

ALCOHOL & DRUG POLICY COUNCIL (ADPC)
Meeting of Tuesday, August 18, 2026
Video Conference Call Through TEAMS
10:00 a.m.

ATTENDANCE

Members/Designees: **Dr. Craig Allen**, Treatment Co-chair; **Luiza Barnat**, DMHAS Designee; **Jacqueline Calayag**; Recovery Tri-Chair; **Paulo Correa**, Carelton; **Maria Coutant Skinner**, Treatment Co-chair; **Courtney Dollar**, Co-Chair Recovery Committee; **Curtis Eller**, DESPP; **Katie Farrell**, Public Defender Representative; **Tammy Freeberg**, The Village for Families & Children; **William Halsey**, DSS Designee; **Susan Hamilton**, Commissioner, DCF; **Nicole Hampton**, Recovery Tri-Chair; **Mark Jenkins**, CT Harm Reduction Alliance; **Abigail Lieberman**, Co-Chair Prevention Subcommittee; **Keri Lloyd**, DCF Representative; (DMHAS); **Nancy Navarretta**, Commissioner, DMHAS; **Tammy Nuccio**, State Representative; **Gerard O'Sullivan**, DOI; **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); **Kelly Symolon**, Criminal Justice Tri-Chair; **Scott Szalkiewicz**, DCP Designee; **Cristin McCarthy Vahey**; State Representative; **Toni Walker**, State Representative

Visitors/Presenters: Michael Aiello; Alexandra Guzman; Bridget Aliaga; Amanda Flick; Chantelle Archer; Chyrell Bellamy; Chlo-Anne Bobrowski; Anna Gasinski; Julianne Giard; Morica Hutchison; John Lally; David Kaplan; Kimberly Karanda; Kevin Shuler; Christy Knowles; Jennifer Lombardi; Lesley Mara; Christopher McClure; Sarah Messier-Smith; Paul McNeil; Graziela Reis; Dawn Rios; Troy Ruff; Sandra Violette; Tracey Smith; Jennifer Vinci; Elsa Ward; Karolina Wytrykowska

Recorder: Karen Urciuoli

The August 18, 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 August meeting.	Noted
Review and Approval of Minutes	The June 16, 2026, minutes were accepted as written.	Noted
Overdose Awareness Day Recognition	Commissioner Nancy Navarretta, DMHAS took a moment to recognize Overdose Awareness Day and read the following quote from Governor Lamont. <i>"In advance of international Overdose Awareness Day, I want to publicly acknowledge the 836 lives we've lost over the past year. Each one of these individuals represents a loss in our Connecticut community and an immeasurable impact on their loved ones. Through tireless efforts across the state, countless lives have been saved. But even one overdose is one too many. This fight is not over. We will keep investing resources from the Opioid Settlement Advisory Committee along with state and federal funds to this life saving work. We will also continue efforts to destigmatize substance use disorder. This illness can impact anyone, no matter their background and experience, and speaking openly about substance use helps those who need support. Realize that they are not alone. On this day, we commit to continue building a future where no one in the Connecticut community experiences the loss of a loved one to overdose. Our work is not done until every person living with substance use disorder has access to the support they need, not just to live, but to thrive."</i> A moment of silence was taken, Commissioner Navarretta recognized the many lives that have been lost to overdose, and those that are still struggling. She thanked this council for their dedication to this group and to the citizens of Connecticut.	Noted
Imani Breakthrough- Update	Chyrell Bellamy PhD, MSW, Director PRCH, Senior Policy Advisor DMHAS provided the following report Land Acknowledgement - All land in CT was once Native territory. It is our duty to acknowledge that many of the institutions where we work or conduct research are indeed on Native land. GIVE THANKS! - Land acknowledgments do not exist in the past tense or historical context. Colonialism is a current ongoing process, and we need to be mindful of our present participation. The Imani Organizing Team	Informational – The full PowerPoint presentation that includes data can be found on the DMHAS ADPC webpage.

Topic	Discussion	Action
	• Special thanks to the churches, pastors, facilitators, and people with lived experience attending Imani. In memory of the many that we have lost to the opioid epidemic. Chyrell shared a poem that was written by her friend and colleague Imani Harrington <i>We need you!</i> <i>We need you our brothers, our sisters and our people!</i> <i>Help us reaffirm ourselves in</i> <i>Loving Ourselves;</i> <i>Hold us</i> <i>When we can't stand</i> <i>'Cause soles of shoes have traveled on our backs for so long;</i> <i>We need you our brothers, our sisters and our people!</i> Why Imani (Faith) Breakthrough? Imani aims to promote health and healing for ourselves and our communities! It is accomplished through a participatory process, that • Creates a sense of unity • Creates a sense of collective responsibility • Creates sense that we are all in this together Why Imani? - The Concern • Communities impacted by high overdose rates: • Rising mental health and SUD concerns • Rising overdose deaths • Lower treatment engagement • Lower treatment retention • Limited access to culturally responsive care Why with the Faith Community? - The Opportunity • Churches remain trusted institutions. • Many individuals seek support from clergy before engaging in formal treatment. • Faith communities represent an untapped recovery resource – building social, spiritual, and recovery capital. Evolution of Imani Programming The Imani Breakthrough is an intervention developed to target people addicted to and actively using heroin and/or other opiates and other drugs. This is a state of CT's Department of Mental Health and Addiction Services initiative funded by SAMHSA and is part of the Connecticut State Targeted Response (CT STR) to the Opioid Crisis and the State Opioid Response (SOR) funding and NIH U01 funding. Imani Evolution • Started with DMHAS/SAMHSA Funded Community Project to Address Opioid Crisis in 2017/2018 • Is in 5 major urban cities in CT: Hartford, New Haven, Bridgeport, Waterbury, and New Britain • Initially funded as Imani SOR in 8 (4 Black Churches and then 4) Latino churches in CT now in 10 churches in CT • Additionally funded as Research NIH U01 Imani U Randomized Clinical Trial with MAT Option in 6 CT churches • 2023 new Imani Program initiatives in Rhode Island and New Orleans • 2026 brings Imani to Boston • 2026 brings Strengthening the Core Project How did we start? And What keeps it going?	

Topic	Discussion	Action
	• Creating a Community-Driven Program • Listen (Community conversations) • Build (Co-designing Imani) • Learn (What the community taught us) • Demonstrate (The evidence) • Grow (Strengthening the Core) Listening Before Designing: How was Imani developed? LISTENING. • Community-Based Participatory Research • Community conversations with: • People with lived experience • Faith leaders • Community members • Researchers • Behavioral health providers Together we asked: • What would recovery look like if it were designed by our communities? • How do we bring healing into communities? Community Decisions - The community selected: • 8 Dimensions of Wellness • Citizenship (5Rs) • Harm Reduction • Recovery Coaching • Church-based delivery Building - The Original Imani Model 12 Weeks • Educational curriculum Based on: • 8 Dimensions of Wellness • Citizenship • Recovery • Overdose Prevention Supported by: • Church facilitators • Recovery coaches • Faith communities Learning - Then the Community Told Us We Were Wrong This is one of our most powerful implementation science findings. - The original model ended after 12 weeks. But pastors, facilitators, and participants repeatedly asked: • What happens next? • How do we sustain recovery? • How do we stay connected?	

Topic	Discussion	Action
	Result • Community members co-designed an additional phase. • 12 Weeks Education • 10 Weeks Mutual Support • = 22 Week Imani Model Unique from other recovery programs, Imani focuses on... • Culturally informed opioid education, Opioid prevention, and naloxone distribution (OEND) • Addressing the social determinants of health • Ensuring opioid reduction prevention • The importance of mutual support • Intensive wraparound support • Coaching in a safe and familiar environment • IMANI philosophies • Training facilitators who are members of the community/churches, and those with lived experience of substance use Collaborating with Churches in: • Connecticut • New Orleans • Rhode Island • Boston What is changing? • Recovery, hope, belonging, citizenship, wellness • From 2018 to 2026, Imani Breakthrough has been provided to approximately 2,000 people in Connecticut to date, and preliminary evidence shows it directly addresses the barriers that impede access to the most effective MAT available. • Recovery is about more than substance use. Participants work on the parts of life that matter to them. What Does That Look Like in Real Life? People are: • entering or staying connected with IOP/treatment • getting health appointments organized • obtaining housing • finding employment • pursuing college/financial aid • reconnecting with family • increasing their knowledge of treatment and life-saving resources • decreasing or stopping drug use • using Narcan to save another person's life And what about treatment? • Imani meets people where they are. For some, that includes beginning or reconnecting with treatment. For others, the first steps may be housing, relationships, health, employment, reducing harm, or simply having someone they trust. What keeps people coming back? • Someone knows my name. • Someone notices when I'm not there. • I can talk about what is happening in my life.	

Topic	Discussion	Action
	• I can get help with the things getting in the way. • I am with people who understand. • I can give back to someone else. • I belong here. Engagement Works • Lived Experience + Community + Faith + Research + Healing/Recovery Learning - Emerging Concepts • Self-awareness • Vulnerability • Self-reflection • Empathy • Spiritual growth GROWING. Communities continue to teach us. • Strengthening the Core of Churches to Develop and Sustain Faith-based Substance Use Recovery Programming • The CORE = Strengthening spirituality, gratitude, forgiveness, wellness, community citizenship, and recovery and spiritual capital within churches and communities.	
DCF Peer Support for Youth	Keri Lloyd, DCF Behavioral Health Program Manager, Amanda Flick, CCAR Program Manager, and Tracey Smith, AU Program Manager, Kevin Schuler, Director of Recovery Coaching, CCAR provided the following report: Definitions For purposes of shared and inclusive language, the following terms may be used interchangeably throughout this presentation and in program materials: • Young person, youth, teen, adolescent – used to describe individuals ages 12-17, the target age range for this program. • Peer Support Specialist, Peer Bridger, Recovery Coach – titles given to individuals working with and supporting young people in their recovery journey. These individuals are age 18+ and have experience with the addiction recovery process, familiarity with local support services, resources and the recovery community. What is Young People Peer Support? Program Overview • Peer Support is a voluntary, non-clinical service that encompasses a range of activities and interactions to support a young person's self-directed goals of recovery and wellbeing. • Peers do: ▪ Support recovery from substance use concerns and co-occurring conditions ▪ Offer encouragement, practical help, guidance and understanding ▪ Model that recovery is achievable ▪ Share tools and strategies that promote self-empowerment ▪ Enhance, support or serve as an alternative to clinical treatment ▪ Build from strengths and consider the whole person • Peers do not: ▪ Assess or diagnose ▪ Push any particular recovery pathway ▪ Provide treatment or case management Program Philosophy • Youth Voice • Youth Choice	

Topic	Discussion	Action
	• Young people lead their own recovery, making choices and setting goals to regain control and independence Young People Peer Supports (YPPS) Program Funding • Funding for this program is being supported by the Reinvestment Funds under the CT Substance Use Disorder (SUD) Demonstration Waiver pursuant to section 1115(a) of the Social Security Act. • Under a Memorandum of Agreement (MOA) with Connecticut Social Services (DSS), Connecticut Children & Families (DCF) agrees to contract with community expert agencies to: 1. Develop a manualized training curriculum for Peer Support Specialists (PSS) working with young people 2. Hire and train PSS in the curriculum 3. Provide peer support to adolescents ages 12-17 4. Provide ongoing coaching and consultation to the PSS to support implementation and sustainability of the curriculum 5. Develop a proposed Young Person SUD PSS Certification plan PHASE ONE Curriculum Development • On October 1, 2025, DCF began working in partnership with CHOICE Recovery Coaching (CRC) to develop a Young Person Peer Support Specialist Training Curriculum. • CRC reviewed existing CT Peer Support Curriculums as well as best practices for effective engagement of youth with substance use concerns and incorporated applicable content for the target population. • CRC met with stakeholders, including the convening of a Young Person Advisory Board, for feedback on role definitions, curriculum elements and outcomes tools. • CRC also conducted a Validation Survey to support and revise the knowledge, skills and abilities for the PSS role. What are YPPS Peers Trained in? Peers undergo intensive training and receive ongoing support, supervision and consultation. Training includes, but is not limited to: 1. Foundations of Peer Support and Recovery 2. Adolescent Development, Motivation & Wellness 3. Cultural Awareness, Identity and Equity 4. Substance Use, Mental Health and Co-Occurring Conditions 5. Relationship Building and Communication Skills 6. Advocacy and Systems Navigation 7. Intervention and Support Strategies 8. Ethics, Boundaries, and Professional Responsibility 9. Collaboration, Teamwork and Professional Practice 10. Personal Wellness and Self-Care PHASE TWO Hiring and Training On January 1 2026, DCF began working in partnership with Connecticut Community for Addiction Recovery (CCAR) & Advocacy Unlimited (AU) to prepare for statewide service provision to young people. • Each organization will hire six (6) Young People Peer Support Specialists (YPPSS) and one (1) Peer Support Program Manager • Goal: serve 140 youth annually statewide • CCAR serves DCF Regions 1, 2 and 5 • AU will serve DCF Regions 3, 4 and 6	

Topic	Discussion	Action
	• Training began March 2026; phase 2 occurred in May 2026. • CRC will provide ongoing consultation to both agencies for model fidelity PHASE THREE Service Provision Target Population – Individuals ages 12-17 who struggle with substance use. • May also have co-occurring mental health and/or physical health concerns • Formal substance use disorder (SUD) diagnosis/treatment history NOT required • No exclusionary criteria regarding the young person's substance(s) of choice • Involvement with CT Children & Families NOT required Referrals - young people and families may self-refer; referrals shall be accepted from any source including local hospitals, community behavioral health organizations, DCF Area Offices, Youth Diversion Teams (YDT), and the Judicial Branch. Contact within 48 hours; face to face offered within 7 days. Both agencies actively accepting referrals. Service Frequency - Peers meet with youth face-to-face in the community or at their homes at least weekly. Peers work a flexible schedule that includes some evening and weekend hours to accommodate individual family needs for routine appointments. Service Duration – individualized - until the young person's desired progress has been made in meeting the goals on their Recovery and Wellness Support Plan. Data and Outcome Reporting shall include but is not limited to: • Total number of certified Peer Support Specialists employed. • Number of Peer Support Specialists enrolled in Youth Peer Curriculum. • Number of Peer Support Specialists who completed Youth Peer Curriculum. • Number of Youths assigned to each Peer Support Specialist. • Referral information for Youth referred to program including referral source, geographical location of the youth/family, substance(s) of concern at time of referral, other identified needs for the youth reported in the referral. • Demographic information for Youth participating in program (e.g. race, ethnicity, language, gender, age). • Number of visits/sessions conducted by a Peer Support Specialist with each assigned Youth. • Wellness outcomes from each assigned Youth receiving services from a Peer Support Specialist. Performance Outcome Measures are based on self-reported recovery capital (Recovery Capital Outcomes Tool). CCAR YOUTH RECOVERY COACH PROGRAM Referral and Service Process • CCAR Youth Recovery Coach Dispatch Line: 475-241-3388 • Referrals are accepted by phone. A program Manager gathers initial information, schedules an initial check-in, and connects the youth with a Recovery Coach. All services are provided at no cost. AU General Program Contact Info • 860-996-9667 • Text "Inspire" to 51555 • Email youthbridger@advocacyunlimited.org • There is a scan QR code for their website PHASE FOUR Explore Possible Certification Plan CRC will develop a Youth SUD Peer Support Specialist Certification Plan. This work will: • Occur in partnership with DCF, Community Expert Agencies and the Department of Mental Health and Addiction Services (DMHAS)	

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	Include initial and ongoing training hour requirements, minimum direct practice experience, and the passing of an examination administered by the Connecticut Certification Board (CCB). To the degree that it makes sense to do so, CRC will assess opportunities for overlap with existing CT Peer Support Specialist Certification criteria to minimize barriers to career development opportunities by Peer Support Specialists. Perhaps offering CEUs in this content area rather than developing a second certification.	
Sub-committee Reports		
Prevention, Screening and Early Intervention	Abigail Lieberman provided the following update: - This committee met in June and July, and August. - At the June meeting they had a presentation from the Governor's Prevention Partnership about one of their OSAC funded medication disposal projects. Through year one of the project, they distributed over 50 thousand drug deactivation kits with information along with dome targeted social media campaigning to 39 Connecticut communities. Since then a couple of independent CT communities have since taken on a similar project to distribute medication disposal patches to their town residents. - Received some DMHAS legislative updates around suicide prevention, cannabis taxes and a bunch of other gaming and wagering things that took place. - The Prevention Leaders Conference took place in June as well as the CT Clearing House Family Wellness Fair in August. - Received some DMHAS grant updates and various programming going. - Had a presentation from Keri Lloyd and her team about Young People Peer Supports. - Heard about the new tobacco and cannabis prevention programs from DPH, learned that there were 10 different programs funded for that across five different Health districts and departments across the state, as well as some other organizations that help support that work.	Informational
Treatment	Dr. Allen provided the following update: - This committee met in June and will meet in August later this week. - SBIRT Workgroup meets monthly. This workgroup is hoping to have a prioritized recommendation by the end of the month. Their focus and conversations have been around SBIRT reimbursement, enhancement, and training, and identifying what's needed versus what is duplication. They also looked at questions related to the effectiveness of primary care integration. - MOUD Workgroup – has some high-level results from the survey of medical providers across the state. Some of the interesting themes are around exposure and awareness to opioid use disorder in practice impacts. People who do prescribe generally prescribe all four of the FDA approved medication for OUD. There appears to be a greater likelihood of a nurse practitioner prescribing. Specialized training and consultation are associated with 30 to 50% more likely to use MOUD. It seems providers are uncomfortable in prescribing for youth. There are also ongoing battles regarding stigma. There's a lower positive regard for treating opioid use disorder when compared to other chronic disorders such as diabetes, and a big barrier is providers coming up against someone who's using multiple substances along with opioids, polysubstance use, and concerns about overdose. Will continue to update. - Had a presentation from Dan Osbourne on treating neurodivergent people who have substance use disorder. Dan is the chief administrator of the Integrative Care Center that was launched a year ago at Oak Hill. The Center provides fully integrated clinical services for dual treatment for both Neuro diversion issues and other Co-occurring issues. It's for 18 and over, serves in an outpatient setting, and is licensed by DPH. Discussed comorbidities and training in addressing substance use disorders.	Informational
Recovery and Health Management	Courtney Dollar provided the following update: Met in-person in July to finalize work on the Language Matters document. The document was simplified to make it	Informational The Language Matters

Topic	Discussion	Action
	easier to digest. They revised parts of it and combined some similar points. - At the next meeting, this group will identify next steps and priorities. - Courtney noted that the HERO initiative that came out of this committee has been housing people that have really high barriers to accessing housing. And noted that it is nice to see the outcomes from the initiative.	document can be found on the DMHAS ADPC webpage.
Criminal Justice	Katie Farrell provided the following update: - Katie reported that this is her last meeting as she will be retiring at the end of the month. Katie introduced Kelly Symolon, the new chief social worker for the Public Defenders Division. Kelly will be the chief public defender's designee for this committee and will also be a part of the criminal justice subcommittee. - This subcommittee met a couple times over the last couple of months and talked about some updates at the Department of Correction. - One of the offerings of the department includes an outpatient program to unsentenced individuals. They also offer inpatient programs. DOC partners with CCAR for peer support. They have a SMART Recovery and gamblers anonymous program. They have medication for substance use disorders, Methadone and Suboxone, and Vivitrol is offered at discharge. In talking about DOC overdose prevention, they highlighted that the first two weeks after release is the most high-risk time for overdose. All DOC released individuals are giving Naloxone. They also talked about future plans for a Narcan vending machine at intake facilities, and they are tracking overdose data in Naloxone distribution data. - Had a very interesting presentation about a program not related to DOC, called Safe Spot. Steven Murray, who's one of the directors, talked about this national program that is in Connecticut and is state funded. It is an anonymous and confidential overdose hotline, that has staff members available through an 800 number, 24/7, 365 days. If the person dispatched to handle the call notices that the caller is overdosing, they use 911 to dispatch someone to their location. It has been around since 2023 and has fielded over 18,500 calls. The people who are calling in don't have to be sober, and they don't have to acknowledge what their name is. The staff members do talk with them to ask if they are using alone. They try and think through some scenarios with them and try to help them manage their use and hopefully prevent an overdose. To help refer people to Safe Spot is to ask if they know about it, and if not to offer to make the call with them to check out how it works.	Informational
Other Business	Katie Farrell was thanked for her contributions to this council and was congratulated on her retirement.	Noted

NEXT MEETING – Tuesday, October 20, 2026 – Virtual

ADJOURNMENT – August 18, 2026, meeting of the Alcohol and Drug Policy Council adjourned at 11:45am.