

**COUNTY OF**



**ALLEGHENY**

**Drug and Alcohol Planning Council  
Meeting Minutes  
Microsoft Teams  
Wednesday, July 9, 2025**

**Present:** Daniel Garrighan, Gabby Warner, Josie Morgano, Jessica Northcott-Brillati, Tonisha Wilson; Jeffrey Long, CCBH; Kathryn Gadd, Acting Assistant Director, OBH Bureau of Drug and Alcohol Services; Jewel Denne, Acting Director, OBH; Robert Burack, Consultant, DHS; Colleen Sokira, OBH Special Projects Senior Manager; Sarah Bigelow, OBH Special Projects Assistant

**I. Introductions, Attendance, and Minutes Approval**

Colleen Sokira called the meeting to order at 4:35 p.m.

At this time, there is no quorum, so we will not be able to vote for approval of May's minutes unless more member(s) join later.

**5:41 pm** – quorum reached; minutes approved.

Attendees introduced themselves, their professional role, and their role on the council or at DHS

Jeffrey Long is attending from CCBH for the first time – he is covering part of Bryan Bass-Riley's former duties, as Bryan has moved on

Robert Burack is a consultant from DHS working, along with Jessica Ruffin, to support DHS's mandated and non-mandated bodies.

**II. Prevention Needs Assessment**

- State DDAP asks SCAs to complete a Prevention Needs Assessment ~every 5 years
  - D&A and special projects have been working on this project
  - Looking at what's missing/what D&A doesn't know about, we should home in on with our prevention services
    - We were somewhat surprised that opioids weren't the number one issue for any of the groups we reached out to

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- Alcohol, vaping, and marijuana were the substances that were raised most frequently
  - Another key takeaway – how ingrained prevention providers already are in the community
- Cheri from D&A set the context for this project at the last meeting in May
  - Because it's a long-term project, the state walks us through it in chunks
    - First (last summer) - looking through available data around drugs, alcohol, and gambling
    - Second (this spring) - conducting community conversations
      - TCV – parents and caregivers in McKeesport
        - One key point from this group was the **availability and accessibility** of substances and gambling
      - SITY – transition age youth (16-25)
        - Also focused on how visible substances and gambling are in their communities and the social acceptability of use
        - They were particularly vocal about how opioids weren't particularly a particular worry in their peer groups
      - Allegheny County Coalition for Recovery – community members in recovery and providers
        - Conversation focused around barriers to treatment as well as the perceived difference/stigma between alcohol and marijuana use vs. opioid use, and how that affects treatment access
      - Anything surprising from the community conversations?
        - GW – Not surprised that opioids weren't brought up, given the groups reached out to and the fact that people can't really find opioids anymore, given the unstable drug supply right now. I definitely agree about access to treatment – I'm glad that came up
        - DG – I agree as well. Even though we see plenty of service inquiries, it's often people who have cycled in and out of care at this point. As a parent of teenagers, it's really alcohol, vaping, nicotine, and cigarettes
  - We also had to reach out to three organizations that we don't currently contract with, and ended up having a conversation with one
    - Casa San Jose – though they don't do treatment, their after-school programming does address prevention
      - The biggest thing we heard from them was the lack of services offered in languages other than English

- When referred to services upon hospital discharge, hospitals often refer individuals to Casa San Jose if they can't speak English, which CSJ is not equipped for
  - The biggest issue for their population is alcohol, followed by cocaine and other stimulants
    - Stimulant use is especially driven by the need to work long hours
- Part three (next) will ask that, given the problems we've chosen to focus on, how will we then address them?
  - JN-B – From some of my work with other SCAs, I've definitely seen other difficulties with offering services in languages other than English, so I wonder if something is possible at the State level
    - CS – We haven't heard anything. It's one of those things we all know, but haven't found a way to problem solve yet, but talking about it and acknowledging it is a start.
  - GW – One thing we have done at PPP is to pay translators to put all of our brochures in Spanish. When I think of "prevention", we come from a different place than the State in terms of people who already use drugs. But one thing we've done is create pictures of our supplies to communicate to bring the level down, so people can point at what they need. I've been taking Spanish for the last year as well to meet that need, as we've been seeing a rising population of Latine people.
  - This part will begin in **August**, and we'll be able to give you an update at the September meeting
- If you want a final copy of the full report once it's approved by the State, it's a public document, so we can make that available to all of you
- Next year: treatment needs assessment
  - Similar process, but the focus is on treatment needs rather than prevention

### **III. Discussion of Potential Goals**

- DHS has a set of mandated and non-mandated advisory boards
  - Reflecting on the boards over the past few years and in conversation with those who have been a part of them, there's an opportunity to make these spaces more dynamic
    - For example, many meetings are often DHS staff providing information
  - There's an additional opportunity for this group to consider what it might want to offer DHS and the County proactively
    - Part of this council's purpose includes advising the county

- What are 1-2 potential areas within D&A prevention and services that you might like this council to spend a year focusing on?
  - Examples from MH/ID meeting yesterday:
    - How the County will deal with a higher number of uninsured people, given federal budget implications
    - Strategies for supporting those with Serious Mental Illness
    - What a smaller Medicaid system might mean for individuals and the County
  - We don't need to decide anything tonight, but want to get a sense of the possibilities and what might be right-sized given the number of times this group meets per year
- Ideas after individual reflection time
  - JN-B
    - How to address barriers to entering recovery services
      - Knowledge gaps as to what's available, accessibility of information
    - Offering feedback and insight when the County is preparing to roll out new initiatives
  - JM
    - Case management support for clients is invaluable, especially as it pertains to keeping people enrolled in Medicaid
    - Support for families of teens experiencing problematic substance use
      - Currently: Mixed messaging for parents and teens about substance use
  - GW
    - Pragmatic and honest approach to what substance use looks like in the County – how do we take care of people who are using drugs while also incorporating prevention?
    - Brainstorming around new Medicaid requirements
      - How can the County support people the most, given the upcoming work requirements
    - More uniform approach to how to treat withdrawal – inconsistent provider approaches and knowledge
      - Lack of understanding in particular regarding xylazine and medetomidine
    - Sedation observation as something for the County to consider
  - DG
    - Support for those at the age margins – both youth and older adults
      - For example, once older adults are on Medicare – gets much more difficult and folks get referred to piecemealed services

- Insurance – especially with new Federal budget
  - Not always being concerned about specific services, but about connection and purpose, which includes basic needs
  - Process improvements/reciprocity for providers who are funded by the County to deliver services
    - Sometimes requirements feel more like checkboxes for audit requirements versus actually connecting and providing care to folks
- TW
  - Information on relapse prevention and aftercare/discharge planning (especially for level 3.5/3.7)
  - How to continue access to resources in light of the current political environment
- Going to look at all of these, the overlap, how they fit with the bylaws, right-sizing, etc.
  - Will send something out in the short term so you all can rank those of most interest to you to focus on 1-3 of them starting in September
    - Because there are several board members not here tonight, we'll first ask them for their 2-3 ideas before sending out the ranking survey

#### IV. Announcements and Public Comments

- TW – For the September meeting, we'll be a few months into the new fiscal year. Will there be an additional opportunity for an in-person meeting or to connect in person again?
  - CS – We certainly can, if you all are interested. The downside of being in-person is that I strongly suggest we do in-person **only** due to technological difficulties, which is why we did the in-person meeting in May, during nicer weather.
  - JN-B – At the last in-person meeting, the PPP presentation was really nice, but didn't give us time to talk. Would we be able to have a meeting without a presentation if we meet in person?
    - CS – Yes, and we could schedule the room starting from 4, so you could have additional time to talk as well
  - GW – Another possibility would be scheduling something more casual, since our time here is really precious, since we only meet six times a year. I don't know about other folks, but it would be hard for me to come earlier.
- TW – We've also never gone back as a group to go over the bylaws. The subcommittee never got back together between vacation time. Is that something we need to worry about at all?
  - CS – That's all your determination to make. I think it's important, but ultimately you all have the choice. Sarah can help the subcommittee schedule a meeting and can attend the meetings, take minutes, etc., if that subcommittee wants to continue working

- DG – Do you want to punt it to the fall when people have more time on their hands?
  - TW – Yes, that sounds good.
  - CS – Sarah will reach out to the subcommittee and schedule a meeting for October.
- Apologies if anyone uses the County website to access the Teams link and/or the agenda for these meetings. There was some confusion with some new roles people have – they were sent, but didn't get posted promptly. If you're ever looking for them but can't find them, you can always reach out to Colleen.

## **V. Adjournment**

The meeting was adjourned at 5:43 p.m.

## **VI. Next Public Meeting**

The next public MH/ID Advisory Board meeting will be on **Wednesday, September 9**, from 4:30 – 6:00 p.m. on Microsoft Teams.

Colleen Sokira will send out the Teams invite for this meeting the week before. There will also be a link posted on the [DHS advisory board webpage](#).