State of Connecticut
State Board of Mental Health and Addiction Services
January 21, 2026
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Rebecca Allen, Jennifer Buckley, Thomas Burr, Sharon Castelli, Mark Irons, Abby Maldonado, Pamela Mautte, Dena Miccinello-Barbarula, Allyson Nadeau, Manuel Paris,

DMHAS Staff: Commr. Navarretta, Deputy Commr. Harrington, Cheryl Arora, Marilyn Duran, Christopher McClure, Chandra Persaud, Sarju Shah, Kelly Sinko, Elsa Ward

Agenda Item 1: Welcome and Call to Order

The meeting was called to order at approximately 2:30 PM Chmn. John Hamilton

Agenda Item 2: Minutes of previous meeting review and action

The meeting minutes from November 19, 2025, were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- Over the past several months, the department has had to manage threats to both the HUD and SAMHSA funding as have community providers. There is ongoing litigation around Hud's application process, but SAMHSA reversed its decision to rescind funding cuts to both the state and to community providers.
- In terms of events and promotion of the department, Commr. Navarretta represented DMHAS at the Governor's Prevention Partnership celebration held at the University of Hartford in December.
- The commissioner participated in the Middletown's Women's Leadership event with the CEO of RVS Sarah Gatsby as the moderator.
- The Alcohol and Drug Policy Council met in December and will meet again in February. It continues to be well attended.
- DMHAS WCMHN LMHA CEO Deb Lawrence, that's over Danbury, Torrington and Waterbury has announced her retirement. She has been in Incredible example of somebody that can lead with kindness. She's very mission driven and really has delivered high quality care in that region.
- The Governor's budget will be released in February, at which time DMHAS will go through it with all of you and our other stakeholders.
- DMHAS will go through the legislative proposals at the next meeting.

Agenda Item 4: Presentation: Postvention – Suicide Response – Abigail Maldonado, Behavioral Health Director, Western CT Coalition

Abby shared some information about what is going on at the state and regional and local level with suicide of postvention. They have five regional behavioral health action organizations (RBHAOs) and with those five RBHAOs each has a Regional Suicide Advisory Board (RSAB). With suicide prevention there is a lot of work around 988 and the crisis text line and early identification of warning signs of suicide risk. There is a large piece of suicide prevention that falls into what they call postvention. Postvention is a planned response after a suicide death that helps with healing and reduces risk of further suicide incidents. So how they respond or don't respond when a suicide death occurs is either going to increase healing or potentially increase risk. This is across the life span. They do a lot of work with youth suicide loss and they're trying to strengthen their initiatives around adult loss. It is a little bit different of a notification process. They get officially notified when it's a youth loss under the age of 24. They don't get

the same type of official notification for adults, so that poses a bit of a challenge. Oftentimes they hear from local partners or first responders, people they already have good relationships with.

Why is postvention just as important as good prevention? It's important because we know that when someone dies by suicide, those around them automatically are at increased risk because they've lost someone to suicide. We also know that how it's handled can impact risk for everybody, especially our young people. All RSABs were trained in an evidence-based nationally recognized practice called NAMI New Hampshire Connect postvention. Postvention after a suicide loss in the work of the RSAB's, occurs on all these different levels of the social ecological model. When there is a suicide loss, we're concerned about that individual's very close friends and family. In a youth loss, we're concerned about the school setting. That is where the RSABs lean on their partners at mobile crisis, the regional crisis teams, and other clinical providers. This is that important first step of response, but they really like to leave that to the professionals and then they as RSABs, come in with the community level approach as well as the long-term approach. So those critical 24 to 72 hours after a loss, that's when they're really leaning on the network of clinical partners that they have here in the state. So they let them do their thing once that immediate response is over. That's where they really try and offer support and resources for that community. So there are different layers and it all looks a little bit different depending on which layer and depending on the person who has died by suicide. So you might be wondering at a community level, what does postvention response look like and what is the role of the RSABs. RSABs provide technical assistance and guidance around safe messaging, return to school/work prep, language and public facing communication, memorials and anniversaries, postvention plans. RSABs also work closely with law enforcement and first responders. They're very candid about what they need to do in response to a suicide loss, and RSABs learn a lot from them. And then they also share resources with them on how to increase safety at every turn. RSABs always offer this training and technical assistance services at no cost.

<u>Agenda Item 5:</u> RBHAO Report – Highlights for this month:

The RBHAOs continue to have a strong statewide and regional impact with extensive prevention, education and training efforts across substance use suicide, gambling recovery workforce initiatives, mental health promotion across all different schools, workplaces, healthcare, law enforcement and community organizations. For Cannabis, vaping, gambling and alcohol, they reach large audiences with thousands, including high school students, educators, first responders and community members through presentations, community conversations and trainings. They have done a lot around youth focused prevention, cannabis 101, signs of suicide, and vaping prevention across multiple school districts across the state and other youth groups.

Suicide prevention – their prevention training infrastructure, they continue to do QPR, COM, the CSSRS and signs of suicide through either districts or communities. They have their partnership for Hope and healing, where those are large scale school district trainings and implementations and community work going on in those five communities. They are working on increasing the postvention response, and they are always welcoming members to any of the RSAB.

For their opioid work, they continue with naloxone and overdose response efforts getting the overdose and naloxone trainings out, and the naloxone distribution, and the orcs which are the leave behind kits. They have been all planning on getting naloxone cabinets out in our communities as well. Recovery friendly workplace designations continue, including outreach, certifications, trainings and collaborations. The mini grants they have going out are their statewide opioid response. They have some of the RBHAOs do some problem gambling mini grants and they have the Juul mini grants going out. They are waiting for applications to come in from across the state. All the local prevention consoles are doing well, and

they continue with ongoing development of strategic planning evaluation and cross regional coordination to strengthen the prevention infrastructure.

The Drug Demand Reduction Office out of the National Guard has a new person/placement in region one. They work for us and are free. They work in the coalition, and they work out in the community. It is sponsored through the federal government when they have the money, they hire the people, and they help the RBHAOs in the coalition level. The RBHAO just got a new prevention corps person through AmeriCorps. There's a nominal fee associated with it but it's like bringing new people into the workforce who maybe didn't even know anything about this before and learn all about behavioral health, all sides of the system, and the whole continuum of care.

For region one at the HUB, they have a DDRO and a prevention core member. Janice Anderson is retiring at the end of this year. The new vice president of programs is Sam DeCarlo, and he comes from the Piece of the Pie in Hartford.

Agenda Item 6: General Updates/Announcements

CT NAMI: Thomas Burr was able to sit in on the CT's Crisis Services System for Adults webinar and it was a great update on the 988 system. The third weekend in May will be NAMI's annual walk.

CCAR: Their annual meeting is on February 17th at their Danbury Center.

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **February 18, 2026,** beginning at 2:30 PM.