

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**  
**Meeting of Tuesday, December 16, 2025**  
**Video Conference Call Through TEAMS**  
**10:00 a.m.**

**ATTENDANCE**

**Members/Designees:** **Dr. Craig Allen**, Treatment Co-chair; **Saud Anwar**, Senator; **Luiza Barnat**, DMHAS Designee; **Brendan Burke**, Office of Child Advocate Designee; **Maria Countant Skinner**, Treatment Co-chair; **Courtney Dollar**, Co-Chair Recovery Committee; **Brian DeLude**, Tri-chair, Criminal Justice Committee; **Danielle Ebrahimi**, Criminal Justice Representative (DMHAS); **Tammy Freeberg**, The Village for Families & Children; **Claudio Gualtieri**, OPM Designee; **Susan Hamilton**, Interim Commissioner, DCF; **Nicole Hampton**, Co-chair, Recovery Committee; **Mark Jenkins**, GHRC; **Deborah Lake**, Prevention Committee Co-chair; **Keri Lloyd**, Prevention Representative (DCF); **Abigail Lieberman**, Co-Chair Prevention Subcommittee; **Justin Mehl**, Recovery Committee Representative (DMHAS); **Nancy Navarretta**, Commissioner, DMHAS; **Gerard O’Sullivan**, DOI; **Shauna Pangilinan**, DPH Designee; **Dr. Surita Rao**, UCONN Health Designee; **Chris Robles**, DCF Designee; **Gary Roberge**, Judicial Designee; **Amy Rodriguez**, Criminal Justice Representative (DCF); **Sarju Shah**, Prevention Representative (DMHAS); **Morgan Suess**, Tri-Chair Criminal Justice; **Scott Szalkiewicz**, DCP Designee; **Toni Walker**, State Representative

**Visitors/Presenters:** Bridget Aliaga; Amy Bogert; Ana Gopoiian; Michael Bloom, Chlo-Anne Bobrowski; Shayna Cunningham; Dena Miccinello-Barbarula; Erika Emenyonu; Fiorigio Fetta; Anna Gasinski; Julienne Giard; Francis Gregory; Robert Heimer; Jennifer Kolakowski; John Lally; David Kaplan, Kimberly Karanda; Christy Knowles; Jennifer Lombardi; Christopher McClure; Sarah Messier-Smith; Melissa Morton; Shelly Nolan; Paul McNeil; Rebecca Petersen; Nidia Rosario; Troy Ruff; Ece Tek; Stephanie Welch; Karolina Wytrykowska

**Recorder:** Karen Urciuoli

The December 16, 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
<b>Co-Chair Welcome</b>	Commissioner Navarretta welcomed everyone to the December meeting.	Noted
<b>Review and Approval of Minutes</b>	August 19, 2025, minutes were approved as written.	Noted
<b>OSAC Update</b>	<p>Sarah Messier-Smith, DMHAS Opioid Services Division provided the following report:</p> <ul style="list-style-type: none"> <li>• Budget Update - As of the first week in December, the State has received a total of \$161,184,046, with funding recommendations having passed for \$111,691,813 leaving a balance in the fund of \$49,492,506.</li> <li>• Purdue Settlement – The settlement is still not finalized, however, it was approved by a bankruptcy judge, which is an important hurdle to clear. Hoping for an outcome in 2026.</li> <li>• Approved recommendations – all approved recommendations can be found on the OSAC website.</li> <li>• Safe Spot – 24 hour-7-day a week real-time phone-monitored supervision of drug use. Emergency Response activated if the individual becomes unresponsive. Media items available at: <a href="https://liveloud.org/get-support/toolkit/">https://liveloud.org/get-support/toolkit/</a>. Justin.Mehl@ct.gov to coordinate a presentation</li> <li>• HERO: Housing Empowering Recovery from Opioids - Program includes Housing Voucher, Case Management/Recovery Support Services, and Client Support Funds for 500 individuals with OUD and homeless or at risk of homelessness in CT. The Pre-screener is posted to the DMHAS Housing and Homeless Services website; the website is currently closed until at least 12/15 due to high demand.</li> <li>• Municipal Reporting for FY 2025 – All 169 municipalities report. The report is available at <a href="https://portal.ct.gov/cosac">https://portal.ct.gov/cosac</a></li> <li>• OSAC Meeting Schedule – Now meeting quarterly on the 2<sup>nd</sup> Tuesday of the month. (1/13/26, 4/14/26, 7/14/26,10/13/26)</li> <li>• Dashboard – currently up and running can be found at <a href="https://portal.ct.gov/cosac">https://portal.ct.gov/cosac</a> - a quick overview was provided to council members.</li> </ul>	Informational

Topic	Discussion	Action
<b>CT DMHAS Alcohol Use Disorder (AUD) Prevention and Treatment Continuum</b>	<p>Stephanie Welch, Assistant Director Prevention and Health Promotion and Julienne Giard, Section Chief Community Services Division provided the following report:  DMHAS promotes and administers comprehensive recovery oriented services in the areas of mental health treatment and substance use prevention and also treatment throughout CT, and is charged to serve adults over 18 years of age with psychiatric or substance use disorders or both who lack the financial means to obtain such services on their own. DMHAS also provides prevention services across the lifespan.</p> <p><b>DMHAS Role</b></p> <ul style="list-style-type: none"> <li>• Promotion - Individual-focused to system-level change</li> <li>• Prevention - Facts, skills, knowledge to stop the onset of SUD</li> <li>• Treatment - Clinical and Supportive Services</li> <li>• Recovery - Long-term services to achieve treatment goals</li> </ul> <p><b>Prevention Data</b></p> <p>2023 National Survey on Drug Use and Health - National Survey for Individuals aged 12 and above</p> <ul style="list-style-type: none"> <li>• 134.7 million people reported consuming alcohol (47.5%)</li> <li>• 61.4 million people reported binge drinking (21.7%)</li> <li>• 16.4 million people reported heavy alcohol use (5.8%)</li> </ul> <p>2023 CT School Health Survey - Out of the CT High School Students surveyed</p> <ul style="list-style-type: none"> <li>• 13.8% have been in a vehicle with a driver under the influence of alcohol.</li> <li>• 5.5% have driven a vehicle under the influence of alcohol.</li> <li>• 10.7% had their first drink of alcohol before age 13.</li> <li>• 21.1% report currently drinking alcohol.</li> <li>• 11.6% report binge drinking.</li> </ul> <p><b>Underage Drinking Prevention Strategies</b></p> <p>Prevention in CT Communities (PCC)</p> <ul style="list-style-type: none"> <li>• July 1, 2021 – June 30, 2026 - Burlington, Ellington, Groton, Haddam, Harwinton, Killingworth, Middletown, New Haven, Southington, Windham</li> <li>• Strategies: <ul style="list-style-type: none"> <li>▪ Local Marketing Campaigns</li> <li>▪ Information Dissemination</li> <li>▪ Education &amp; Training</li> <li>▪ Building Local Capacity</li> <li>▪ Enforcement</li> </ul> </li> </ul> <p>Partnerships for Success (PFS)</p> <ul style="list-style-type: none"> <li>• Sept. 30, 2022 – Sept. 29, 2027 - Ansonia, Ashford, Bolton, Brooklyn, Chaplin, Derby, East Hartford, East Haven, East Windsor, Southbury, Stamford, Thomaston</li> <li>• Strategies: <ul style="list-style-type: none"> <li>▪ Building Local Capacity</li> <li>▪ Information Dissemination</li> <li>▪ Small Group Activities</li> <li>▪ Enforcement</li> <li>▪ Education &amp; Awareness</li> </ul> </li> </ul> <p><b>Adult Alcohol Use</b></p> <p>Regional Behavioral Action Health Organizations</p>	Informational

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>• Goal <ul style="list-style-type: none"> <li>▪ Implement the SPF to address adult alcohol use and co-occurring mental health conditions</li> </ul> </li> <li>• Strategies <ul style="list-style-type: none"> <li>▪ Implement the SPF</li> <li>▪ Build Capacity within Towns</li> <li>▪ Increase Awareness &amp; Access to Services</li> <li>▪ Education &amp; Trainings</li> </ul> </li> <li>• Service Area <ul style="list-style-type: none"> <li>▪ Region 1: Bridgeport, Stratford</li> <li>▪ Region 2: Ansonia, Derby, East Haven</li> <li>▪ Region 3: Chaplin, Hampton, Killingly, New London, Norwich, Putnam, Windham</li> <li>▪ Region 4: Bolton, East Hartford, East Windsor</li> <li>▪ Region 5: Southbury, Thomaston</li> </ul> </li> </ul> <p><b>Enforcement, Retailer Education &amp; STOP Act Survey</b>  Collaboration with CT Department of Consumer Protection</p> <ul style="list-style-type: none"> <li>• Alcohol Compliance Checks <ul style="list-style-type: none"> <li>▪ FFY24: 246 off-premise inspected - 68.70% compliant (169)</li> <li>▪ FFY25: 217 off-premise inspected - 82.03% complaint (178)</li> </ul> </li> <li>• Retailer Education <ul style="list-style-type: none"> <li>▪ Required training for retailers to obtain Liquor Permits from DCP</li> <li>▪ DCP, DMHAS and DOT collaboration</li> </ul> </li> </ul> <p><b>Alcohol Use Disorder</b>  DMHAS Client Demographics – State Fiscal Year 2024</p> <ul style="list-style-type: none"> <li>• Of the 14,655 clients with an AUD diagnosis in State Fiscal Year 2024, the greatest percentage (34%) were in the 35-44 age range</li> <li>• 80% of the clients with an AUD diagnosis were between the ages of 26 and 64</li> </ul> <p>Unduplicated Clients SFY 2024</p> <ul style="list-style-type: none"> <li>• 54,563 males in treatment in SFY 2024</li> <li>• 58% of all clients were male in SFY 2024</li> <li>• 39,577 females in treatment in SFY 2024</li> <li>• 42% of all clients were female in SFY 2024</li> </ul> <p>Unduplicated Clients with AUD Diagnosis SFY 2024</p> <ul style="list-style-type: none"> <li>• 10,921 males in treatment with an AUD diagnosis in SFY 2024</li> <li>• 75% of those with AUD diagnoses in SFY 2024</li> <li>• 20% of all males treated in SFY 2024</li> <li>• 3,725 females in treatment with an AUD diagnosis in SFY 2024</li> <li>• 25% of those with AUD diagnoses in SFY 2024</li> <li>• 9.4% of all females treated in SFY 2024</li> </ul> <p>Unduplicated Clients with AUD Diagnosis SFY 2020</p> <ul style="list-style-type: none"> <li>• 13,903 males in treatment with an AUD diagnosis in SFY 2020</li> <li>• 67% of those with AUD diagnoses in SFY 2020</li> <li>• 23.7% of all males treated in SFY 2020</li> <li>• 6,916 females in treatment with an AUD diagnosis in SFY 2024</li> </ul>	

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	<ul style="list-style-type: none"> <li>• 33% of those with AUD diagnoses in SFY 2020</li> <li>• 17% of all females treated in SFY 2020</li> </ul> <p><b>Facilitating Access to Services</b></p> <ul style="list-style-type: none"> <li>• Bed website: www.ctaddictionservices.com</li> <li>• ACCESS Line – 24/7/365 - ~ 3500 calls/month</li> <li>• Transportation - to withdrawal management, SUD residential treatment, recovery houses - ~ 350 transports/month</li> <li>• New universal referral form</li> </ul> <p><b>Levels of Care / Types of Services</b> State Operated and Private Non-Profit Providers</p> <ul style="list-style-type: none"> <li>• Withdrawal Management (200 beds)</li> <li>• Residential Treatment (ASAM 3.7-3.1) (~800 beds)</li> <li>• Recovery Houses (200 beds) - New Medically Enhanced Recovery House opening January 2026</li> <li>• Sober Houses</li> <li>• Outpatient / IOP</li> <li>• FDA-approved medications for AUD - Acamprosate, disulfiram, naltrexone</li> </ul>	
<b>HERO Project Launch</b>	<p>Kimberly Karanda, Section Chief Statewide Services, provided the following report:</p> <p><b>Housing Empowering Recovery from Opioids (HERO)</b> We're currently experiencing a national housing and homelessness crisis, not only in the state of CT, but also virtually every state in the nation. CT is very fortunate to have received funding from OSAC, and guidance from this council as well as from the OSAC core report.</p> <p><b>Opioid Settlement Advisory Council</b></p> <ul style="list-style-type: none"> <li>• The Connecticut Opioid Settlement Advisory Committee is directing \$58.6 million in funding toward a new housing initiative supporting people who face opioid use disorder and are experiencing homelessness or housing instability.</li> <li>• At a cost of \$14.25 million a year, the initiative will help as many as 500 people annually.</li> <li>• That includes vouchers through the state's Rental Assistance Program (RAP), trauma-informed case management services, peer recovery supports, and client support funding for move-in costs.</li> </ul> <p><b>Program Eligibility</b> Individuals need to have:</p> <ul style="list-style-type: none"> <li>• Opioid Use Disorder</li> <li>• Housing Instability (including homelessness)</li> </ul> <p>The HERO program is open for individuals as well as families where the head of household meets the criteria above.</p> <p><b>Application Process</b></p> <ol style="list-style-type: none"> <li>1. An individual with an opioid use disorder who is experiencing homelessness or housing instability applies through an online pre-screener</li> <li>2. Eligible applicants' information are sent to HERO Service Provider Agencies to confirm eligibility</li> <li>3. Individuals will work with Service Provider and JDA to secure housing</li> </ol> <p><b>Provider Agencies</b></p> <ul style="list-style-type: none"> <li>• DMHAS is contracting with 8 nonprofit service providers across the state. There are at least two agencies who will be working in each DMHAS region of the state.</li> <li>• HERO agencies will receive the information from pre-screener and reach out to applicants to confirm eligibility.</li> <li>• These agencies can help people collect needed documents for housing, apply for their housing voucher (a RAP certificate), and find housing.</li> <li>• Once participants are housed, HERO agencies can assist with apartment set-up and will provide ongoing case</li> </ul>	Informational

Topic	Discussion	Action
	<p>management and peer recovery supports.</p> <ul style="list-style-type: none"> <li>HERO services are required for ongoing program participation. Service agencies will meet with participants at least weekly, including one home visit per month to provide support and linkages to care. In order to participate fully in the HERO program, engagement with case management is required.</li> <li>Case managers can serve as a liaison with landlords, can provide linkages to healthcare, recovery services, and can support the individual's goals throughout the course of the program.</li> </ul> <p><b>Rental Assistance Program (RAP) Voucher</b></p> <ul style="list-style-type: none"> <li>These are long-term housing vouchers. The program is funded for 4 years and the goal, based on funding availability, is to continue the program further in the future.</li> <li>Tenants pay 30% of whatever income they have towards the cost of the rent. The voucher will pay the remaining cost directly to the landlord.</li> </ul> <p><b>How will we know if HERO is helping?</b></p> <p>UConn Program Evaluation</p> <ul style="list-style-type: none"> <li>DMHAS is contracting with UCONN for a program evaluation.</li> <li>This evaluation will consist of surveys and interviews, and a review of program data. UCONN will seek feedback from the HERO service providers as well as participants to identify potential challenges and provide data analysis results to stakeholders. The results of this evaluation will be shared periodically with the Opioid Settlement Advisory Council and throughout our service system.</li> <li>Because evaluation will use both quantitative and qualitative methods, we will have regular and meaningful information about program operations and outcomes.</li> </ul> <p><b>I am working with someone who I think qualifies for HERO –how can I refer them?</b></p> <ul style="list-style-type: none"> <li>The HERO program accepts pre-screener forms online, and we will have rolling periods of online application based on availability.</li> <li>The pre-screener form is posted on the DMHAS website, and the link to the form shared broadly by DMHAS staff.</li> <li>Because this program is open to the public, we anticipated many people would apply. We encouraged stakeholders and providers to prepare in advance by talking to their clients about the program and preparing to help them apply as soon as the program launched.</li> </ul> <p><b>What do I need to apply?</b></p> <ul style="list-style-type: none"> <li>All applicants need to have an opioid use disorder. Applicants can obtain confirmation of opioid use or opioid use services from a clinician, treatment/recovery program, or healthcare providers.</li> <li>All applicants will need to provide proof of their housing instability –this can be a letter from an outreach worker, an HMIS record, a letter from the residential program they are in, or similar confirmation.</li> <li>All applicants will need a valid social security number.</li> <li>All applicants need a phone number and email address or will need a secondary contact person for the purposes of communicating with the program.</li> </ul> <p><b>How long does this all take?</b></p> <ul style="list-style-type: none"> <li>This is not an immediate process –we do not have a specific building with apartments to move people into. Instead, the HERO program provides participants with a housing voucher they can use in the community. Even once applicants are confirmed as eligible and receive approval for a voucher, they will need to work with HERO staff to find an apartment.</li> <li>For applicants receiving treatment in a residential program, that means it is essential that applicants make alternative plans for accommodations at the point of discharge. Even an eligible individual may not have an apartment by their discharge date.</li> <li>For those with an imminent program discharge, we encourage alternative short-term housing plans since this process</li> </ul>	

Topic	Discussion	Action
	can take time.	
<b>Sub-committee Reports</b>		
<ul style="list-style-type: none"> <li>• <b>Criminal Justice</b></li> </ul>	<p>Brian DeLude provided the following update:</p> <ul style="list-style-type: none"> <li>• This subcommittee met once since the last full council meeting.</li> <li>• Had a follow-up presentation from Dr. Lisa Puglisi where she answered questions regarding medical legal communities in order to consider whether that's something this committee may want to recommend in the future.</li> <li>• Brian provided a presentation to his subcommittee about lack of attendance data and where people are falling out of treatment either before they get into a program, after they are evaluated but are not receiving services, or once services have begun. They discussed what might be happening to cause this, and how to better engage clients so they continue with treatment.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Recovery and Health Management</b></li> </ul>	<p>Nicole Hampton provided the following update:</p> <ul style="list-style-type: none"> <li>• This subcommittee welcomed new leadership in November with the appointment of Nicole, Courtney Dollar and Jacqueline Kalie as tri-chairs. Rebecca Allen was thanked for her dedicated service to the ADPC and this subcommittee.</li> <li>• During November, this group focused on several key areas of work, the Recover Friendly Workplace Communities initiative was revisited. The Town of Newington has expressed interest in becoming a Recovery Friendly Community and is receiving support in that process.</li> <li>• Updates were provided to this group on rubrics, community engagement processes and ongoing website development by members of the Prevention subcommittee.</li> <li>• This subcommittee remains committed to fostering collaboration and ensuring the continued success of these initiatives in partnership with partnership with the Prevention subcommittee.</li> <li>• The language matters document underwent its annual review and had a couple of minor edits. Updates have been proposed to ensure terminology remains inclusive and reflective of current best practices. The revisions are under consideration and will be finalized in the coming months.</li> <li>• This subcommittee engaged in an open discussion to begin identifying priority areas for 2026, which will be an ongoing process.</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	<p>Maria Coutant Skinner provided the following update:</p> <ul style="list-style-type: none"> <li>• This subcommittee met once since the last full council meeting.</li> <li>• Family Recovery work has paused because of the DMHAS certification work. Would also like to see their work cover the entire lifespan.</li> <li>• The Adolescent Workgroup has been busy, they broke out and folded into the SBIRT workgroup.</li> <li>• Have begun to reassess and identify some priorities, particularly for policy recommendations and work that they are seeing and would like to highlight such as access to insurance as it relates to the service system.</li> <li>• Looking at the harm reduction policy that has been put in place and how it can be reclassified as overdose prevention to continue with that work.</li> <li>• Seeing an increase in Kratom use, Katie Hill from Yale will be invited to present at a future meeting about Kratom</li> </ul>	Informational
<ul style="list-style-type: none"> <li>• <b>Prevention, Screening and Early Intervention</b></li> </ul>	<p>Abigail Lieberman provided the following update:</p> <ul style="list-style-type: none"> <li>• This committee met in November. They heard a presentation about the work surrounding the Stamford Prevention Council about smoke shops and youth vaping. There was some mapping of smoke shops, and conversations between SRO's, police officers and Town zoning are regularly happening to better understand youth access and use, as well as inequities in the Stamford communities. The Council explored how to track retailer compliance, including underage sales and illegal cannabis products, and created some checklist and resources for tobacco and alcohol retailers as well.</li> <li>• Discussed the jewel settlement and related activities, including the work of the Regional Behavioral Health Action</li> </ul>	Informational

Topic	Discussion	Action
	<p>Organization's focus on youth prevention of nicotine and nicotine synthetic products. There were over 60 classroom educational sessions reaching over 2200 middle and high school students as well as over 200 community-based events reaching an even greater number of residents.</p> <ul style="list-style-type: none"> <li>• Did some brainstorming about what to focus on for 2026. Discussed increasing focus on alcohol, and co-occurring mental health impacts with substance use as well as community economic development and how to better involve parents and guardians, protective factors and technology.</li> <li>• The Recovery Friendly Work group is continuing to work on developing a unified effort for all three of the initiatives, including workplaces, campuses and communities for recovery friendly. Newtown is working on becoming a recovery friendly community.</li> <li>• The cannabis work group has officially started as of December. If anyone is interested in joining that work group or learning more about it, particularly if anyone has any connections to younger people please contact Denique Weidema-Lewis of DMHAS Prevention.</li> <li>• National Prevention Week for 2026 is May 10<sup>th</sup> – 16<sup>th</sup> and planning is currently underway. If anyone is interested in being involved in the planning process they can reach out to Abigail or Kathy Sisko of Wheeler.</li> </ul>	
<b>Other Business</b>		

**NEXT MEETING** – Tuesday, February 17, 2026 – Virtual

**ADJOURNMENT** – December 16, 2025 meeting of the Alcohol and Drug Policy Council adjourned at 11:30am.