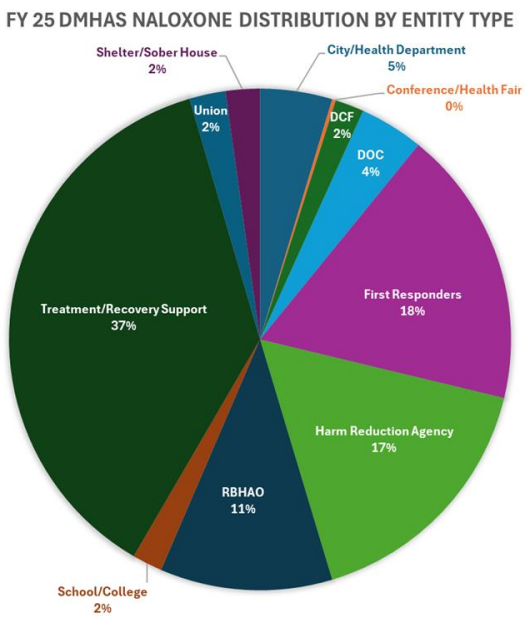
Meeting of the OSAC Research and Data Subcommittee
Friday, February 20, 9:00 a.m. – 10:00 a.m.
Microsoft Teams
Virtual meeting

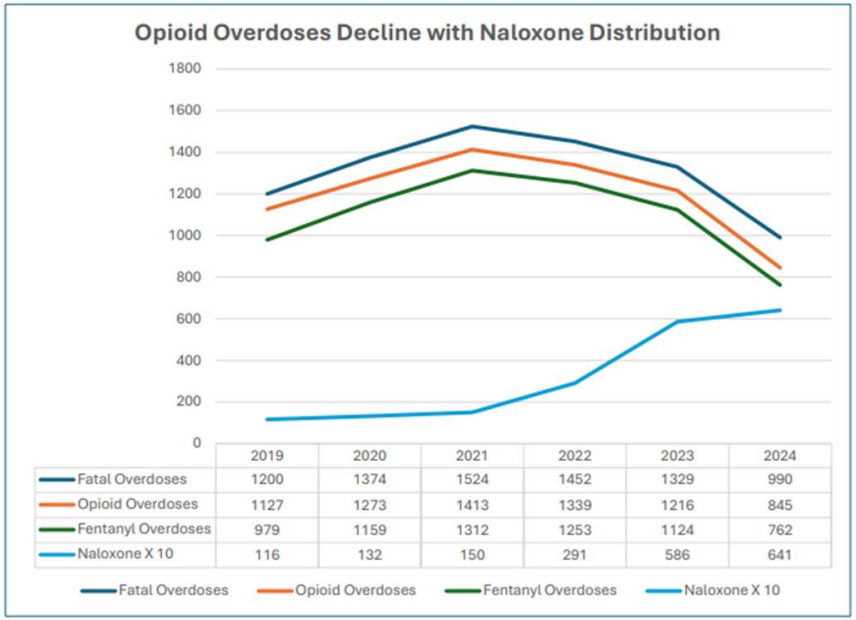
ATTENDANCE

Members present: Srinivas Muvvala, Ebony Jackson-Shaheed, Maritza Bond, Gretchen Shugarts, Paul Januszewski
Members absent: Pareesa Charmichi-Goodwin, Susan Campion
Visitors/Presenters: Sarah Messier-Smith
Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Review Minutes and Approve	The 12/5/25 meeting minutes were reviewed and approved: First by Gretchen Shugarts, second by Ebony Jackson-Shaheed.	Noted
Discussion of subcommittee data review process	Dr. Muvvala discussed the role and scope of the Research and Data Subcommittee. Group agreed on the subcommittee key roles: 1) review the data for new recommendations to ensure the project is an evidence-based or promising practice 2) review the data provided by the project managers to: a) participate in identification of data collection metrics b) ensure the correct data is being collected c) data is being collected appropriately d) monitor outcomes and project benchmarks and make recommendations on project continuations	Noted
Discussion and vote on Naloxone Project Continuation	The subcommittee reviewed and discussed the following proposal: Project Title: Naloxone Saturation Project Overview: This request is a continuation of funding to purchase Naloxone to provide to any organizations in need of naloxone to distribute to the community to ensure statewide availability. Naloxone (brand name Narcan®), is an opioid antagonist medication, used as a harm reduction tool to reverse an active overdose. The Department of Mental Health and Addiction Services has made it a priority to make this life saving medication available to all hospital emergency departments, treatment and recovery support providers, municipalities (first responders), and harm reduction service organizations. DMHAS employs an efficient system of purchasing naloxone directly from a distributor, who mails it directly to the organizations requesting the product for bulk orders or coordinates a pickup or drop off for smaller orders. In 2022, DMHAS created a state naloxone saturation plan of distributing at least 45,000 naloxone kits and distributed close to 60,000 naloxone kits in the following calendar year, at no cost to the receiving organizations across the state. DMHAS exceeded the saturation goal in Calendar Years 2024 and 2025. Summary of Data Collection Output Reporting and/or Program Evaluation Outcomes: Since achieving the saturation goal, Connecticut saw a significant decrease in overdose fatalities for four consecutive years, and that trend is on track to continue for 2025. Demand for naloxone requests continues to increase year over year since	Recommendation approved and moved to the Finance and Compliance Subcommittee for review and vote

Topic	Discussion	Action
	2019. There was a 102% increase in Naloxone distributed in the year following the initiation of the Naloxone Saturation Plan. Since then, demand increased 9% in 2024 and 21% in 2025. DMHAS naloxone distribution by calendar year 2019 11,581 2020 13,162 2021 14,986 2022 29,064 2023 58,642 2024 64,087 2025 77,304	





Topic	Discussion	Action
	Lead Agency Recommended Project Changes: No changes noted. Budget: Budget Category 7/1/26-6/30/27 7/1/27-6/30/28 7/1/28-6/30/29 Total Naloxone Purchase $2,323,200 $2,323,200 $2,323,200 $6,969,600 CORE Priority: Priority 2, Strategy 1; Priority 5, Strategy 7 : Increase use of and access to naloxone Category: ☐treatment ☒harm reduction ☒ prevention ☐ recovery supports Member requested data by zip code on where naloxone is being provided to help identify hot spots and communities missing Naloxone distribution. Sarah shared that the entity receiving the naloxone is tracked but zip code data is not currently being collected but can be explored for future collection. Member requested information about how CT's naloxone distribution and overdose trends compare to the rest of the US. Sarah agreed to gather and provide this information ahead of the full committee meeting. The recommendation was approved by the subcommittee to move forward to the Finance and Compliance subcommittee for further review and vote.	
Discussion and vote on LiveLOUD Project Continuation	The subcommittee reviewed and voted on the following recommendation: Project Title: LiveLOUD Public Awareness & Education Project Overview: LiveLOUD (Life with Opioid Use Disorder) is Connecticut's comprehensive public awareness initiative from the Department of Mental Health & Addiction Services (DMHAS) to increase awareness of opioid use disorder (OUD), provide support and resources to individuals and families, and increase access to overdose prevention and treatment. Since 2018, LiveLOUD has established itself as Connecticut's trusted hub for OUD information, leading more people to treatment and recovery services while building a supportive online community. The next phase (Phase IX) of the LiveLOUD campaign builds on this proven foundation with refined strategies and new media placements to maximize reach and impact. Investment in Public Education Increases Action Public education campaigns are critical to raising awareness and driving behavior change. Continued investment in LiveLOUD sustains momentum, preserves audience reach, and amplifies impact—ensuring audiences are not reached just once, but supported through the repeated exposures research shows are necessary to change behavior and reduce stigma. In 2025, over 76,000 people visited LiveLOUD.org for more information and accessed critical resources with over 109,000 pageviews. An average of 300 - 600 people visited the site per day. The initiative is research-based, timely, cost-effective, respectful, and collaborative—developed in consultation with priority audiences and individuals with lived experience. LiveLOUD prioritizes access to information and follows best practices in stigma reduction, cultural competence, and evidence-based communication strategies. All creative assets follow a behavior change framework for inclusive, supportive, and culturally sensitive communications. Phase IX will leverage existing campaign creatives alongside new materials. Each creative element undergoes careful review	Recommendation to be re-reviewed at 3/6/26 meeting.

Topic	Discussion	Action
	to ensure clear, benefits-driven messaging and visuals that create emotional connections. All materials are processed for accessibility and cultural sensitivity, using person-first language and highlighting solutions. The effectiveness and impact of the tactics used will continue to be assessed to ensure maximum engagement. On social media platforms like Facebook and Instagram, posts with multiple pictures or videos (carousels) will be used. These usually get more people to engage with the content than posts with just one picture. For ads that drive traffic to a website (Traffic Ads), flexible text options are used. This lets the ad system choose the best headline for each person based on what they like and their past behavior. Social media platforms use ranking systems (algorithms) to show people the most interesting and relevant content first, rather than just the newest posts, to keep them engaged. New and existing partnerships with professional, nonprofit, civic, community, faith-based, and other organizations will be utilized to extend campaign reach. Census data and overdose maps will guide identification of regions and partners for outreach, ensuring we support diverse audiences with culturally responsive, trauma-informed communications. Key messages align with CT CORE Report objectives including: •Harm Reduction: Naloxone normalization, never use alone (SafeSpot awareness), fentanyl dangers, drug supply testing •Treatment Information: Medication for opioid use disorder (MOUD) effectiveness, treatment pathways, recovery options •Stigma Reduction: Anyone can struggle with addiction; we can all save a life; connection is critical •Youth-Specific: Counterfeit pill information, fentanyl warnings, age-appropriate treatment information All messaging uses plain language and is available in English and Spanish, with other languages identified as needed. Phase IX Media Strategy Phase IX refines our media approach based on proven Phase VIII results while introducing strategic new placements: New Tactics •Metro North Station Kiosks: High-visibility advertising at train stations offers extended dwell time and uninterrupted attention among commuters •Programmatic Digital Buy: o Streaming audio (like Pandora or Spotify) o Streaming TV (also called Over-the-Top or OTT, like Hulu or Roku ads) o Digital display ads (online banner ads) o Podcasts This approach uses data to target the right audience and adjusts in real-time for better results. •The Latino Way: Spanish-led media to effectively reach Latino communities •Enhanced TikTok Strategy: Optimized for video views with strategic hashtags Continued & Enhanced Tactics •Paid Social Media (Meta/Instagram): Promoted posts and ads designed to drive website traffic, available in both English and Spanish. This includes using multi-picture/video posts (carousels) to encourage more interaction. There will also be partnerships with public health organizations statewide by paying them to share LiveLOUD content (known as whitelisting). This increases our credibility and helps us reach more people. •Geofencing: Targeting transit hubs, recovery housing, high-traffic locations •Bus Queens: Reaching lower-income neighborhoods and cities relying on public transportation •Billboards: High-profile highway placements timed with National Recovery Month •Place-Based Media: Trusted, high-traffic community locations (bars, bodegas, vape shops, recovery centers, FQHCs)	

Topic	Discussion	Action
	•Website Content and Digital Toolkit Enhancement: Since 2018, LiveLOUD.org has been providing information on the opioid crisis and access to statewide resources to key populations across the state. Phase IX will include: o Continued audit and updating of the website content to reflect the evolving opioid epidemic landscape, adding content and/or new pages as needed. Updates will ensure the website's content is not only current but also relevant to the diverse needs and topics pertinent to all our target audiences o The Digital Toolkit continues to provide high resolution LiveLOUD materials in English and Spanish for free to community and partner organizations to download. The toolkit is searchable by topic (Anti-Stigma, Harm Reduction, Recovery, Treatment Options), or by platform (Social Media, Posters, 4x4 Cards). As new materials are created, they will be added to the toolkit. o New campaign creatives and outreach materials will equip partner organizations with ready-to-use materials, including social media templates, branded visual assets, key messaging, and outreach materials to leverage in their communities and respective media channels. Summary of Data Collection Output Reporting and/or Program Evaluation Outcomes: Since 2018, LiveLOUD has contributed to measurable impacts and is correlated with: •50% increase in access line calls for support and treatment •Increased requests for transport to treatment •Increased OUD screenings •Increased naloxone dispensing rate •Increased 211 calls for support •Reversed trend of opioid overdose deaths Phase 8 (Spring and Fall 2025 Campaign Flights) Key Metrics: •Impact Summary −Raised awareness: Messages appeared across Connecticut more than 48.4 million times −Connected with target audiences: The campaign earned more than 879,000 social engagements in English and Spanish −Engaged audiences: Over 108,000 link clicks drove users to key information on the website −Expanded reach: Successfully launched on TikTok, generating 2.4 million impressions and reaching 671,730 unique users −Key Performance Achievements −115% improvement in Google Search Click Thru Rate (CTR) - significantly better relevance and targeting −96% increase in Google impressions - enhanced digital presence −Platform diversification - added TikTok, Twitch, place-based media, and community print −Engagement quality - maintained strong engagement rates (25-30%) −Geographic expansion - broader OOH coverage across Connecticut communities with 64% increase in OOH impressions −Bilingual reach - strong performance in both English and Spanish across all channels •LiveLOUD.org Website Metrics: 03/01/25 - 10/20/25 −New Users: 76,616 (+132.87%) −Pageviews: 109,543 pages viewed (+87%) −Flight #1 of the education campaign in Spring 2025 averaged 330 people per day visiting the LiveLOUD website. −Flight #2 of the education campaign in Fall 2025 averaged over 600 people per day visiting the LiveLOUD website. More extensive reporting is available in the OSAC Settlement Advisory Committee Project Data Collection and Outcome Report available at:	

<table>
<tr><th>Topic</th><th>Discussion</th><th>Action</th></tr>
<tr><td></td><td>
https://portal.ct.gov/-/media/dmhas/publications/osac/osac-project-data-collection-and-outcome-report-dec-2026.docx?rev=87053c21deff4e20afa2f68aa4404a06&hash=A966AD7C537300E15532C89AEF3D1D8C

Lead Agency Recommended Project Changes:
New tactics will be implemented to continue to expand the campaign reach and impact; the new tactics are outlined above. Research efforts will be enhanced via stakeholder interviews and digital surveys to gather insights from a diverse set of individuals with lived experience, OSAC committee members, local health departments, first responders, and treatment professionals. This will help to further understand the nuances of age-specific, racial, ethnic, sexual, and gender minority populations to determine which communications will resonate and affect lasting behavior change. Deliverables will include insights and recommendations based on findings.

Budget:
<table>
<tr><td>Budget Category</td><td>5/1/26-12/31/26</td><td>1/1/27-12/31/27</td><td>1/1/28-12/31/28</td><td>Total</td></tr>
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CORE Priority: #1 Access to Medications; #2 Reduce Overdose Risk and Mortality; #6 Reduce Community Stigma

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

Member suggested that primary care clinics, both community based and private, be included in the focus groups and media campaign. Member also suggested that soup kitchens and churches be included in place-based media; Sarah agreed to pass these suggestions along for implementation if not already part of the plan. Member requested data be presented in a table with year-over-year comparisons; Sarah agreed to reorganize, gather, and share the requested data. Member expressed concern about the vendor's collaboration with public health departments and other media campaigns and that there should be other vendors included to engage disenfranchised communities. Recommendation was not approved to move forward and will be rediscussed at the next meeting after enhanced data is provided.
</td><td></td></tr>
<tr><td>Next steps</td><td>Next meeting is scheduled for 3/6/26 at 9am.</td><td>Noted</td></tr>
</table>

NEXT MEETING –=March 6, 2026 from 9-10am.
ADJOURNMENT – February 20, 2026 at 10:00 am

Meeting of the OSAC Research and Data Subcommittee
March 6, 2026
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Srinivas Muvvala, Ebony Jackson-Shaheed, Maritza Bond, Gretchen Shugarts, Paul Januszewski
Members absent: Pareesa Charmichi-Goodwin, Susan Campion
DMHAS Representatives: Sarah Messier-Smith, Luiza Barnat
Visitors/Presenters: None
Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Review Minutes and Approve	Previous meeting minutes will be reviewed and approved in a future meeting.	Noted
Discussion and vote on LiveLOUD Project Continuation	The subcommittee reviewed and voted on the following recommendation: Project Title: LiveLOUD Public Awareness & Education Project Overview: LiveLOUD (Life with Opioid Use Disorder) is Connecticut's comprehensive public awareness initiative from the Department of Mental Health & Addiction Services (DMHAS) to increase awareness of opioid use disorder (OUD), provide support and resources to individuals and families, and increase access to overdose prevention and treatment. Since 2018, LiveLOUD has established itself as Connecticut's trusted hub for OUD information, leading more people to treatment and recovery services while building a supportive online community. The next phase (Phase IX) of the LiveLOUD campaign builds on this proven foundation with refined strategies and new media placements to maximize reach and impact. Investment in Public Education Increases Action Public education campaigns are critical to raising awareness and driving behavior change. Continued investment in LiveLOUD sustains momentum, preserves audience reach, and amplifies impact—ensuring audiences are not reached just once, but supported through the repeated exposures research shows are necessary to change behavior and reduce stigma. In 2025, over 76,000 people visited LiveLOUD.org for more information and accessed critical resources with over 109,000 pageviews. An average of 300 - 600 people visited the site per day. The initiative is research-based, timely, cost-effective, respectful, and collaborative—developed in consultation with priority audiences and individuals with lived experience. LiveLOUD prioritizes access to information and follows best practices in stigma reduction, cultural competence, and evidence-based communication strategies. All creative assets follow a behavior change framework for inclusive, supportive, and culturally sensitive communications. Phase IX will leverage existing campaign creatives alongside new materials. Each creative element undergoes careful review to ensure clear, benefits-driven messaging and visuals that create emotional connections. All materials are processed for accessibility and cultural sensitivity, using person-first language and highlighting solutions. The effectiveness and impact of the tactics used will continue to be assessed to ensure maximum engagement. On social media platforms like Facebook and Instagram, posts with multiple pictures or videos (carousels) will be used. These usually get more people to engage with the content than posts with just one picture. For ads that drive traffic to a website (Traffic Ads), flexible text options are used.	Recommendation approved and will be moved to the Finance and Compliance Subcommittee for review and vote

Topic	Discussion	Action
	This lets the ad system choose the best headline for each person based on what they like and their past behavior. Social media platforms use ranking systems (algorithms) to show people the most interesting and relevant content first, rather than just the newest posts, to keep them engaged. New and existing partnerships with professional, nonprofit, civic, community, faith-based, and other organizations will be utilized to extend campaign reach. Census data and overdose maps will guide identification of regions and partners for outreach, ensuring we support diverse audiences with culturally responsive, trauma-informed communications. Key messages align with CT CORE Report objectives including: •Harm Reduction: Naloxone normalization, never use alone (SafeSpot awareness), fentanyl dangers, drug supply testing •Treatment Information: Medication for opioid use disorder (MOUD) effectiveness, treatment pathways, recovery options •Stigma Reduction: Anyone can struggle with addiction; we can all save a life; connection is critical •Youth-Specific: Counterfeit pill information, fentanyl warnings, age-appropriate treatment information All messaging uses plain language and is available in English and Spanish, with other languages identified as needed. Phase IX Media Strategy Phase IX refines our media approach based on proven Phase VIII results while introducing strategic new placements: New Tactics •Metro North Station Kiosks: High-visibility advertising at train stations offers extended dwell time and uninterrupted attention among commuters •Programmatic Digital Buy: o Streaming audio (like Pandora or Spotify) o Streaming TV (also called Over-the-Top or OTT, like Hulu or Roku ads) o Digital display ads (online banner ads) o Podcasts This approach uses data to target the right audience and adjusts in real-time for better results. •The Latino Way: Spanish-led media to effectively reach Latino communities •Enhanced TikTok Strategy: Optimized for video views with strategic hashtags Continued & Enhanced Tactics •Paid Social Media (Meta/Instagram): Promoted posts and ads designed to drive website traffic, available in both English and Spanish. This includes using multi-picture/video posts (carousels) to encourage more interaction. There will also be partnerships with public health organizations statewide by paying them to share LiveLOUD content (known as whitelisting). This increases our credibility and helps us reach more people. •Geofencing: Targeting transit hubs, recovery housing, high-traffic locations •Bus Queens: Reaching lower-income neighborhoods and cities relying on public transportation •Billboards: High-profile highway placements timed with National Recovery Month •Place-Based Media: Trusted, high-traffic community locations (bars, bodegas, vape shops, recovery centers, FQHCs) •Website Content and Digital Toolkit Enhancement: Since 2018, LiveLOUD.org has been providing information on the opioid crisis and access to statewide resources to key populations across the state. Phase IX will include: o Continued audit and updating of the website content to reflect the evolving opioid epidemic landscape, adding content and/or new pages as needed. Updates will ensure the website's content is not only current but also relevant to the diverse needs and topics pertinent to all our target audiences	

Topic	Discussion	Action
	○ The Digital Toolkit continues to provide high resolution LiveLOUD materials in English and Spanish for free to community and partner organizations to download. The toolkit is searchable by topic (Anti-Stigma, Harm Reduction, Recovery, Treatment Options), or by platform (Social Media, Posters, 4x4 Cards). As new materials are created, they will be added to the toolkit. ○ New campaign creatives and outreach materials will equip partner organizations with ready-to-use materials, including social media templates, branded visual assets, key messaging, and outreach materials to leverage in their communities and respective media channels. Summary of Data Collection Output Reporting and/or Program Evaluation Outcomes: Since 2018, LiveLOUD has contributed to measurable impacts and is correlated with: •50% increase in access line calls for support and treatment •Increased requests for transport to treatment •Increased OUD screenings •Increased naloxone dispensing rate •Increased 211 calls for support •Reversed trend of opioid overdose deaths Phase 8 (Spring and Fall 2025 Campaign Flights) Key Metrics: •Impact Summary −Raised awareness: Messages appeared across Connecticut more than 48.4 million times −Connected with target audiences: The campaign earned more than 879,000 social engagements in English and Spanish −Engaged audiences: Over 108,000 link clicks drove users to key information on the website −Expanded reach: Successfully launched on TikTok, generating 2.4 million impressions and reaching 671,730 unique users −Key Performance Achievements −115% improvement in Google Search Click Thru Rate (CTR) - significantly better relevance and targeting −96% increase in Google impressions - enhanced digital presence −Platform diversification - added TikTok, Twitch, place-based media, and community print −Engagement quality - maintained strong engagement rates (25-30%) −Geographic expansion - broader OOH coverage across Connecticut communities with 64% increase in OOH impressions −Bilingual reach - strong performance in both English and Spanish across all channels •LiveLOUD.org Website Metrics: 03/01/25 - 10/20/25 −New Users: 76,616 (+132.87%) −Pageviews: 109,543 pages viewed (+87%) −Flight #1 of the education campaign in Spring 2025 averaged 330 people per day visiting the LiveLOUD website. −Flight #2 of the education campaign in Fall 2025 averaged over 600 people per day visiting the LiveLOUD website. More extensive reporting is available in the OSAC Settlement Advisory Committee Project Data Collection and Outcome Report available at: https://portal.ct.gov/-/media/dmhas/publications/osac/osac-project-data-collection-and-outcome-report-dec-2026.docx?rev=87053c21deff4e20afa2f68aa4404a06&hash=A966AD7C537300E15532C89AEF3D1D8C Lead Agency Recommended Project Changes:	

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CORE Priority: #1 Access to Medications; #2 Reduce Overdose Risk and Mortality; #6 Reduce Community Stigma

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

Subcommittee discussion: Updated data was reformatted and shared with committee members ahead of the meeting as requested. A data overview power point was reviewed with the subcommittee. Members made the following recommendations:
Increased clarity around the geographic targeting strategy; specifically how media placements are distributed across Connecticut and whether certain regions or communities are prioritized.
Additional detail on audience segmentation to help illustrate how messaging is tailored to different audiences, such as individuals at risk, families seeking information, or people looking for treatment resources.
Future reports could include simple breakdowns of engagement by geography or language so the committee can better understand where the campaign is resonating most.
Increased engagement of CT providers/community-based partners to increase knowledge of LiveLOUD across CT for further information dissemination; DMHAS reps agreed this could be achieved through additional whitelisting and place-based media and will ensure the budget plan allows for expansion of these tactics.
Updated creative messaging stressing changes in the drug supply (stimulants, kratom).
Members asked how the $600,000 budget was determined, as this seems low for the scope of work based on their experience with similar marketing campaigns. DMHAS explained the initial ask was $1.2M and this was decreased by the finance subcommittee during the last review to $600,000. Members expressed that the DMHAS reps should advocate for additional funding during the finance subcommittee meeting, which DMHAS reps agreed to do.
Project was unanimously approved for continuation with incorporation of the above recommendations.</td><td></td></tr>
<tr><td>Next steps</td><td>Next meeting will be scheduled after the April 7, 2026 full OSAC meeting.</td><td>Noted</td></tr>
</table>

NEXT MEETING –=To be determined after the April 7, 2026 full OSAC meeting.
ADJOURNMENT – March 6, 2026 at 9:49AM

Meeting of the OSAC Research and Data Subcommittee
May 18, 2026, 2:00-3:00PM
Microsoft Teams
Virtual meeting

ATTENDANCE

Members present: Srinivas Muvvala, Ebony Jackson-Shaheed, Gretchen Shugarts, Paul Januszewski, Susan Campion
Members absent: Maritza Bond
DMHAS Representatives: Sarah Messier-Smith, Luiza Barnat
Visitors/Presenters: Amy Rodriguez, Kris Robles
Recorder: Sarah Messier-Smith

Topic	Discussion	Action
Review Minutes and Approve	The following meeting minutes were reviewed and approved: February 20, 2026: 1st: Dr. Muvvala, 2nd: Gretchen Shugarts March 6, 2026: 1st: Gretchen Shugarts, 2nd Ebony Jackson-Shaheed	Noted
MST-SU Data Review	Amy Rodriguez, Behavioral Health Program Manager with the CT Department of Children and Families (DCF), provided a brief overview of the MST-SU program and year 1 data. Kris Robles, Behavioral Health Clinical Manager with DCF, and Amy responded to subcommittee member questions. Key discussion points from the questions and answers include: -Tracking recidivism: This is being tracked by ABH and return rates to this program are low. When individuals do return, the case is reviewed to determine why additional treatment is needed to ensure the individual/family needs are met during the subsequent treatment episode. -Ensure connection to opioid abatement: DCF continues to do outreach to programs known to treat youth with cocaine and opioid use to increase referrals. A recommendation was made to explore if there is research on the longitudinal impact of MST/CM with Youth to help identify benefits of the treatment and further enhance the data, as both Evidence Based Practices.	Noted
OSAC Project Data Collection and Outcome Report	The report was shared with the subcommittee members ahead of the meeting for their review. Members asked questions about the report based upon their independent review. Key discussion points from the questions and answers include: TPP: A subcommittee noted that programming was discontinued at 2 courts and replaced at 2 others and asked to understand the rationale. It was explained that these courts were producing low referrals and had some hiring challenges, so 2 new courts with higher anticipated engagement were selected to replace services at those courts. Preliminary data suggests the replacement courts are producing more referrals and less hiring challenges. Change the Script: A subcommittee member noted quick turnover for staffing positions and requested additional information about what caused the turnover and how the program is adjusting to retain staff. Sarah will outreach for additional information to provide back to the members. Safe spot: A subcommittee member noted the low number served. Sarah and Luiza explained that SafeSpot leadership states the growth is on par with what has been experienced in other states, noted the number of callers is slowly increasing, and Safe Spot staff has been doing many presentations in CT ensuring providers are aware of the service so they can share the information with potential callers and do collaborative calls to increase the trust and likelihood that individuals will call as needed. This will be a continued area of focus with program leadership.	Noted

Topic	Discussion	Action
Next steps	Next meeting will be scheduled after the July 14, 2026, full OSAC meeting.	Noted

NEXT MEETING –To be determined after the July 14, 2026, full OSAC meeting.
ADJOURNMENT – May 18, 2026, at 2:59PM