

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, June 16, 2026
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Luiza Barnat**, DMHAS Designee; **Jacqueline Calayag**, Recovery Tri-Chair; **Paulo Correa**, Carelon; **Maria Coutant Skinner**, Treatment Co-chair; **Courtney Dollar**, Co-Chair Recovery Committee; **Brian DeLude**, Tri-chair, Criminal Justice Committee; **Danielle Ebrahimi**, Criminal Justice Representative (DMHAS); **Katie Farrell**, Public Defender Representative; **Tammy Freeberg**, The Village for Families & Children; **Ingrid Gillespie**, Liberations; **Susan Hamilton**, Commissioner, DCF; **Mark Jenkins**, CT Harm Reduction Alliance; **Deborah Lake**, Prevention Committee Co-chair; **Abigail Lieberman**, Co-Chair Prevention Subcommittee; **Justin Mehl**, Recovery Committee Representative (DMHAS); **Nancy Navarretta**, Commissioner, DMHAS; **Shauna Pangilinan**, DPH Representative; **Surita Rao**, UCONN Health Representative; **Gary Roberge**, Judicial Designee; **Kris Robles**, DCF Representative; **Amy Rodriguez**, Criminal Justice Representative (DCF); **Sarju Shah**, Prevention Representative (DMHAS); **Morgan Suess**, DOC Representative; **Nicole Taylor**, DCF; **Cristin McCarthy Vahey**, State Representative

Visitors/Presenters: Michael Aiello; Allyson Nadeau; Amy Bogert; Michael Bloom; Chlo-Anne Bobrowski; Devon Briem; Dorine Brogan; Katie Daly; Fiorigio Fetta; Julianne Giard; Francis Gregory; Robert Haswell; Morica Hutchison; John Lally, David Kaplan; Erin Leavitt-Smith; Keri Lloyd; Lesley Mara; Aliana Montalvo; Paul McNeil; Dawn Rios; Melissa Roberts; Sandra Violette; Sarah Messier-Smith; Stacy Charpentier; Ece Tek; Robin Tousey-Ayers; Elsa Ward; Karolina Wytrykowska

Recorder: Karen Urciuoli

The June 16, 2026, 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 Commissioner Hamilton, DCF.

Topic	Discussion	Action
Co-Chair Welcome	Commissioner Navarretta welcomed everyone to the April meeting.	Noted
Review and Approval of Minutes	The April 21, 2026 minutes were approved with the following revision: Jack Lu's name is misspelled	Noted
CT Certified Peer Recovery Support Professional	Elsa Ward provided the report: - Certified Peer Support & Recovery Professional credential became effective June 1, 2026. - This credential was envisioned and shaped by people with lived and living experience, and their voices remained central throughout its development. Their shared experience, dedication, and expertise guided the creation of the training standards, requirements, and examination. 180 people were involved in the process. 177 identified with lived / living experience The CPSRP Foundation - Provides a strong framework for delivering high-quality recovery peer support and recovery coaching services. - Ensures consistency and integrity across the workforce. - Strengthens the peer support and recovery coach roles through unified standards. Certification Board - Credentialing through the Connecticut Certification Board (CCB) for the CPSRP - Validates competency and skill-based training. - Strengthens professional development for certified Peer Support & Recovery Professionals - Upholds a standard Code of Ethical Conduct Modifier - To differentiate between people with firsthand lived/living experience and people with lived experience through family that do not have firsthand lived/living experience, an (F) has been added after the CPSRP. Definition of a CPSRP	Informational – The full PowerPoint presentation can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	• A Certified Peer Support & Recovery Professional is defined as an individual having firsthand lived/living experience with a behavioral health condition(s) and identifies as being in recovery and/or has improved their health and wellness. Definition of a CPSRP-F • A Certified Peer Support & Recovery Professional-F is defined as an individual having firsthand lived/living experience as a family member of someone with a behavioral health condition(s) and does not have lived/living experience (Family is not limited to relations by blood, marriage, or adoption) Credential Requirements • Live or work in Connecticut • 18 years or older • Attest to having first-hand lived/living experience, personally or through a family member • Complete required training • Pass the examination • Complete 300 hours of supervised employment CPSRP Credential • Complete an 80-hour CPSRP course from a DMHAS approved provider • Pass the CPSRP exam, and • Obtain 300 hours of supervised work experience Provisional Credential • Complete an 80-hour CPSRP course from a DMHAS-approved provider, and • Pass the CPSRP exam • Receive Provisional credential • Begin accrual of supervised work hours *This option provides a one (1) year credential as individuals work towards obtaining the required supervised work hours. Application Process • Visit the CCB website for information on the CPSRP Application and submission process: https://ctcertboard.org CPSRP Certification Renewal Information • 10 Continuing Education (CE) hours annually in the following categories: ▪ 2 CEs on CPSRP Ethics & Values ▪ 4 CEs on Peer Support and Coaching topics ▪ 4 CEs of Electives that enhance knowledge within the behavioral health field. *Additional information is located on the CCB website at https://ctcertboard.org/applications-renewals/ CPSRP Grandparenting - Over 1,000 people are now certified! • If you completed training on or before May 31, 2026, you are eligible to apply. Applications are open until October 1, 2026. • Access the CPSRP Grandparenting Application on the Connecticut Certification Board website: https://ctcertboard.org/applications-renewals/ Currently Approved Training Organizations • New Life II: Training – New Life II: Recovery Housing, Peer Support & Education • Advocacy Unlimited, Inc.: Recovery Support Specialist Certification & Training / CT *The list of approved training agencies are updated on the DMHAS website as they become approved - All training organizations are privately owned and set their own schedules and fees Disclaimer	

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	The Certified Peer Support & Recovery Professional credential is not a license and does not authorize the holder to practice independently. For more information go to the DMHAS website https://portal.ct.gov/dmhas/newsworthy/news-items/certified-peer-support-and-recovery-professional-credential or contact Elsa Ward elsa.ward@ct.gov	
Substance Use Disorder Reinvestments	Robert Haswell, DMHAS Section Chief Managed Services, Julianne Giard, DMHAS Section Chief Community Services, and Keri Lloyd, DCF Behavioral Health Program Manager provided the following report: Connecticut 1115 SUD Demonstration - Reinvestment Funding General Overview - Under the State's 1115 Substance Use Disorder Demonstration, Connecticut receives federal financial participation (FFP) for a continuum of SUD services, including services provided to Medicaid enrollees residing in residential treatment facilities that qualify as institutions for mental diseases (IMDs). - FFP from the Demonstration generates revenue that must be reinvested in the substance use treatment and recovery continuums. - Department of Mental Health and Addiction Services – Annual Funding Amount – \$10.7 million - Department of Children and Families – Annual Funding Amount - \$1.635 million In response to data trends and ongoing discussions with clients, substance use treatment providers, housing providers and advocates from throughout the substance use treatment, and recovery continuum, DMHAS and DCF, in partnership with the Department of Social Services, identified the following reinvestment priority areas: - DMHAS-Continued Support for Substance Use Treatment Providers for Non-Medicaid Reimbursable Costs - DMHAS-Expansion of Supported Recovery Focused Housing - DMHAS-Expansion of Supported Substance Use Employment Opportunities Statewide - DMHAS-Expanded Access to Substance Use Treatment and Recovery Supports - DCF-Launched peer recovery support services for young people - DCF-Expansion of S-BIRT Reimbursement - DCF- Increased reimbursement rate for adolescent 3.5 residential - DCF-Established rates for adolescent 3.1 and 3.7 Continued support of SUD Treatment Providers - July 2025- DSS increased Medicaid reimbursement rates for all levels of residential care Provider Bulletin 2025-35 - Approximately 450k per year has been reinvested in current DMHAS contractors. This funding will continue to be utilized to support the following costs: - Treatment costs for non-Medicaid populations - Insurance for high-risk populations and cybersecurity - Modification and maintenance costs for electronic health records - Recruitment and retention initiatives and workforce training - The Judicial Branch has utilized approximately 400k per year to help support placements at their contracted facilities. Continued support of SUD Treatment Providers for Non-Medicaid Reimbursable Costs - Using the same principles outlined on the previous slide, up to \$2 Million will be utilized to open and cover non-Medicaid reimbursable costs for new SUD treatment beds across the continuum. - The adult residential SUD treatment continuum has experienced a reduction in bed capacity since 2022. The goal of this reinvestment strategy is to restore this capacity by targeting the levels of care where increased capacity is needed the most- ASAM 3.1 and ASAM 3.5. Our goal statewide bed capacity is approximately 1,200 beds. - In SFY26 DMHAS conducted two procurement phases which yielded 5 successful applications to date. Expansion of Supported Recovery Focused Housing	Informational – The full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	- Expand Recovery House Network - Recovery House Network - Expand Supported Recovery House Network (Sober Houses) - Supported Recovery House System - Expand short-term therapeutic shelter resources - Judicial Branch-Continued funding of ARPA-funded Recovery House Implementation of Medically Oriented Recovery Housing - In FY26, reinvestment funding established a new 12-bed medically oriented recovery house for individuals experiencing SUD and complex medical needs to avoid unneeded placements in higher levels of care such as skilled nursing facilities or respite care placement. - SCADD's Shoreline House of Hope provides - On-site staff 24/7 - On-site nursing care - Case management services Expansion of Supported Recovery Focused Housing - Historically, only Medicaid beneficiaries with Husky D (Medicaid for low-income adults without dependent children) coverage could access DMHAS SRHS (sober housing) placements. - Using reinvestment funding, the State has closed this critical gap in recovery housing by providing coverage and rates for placements in the SRHS system for the following Husky types for individuals aged 18 and over: - Husky A: Young adults up to age 19, caretaker relatives, and pregnant individuals within certain income guidelines. - Husky B: Young adults up to age 19 and pregnant individuals who don't qualify for Medicaid due to immigration status. - Husky C: Connecticut residents who are 65 years of age or older, and/or who are blind or disabled. Expansion Of Temporary Shelter Supports for Individuals Experiencing Substance Use Disorders - In FY26, reinvestment funding helped support the opening of The Cornell-Scott Recovery & Wellness Center. This program began offering a safe, short-term therapeutic living environment (shelter) for 40 men in New Haven. - Services include integrated primary medical care, specialized substance use and mental health treatment including access to withdrawal management, medication assisted treatment, counseling, aftercare, case management and wrap around services. Expansion of Supported Substance Use Employment Opportunities Statewide - Employment Services are integral to DMHAS' goal of offering a recovery-oriented system of care for persons in recovery who experience behavioral health conditions. From the recovery perspective, meaningful employment has been shown to promote recovery from psychiatric, and substance use disorders and to facilitate improvements in diverse domains from symptom relief to successful community integration. - Prior to FY26, DMHAS funded agencies in Regions 2 and 4 to provide employment services including career planning, job search assistance, job placement, on- and off-the-job coaching, and career advancement services. - Approximately \$2 Million in funding has been used to establish parity between the DMHAS Regions and expands the program into Regions 1, 3 and 5. Expanding Access to Substance Use Treatment and Recovery Supports - The primary goal of CT's 1115 SUD Demonstration is to increase enrollee access to and use of appropriate SUD services through improved rates of identification, initiation, engagement, and retention in treatment. Approximately \$2.6 million has been utilized on the following projects to support this goal: - Access Line Expansion - ACCESS Mental Health & Substance use for Moms	

Topic	Discussion	Action
	▪ Alcohol Use Disorder Media Campaign ▪ CT Addiction Services Website Upgrade ▪ Healthcentric Training ▪ Trauma Enhancement/NADA Training ▪ Methadone Pump Replacement ▪ Young People Peer Support (YPPS) Questions Please check the following websites for project updates and funding announcements: • DSS CT 1115 SUD Demonstration - https://portal.ct.gov/dss/health-and-home-care/substance-use-disorder-demonstration-project?language=en_US • DMHAS RFPs and RFQs - https://portal.ct.gov/dmhas/rfps/index/rfps-and-rfqs • DCF RFPs and RFQs - https://portal.ct.gov/DCF/knowledge-base/categories/providers/contract-information-for-providers?language=en_US	
DMHAS' ABI Programming and Co-Occurring SUD	Katie Daly, DMHAS Clinical Director Long Term Services and Supports provided the following report: Acquired Brain Injury Program Eligibility Criteria for ABI Services • Currently receiving mental health services through DMHAS or DMHAS-funded agency • Has a qualifying Acquired Brain Injury (ABI) as determined through testing and documentation • Is 18 years of age or older • CT resident • Voluntarily accepts services offered • The dysfunction of the central nervous system is not congenital, developmental, or degenerative Program Services • Consultation Services • ABI Substance Use Services • Community Residences • Community Living Support Services • Training and Education • Advocacy Supports • Liaison with DSS – (DSS operationalizes the ABI Waiver) • Reserve Capacity slots on DSS ABI Waiver (8 annually) • Occupational Therapy Consults Community Integration Specialist (CIS) - Certified as Brain Injury Specialists • CIS duties include: ▪ Acting as the primary point of contact regarding qualification for services ▪ Processing all referrals to the ABI Community Services Program within their region ▪ Serving as a link to inpatient services for clients ▪ Arranging clinical consultations ▪ Coordinating with community services and serving as liaison with partner agencies ▪ Providing assistance with applying to ABI Medicaid Waiver ▪ Providing education and training to individuals, families, providers, and community at large CIS Referrals • FY 2024-2025: Program census 338, Referrals: 229	

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	• FY 2023-2024: Program census 356, Referrals: 240 • Average CIS caseload currently: 36 per clinician • Reasons for Discharge: ▪ If stable for one year and connected with services ▪ Move out of state ▪ Request to end involvement in program How to Make a Referral • Referrals are made by completing a referral form (found on the DMHAS website). Acquired Brain Injury Program Referral can be faxed to 860-262-5852 or mailed to ABI Services, CVH, Beers Hall 3rd Fl., PO Box 351/Silver St. Middletown, CT 06457 ABI and Substance Use Disorder - How does ABI/TBI impact SUD • Impaired impulse control limits “stop and think” ability before substance use. • Emotional dysregulation leads to unpredictable responses increasing vulnerability to use. • Ongoing substance use worsens cognitive and emotional instability. • Memory deficits reduce ability to retain insight, recognize triggers, and apply coping strategies. • Executive functioning challenges impair decision-making and linking of actions to consequences, in turn increasing relapse risk. ABI and Substance Use Disorder - Barriers to Traditional SUD Treatment • Memory deficits often result in missed sessions, leading to administrative discharge. • Cognitive overload can reduce attention, processing, and ability to keep pace in traditional sessions -> repetition, slower pace. • Decreased initiation and motivation may limit engagement and participation in treatment. • Impulsivity can lead to behaviors perceived as inappropriate or disruptive. • Social cognition deficits may impact understanding of social cues and interactions. • Slower processing can hinder understanding and application of concepts. This is often mistaken for lack of recovery motivation. • Size and structure of group interventions-> group setting can feel overstimulating. • Individualized interventions are critical -> every brain injury is different. • Option of peer run group for all CIS participants. ABI Substance Use Disorder Program - ABI Substance Use Services – Rushford • Established in 2010 to address the need for SUD treatment programming for individuals with acquired brain injuries. • Referrals are made by the DMHAS CIS. • Provides evidence-based SUD treatment adapted for cognitive and functional needs including relapse prevention, psychoeducation, and supportive counseling. • Incorporates Recovery Support Services (RSS) to enhance quality of life through meaningful activities, peer support, and healthy relationships. • Services are delivered statewide through individual and group sessions via telehealth, Rushford sites, home visits, and community settings. ABI SUD Program Data • FY 2025-2026: 14 admissions, 4 discharges Currently serving 60 individuals • FY 2024-2025: 7 referrals, 3 admissions, 10 discharges Historical Performance Trends • FY 2023: 33 served, FY 2024: 28 served	

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	• Average length of stay varies, based on stage of change and engagement • Caseload distribution- Devon Briem, Clinical Supervisor: 25 clients- Desteny Vizcarrondo, Clinician: 20 clients- Spencer Healey, RSS: 13 clients • Current caseloads reflect high demand and full capacity Questions For additional program information contact: katie.daly@ct.gov or dorine.brogan@ct.gov	
Sub-committee Reports		
• Prevention, Screening and Early Intervention	Abigail Lieberman provided the following update: • This committee met in May and June • During the May meeting they spent time discussing the different activities that were held throughout the state during National Prevention Week. • Had a presentation from PULSE (Prevention, Unity, Leadership Service and Community Engagement), which is a group that's student lead out of UCONN. Their goal is to empower students to lead substance misuse free life through advocacy, education, and connection, and to cultivate campus culture where prevention is peer LED rather than policy LED. • In May and June this committee heard from both DCP and DMHAS about the changes to some of the cannabis regulations. • Upcoming Events –the end of next week will be the Future Prevention Leaders Conference hosted by the Governor's Prevention Partnership, International Overdose Awareness will be held in August, and the Prevention Summit is coming up on September 9th.	Informational
• Treatment	Maria Coutant Skinner provided the following update: • MOUD Workgroup – A survey was conducted by CHDI with over 100 medical providers an update will be provided to the full Council in the next couple of months. • SBIRT Workgroup – Working towards taking a board important concept and trying to narrow is so that there can be a priority that is meaningful and can feasibly be roller out. Carelon is represented in this work group. • Had a presentation about Project Amp, they talked about how SBIRT has been mandated in Massachusetts since 2016. They talked about some of the innovative technical assistance that they've been able to provide for youth peers and supervisors that help organizations to hire and train near age peers. The TAO Youth Justice Institute presentation focused on the Children's Behavioral Health Survey. • Looking at Neuro Divergent treatment. Had a presentation from Rushford about what they are working on. • Will have a presentation next month from Gilead around autism spectrum disorders. • Continue to talk about Kratom and the synthetic derivatives. Progressive Labs will conduct a survey to look at treatment providers that are seeing Kratom. • Continue to receive OSAC updates.	Informational
• Recovery and Health Management	Courtney Dollar provided the following update: • Met virtually in May • Sarah Messier-Smith provided a comprehensive update on the Settlement Advisory Committee, including project updates for the Drug Data Collaborative and the collegiate Initiative. • Work continues on the Language Matters document. Updates have been proposed to ensure terminology remains inclusive and reflective of current best practices. • Will have an in person meeting in July to finalize the revisions for the Language Matters document and to discuss future priorities.	Informational

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Criminal Justice	Brian DeLude provided the following update: - This subcommittee met once since the last ADPC meeting. - At the last ADPC meeting this committee reported out that they had started having conversations about kratom and the impact that it could have on the criminal justice system. As a follow up to that, this subcommittee has a great presentation from Katie Hill about Kratom, how it's produced the difference between the American version and the Southeast Asian version and how it manifests itself. Brian spent the month of March talking to providers across the state at Risk Reduction Indicator meetings and Kratom came up a few times. It is being seen out there by treatment providers, and it does impact our collective clients. - Discussed the Medical Legal Partnership, a program that helps our most vulnerable population that are working through treatment with some legal issues such as evictions and things like that. Hoping to have something to present or offer to this committee at some point in the near future. Continuing to work through the draft form.	Informational
Other Business		

NEXT MEETING – Tuesday, August 18, 2026 – Virtual

ADJOURNMENT – June 16, 2026 meeting of the Alcohol and Drug Policy Council adjourned at 11:45am.