPC Subcommittee review; should be statewide implementation and address stigma and needed culture changes. RFP for statewide initiative with partner agencies with area OTPs should be considered. • Shatterproof: Not recommended to move forward. Shatterproof is not accessible for many people (non-English speakers, individuals with low literacy, individuals without access to technology). Concerns regarding lack of awareness of Shatterproof. Peer Navigators are available throughout the state and	

Topic	Discussion	Action
	can provide hands-on support. Moneys should be prioritized for hands-on supports. • Task Force Coordinators: redundant recommendation; already under review. • Improving Medical Access and Emergency Response for Individuals with Substance Use Disorder through ADA-Compliant Infrastructure: not recommended to move forward; infrastructure resources exist. • TriCirlce: Recommended to move forward; will be reviewed by ADPC Subcommittee.	
Next steps	The next meeting will be scheduled after the 9/16/25 OSAC meeting.	Noted

NEXT MEETING – TBD
ADJOURNMENT – Monday August 18th, 2025 at 10:57am