State of Connecticut
State Board of Mental Health and Addiction Services
March 18, 2026
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Rebecca Allen, Jennifer Buckley, Thomas Burr, Sam DeCarlo, Alison Fulton, Pamela Mautte, Manuel Paris

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

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 February 18th were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- Since we last met, appropriations met with the DMHAS team, and the commissioner was able to give testimony on February 23rd.
- The Alcohol and Drug Policy Council had a presentation on Kratom, which was timely as DCP has scheduled the drug schedule one, which has a high abuse potential with no known medical use. DMHAS will work with DPH and DCP on public education and enforcement, primarily through DMHAS Prevention Unit and the RBHAOs.
- On March 10th the commissioner testified on DMHAS bills:
    - HB5515 - an act concerning DMHAS's recommendations regarding access to opioid reversal medications, which clearly allows for distribution by you all and by state agencies. As it is over the counter now and exempts distribution from needing a permit. So it's not a prescription any longer or at least the nasal formulation. It eliminates special training, clarifies administration on school grounds so that there's more flexibility in schools.
    - HB5517 is an act concerning DMHAS recommendations regarding recovery, friendly language and various revisions, and that was all the updated language that submitted to be less stigmatizing. For example, substance abuse to substance use detoxification changed to withdrawal management. And removes outdated language referring to the RBHAOs and the CACs.

Agenda Item 4: Presentation – Housing and Homeless Services Update, Alice Minervino and Kimberly Karanda

Some of the programs:

Department of Housing and Urban Development (HUD) 2022 Special Notice of Funding Opportunity (SNOFO)

- Primary focus - outreach to persons experiencing unsheltered homelessness
- Activities include - street outreach and permanent supportive housing subsidies with supportive services

Projects for Assistance in Transition from Homelessness (PATH) – SAMHSA

- Serves persons with Serious Mental Illness (SMI) or who are dually diagnosed with SMI and a co-occurring substance use disorder that are experiencing homelessness or at risk of becoming homeless
- Primary focus - outreach to persons experiencing unsheltered homelessness

Unsheltered Homeless Street Outreach

- Includes state funding that focuses on unsheltered, street outreach efforts to engage and house people experiencing homelessness

Transit Homeless Outreach Program (T-HOP)

- Collaboration between DMHAS and Department of Transportation (DOT) and Department of Emergency Services and Public Protection (DESPP)
- Outreach to train stations, FastTrack locations, encampments on DOT/State of CT property

- Activities conducted during non-traditional hours including weekends, evenings, and early morning, outreach staff are supported by CT State Troopers and transit security

Permanent Supportive Housing
An evidence-based model offering persons affordable housing along with wrap around services to decrease the time a person experiences homelessness. Case managers use various engagement strategies to offer participants, who are experiencing homelessness and are diagnosed with a mental health and/or substance use disorder, services they may need or want.

Department of Housing & Urban Development - Rental Assistance
Rental assistance subsidies to persons meeting HUD's eligibility criteria – (persons experiencing long-term homelessness with a qualifying disabling condition - mental health, substance use, and/or HIV+), DMHAS houses approximately 2300 individuals and families annually.

Homeless to Housing (H2H)
Continuum of services and supports **provided by same case manager** from the point of unsheltered homelessness up to and including being stably housed by addressing their individualized needs. Pre-tenancy - H2H staff conducts outreach and engagement to persons residing out of doors and in places not meant for human habitation to assist them in locating permanent housing, post-tenancy - case manager will continue to provide housing support/ tenancy sustaining services.

Housing Empowering Recovery from Opioids (HERO)
Initiative funded by the Opioid Settlement Advisory Council (OSAC) that aims to bridge the gap between housing instability and recovery by supporting individuals who are experiencing or at risk of homelessness and are living with an opioid use disorder.

- HERO Program Eligibility
    - Individuals need to have: Opioid Use Disorder and Housing Instability (including homelessness)

The HERO program will serve up to **500 individuals/families** where the head of household meets the criteria above. HERO program development and implementation strategies rely heavily on consultations with persons with lived experience, provider systems and DMHAS IT. Model –> Services + Voucher + Client Support Funds

- Provider Agencies -Services
    - 8 contracted provider agencies –2 per DMHAS region.
    - HERO services are required for ongoing program participation.
    - Service agencies will meet with participants at least weekly, including at a minimum, one home visit per month to provide support and linkages to care.
    - Case managers will 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.

Rental Assistance Program (RAP) Voucher

- RAP-long-term housing voucher. The program is funded for 4 years and the goal, based on funding availability, is to continue the program further in the future.
- 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.
- Client Support Funds –up to $5,000 is available to each HERO participant (utility arrearage, security deposit, furnishings, documents)

How will we know if HERO is helping? UCONN Program Evaluation

- DMHAS is contracting with UCONN for a program evaluation.
- 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, Alcohol Drug and Policy Council, other legislative & stakeholder meetings and throughout our service system.
- Because evaluation will use both quantitative and qualitative methods, we will have regular and meaningful information about program operations and outcomes.

How long does this all take?

- 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.
- Once applicants are confirmed as eligible and receive approval for a voucher, they will need to work with HERO staff to locate an apartment. For applicants receiving treatment in a residential substance use 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. For those with an imminent program discharge, we encourage alternative short-term housing plans since this process can take time.

Agenda Item 5: RBHAO Report – Highlights for this month

- The RBHAOS have been busy as usual. Many of them put in testimony to support the DMHAS budget and talk about the need for additional funding for the Regional Suicide Advisory Boards.
- They have all been focused on doing youth focused prevention efforts across schools and communities, with a focus on mental health and substance use prevention.
- Their GLS teams, which is the partnership for hope and healing, and most of their communities are rolling out in the next couple months between March and April the Gizmo guide to mental health
- They also have some readings coming up for May's mental health month across the state. Uncoordinated through the RSABs and RBHAOs.
- They have alcohol workshop coming up on adult use alcohol. We have State Representative Robin Comey, who's one of the panelists has confirmed and the Save the Date have gone out for that as well, and there's some Flyers that are going around for that.
- They have been doing a ton of community education on all the initiatives.
- They have been working on recovery friendly Connecticut initiatives with boots on the ground trying to recruit workplaces across all five regions, doing some presentations with some chambers as well.
- Suicide prevention: There's been a QPR TOT that was held down in region 1.
- There are com trainings, QPR trainings, access to lethal lean trainings that are going on all throughout the state. In the past few months there have been at least 20 trainings throughout all the regions. As well as some connect postvention training, so our communities are working on building some postvention responses.
- For their opioid work, their coordinators are doing well with the leave behind kits and getting them out to 1st responders. Some more training of the trainer sessions are being held and all of them are working on getting some naloxone boxes put into key areas throughout the communities. The SOR the MINI grants have been funded in their communities, and we continue to do our naloxone training and distribution.
- The cannabis mini grants are going well in each of the regions.
- It is March and Problem Gambling Awareness month. There has been a wide variety of activities throughout the state promoting the awareness of problem gambling.
- For policy and advocacy, they continue to monitor legislative initiatives. Because almost all the RBHAOs have put in testimony on some key critical issues such as gambling and cannabis.
- We continue to do a lot of capacity building with the local prevention consoles.

Agenda Item 6: General Updates/Announcements

Next month after the State Board meeting the RBHAOs will meet.

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **April 15, 2026,** beginning at 2:30 PM.