

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, October 21, 2025
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Dr. Craig Allen**, Treatment Co-chair; **Rebecca Allen**, Co-Chair Recovery Committee; **Saud Anwar**, Senator;; **Brendan Burke**, Office of Child Advocate Designee; **Paulo Correa**, Carenton Behavioral Health; **Danielle Ebrahimi**, Criminal Justice Representative (DMHAS); **Curtis Eller**, DESPP Designee; **Katie Farrell**, Criminal Justice Co-chair; **Tammy Freeberg**, The Village for Families & Children; **Ingrid Gillespie**, Liberations Program; **William Halsey**, DSS Designee; **Susan Hamilton**, Interim Commissioner, DCF; **Mark Jenkins**, GHHC; **Deborah Lake**, Prevention Committee Co-chair; **Keri Lloyd**, Prevention Representative (DCF); **Abigail Lieberman**, Co-Chair Prevention Subcommittee; **Cristin McCarthy Vahey**, State Representative; **Justin Mehl**, Recovery Committee Representative (DMHAS); **Nancy Navarretta**, Commissioner, DMHAS; **Catherine Osten**, Senator; **Tammy Nuccio**, State Representative; **Gerard O'Sullivan**, DOI; **Dr. Surita Rao**, UCONN Health Designee; **Chris Robles**, DCF Designee; **Gary Roberge**, Judicial Designee; **Sarju Shah**, Prevention Representative (DMHAS); **Cathy Sisco**, Wheeler Clinic; **Morgan Suess**, Tri-Chair Criminal Justice **Scott Szalkiewicz**, DCP Designee; **Toni Walker**, State Representative

Visitors/Presenters: Allyson Nadeau; Ben Grippo; Shayna Cunningham; Joseph DiTunno; Suzanne Doyon, Gina Florenzano; Laura Fornier; John Frassinelli; Julienne Giard; Giovanna Mozzo; Michael Giralmo; Francis Gregory; Robert Heimer; John Lally; Kimberly Karanda; Kasandra Rowe; Susan Logan; Christopher McClure; Michaela McLeod-Fraser; Sarah Messier-Smith; Sara Moriarty; Melissa Morton; Nita Asani; Shauna Pangilinan; Paul McNeil; Dawn Rios; Amy Rodriguez; Troy Ruff; Diana Shaw; Sanno Srivastava; Ece Tek; Elsa Ward; Karolina Wytrykowska

Recorder: Karen Urciuoli

The October 21, 2025, meeting of the Alcohol & Drug Policy Council (ADPC) was called to order at 10:00 a.m. by Commissioner Navarretta, DMHAS. The meeting was co-chaired by Interim Commissioner Susan Hamilton, DCF

Topic	Discussion	Action
Co-Chair Welcome and Introduction	Commissioner Navarretta introduced and welcomed Interim Commissioner Susan Hamilton as a co-chair of the Alcohol and Drug Policy Council.	Noted
Review and Approval of Minutes	August 19, 2025, minutes were approved as written.	Noted
OSAC Update	<p>Sarah Messier-Smith, DMHAS Opioid Services Division provided the following report:</p> <ul style="list-style-type: none"> OSAC Budget Update – Have not received a deposit since last ADPC meeting, numbers are stagnant, anticipating some deposits next year. Hype Recovery Project (Helping Youth and Parents Enter Recovery) – was approved at the last OSAC meeting. It is an expansion of an existing program by DCF. MDFT exists statewide and anyone eligible in Connecticut has access to that if it's clinically appropriate. Overdose Hotline - Is formally active in Connecticut. It is a 24-hour, seven day a week, 365 days a year, overdose spotting hotline, with operators that offer real time, phone monitored supervision of drug use. They develop a safety plan with the individual, so if they become unresponsive, an emergency response is activated. HERO (Housing, Empowering Recovery from Opioids) - A housing program that was approved a couple months ago. This program includes a housing voucher, case management, slash recovery, support services and client support funds for 500 individuals with opioid use disorders who are homeless or at risk of homelessness in Connecticut. The pre screener will be coming soon to the DMHAS website. Municipal Reporting – Annually, OSAC collects information from each of the municipalities on their opioid spending. Currently, 167 responses out of 169 municipalities have been collected. Meeting Schedule – the OSAC meeting schedule has changed to a quarterly schedule (January, April, July and October) 	

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	<ul style="list-style-type: none"> Dashboard – The OSAC website will be available to the public soon and will include an interactive dashboard where folks will be able to see the funding amounts received and the allocations. There will be a list of all the projects that have been approved and are in either implementation or pre implementation status. There will be a brief description of each of those programs, and you'll be able to manipulate the information in a couple of different ways. You'll be able to select a strategy and see the different projects under that strategy. You'll also be able to select funding years and see the different funding amounts based off of that. The Dashboard will take information that is already available and put it together in a way that will be more user-friendly. 	
Triennial Report	<p>Michael Giralmo, DMHAS Chief of Quality and Data provided a report on the State of Connecticut Triennial Substance Use Report for 2022 – 2025. Below is a brief outline of information contained within the full PowerPoint presentation:</p> <p>Triennial Report: Department of Mental Health and Addiction Services</p> <ul style="list-style-type: none"> Background & Intent <ul style="list-style-type: none"> <u>Legislation</u>: DMHAS directed through legislation to triennially develop a state substance use plan which includes comprehensive strategies for the prevention, treatment and reduction of alcohol and drug use problems <u>Goal of Plan</u>: Plan serves to capture information about all of the state's operated and funded substance use services (regardless of agency) provides them <u>Contents of plan</u>: Legislation specifically about elements to be included (mission, vision, goals, trends, data, etc.). <u>Numerous state agencies</u>: Many state agencies provide a range of treatment, recovery support and prevention services that are focused on the unique individuals these agencies serve. <u>Past, present, and future</u>: Report includes accomplishments from the past three years, as well as defining strategies to guide work over the next three years Initiatives Relevant to SUD Services Connecticut's SFY2025 Triennial Report: Trends and Themes Emerging Trends in the Substance Use System <ul style="list-style-type: none"> Recovering from the Pandemic Opioid Epidemic: Data on overdose deaths Opioid Epidemic: DMHAS Data Collection Opioid Epidemic: Data on substances of choice (DMHAS) Connecticut's 1115 Demonstration Waiver <p>Triennial Report – Department of Mental Health and Addiction Services</p> <ul style="list-style-type: none"> Mission and Vision Prevention, Treatment and Recovery Prevention <ul style="list-style-type: none"> Infrastructure Grant-funded Activities Substance Use Focus Media Campaigns Treatment and Recovery <ul style="list-style-type: none"> Overview Access E.B.P.s Statewide Services Women's Services Unit Recovery Services 	<p>Informational</p> <p>The full PowerPoint presentation can be found on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> ▪ Forensic Services • Opioid Response • Harm Reduction • Methadone Maintenance Utilization • 1115 Waiver Outcomes <p>Triennial Report – Children and Families</p> <ul style="list-style-type: none"> • DCF is the state agency responsible for the legislative mandates of child abuse prevention, child protective services, children's behavioral health including substance use, and education to staff, providers and community stakeholders on the promotion of youth behavioral health and well-being • DCF has formal agreements with more than 100 agencies covering dozens of service types. The agency types include: <ul style="list-style-type: none"> ▪ youth treatment agencies, local community collaboratives, administrative services organizations, family advocacy organizations, school districts, and faith-based and recovery support agencies. ▪ DCF-funded substance use programs offer children, youth, caregivers and their families a range of services for substance use with or without co-occurring mental health disorders that are rooted in best practice and evidence ▪ Many services are <ul style="list-style-type: none"> ➢ available in clinics or homes, ➢ evidence-based ➢ related to the use of any substance, co-occurring mental health disorders, as well as problems at home, school, and/or with the legal system. ➢ available to all families in Connecticut and do not require DCF involvement. ▪ DCF also provides specialized substance use treatment <u>services for caregivers</u> involved with child protective services (CPS) • For this Triennial Report period, DCF has increased investments in several areas: <ul style="list-style-type: none"> ▪ prevention of child abuse and neglect related to substance use and mental health, ▪ recovery support and engagement services, ▪ integrated services for mental health, substance use, and intimate partner violence, and while combating stigma, and ▪ screening to assess the presence and level of substance use problems to provide early intervention and treatment services for persons with substance use concerns or substance use disorders. ▪ Efforts made in response to pandemic-related workforce shortage: <ul style="list-style-type: none"> ➢ Enhanced recruitment efforts: new partnerships, job fairs, campaigns ➢ Retention initiatives: focused on staff well-being, access to support, flexible work arrangements, professional workforce development ➢ Compensation: efforts to align compensation with market rates ➢ Technology upgrades: case management systems and other tools have streamlined workflows ➢ Collaborative partnerships <p>This presentation also includes information about the following:</p> <ul style="list-style-type: none"> • Substance Use Expenditures • Number of Youth / Families Served • Substance Use Services: Families First Prevention and Services Act (FFPSA) • Severity of SU & MH Problems Among Adolescents • Description of DCF-funded Adolescent SUD Services 	

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	<ul style="list-style-type: none"> • Description of DCF-funded SUD Services for Caregivers • Project SAFE (Substance Abuse Family Evaluation), Save Family Recovery (SAFE-FR), CT Strengthening Families Together (CT SFT) • Child Abuse Prevention & Treatment ACT (CAPTA) • SEPI and Youth Recovery CT • 1115 Demonstration Waiver <p>Triennial Report: Department of Public Health</p> <ul style="list-style-type: none"> • Practitioner Licensing and Investigations Section (PLIS) • Tobacco Control Program <ul style="list-style-type: none"> ▪ Prevention ▪ Cessation ▪ Training • Cannabis Surveillance <ul style="list-style-type: none"> ▪ Behavioral Risk Factor Surveillance System ▪ Connecticut School Health Survey / Youth Risk Behavior Survey ▪ Syndromic Surveillance System / EpiCenter ▪ Pregnancy Risk Assessment Monitoring System (PRAMS) • HIV and Hepatitis C Prevention and Care Program Activities (Harm Reduction) <ul style="list-style-type: none"> ▪ Core Programs ▪ Collaborative Activities ▪ Accomplishments, Current and Projected Projects and Initiatives • Office of Emergency Medical Services (OEMS) • Practitioner Licensing and Investigations Section (PLIS) • Tobacco Control Program • Cannabis Surveillance • HIV and HCV Prevention & Core Activities (Harm Reduction) • Office of Emergency Medical Services (OEMS) <p>Triennial Report: Judicial Branch</p> <p>The Judicial Branch Court Support Services Division (JB-CSSD) oversees pretrial services, family services, divorce and domestic violence, probation supervision of adults and juveniles, as well as two secure juvenile residential centers located in Bridgeport & Hartford. JB-CSSD also administers a network of statewide contracted community providers that deliver treatment and other support services.</p> <p>The mission of the JB-CSSD is to provide effective support services within the Judicial Branch by working collaboratively with system stakeholders to promote compliance with court orders and instill positive change in individuals, families, and communities.</p> <ul style="list-style-type: none"> • Community-based, in-home programs: <ul style="list-style-type: none"> ▪ Multi-Systemic Therapy (MST) ▪ MST-EA (Emerging Adults) previously MST - TAY ▪ Linking Youth to Natural Communities (LYNC) ▪ Community Diversion and Respite Center (CDRC) ▪ Court Based Assessment (CBA) • Residential programs: <ul style="list-style-type: none"> ▪ REGIONS Programs (3) ▪ MST-FIT (Family Integrated Transitions) 	

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	<ul style="list-style-type: none"> ▪ Intermediate Residential (IR) <p>Triennial Report: Department of Consumer Protection The DCP is tasked with promoting access to safe and effective pharmaceutical care services in Connecticut and protecting consumers against fraud, deception, and unsafe practices in the distribution, handling, and use of pharmaceuticals and medical devices. The DCP's substance use initiatives fall into four major categories:</p> <ol style="list-style-type: none"> 1. the Connecticut Prescription Monitoring Program (PMP), 2. safe storage, disposal of over the counter and prescription medications, 3. the oversight of Connecticut's Medical Marijuana and Adult-Use Cannabis Programs, 4. increasing access to life-saving opioid antagonists. In addition, DCP provides educational programs to support each of these efforts. <p>Triennial Report: Department of Correction</p> <ul style="list-style-type: none"> • The Department of Correction provides comprehensive treatment services utilizing a graduated system of Substance Use Treatment Programs • The Agency's Addiction Treatment Unit (ATU) screens, assesses, and provides treatment to greater than 80% of the individuals who enter the Correctional System. • A range of treatment options are available to meet the offenders' treatment needs. Programs range from brief treatment focusing on Re-entry and Reintegration; Intensive Outpatient utilizing CBT curriculum to Residential Substance Use Treatment in a modified Therapeutic Community setting. • The Addiction Treatment Unit provides Aftercare programming designed to provide a continuum of care and recovery maintenance. • The Addiction Treatment Unit also provides services to the specialized population to include: <ul style="list-style-type: none"> ▪ Young Adult Offenders, ▪ Youthful Offenders, ▪ Women, ▪ Driving Under the Influence (DUI) Offenders, ▪ Medications for Opioid Use Disorder (MOUD), and ▪ temporary violation as an incremental sanction in Time Out Program (TOP) for Parolees at risk for Violation of Parole. • Major Initiatives and Accomplishments <p>Triennial Report: Department of Education The Connecticut State Department of Education (SDE) offers several substance use prevention supports through programs that address the issue directly and through meeting the social-emotional, developmental and behavioral health needs of students. Connecticut statute:</p> <ul style="list-style-type: none"> • requires that the program of study in public school includes substance abuse prevention, including instruction relating to opioid use and related disorders • requires instruction regarding the use of alcohol, nicotine, tobacco and drugs every academic year to all student sin Kindergarten through Grade 12 in a planned, ongoing and systematic fashion • Provides guidance that content must include teaching about the knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine and or tobacco and of drugs on health, character, citizenship and personality development • School Discipline Reporting / Guidance and Training <p>Triennial Report: Connecticut Social Services</p> <ul style="list-style-type: none"> • The Connecticut Department of Social Services (DSS) implemented an 1115 Demonstration Waiver: 	

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	<ul style="list-style-type: none"> ▪ for SUD inpatient and residential treatment for adults and children under fee-for-service (FFS). ▪ Connecticut also requested this Demonstration to ensure a complete American Society of Addiction Medicine (ASAM) levels of care (LOCs) service array is available as part of an essential continuum of care for Medicaid-enrolled individuals with OUD and other SUDs. • Medicaid population: <ul style="list-style-type: none"> ▪ Substance use disorder diagnoses ▪ Mental Health disorder diagnoses ▪ Medical Diagnoses ▪ Pharmacy Prescriptions ▪ Medicaid Substance Use Disorder Benefits and Services ▪ Medication for Opioid Use Disorder and impact on utilization of other services <p>The full PowerPoint presentation can be viewed at: triennial-report-sfy2025-presentation-adpcptx-----read-only.pdf</p>	
NORA Application	<p>Sara Moriarty, DPH Health Program Associate provided the following report:</p> <p>NORA Saves: History</p> <ul style="list-style-type: none"> • Naloxone Overdose Response App (NORA), norasaves.com • Developed by Connecticut Public Health through an EGovernment Program and promoted using CDC Overdose Data to Action funds, launched 2021 • Marketing Vendor: Odonnell Company • Project Objectives: <ul style="list-style-type: none"> ▪ Provide information on opioids ▪ Recognize the symptoms of a suspected opioid overdose ▪ Provide instructions on administering naloxone when needed • Website Use: <ul style="list-style-type: none"> ▪ Viewers can learn about trainings on naloxone use in CT as well as how to obtain it in their communities ▪ Additional pages provide access on how to prevent an overdose, disposal of medications, and links to treatment and recovery resources <p>About the App</p> <ul style="list-style-type: none"> • NORA is an interactive web app; instructions are available to bookmark the page on a user's home screen to appear as an "app" icon • The NORA app is designed to work offline • Language translations available: English, Spanish, Polish, and Portuguese • Current website sections: <ul style="list-style-type: none"> ▪ Naloxone and Where to Find it ▪ Prevent Opioid Overdose ▪ What are Opioids • "I Gave Naloxone" anonymous survey <ul style="list-style-type: none"> ▪ To capture more information: Who administered (bystander/family/friends or community agency), demographics of person, location <p>Objectives of Enhanced Campaign</p> <ul style="list-style-type: none"> • Revitalize awareness of NORA Saves and educate CT population on: • Naloxone as a life-saving tool • Signs of overdose 	<p>Information</p> <p>The full PowerPoint presentation can be found on the DMHAS ADPC webpage.</p>

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	<ul style="list-style-type: none"> • How/when to use naloxone (safe administration of naloxone) • Where to access naloxone <p>Incorporate new, relevant messaging:</p> <ul style="list-style-type: none"> • Provide situational awareness/shed light on how overdoses occur • Destigmatize the use of naloxone • Importance of not using alone, including open dialogue with family/friends • Emphasize that naloxone is safe for everyone, including children • Move away from the term “OD” <p>Revitalize awareness of NORA Saves and educate CT population on:</p> <ul style="list-style-type: none"> • Naloxone as a life-saving tool • Signs of overdose • How/when to use naloxone (safe administration of naloxone) • Where to access naloxone <p>Incorporate new, relevant messaging:</p> <ul style="list-style-type: none"> • Provide situational awareness/shed light on how overdoses occur • Destigmatize the use of naloxone • Importance of not using alone, including open dialogue with family/friends • Emphasize that naloxone is safe for everyone, including children • Move away from the term “OD” <p>Work hand-in-hand with the DMHAS LiveLOUD campaign, so each campaign has a distinct and complementary role.</p> <ul style="list-style-type: none"> • LiveLOUD is focused on understanding OUD, providing options for support and treatment, and educating on harm reduction. • NORA is intended to be a practical tool for treating an overdose - specifically sharing information on accessing, administering, and reporting the use of naloxone. • Evolve visual design to align with new CT State brand guidelines. <p>Target Audience</p> <p>General Targeting:</p> <ul style="list-style-type: none"> • State agencies • General public <p>Prioritized Targeting:</p> <ul style="list-style-type: none"> • Individuals, ages 35-64, particularly Black and Hispanic Males • Family/Support who are more likely to administer <p>Media Campaign Details</p> <p>Be Ready</p> <ul style="list-style-type: none"> • Overdoses happen. Be ready with naloxone. • Anyone can save a life from overdose. Be ready with naloxone. • Do you know the signs of an overdose? Be ready with naloxone. • Ready, Set, Spray. Be ready - know the steps for naloxone. • Overdose can happen at any age. Be ready with naloxone. Safe for anyone, at any age - be ready with naloxone. • Never use alone and be ready with naloxone. <p>Media Campaign Details</p> <p>Strategy: Expand awareness of the NORA app and focus communication points on the following:</p>	

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	<ul style="list-style-type: none"> Loved ones and community empowerment Stigma around naloxone use Safe for everyone to use <p>Campaign Aspects to include:</p> <ul style="list-style-type: none"> Social media story ads Banner Ads :30 Video :30 Radio Ad :OOH Creative (Digital Billboards) <p>Next Steps</p> <ul style="list-style-type: none"> Enhancement to website Adding resource page Analytics tracking Marketing Heavy Promotion of NORA Working with partners to create and promote cohesive messaging across the state 	
Sub-committee Reports		
<ul style="list-style-type: none"> Prevention, Screening and Early Intervention 	<p>Deborah Lake provided the following update:</p> <ul style="list-style-type: none"> This subcommittee met in September and October. In September, they were able to hear from DPH in regard to the tobacco and cannabis prevention programs, new data, and the inclusion of pregnancy related data that will be included starting in 2026. Shobha Thangada and Sarah Moriarty presented some of the work being done through the OD 2A with the bio surveillance project. Sara Messier Smith provided an OSAC update. Currently reviewing a few recommendations. Cannabis Workgroup - Entering their phase three and will be meeting more regularly. If anyone has any questions about the workgroup, they should contact Denique Weidman Lewis at DMHAS. The Prevention Summit was held in September; it had approximately 240 attendees. There was a lot of interesting information in terms of the breakout sessions, and some great keynote speakers. Had a presentation from the DMHAS Women's Overview, it was very helpful to hear about all their different programs. Heard from the Adopted Health District Project, run by Peaches Adoma and Nate Rickles. They've been working with a lot of 4th year Pharmacy students to get them involved with practical on the ground internships. Heard from Recovery Friendly, they're working on their website and hope to launch it soon. Starting to think about National Prevention Week in May 2026, if you are interested in being involved, please reach out to Deborah Lake. 	
<ul style="list-style-type: none"> Treatment 	<p>Dr. Allen provided the following update:</p> <ul style="list-style-type: none"> This subcommittee met August 28th and September 25th. The Family Recovery in Home Caregivers workgroup met and heard from a group out of New York looking at certifications. After meeting with Elsa Ward, and having all questions answered, this group is comfortable sunsetting this workgroup as the family certification and family training is being considered in terms of support workers, recovery coaches, etc. SBIRT Workgroup - Jack Liu and Amy Bogart are very involved and are always looking for new members. They're focused on four different areas and have met a couple of times. Areas they're focused on are practice policy, messaging and culturally appropriate and equity focus. 	Informational

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	<ul style="list-style-type: none"> Adolescent Workgroup - Met earlier this month. There is no report out at this time. For medical providers who received a prescriber survey on MOUD, today's the last to day to fill that out. 	
<ul style="list-style-type: none"> Recovery and Health Management 	<p>Rebecca Allen provided the following update:</p> <ul style="list-style-type: none"> Met on September 11th. During this meeting, Sarah Messier Smith provided an OSAC update, which included an overview of the current budget and expenditures, a summary of approved projects to date, and a walk through of the new municipality Reporting Portal, which launched in September. Had a presentation on the Recovery Friendly Workplace initiative, which continues to grow and mature throughout the state. Discussed leadership transitions as both Pam Mulready and Rebecca Allen will be stepping down from their roles as co-chairs. This subcommittee is actively engaged in the selection process for new leadership and is nearing a decision. Rebecca will continue to support the subcommittee in the co-chair capacity until the new co-chairs are officially appointed. Met again on October 9th. Luiza Barnat provided an OSAC update. Reviewed passed initiatives and assessed current work. Members were asked to begin considering goals and objectives for the coming year. The Recovery Friendly Education and Housing work groups, both of which have played a vital role in advancing this subcommittee's mission, are currently on pause pending the appointment of new leadership. 	
<ul style="list-style-type: none"> Criminal Justice 	<p>Kattie Farrell provided the following update:</p> <ul style="list-style-type: none"> The Criminal Justice Subcommittee meets every first Wednesday of the month. Sarah Messier Smith continues to provide updates to this subcommittee and discussed their role in the OSAC recommendations. Received a suggestion from the public for another OSAC recommendation that will be looked at. Morgan Seuss, Director of Addiction Treatment at DOC, has joined subcommittee as a tri-chair. Had a presentation from Doctor Puglisi, she talked about the importance of having a medical legal partnership and what that can do to enhance people in recovery. She provided evidence based information about people with opioid use disorder experiencing a really a high burden of health harming legal needs that directly undermine recovery and stability, and they include barriers to safe and stable housing, like eviction, poor housing conditions, criminal record discrimination, difficulties accessing public benefits like Medicaid and SNAP or disability unemployment, employment challenges with the workplace discrimination without a criminal record expungement, and some family stability and custom custody issues. When folks have unmet legal needs, it can exacerbate their health inequities and contribute to relapse risk. It was the beginning of an in-depth discussion to see if something can be put together as a future recommendation. Will meet again in November and continue this discussing. 	
Other Business		

NEXT MEETING – Tuesday, December 16, 2025 – Virtual

ADJOURNMENT – October 21, 2025 meeting of the Alcohol and Drug Policy Council adjourned at 12:00pm.