State of Connecticut
State Board of Mental Health and Addiction Services
November 19, 2025
Microsoft Teams Meeting

Present online: Chmn. John Hamilton, Rebecca Allen, Cameron Breen, Thomas Burr, Sharon Castelli, Bobby Lawlor, Giovanna Mozzo

DMHAS Staff: Deputy Commr. Harrington, Cheryl Arora, Marilyn Duran, Christopher McClure, Sarju Shah, 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 October 15, 2025, were reviewed and accepted.

Agenda Item 3: Commissioner's Update

- Commr. Navarretta spoke at the NAMI annual meeting.
- At the last ADPC meeting, there was a full presentation of the triennial report by Michael Girlamo DMHAS Chief Data & Quality Officer, as well as our presentation on updates to the NORA application. The group has a renewed interest in prevention and treatment efforts around AUD - Alcohol Use Disorder.
- The Commissioner amplified messaging around drop boxes on Drug Take Back Day. She attended two press conferences, one at the LOB and one in Glastonbury.
- DMHAS worked in conjunction with other state agencies to submit a rural health grant submission on behalf of Connecticut.
- Doctor Vinneth Carvalho has officially moved to the DMHAS Medical Director position.
- The commissioner attended Tri Circles' annual event in Wallingford.
- The commissioner attended a full day Commissioner's Retreat with the Governor at which time he shared his plans to run for a third term.
- The commissioner also attended the special session on November 12th and 13th.
- And finally, the department continues to work very closely with sister state agencies in the Office of the Governor regarding the ever-changing federal landscape.

Agenda Item 4: Presentation: Drug Checking Machine Findings – Bobby Lawlor and Cameron Breen

The presentation provided an overview of where we are in Connecticut and some other updates. In Connecticut, looking at fatal toxicologies and law enforcement seizure data and the findings from the drug checking initiatives, the real top drug issues in Connecticut are fentanyl, crack cocaine, fake pills, methamphetamine and synthetic cannabinoids such as K2 Spice. The top fake pills are the blue M30 oxycodone which are just Fentanyl pressed pills; two milligram white Xanax bars, which are about 80% or 8 out of 10 of them are an illicitly manufactured designer Benzodiazepine. The predominant ones in Connecticut are bromlazalam, fubarazlam, and ecstasy MDMA pills.

They are also working with DPH and the SOAR Committee looking at all carfentanil deaths in Connecticut which are up this year. There's also an issue nationwide when it comes to carfentanil. They got messaging from the CDC about two weeks ago, before the government shutdown ended that they were bringing

employees back to work to investigate the carfentanil issue across the United States. They are participating in that and trying to look at some of the issues with it here in Connecticut and see what that means for them and if there's any patterns or issues, they can detect from the carfentanil issue.

Currently, they are working on building the Connecticut Drug Data Collaborative and it is going to be a web-based platform that is going to house most of Connecticut's drug data to be accessed and analyzed in one spot. They received funding from OSAC for this and that is currently what they're working on. It is going to house data from all the drug checking machines, data from the Connecticut Department of Emergency Service and Public Protection Forensic lab, law enforcement seizure data, forensic toxicology data from the office of Chief Medical Examiner. They have started preliminary discussions with probation and parole on their data also. They are looking for this platform to be a tool for key stakeholders like DMHAS and DPH and themselves to really understand the trends at the macro and micro level. And then be a robust tool for people to facilitate conversations and educate their clients on what is in the illicit drug environment in their communities.

The drug checking data collaborative is for them to also house what our boots on the ground drug checking supportive services look like which they use FTIR machines. Those machines are infrared spectroscopy devices, and they shoot a little bit of infrared light through a small portion of what is considered drug trash. They can give somebody the results of what they're finding in the substance from the active component to the non-active components of things that pop up within our drug supply. As far as what people would know as cuts or buffs would be mannitol, acetaminophen or paracetamol or lidocaine different non active ingredients that could be slightly active. It would have some effect, but not like the effect that folks that are using drugs are seeking and then you can also tell what the active ingredient like fentanyl is, cocaine, methamphetamine, MDMA, etc. It also allows them to give people a general understanding of what the first, second and third components are in the substance. And what is taking up most of the spectra so they can give people slightly rough percentages of what they're going to consume or must consume. But when the machine itself gives a result where fentanyl is coming back as the first component, that can be very important to let people know when they're consuming that drug. That fentanyl is the major component in this amount in this drug sample or a minor component in this amount and that has unique functions in a lot of ways. They have five different machines around the state of Connecticut to be able to allow them to see what the differences are within the supply. And that has real time bonuses for when they're seeing spikes in overdoses. The machine has a 5% detection limit. It has massive implications improving health with people. And what that allows you to do is really inform people about what's going on within their supply and to inform people about safer using practices using the Safe Spot Hotline.

They are having conversations about using the tools that syringe service programs and outreach programs offer folks while they are sitting there in front of you, you have that captive audience, and you can try to impart as much information to that individual as you possibly can. Without these services and programs, they're kind of left to be reactionary versus existing within a space of prevention. So every bit of work that they try to do in this field is some form of prevention.

It's a unique opportunity to allow them to understand what's going on within their supply versus being reactionary and getting data on drug overdose deaths after something has happened as well as law enforcement seizures. And it can give them a lot more understanding of what's happening in different subcommunities, and OSAC and DMHAS have offered them that ability to really flesh out what this service can look like for people and they're excited to see what the future holds.

Agenda Item 5: RBHAO Report – Highlights for this month:

Overall, RBHAO provide services related to ATOD - Alcohol, Tobacco and Other Drugs and their regions are very busy working on community partnerships with various sectors in our communities. They are delivering one-on-one presentations, cannabis presentations, gambling awareness presentations, and they've been doing a lot of work around opioid misuse and Narcan distribution. Specifically, they started with the community at large for anyone to receive a Narcan kit, but they're specifically working with first responders right now, especially EMS. Local prevention councils have all been, if not most of them, have been granted another year status of local prevention work. This year is a little bit different than what they have been doing for the last five years. They were focusing on vaping and sometimes some communities were working around vaping, cannabis and tobacco use and this year they allow them to look at their data and use the strategic prevention framework model to inform what substance do they want to work on based on the need. So taking not only their survey data from youth, adults, community readiness, and then of course the priority reports that the RBHAOs create in tandem with CPS and DMHAS and other partners. They're looking at all that data to inform the priority topic.

Giovanna Mozzo has made a hard decision to sadly resign from my position here at Catalyst, CTS as the director.

Agenda Item 6: General Updates/Announcements

NAMI CT will be hosting two statewide legislative forums one tomorrow night and one on December the 2nd for illustrious Connecticut General Assembly legislators, certainly we're going to be talking about the issues with the federal cuts, and supportive housing.

Potential Future Topics

- Postvention – Suicide Response

Adjournment: The meeting was adjourned at 4:00 P.M. The next meeting will be held on Wednesday, **January 21, 2026** beginning at 2:30 PM.