Connecticut

UNIFORM APPLICATION
FY 2026/2027 Combined MHBGSUPTRS BG ApplicationBehavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT
and
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028
(generated on 08/13/2026 9.50.59 AM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year	2027
End Year	2028

State SUPTRS BG Unique Entity Identification

Unique Entity ID	R2J2V5BZNGY2

I. State Agency to be the SUPTRS BG Grantee for the Block Grant

Agency Name	Department of Mental Health and Addiction Services
Organizational Unit	
Mailing Address	410 Capitol Avenue, MS# 14COM
City	Hartford
Zip Code	06134

II. Contact Person for the SUPTRS BG Grantee of the Block Grant

First Name	Kyle
Last Name	Barrette
Agency Name	Department of Mental Health and Addiction Services
Mailing Address	P.O. Box 341431 410 Capitol Avenue
City	Hartford
Zip Code	06134
Telephone	860-969-9617
Fax	(860) 418-6691
Email Address	kyle.barrette@ct.gov

State CMHS Unique Entity Identification

Unique Entity ID	R2J2V5BZNGY2

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name	Department of Mental Health and Addiction Services
Organizational Unit	
Mailing Address	410 Capitol Avenue, MS# 14COM
City	Hartford
Zip Code	06134

II. Contact Person for the CMHS Grantee of the Block Grant

First Name	Kyle
Last Name	Barrette
Agency Name	Department of Mental Health and Addiction Services
Mailing Address	410 Capitol Avenue
City	Hartford
Zip Code	06134
Telephone	860-969-9617
Fax	(860) 418-6691
Email Address	kyle.barrette@ct.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ○ Yes ◉ No

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date

Revision Date 8/13/2026 9:50:12 AM

VI. Contact Person Responsible for Application Submission

First Name	Kyle
Last Name	Barrette
Telephone	860-969-9617
Fax	
Email Address	kyle.barrette@ct.gov

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SUPTRS]

Fiscal Year 2027

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
    a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
    b. Collecting a certification statement similar to paragraph (a)
    c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
    1. The dangers of drug abuse in the workplace;
    2. The grantee's policy of maintaining a drug-free workplace;
    3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
    1. Abide by the terms of the statement; and
    2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
    1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or

attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
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13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
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17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
    a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
    b. Collecting a certification statement similar to paragraph (a)
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2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
    1. The dangers of drug abuse in the workplace;
    2. The grantee's policy of maintaining a drug-free workplace;
    3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
    1. Abide by the terms of the statement; and
    2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
    1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or

attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

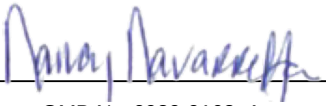
The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Connecticut

Name of Chief Executive Officer (CEO) or Designee: Nancy Navarretta, MA, LPC

Signature of CEO or Designee[1]: 

Title: Commissioner

Date Signed: 8/4/26

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

STATE OF CONNECTICUT

GOVERNOR NED LAMONT

July 23, 2025

Dr. Arthur Kleinschmidt, Ph.D.
Principal Deputy Assistant Secretary
Substance Abuse and Mental Health Services Administration
U.S. Department of Health & Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Kleinschmidt:

As the Governor of the State of Connecticut, for the duration of my tenure, I delegate authority to the current Commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS), or any one officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) and Community Mental Health Services Block Grant (MHBG).

Sincerely,

Ned Lamont
Governor

210 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06106
TEL (860) 566-4840 • www.governor.ct.gov
Governor.Lamont@ct.gov

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2027

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1911	Formula Grants to States	**42 USC § 300x**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1941	Opportunity for Public Comment on State Plans	**42 USC § 300x-51**
Section 1942	Requirement of Reports and Audits by States	**42 USC § 300x-52**
Section 1943	Additional Requirements	**42 USC § 300x-53**
Section 1946	Prohibition Regarding Receipt of Funds	**42 USC § 300x-56**
Section 1947	Nondiscrimination	**42 USC § 300x-57**

Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
Section 1955	Services Provided by Nongovernmental Organizations	**42 USC § 300x-65**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
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b. Establishing an ongoing drug-free awareness program to inform employees about--
    1. The dangers of drug abuse in the workplace;
    2. The grantee's policy of maintaining a drug-free workplace;
    3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
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The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2027

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1911	Formula Grants to States	**42 USC § 300x**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1941	Opportunity for Public Comment on State Plans	**42 USC § 300x-51**
Section 1942	Requirement of Reports and Audits by States	**42 USC § 300x-52**
Section 1943	Additional Requirements	**42 USC § 300x-53**
Section 1946	Prohibition Regarding Receipt of Funds	**42 USC § 300x-56**
Section 1947	Nondiscrimination	**42 USC § 300x-57**

Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
Section 1955	Services Provided by Nongovernmental Organizations	**42 USC § 300x-65**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State

management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
    a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
    b. Collecting a certification statement similar to paragraph (a)
    c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
    1. The dangers of drug abuse in the workplace;
    2. The grantee's policy of maintaining a drug-free workplace;
    3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
    1. Abide by the terms of the statement; and
    2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
    1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
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4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
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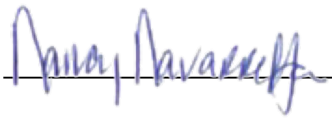
The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Nancy Navarretta, MA, LPC

Signature of CEO or Designee[1]: 

Title: Commissioner

Date Signed: 8/4/26

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

STATE OF CONNECTICUT

GOVERNOR NED LAMONT

July 23, 2025

Dr. Arthur Kleinschmidt, Ph.D.
Principal Deputy Assistant Secretary
Substance Abuse and Mental Health Services Administration
U.S. Department of Health & Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Kleinschmidt:

As the Governor of the State of Connecticut, for the duration of my tenure, I delegate authority to the current Commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS), or any one officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) and Community Mental Health Services Block Grant (MHBG).

Sincerely,

Ned Lamont
Governor

210 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06106
TEL (860) 566-4840 • www.governor.ct.gov
Governor.Lamont@ct.gov

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

Standard Form LLL (click here)

Name

Title

Organization

Signature: Date:

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

Connecticut has no lobbying activities to disclose

Planning Tables

Table 2: MHBG Planned State Agency Budget for SFY2027

States are asked to present their projected one-year budget at the State Agency level, including all levels of state and applicable federal funds to be expended on mental health and substance use services allowable under each Block Grant. When planning their budgets, states should keep in mind all statutory requirements outlined in the application Funding Agreement/Certifications and Assurances.

Table 2 addresses funds budgeted to be expended during State Fiscal Year (SFY) 2027 (for most states, the 12-month period is July 1, 2026, through June 30, 2027).

Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2026 Planning Period End Date: 6/30/2027

Activity	Source of Funds						
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF, TANF, CDC, CMS (Medicare), SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Use Disorder Prevention and Treatment							
a. Pregnant Women and Women with Dependent Children (PWWDC)							
b. All Other							
2. Recovery Support Services							
3. Primary Prevention							
4. Early Intervention Services for HIV							
5. Tuberculosis Services							
6. Evidence-Based Practices For Early Serious Mental Illness including First Episode Psychosis (10 percent of total MHBG award)[a]		$1,047,425.00			$408,480.00		
7. State Hospital			$79,337,717.00		$307,913,654.00		$6,958,380.00
8. Other Psychiatric Inpatient Care							
9. Other 24-Hour Care (Residential Care)		$517,677.00	$76,983,942.00	$445,625.00	$156,584,286.00		$60,585.00
10. Ambulatory/Community Non-24 Hour Care		$6,763,516.00		$47,279,388.00	$601,741,794.00		$9,250,863.00
11. Crisis Services (5 percent set-aside) Set Aside[b]		$1,985,599.00		$3,711,289.00	$22,926,497.00		$400,000.00
12. Other Capacity Building/Systems Development							
13. Administration[c]				$1,818,278.00	$48,016,849.00		$1,170,450.00
14. Total		**$10,314,217.00**	**$156,321,659.00**	**$53,254,580.00**	**$1,137,591,560.00**	**$0.00**	**$17,840,278.00**

[a] Row 6 in Column B: per statute, states are required to set-aside 10 percent of the total MHBG award for evidence-based practices for Early Serious Mental Illness (ESMI), including Psychotic Disorders.

[b] Row 11 in Column B: per statute, states are required to set-aside 5 percent of the total MHBG award for Behavioral Health Crisis Services (BHCS) programs.

[c] Per statute, administrative expenditures for the MHBG cannot exceed 5 percent of the fiscal year award.

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Table 4: SUPTRS BG Planned Award Budget by Federal Fiscal Year

In addition to projecting planned expenditures by State Fiscal Year (Table 2), states must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations and expenditure categories. Therefore, Plan Table 4 must be completed for the SUPTRS BG awarded for Federal Fiscal Year (FFY) 2026 and FFY 2027. The totals for each Fiscal Year should match the SUPTRS BG Final Allotments for the state.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Expenditure Category	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
1 . Substance Use Disorder Prevention[a] and Treatment	**$6,290,022.00**	**$6,658,747.00**
2 . Recovery Support Services[b]	**$8,918,116.00**	**$8,578,132.00**
3 . Substance Use Primary Prevention[c]	**$5,226,239.00**	**$5,227,239.00**
4 . Early Intervention Services for HIV[d]		
5 . Tuberculosis Services		
6 . Other Capacity Building/Systems Development[e]	**$25,000.00**	**$10,000.00**
7 . Administration[f]		
8. Total	**$20,459,377.00**	**$20,474,118.00**

[a]Prevention other than primary prevention. The amount in this row should reflect the planned budget for direct services during the planning period. Do not include budgeted funds for other capacity building/systems development, those are required to be presented in Row 6 of this table.

[b]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of budget allowable under the 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only present the estimated budget for RSS for those in need of RSS from substance use disorder. Do not include budgeted funds for other capacity building/systems development, those are required to be presented in Row 6 of this table.

[c]This row should reflect the state's planned budget of direct primary prevention activities. Activities include those used for universal, selective, and indicated substance use prevention activities. The budget for direct activities in this row should match the total budget planned in Table(s) 5a and 5b. Do not include budgeted funds for other capacity building/systems development, those are required to be presented in Row 6 of this table.

[d]The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

[e]Other Capacity Building/System Development include those activities relating to substance use per **45 CFR §96.122 (f)(1)(v)**. The amount presented here should reflect the total found in Planning Table 6 across treatment, recovery, and primary prevention.

[f]Per **45 CFR §96.135** Restrictions on expenditure of grant, the State involved will not expend more than 5 percent of the BG to pay the costs of administering the SUPTRS BG.

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Table 4: MHBG State Agency Planned Budget

Table 4 addresses the planned SFY 2027 budget for MHBG. Please use this table to capture your estimated budget for MHBG-funded services and programs over a 12-month period (for most states, it is July 1, 2026 - June 30, 2027).

Planning Period Start Date: 7/1/2026 Planning Period End Date: 6/30/2027

MHBG-Funded Services	MHBG Funds Budgeted for This Item
1. Services for Adults	
1a. EBPs for Adults	$1,874,499.00
1b. Crisis Services for Adults	$1,685,599.00
1c. CSC/ESMI program for Adults	$737,998.00
1d. Other outpatient/ambulatory services for Adults	$1,170,218.00
1e. *Other Direct Services for Adults	$1,542,185.00
2. Subtotal of Services for Adults	$$7,010,499.00
3. Services for Children	
3a. EBPs for Children	$170,000.00
3b. Crisis Services for Children	$300,000.00
3c. CSC/ESMI program for Children	$309,427.00
3d. Other outpatient/ambulatory services for Children	$0.00
3e. *Other Direct Services for Children	$1,305,000.00
4. Subtotal of Services for Children	$$2,084,427.00
5. Other Capacity Building/Systems Development	$1,219,291.00
6. Administrative Costs	$0.00
7. *Any Other Cost	$0.00
8. Total MHBG Allocation[c]	**$$10,314,217.00**

Please provide brief explanation for services with an asterisk* below:

Programs and services listed under “Other Direct Services for Adults” include outreach and engagement and case management services for individuals with SMI who are homeless or unstably housed, as well as residential programs which provide 24/7 supervised care within a home-based environment for individuals with a serious mental illness. Programs and services listed under “Other Direct Services for Children” include funding for the state’s Regional Suicide Advisory Boards which coordinate and implement suicide prevention, intervention, and postvention activities, including grief support and recovery activities, in each of the five service regions of the state. This funding also includes a statewide family advocacy and peer support program for families with children who have SED. The statewide family advocacy and peer support program helps families and providers work together to improve outcomes for children with SED by offering guidance, education, and empowering families to effectively advocate for their children. Support is typically provided by individuals who have personal experience as parents or caregivers of children with SED. These peer advocates understand the challenges families face and work alongside them to ensure the most appropriate services are accessed and delivered.

[a]This row for Other Capacity Building/Systems Development should be equal to the total of your planned budget in Table 6 for a 12 month period.

[b]Administrative Costs should not exceed 5 percent of total MHBG allocation.

[c]The total budget should be equal to your MHBG allocation for the FY2027 12 month period.

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Table 5a SUPTRS BG Primary Prevention Planned Budget by Strategy and Institutes of Medicine (IOM) Categories

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Strategy	IOM Classification	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
1. Information Dissemination	Universal	$292,196	$292,253
	Selective	$6,151	$6,153
	Indicated	$9,227	$9,228
	Unspecified		
	Total	**$307,574**	**$307,634**
2. Education	Universal	$1,607,076	$1,607,389
	Selective	$33,833	$33,840
	Indicated	$50,750	$50,760
	Unspecified		
	Total	**$1,691,659**	**$1,691,989**
3. Alternatives	Universal	$48,699	$48,709
	Selective	$1,025	$1,025
	Indicated	$1,538	$1,538
	Unspecified		
	Total	**$51,262**	**$51,272**
4. Problem Identification and Referral	Universal	$48,699	$48,709
	Selective	$1,025	$1,025
	Indicated	$1,538	$1,538
	Unspecified		
	Total	**$51,262**	**$51,272**
	Universal	$2,045,369	$2,045,768
	Selective	$43,060	$64,603

5. Community-Based Processes	Indicated	$64,591	$43,069
	Unspecified		
	Total	**$2,153,020**	**$2,153,440**
6. Environmental	Universal	$292,196	$292,253
	Selective	$6,151	$6,153
	Indicated	$9,227	$9,228
	Unspecified		
	Total	**$307,574**	**$307,634**
7. Section 1926 (Synar)-Tobacco	Universal	$100,000	$100,000
	Selective		
	Indicated		
	Unspecified		
	Total	**$100,000**	**$100,000**
8. Other	Universal	$535,692	$535,796
	Selective	$11,278	$11,280
	Indicated	$16,918	$16,929
	Unspecified		
	Total	**$563,888**	**$564,005**
Total Prevention Budget		**$5,226,239**	**$5,227,246**
Total Award [a]		**$20,459,377**	**$20,474,118**
Planned Primary Prevention Percentage		**25.54%**	**25.53%**

[a] Total SUPTRS BG Award is populated from Plan Table 4 SUPTRS BG Planned Award Budget by Federal Fiscal Year

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Table 5b SUPTRS BG Planned Primary Prevention Budget by Institutes of Medicine (IOM) Categories

States should identify the planned budget for primary prevention disaggregated by IOM Categories the state plans to prioritize with primary prevention set-aside dollars from the FFY 2026 and FFY 2027 SUPTRS BG allotments.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Strategy	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
1. Universal Direct	$3,397,055	$3,397,705
2. Universal Indirect	$1,567,872	$1,568,172
3. Selective	$104,525	$104,545
4. Indicated	$156,787	$156,817
5. Column Total	**$5,226,239**	**$5,227,239**
6. Total SUPTRS Award[a]	**$20,459,377**	**$20,474,118**
7. Primary Prevention Percentage	**25.54%**	**25.53%**

[a] Total SUPTRS BG Award is populated from Plan Table 4 SUPTRS BG Planned Award Budget by Federal Fiscal Year

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Table 5c SUPTRS BG Planned Primary Prevention Priorities

States should identify the categories of substances the state plans to prioritize with primary prevention set-aside dollars from the FFY 2027 SUPTRS BG award.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Priority Substances	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
Alcohol	☑	☑
Tobacco/Nicotine-Containing Products	☑	☑
Cannabis/Cannabinoids	☐	☐
Prescription Medications	☑	☑
Cocaine	☐	☐
Heroin	☐	☐
Inhalants	☐	☐
Methamphetamine	☐	☐
Fentanyl or Other Synthetic Opioids	☑	☑
Other	☑	☑
Priority Populations		
Students in College	☑	☑
Military Families	☐	☐
American Indian/Alaska Native	☐	☐
African American	☑	☑
Hispanic	☑	☑
Persons Experiencing Homelessness	☑	☑
Native Hawaiian/Pacific Islander	☐	☐
Asian	☐	☐
Rural	☑	☑

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Planning Tables

Table 6 SUPTRS BG Other Capacity Building/Systems Development Activities

Please enter the total amount of the SUPTRS BG budgeted for each activity described above, by treatment, recovery support services and primary prevention. In budgeting for each activity, states should break down the row budget by funds planned for SSA activities and those planned to be contracted out under other subrecipient contracts. States should plan their budgets on a single Federal Fiscal Year (FFY), specified in the table below.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Activity	FFY 2026			FFY 2027		
	A. SUPTRS Treatment	B. SUPTRS Recovery Support Services	C. SUPTRS Primary Prevention	A. SUPTRS Treatment	B. SUPTRS Recovery Support Services	C. SUPTRS Primary Prevention
1. Information Systems	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2. Infrastructure Support	$0.00	$0.00	$0.00	$0.00	$10,000.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$10,000.00	$0.00
b. All other subrecipient contracts	$0.00	$25,000.00	$0.00	$0.00	$0.00	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Planning Council Activities	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. Training and Education	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8. Total	**$0.00**	**$25,000.00**	**$0.00**	**$0.00**	**$10,000.00**	**$0.00**

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Table 6: MHBG Other Capacity Building/Systems Development Activities

MHBG Plan Table 6 address MHBG funds to be expended on other capacity building /systems development activities during State Fiscal Year (SFY) 2027 (for most states, the 12-month period is July 1, 2026, through June 30, 2027). Please use these columns to capture how much the state plans to expend over a 12-month period.

MHBG Planning Period Start Date: 07/01/2026 MHBG Planning Period End Date: 06/30/2027

Activity	FFY 2026 MHBG[1]	FFY 2026 BSCA Funds[2]	FFY 2027 MHBG[3]
1. Information Systems	$100,000.00		$50,000.00
2. Infrastructure Support	$745,000.00		$370,000.00
3. Partnerships, Community Outreach, and Needs Assessment	$398,906.00		$199,453.00
4. Planning Council Activities	$50,000.00		$25,000.00
5. Quality Assurance and Improvement	$455,000.00		$227,500.00
6. Research and Evaluation	$0.00		
7. Training and Education	$671,000.00		$347,338.00
8. Total	**$2,419,906.00**	**$0.00**	**$1,219,291.00**

[1] The standard MHBG planned expenditures captured in column A should reflect the state planned budget for this planning period (SFYs 2026 and 2027) [**July 1, 2025 – June 30, 2027**, for most states].

[2] The expenditure period for the 3rd and 4th allocations of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2024 – September 29, 2026** (3rd increment) and **September 30, 2025 – September 29, 2027** (4th increment). Column B should reflect the state planned budget for this planning period (SFYs 2026 and 2027) [**July 1, 2025, through June 30, 2027** for most states].

[3] The standard MHBG planned expenditures captured in column A should reflect the state planned budget for this planning period (SFY2027) [**July 1, 2026 – June 30, 2027**, for most states].

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Environmental Factors and Plan

2. Evidence-Based Practices for Early Interventions to Address Early Serious Mental Illness (ESMI) – 10 percent set aside – Required for MHBG

Narrative Question

Much of the mental health treatment and recovery service efforts are focused on the later stages of illness, intervening only when things have reached the level of a crisis. While this kind of treatment is critical, it is also costly in terms of increased financial burdens for public mental health systems, lost economic productivity, and the toll taken on individuals and families. There are growing concerns among individuals and family members that the mental health system needs to do more when people first experience these conditions to prevent long-term adverse consequences. Early intervention is critical to treating mental illness as soon as possible following initial symptoms and reducing possible lifelong negative impacts such as loss of family and social supports, unemployment, incarceration, and increased hospitalizations *[Note: MHBG funds cannot be used for primary prevention activities. States cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with SMI or SED].* The duration of untreated mental illness, defined as the time interval between the onset of symptoms and when an individual gets into appropriate treatment, has been a predictor of outcomes across different mental illnesses. Evidence indicates that a prolonged duration of untreated mental illness may be a negative prognostic factor. However, earlier treatment and interventions not only reduce acute symptoms but may also improve long-term outcomes.

The working definition of an Early Serious Mental Illness is "An early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5TR (APA, 2022). For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the physiologic effects of a substance use disorder, are attributable to an intellectual/developmental disorder or are attributable to another medical condition. The term ESMI is intended for the initial period of onset."

States may implement models that have demonstrated efficacy, including the range of services and principles identified by the Recovery After an Initial Schizophrenia Episode **(RAISE)** initiative. Utilizing these principles, regardless of the amount of investment, and by leveraging funds through inclusion of services reimbursed by Medicaid or private insurance, states should move their system to address the needs of individuals experiencing first episode of psychosis (FEP). RAISE was a set of federal government- sponsored studies beginning in 2008, focusing on the early identification and provision of evidence-based treatments to persons experiencing FEP. The RAISE studies, as well as similar early intervention programs tested worldwide, consist of multiple evidence-based treatment components used in tandem as part of a Coordinated Specialty Care (CSC) model, and have been shown to improve symptoms, reduce relapse, and lead to better outcomes.

States shall expend not less than 10 percent of the MHBG amount the State receives for carrying out this section for each fiscal year to support evidence-based programs that address the needs of individuals experiencing early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset. In lieu of expending 10 percent of the amount, the state receives under this section for a fiscal year as required, a state may elect to expend not less than 20 percent of such amount by the end of such succeeding fiscal year.

Please respond to the following items:

1. Please name the evidence-based model(s) for ESMI, including psychotic disorders, that the state implemented using MHBG funds including the number of programs for each.

Model(s)/EBP(s) for ESMI	Number of programs
Coordinated Specialty Care	2.00
	0.00
	0.00
	0.00
	0.00

	0.00

2. Please provide the total budget/planned expenditure for ESMI for FY 26 and FY 27 (only include MHBG funds).

FY2026	FY2027
	1,047,425.00

3. Please describe the status of billing Medicaid or other insurances for ESMI services. How are components of the model currently being billed? Please explain.

Connecticut's CSC programs are currently grant funded and the state does not have a state plan amendment in place to allow CSC programs to bill Medicaid for their services. CSC programs may seek reimbursement for individual services provided as part of the CSC program, such as individual and group therapy, medication management, etc. but many components are currently unbillable and are supported through the grant funding that the programs receive from the state (DMHAS).

4. Please provide a description of the programs that the state funds to implement evidence-based practices for those with ESMI.

Currently, DMHAS makes formal FEP/ESMI services available in two of Connecticut's largest metropolitan areas, the greater Hartford region and the greater New Haven region. In addition, DMHAS is currently working to expand the availability of FEP/ESMI services across Connecticut by providing training and consultation to clinical teams in community-based clinics in each service region of the state.
In the greater New Haven region FEP/ESMI services are contractually provided by The STEP program, a nationally recognized FEP program that was developed through a public-academic partnership between Yale and DMHAS and housed within a community mental health clinic collaboratively administered by DMHAS and Yale. STEP is staffed by mental health providers in different fields – psychology, psychiatry, nursing, and social work. This "interdisciplinary" team seeks to provide comprehensive care for individuals 16-35 years' old who are early in the course of a psychotic illness in order to prevent symptoms from becoming disabling. Treatment at STEP starts with thorough assessment in order to gain the best understanding of what may be causing the person's difficulties. Based upon individual needs and preferences, treatment may include medication management, community coaching (e.g. support in getting back to school or work), individual and group therapy, as well as support and education for family members and friends. Access to the program is available through referrals by healthcare providers, educational professionals, family members and individuals.
In the great Hartford region, FEP/ESMI services are contractually provided by the Potential program based in Hartford Healthcare's Institute for Living. The Potential Program is an early intervention model for patients 17-26 years' old who are currently presenting with psychotic symptoms that are currently interfering with daily functioning and are found to be distressing to the individual. Treatment is tailored to the individual's unique needs and can include group therapy, individual therapy, family therapy, medication management, cognitive remediation, educational support, support and education for family members, and community trips to help with rehabilitation.
In addition to providing the ESMI/FEP services outlined above, the state also contracts with the Yale University STEP program to provide training, technical assistance, and clinical consultation to child and adult treatment providers throughout the state to improve their capacity to treat individuals with ESMI/FEP. Training opportunities are available Statewide and are available to both child and adult behavioral health providers. Technical assistance and clinical consultation are provided through a statewide call line where treatment providers can request assistance and case consultation. Consultation is provided by treatment and medical staff from the Yale department of Psychiatry and STEP program.

5. Does the state monitor fidelity of the chosen EBP(s)? (●) Yes ( ) No

6. Does the state or another entity provide trainings to increase capacity of providers to deliver interventions related to ESMI? (●) Yes ( ) No

7. Explain how programs increase access to essential services and improve client outcomes for those with an ESMI.

The STEP Program utilizes an array of early detection strategies (ED) to increase awareness of and access to their specialty services at the earliest possible point during the onset of psychosis. These strategies include media campaigns, public and community outreach, and targeted social media campaigns. These strategies have been evaluated and were shown to halve the duration of untreated Psychosis (DUP) across STEP's catchment area in Greater New Haven. Once an individual is admitted to the STEP Clinic, treatment starts with thorough assessment in order to gain the best understanding of what may be causing the person's difficulties. Based upon individual needs and preferences, treatment may include medication management, community coaching (e.g. support in getting back to school or work), individual and group therapy, as well as support and education for family members and friends.
The Potential Program based in Hartford Healthcare's Institute of Living accepts patients with or without insurance. The care team includes clinicians, recovery support specialists, and peer support staff who help patients access and secure ancillary services and resources so that treatment and recovery can be the primary focus. The Potential Program assists patients in securing health insurance and other primary resources to ensure they are able to function in the community. The program also has a van which can be used to link patients to services and community support.
The outreach and engagement program conducted by the state's care management entity (CME) requires that 100% of youth and

young adult clients ages 12 – 26 with a First Episode Psychosis will receive appropriate FEP-ICM services for the purposes of improving the opportunities for recovery; 100% of all those identified and engaged will be referred to appropriate services; 100% of those who refuse services will be informed of the benefits available to them.

8. Please describe the planned activities in FY2027 for your state's ESMI programs.

In FY 2027 Connecticut will continue to use MHBG funds to support our two CSC programs, and to support a statewide FEP consultation and referral line. In addition, the Connecticut will use MHBG funds to continue its collaboration with the STEP Clinic at Yale University to reduce the duration of untreated psychosis within the state and to improve treatment outcomes for individuals experiencing first-episode psychosis. To improve outcomes for individuals experiencing FEP, the state is taking a multi-pronged approach to expand and improve FEP services that includes targeted collaboration with each of the state's local mental health authorities (LMHA). The LMHAs serve the most acute individuals within the mental health system who are unable to be served by our community non-profit providers. Through this collaboration, LMHA staff and leadership will receive training in evidence-based FEP treatment, care coordination for FEP, and case consultation. Yale will also support the LMHAs to work towards the development of a streamlined intake and referral system for individuals identified with early psychosis.

To improve early identification and engagement with individuals experiencing FEP in the community, the state is deploying regional Early Detection and Engagement Specialists (EDACs) to service each region of the state. EDACs will receive all calls for assistance from families or individuals that may be experiencing first-episode psychosis. EDACs will help to improve pathways to care for these individuals and collect data on the quality, delay (Duration of Untreated Psychosis) and engagement with services. EDACs will work directly with the LMHAs in their assigned region to help connect the individual to services, and to specialty care if a CSC program or FEP team exists in the region.

Lastly, Connecticut will use MHBG funding to hire two outreach coordinators - one focused on first responders and one on schools and colleges. Because these groups are often the first to encounter individuals in the early stages of psychosis, the coordinators will specifically target them with education, training, and consultation to help them recognize early signs of psychotic illness and help connect individuals to appropriate care.

9. Please list the diagnostic categories identified for each of your state's ESMI programs.

All primary psychotic illnesses in the schizophrenia spectrum (psychosis NOS, schizophreniform disorder, schizophrenia, schizoaffective disorder, delusional disorder, acute and intermittent psychotic disorders)

10. What is the estimated incidence of individuals experiencing first episode psychosis in the state?

Based on international epidemiologic estimates and the age structure of Connecticut, we estimate about 500 new cases of psychosis who will eventually be diagnosed with a schizophrenia spectrum or non-affective psychotic disorder (i.e.FEP) each year. We expect at least 3 times that number with new onset psychosis, but this larger number will include individuals with substance-induced psychosis or affective psychotic disorders.

11. What is the state's plan to outreach and engage those experiencing ESMI who need support from the public mental health system?

While Connecticut's two CSC programs have historically engaged with community partners and stakeholders in their region to increase awareness of first-episode psychosis and enroll more individuals in their programs, Connecticut has begun a statewide initiative focused on reducing the duration of untreated psychosis (DUP) and improving outcomes for individuals experiencing a first-episode psychosis. A central component of this project includes engagement with community partners, including first responders, primary care providers, hospitals, schools, and other pertinent stakeholders in each region of the state. This engagement seeks to increase awareness of first-episode psychosis, improve identification of individuals in the community who are in the earliest stages of a psychotic illness, and improve care pathways for these individuals so they can be seamlessly connected to care within a CSC program or to care teams that have been trained in evidence-based practices for FEP treatment. This engagement with community partners and stakeholders is conducted by regional early detection and assessments coordinators (EDACs) that operate in each of the state's five service regions. Each region has an assigned EDAC who receives all calls for assistance from families or current or prospective patients of early psychosis services. EDACs learn about and improve pathways to care and collect data on the quality, delay (Duration of Untreated Psychosis) and engagement with CSC or other services.

Lastly, the state will begin using MHBG funding to hire two new outreach coordinators - one focused on first responders and one focused on schools and colleges. Based on the state's experience over the past two years, these groups have been identified as the most likely to encounter individuals in the early stages of psychosis. Recognizing this, the state is hiring these two new outreach coordinators to focus their efforts directly on these groups. The coordinators will provide education, training, and consultation to help the first responders and school systems to recognize early signs of psychotic illness and connect individuals to appropriate care.

12. Please indicate area of technical assistance needs related to this section.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

Environmental Factors and Plan

9. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

There is a mandatory 5 percent set-aside within MHBG allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

> *…….to support evidence-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*
>
> *CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to fund some or all of the core crisis care service components, as applicable and appropriate, including the following:*
>
> - *Crisis call centers*
> - *24/7 mobile crisis services*
> - *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*
>
> *STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family.The expectation is that states will build on the emerging and growing body of evidence, including guidance developed by the federal government, for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination, stabilization services to support reducing distress, and the promotion of skill development and outcomes, all towards managing costs and better investment of resources.

Several resources exist to help states. These include **Crisis Services: Meeting Needs, Saving Lives**, which consists of the "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an Advisory: **Advisory: Peer Support Services in Crisis Care** There is also the **National Guidelines for Child and Youth Behavioral Health Crisis Care** which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth, and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by the 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

When individuals experience a crisis related to mental health, substance use, and/or homelessness (due to mental illness or a co-occurring disorder), a no-wrong door comprehensive crisis system should be put in place. Based on the National Guidelines, there are three major components to a comprehensive crisis system, and each must be in place in order for the system to be optimally effective. These three-core structural or programmatic elements are: Crisis Call Center, Mobile Crisis Response Team, and Crisis Receiving and Stabilization Facilities.

Crisis Contact Center. In times of mental health or substance use crisis, 911 is typically called, which results in police or emergency medical services (EMS) dispatch. A crisis call center (which may provide text and chat services as well) provides an alternative. Crisis call centers should be made available statewide, provide real-time access to a live crisis counselor on a 24/7 basis, meet National Suicide Prevention Lifeline operational guidelines, and serve as "Air Traffic Control" to assess, coordinate, and determine the appropriate response to a crisis. In doing so, these centers should integrate and collaborate with existing 911 and 211 centers, as well as other applicable call centers, to ensure access to the appropriate level of crisis response. 211 centers serve as an entry point to crisis services in many states and provide information and referral to callers on where to obtain assistance from local and national social

services, government agencies, and non-profit organizations.

The public has become accustomed to calling 911 for any emergency because it is an easy number to remember, and they receive a quick response. Many of the crisis systems in the United States continue to use 911 for several reasons such as they are still building their crisis systems or because they have no mechanism to fund a call center separate from 911. However, they recognize that the sure way to minimize the involvement of law enforcement in a behavioral health crisis response is to divert calls from 911. There are basically three diversion models in operation at this time: (1) the 911-based system with dispatchers who forward calls to either law enforcement's responder team (law enforcement officer with a behavioral health professional) or to their Crisis Intervention Team (CIT) with law enforcement officers who have received Crisis Intervention Training, including awareness of mental health and substance use disorders, and related symptoms, de-escalation methods, and how to engage and connect people to supportive services; (2) the 911-based system with well-trained 911 dispatchers who triage calls to state or local crisis call centers for individuals who are not a threat to themselves or others; the call centers may then refer appropriate calls to local mobile response teams (MRTs), also called mobile crisis teams (MCTs); and (3) State or local Crisis Contact Centers with well-trained counselors who receive calls directly (without utilizing 911 at all) on their own toll-free numbers.

Mobile Crisis Response Team. Once a behavioral health crisis has been identified and a crisis line has been called, a mobile response may be required if the crisis cannot be resolved by phone alone. Historically, law enforcement has been dispatched to the location of the individual in crisis. But in an effective crisis system, mobile crisis teams, including a licensed clinician, should be dispatched to the location of the individual in crisis, accompanied by Emergency Medical Services (EMS) or police only as warranted. Ideally, peer support professionals would be integrated into this response. Assessment should take place on site, and the individual should be connected to the appropriate level of care, if needed, as deemed by the clinician and response team.

Crisis Receiving and Stabilization Facilities. In a typical response system, EMS or police would transport the individual in crisis either to an ED or to a jail. Crisis Receiving and Stabilization Facilities provide a cost-effective alternative. These facilities should be available to accept individuals by walk-in or drop-off 24/7 and should have a "no wrong door" policy that supports all individuals, including those who need involuntary services. When anyone arrives, including law enforcement or EMS who are dropping off an individual, the hand-off should be "warm" (welcoming), timely and efficient. These facilities provide assessment for, and treatment of mental health and substance use crisis issues, including initiating medications for opioid use disorder (MOUD), and also provide wrap-around services. The multi-disciplinary team, including peers, at the facility can work with the individual to coordinate next steps in care, to help prevent future mental health crises and repeat contacts with the system, including follow-up care.

Currently, the 988 Suicide and Crisis Lifeline (Lifeline) connects with local call centers throughout the United States. Call center staff is comprised of individuals who are trained to utilize best practices in handling behavioral health calls. Local call centers automatically engage in a safety assessment for every call; if an imminent risk exists and cannot be deescalated, they forward the call to either 911 or to a local mobile crisis team for a response. If there is no imminent risk, the call center will work with the individual (or the person calling on their behalf) for as long as needed or, if necessary, dispatch a local MRT.

988 – 3-Digit behavioral health crisis number. The National Suicide Hotline Designation Act (**P.L. 116-172**) provides an opportunity to support the infrastructure, service and long-term funding for community and state 988 response, a national 3-digit behavioral health crisis number that was approved by the Federal Communications Commission in July 2020. In July 2022, the National Suicide Prevention Lifeline transitioned to 988 Suicide & Crisis Lifeline, but the 1-800-273-TALK is still operational and directs calls to the Lifeline network. The 988 transition has supported and expanded the Lifeline network and will continue utilizing the live-saving behavioral health crisis services that the Lifeline and Veterans Crisis Line centers currently provide.

Building Crisis Services Systems. Most communities across the United States have limited, but growing, crisis services, although some have an organized system of services that provide on-demand behavioral health assessment and stabilization services, coordinate and collaborate to divert from jails, minimize the use of EDs, reduce hospital visits, and reduce the involvement of law enforcement. Those that have such systems did not create them overnight, but it involved dedicated individuals, collaboration, considerable planning, and creative methods of blending sources of funding.

1. Briefly describe your state's crisis system. For all regions/areas of your state, include a description of access to crisis contact centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Connecticut has a robust mental/behavioral health crisis system for children and adults: the Department of Mental Health and Addiction Services (DMHAS) Mobile Crisis Service serves all adults in the State of Connecticut who are 18 years of age or older and the Department of Children and Families (DCF) Mobile Crisis Intervention Service serves all children in the State.

Someone to Talk to

The 988 Suicide and Crisis Lifeline is available 24/7 by phone, text and chat. The United Way of Connecticut (UWC), in partnership with DMHAS and DCF, have worked together to implement and operate CT's 988 Suicide & Crisis Lifeline since July of 2022. United Way of CT is also the

provider of the Adult Crisis Telephone Interventions and Options Network (ACTION) Line and Youth Mobile Crisis Intervention Services crisis line making UWC the centralized access point for individuals in crisis across the lifespan.

The ACTION line was implemented in 2021 specifically for adults 18 years of age or older who are in the community and experiencing a psychiatric or emotional crisis for which an immediate response may be required. The ACTION Line is a centralized phone number answered by crisis contact center specialists trained to offer an array of supports and options to individuals in distress, including: telephonic support, referrals and information about community resources and services; warm-transfer to the Mobile Crisis Team (MCT) of their area; and when necessary, direct connection to 911. The ACTION line operates 24 hours a day, seven days a week, 365 days a year (24/7/365) with the availability of multilingual staff or interpreters as needed. The services and supports offered through the ACTION line are available to all residents of Connecticut at no financial cost to the caller. The ACTION line team is comprised of dedicated contact specialists, some of whom have lived experience with mental health and substance use/addiction. The DMHAS mobile crisis teams and ACTION Line staff work in collaboration with family members, peer-run organizations, faith-based communities, law enforcement, and other civic and community organizations to ensure that persons in distress and their families/friends/supporters have the support and resources they need within their local community.

United Way of CT meets and exceeds the highest national standards for a crisis call center. It is a National Suicide Prevention Lifeline (NSPL) provider that maintains national accreditations from the Alliance for Information and Referral Services (AIRS) and the American Association of Suicidology (AAS).

Regarding children and youth, The CT Department of Children and Families (DCF) funds the Youth Mobile Crisis line at United Way. This call line is for individuals under the age of 18 who are experiencing a becrisis, and is accessed by calling 2-1-1. Under state contract, the United Way Call Center has served as the sole call center hub for the child system for over 10 years, and for the adult system since fall 2020. Both crisis call lines are available 24/7/365.

Someone to Respond

The mission of the DMHAS mobile crisis program is to provide persons in distress (crisis) immediate access to a continuum of crisis response services and/or supports of their choice including, mobile clinical services and community supports; to promote the prevention of crises among persons and families; and to provide post-intervention activities that support persons in developing a meaningful sense of belonging in their communities.

Mobile Crisis Team staff provide immediate assistance to people in distress by identifying options and resources that meet the unique needs expressed by the individual. The adult Mobile Crisis Teams are mostly located across the DMHAS Local Mental Health Authority (LMHA) Network and DMHAS funds and operates 18 mobile crisis teams (MCT) throughout the state. MCT services are mobile, readily accessible, short-term services for individuals and families experiencing acute mental health and/or substance use/addiction crises offered in a rapid response framework. MCTs aim to promote the prevention of crises among individuals and families, and post-intervention activities that support people in developing a meaningful sense of belonging in their communities. Mobile Crisis Teams are comprised of a multidisciplinary team which may include licensed master's level social workers, licensed clinical social workers, licensed professional counselors, peer support specialists, nurses, mental health workers and psychologists.

Adult MCTs work closely with first responders including EMS, Law Enforcement and local Fire Departments. MCT clinicians collaborate with and assist local police officers to de-escalate crises and provide diversion to alternative settings rather than incarcerations or hospitalizations. Since 2003, DMHAS has contracted with the Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE), to provide training on the Crisis Intervention Team (CIT) model to local and State police as well as MCT staff.

CIT is a best practice designed to provide a collaborative and integrative approach that offers law enforcement the knowledge and resources to connect people who are experiencing behavioral health symptoms to supports and services that will best meet their needs, promote safety for persons in crisis, the community, and the police officers who respond to crisis calls. There is a mixture of models throughout the state but most mobile crisis teams are "stand-alone" and can request police support when needed. Conversely, most police departments have strong working relationships with their local mobile crisis teams and will reach out to request a clinician to accompany them on appropriate calls. Additionally, some mobile crisis teams have clinicians embedded within local police departments and the CT Department of Mental Health and Addictions Services has partnered with the CT Department of Emergency Services and Public Protection (DESPP) to embed social workers with State Troopers. We have also seen an increase in police departments hiring their own social workers/clinicians hired by the municipality.

For children and youth, the statewide Mobile Crisis network is comprised of over 200 trained mental health professionals who can respond in-person within 45 minutes when a child is experiencing an emotional or behavioral crisis. The purposes of the program are to serve children in their homes, schools, and communities; reduce the number of visits to hospital emergency rooms; and divert children from high-end interventions (such as hospitalization or arrest) if a lower level of care is a safe and effective alternative. Mobile Crisis is implemented by six primary contractors, most of whom have satellite offices or subcontracted agencies. A total of 14 Mobile Crisis sites collectively provide coverage for every town and city in Connecticut. Access to youth Mobile Crisis is managed through the Youth Mobile Crisis Call Center and there is an average annual call volume of 15,000 calls. These calls are transferred to local Mobile Crisis providers who are contracted to respond to 90% of crisis calls in person for a face-to-face assessment. These calls must be responded to within 45 minutes or less. All providers have consistently met or exceeded these goals. Those responding include clinicians, support staff and at times caregivers with lived experience. Youth Mobile Crisis clinicians are also available to support a youth/family for 45 days post-crisis assessment. This time is used to connect children to services and supports needed. DCF also funds a Performance Improvement Center for ongoing quality management of Mobile Crisis.

Place to Go

The first 23-hour crisis stabilization unit in Connecticut opened its doors in May of 2024. The Rapid Evaluation, Stabilization and Treatment (REST) Center is operated by Continuum of Care and offers adults with mental health and/or substance use issues voluntary services including basic needs, a medical and psychiatric assessment, MAT induction, community referrals to withdrawal management and/or substance use treatment, and access to additional supported living including non-congregate and crisis transitional beds. Located in New Haven, the REST center will accept anyone over the age of 18 from anywhere in the State.

The Gloria House, CT's first peer respite, opened in July of 2024. The peer respite is staffed by Certified Peer Support Specialist 24 hours a day, 7 days a week, 365 days a year offering voluntary, short-term respite services as an alternative to traditional psychiatric stays.

DMHAS also has crisis respite services (100 beds across 16 programs). However, these are not the same as CSUs and offer a more treatment focused model.

For children and youth there are three community based 23-hour Behavioral Health Urgent Crisis Assessment Centers, now overseen by the Connecticut Department of Social Services, as well as a sub-acute crisis stabilization program for short-term care. A fourth Urgent Crisis Assessment Center is currently being established.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

*a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
*b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the published guidance. This includes coordination, training and community outreach and education activities.*
*c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the published guidelines.*
*d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
*e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to contact	☐	☐	☐	☐	☐	☑
Someone to respond	☐	☐	☐	☐	☐	☑
Safe place to be	☐	☐	☐	☐	☐	☑

3. Briefly explain your stages of implementation selections here.

Someone to talk to
The largest challenges CT is facing with the 988 and ACTION Line crisis call lines are staff retention and identifying sustainable funding sources. United Way, our CT call center provider, offers flexible work schedules, telework, and increased salaries for call takers. They have also incorporated a review of sample crisis calls during their interview process to help identify the best candidates for the position. The crisis call lines are currently funded through a mixture of supplemental federal funding received during the Pandemic (COVID-19 Supplemental MHBG, ARPA MHBG, etc.). However, funding is short-term and there are no sufficient long-term funding sources available currently.
Someone to respond
CT has both adult and youth mobile crisis teams that provide in-person crisis response as needed to all residents statewide. However, hours of operation and availability of the adult mobile crisis teams vary. Connecticut is actively working to expand all adult mobile crisis teams to be able to provide a mobile response 24/7. Additional funding has been legislatively appropriated for the purpose of hiring additional staff and expanding mobile crisis services to 24/7 in-person response. Staffing and hiring second and third shift clinicians have been the biggest barrier towards achieving this goal. Legislation allowing Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) working on a DMHAS mobile crisis team to issue an emergency certificate has helped with the workforce shortage.
Youth Mobile Crisis provides in-person mobile crisis assessments 24 hours per day 7 days per week. In January 2023, Youth MC was expanded to offer mobile responses 24/7/365. The service is being utilized by the community.
Place to go
DMHAS has a Crisis Stabilization Unit and a Peer Respite servicing adults in our state since 2022. DMHAS also has crisis respite services (100 beds across 16 programs). DMHAS has released an RFP for the procurement of additional Crisis Stabilization units in rural communities and is in the process of selecting a provider(s).
For children and youth, DCF has invested $23 million to develop three community based Behavioral Health Urgent Crisis Assessment Centers and 1 Hospital Based Urgent Crisis Center, as well as a 1-14 day bedded Sub-Acute Crisis Stabilization Centers. All of the Urgent Crisis Centers and 1 of the 2 Sub-Acute Centers are operational. Additionally, for youth, there are: Inpatient beds, additional 30-to-90-day, sub-acute settings under the state's Psychiatric Residential Treatment Facilities (PRTF); and a variety of intermediate level of care locations for Partial Hospitals Program (PHP), Intensive Outpatient (IOP) and finally the Outpatient array of providers serving children and youth in CT.

4. Based on the National Guidelines for Behavioral Health Crisis Care and the **National Guidelines for Child and Youth Behavioral Health Crisis Care**, explain how the state will develop the crisis system.

The CT crisis call lines, including 988, meet all minimum expectations outlined in SAMHSA's National Guidelines for Behavioral Health Crisis Care. The call lines operate 24/7/365 and contact center specialists include peer support specialists who provide engagement, assessment of needs, and referrals. The crisis call line follows a warm-transfer protocol to the mobile crisis teams operating in the caller's service area, or to an active rescue, as needed. Administrative staff are licensed clinical professionals who are available during all shifts and provide supervision to contact center specialists. DMHAS has a real-time bed registry for substance use and mental health beds available throughout the state. DCF is exploring the

development of a bed registry for children's services. DCF has received grant funding to explore and consider purchasing GPS-enabled technology and real-time appointment scheduling. The process of identifying the software application that will be used is currently underway. Mobile crisis teams are comprised of multidisciplinary team members including, but not limited to, licensed clinicians, nurses, mental health workers, case managers, and individuals with lived experience. Crisis team staff provide triage/screening and are available to respond in-person, where the individual is located in the community, for a crisis assessment/evaluation. Focus is on de-escalation/resolution, identifying supports and resources available in the community, and diverting the need for hospitalization. DMHAS MCTs are required to follow-up with individuals who have been seen for a crisis assessment within 48 hours. DMHAS MCTs are working towards 24/7 availability of mobile crisis services. Youth Mobile Crisis clinicians are required to respond to 90% of the calls face-to-face, and 80% of the face-to-face responses must be within 45 minutes. The statewide average is currently 88%.

5. Other program implementation data that characterizes crisis services system development.

Someone to contact: Crisis Contact Capacity

a. Number of locally based crisis call Centers in state
   i. In the 988 Suicide and Crisis lifeline network: 1
   ii. Not in the suicide lifeline network: 0

b. Number of Crisis Call Centers with follow up protocols in place
   i. In the 988 Suicide and Crisis lifeline network: 1
   ii. Not in the suicide lifeline network: 0

c. Estimated percent of 911 calls that are coded out as BH related: 0

Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the toal number of communities)

a. Independent of public safety first responder structures (police, paramedic, fire): 5

b. Integrated with public safety first responder structures (police, paramedic, fire): 5

c. Number that utilizes peer recovery services as a core component of the model: 2

Safe place to be

a. Number of Emergency Departments: 27

b. Number of Emergency Departments that operate a specialized behavioral health component: 27

c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis): 4

6. Briefly describe the proposed/planned activities utilizing the 5% set aside. If applicable, please describe how the state is leveraging the CCBHC model as a part of crisis response systems, including any role in mobile crisis response and crisis follow-up. As a part of this response, please also describe any state-led coordination between the 988 system and CCBHCs.

The 5% set-aside of the base MHBG will be used to support each part of our crisis service continuum. Set aside funds will be used to support our 988 call center and Mobile Crisis Statewide Call Center, which serve as the entry point for our crisis system and provide access to mobile intervention services for youth and adults in the state. Set aside funds will also be used to support our adult mobile crisis teams that serve defined geographic service regions. Set aside funds will also be used to support crisis respite programs that provide a safe alternative to the emergency department for adults experiencing a mental health crisis.

7. Please indicate areas of technical assistance needs related to this section.

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Footnotes:

For question 6.C, 911 call centers are independently operated by municipalities and towns in Connecticut and 911 call data is not centrally compiled. As such, we are unable to identify the percent of 911 calls that are coded out as behavioral health related.

For questions 6.D and 6.E, we identified the number of service regions in the state which have mobile behavioral health crisis capacity. All five service regions of the state have this capacity.

For question 6.G and 6. H, the state department of public health licenses hospitals but does not collect data on the number of emergency departments that operate a specialized behavioral health component. As such we utilized a recent report from the state hospital association to estimate the number of emergency departments that operate a behavioral health component.

Environmental Factors and Plan

14. State Planning/Advisory Council and Input on the Mental Health/Substance Use Block Grant Application – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in **42 U.S.C. §300x-3** for adults with SMI and children with SED. To assist with implementing and improving the Planning Council, states should consult the **State Behavioral Health Planning Councils: An Introductory Manual.**

Planning Councils are required by statute to review state plans and annual reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as advocates for individuals with M/SUD. States should include any recommendations for modifications to the application or comments to the annual report that were received from the Planning Council as part of their application, regardless of whether the state has accepted the recommendations. States should also submit documentation, preferably a letter signed by the Chair of the Planning Council, stating that the Planning Council reviewed the application and annual report. States should transmit these documents as application attachments.

Please respond to the following items:

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g., meeting minutes, letters of support, letter from the Council Chair etc.)

The Behavioral Health Planning council is directly involved in planning for the allocation of block grant resources and statewide planning for the implementation of community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services. This year, the state allocation plans for both the Mental Health Block Grant and Substance Use Prevention, Treatment and Recovery Services Block Grant were reviewed with the planning council to highlight areas of new or increased investment. Presentations were provided to the planning council to identify the specific projects and initiatives that are being developed to address areas they identified as needs or gaps within the behavioral health services system, and their feedback was sought in these presentations to help inform implementation. Lastly, the FFY2027 state plan was shared with the planning council for their review and feedback.

The Children's Behavioral Health Advisory Committee (CBHAC) is also directly involved in planning and allocation processes related to children's mental health and is an important part of Connecticut's planning efforts. During CBHAC meetings, the various state partners including the Department of Children and Families (DCF), Department of Mental Health and Addiction Services (DMHAS) Young Adult Services, State Department of Education, and others present state updates and gather feedback from CBHAC members. CBHAC meetings held throughout the year include time for review of the MHBG. CBHAC meetings held in the fall delineate spending plans and planning for the following year. This includes an open forum for questions. CBHAC membership reviewed designated priorities and provided input into the development of this plan. Of note, the Department has used CBHAC meetings to share updates and seek feedback from CBHAC related to the various initiatives related to children's mental health that were implemented including the Urban Trauma Network, the Urgent Crisis Centers, and the expansion of Mobile Crisis to 24/7.

2. Has the state received any recommendations on the State Plan or comments on the previous year's State Report?

a. State Plan ○ Yes ◉ No

b. State Report ○ Yes ◉ No

Attach the recommendations /comments that the state received from the Council (without regard to whether the State has made the recommended modifications).

3. What mechanism does the state use to plan and implement community mental health treatment, substance use prevention, SUD treatment, and recovery support services?

DMHAS (Department of Mental Health and Addiction Services) has been a single integrated department since 1995, servicing all behavioral health needs of adults. In 2012, the Mental Health Planning Council expanded its purview and membership to include substance use concerns and became the Behavioral Health Planning Council. Connecticut has been submitting combined mental health/substance abuse block grant applications since 2014/15. In 2018, Connecticut restructured its independent advocacy and planning entities from Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) into integrated Regional Behavioral Health Action Organizations (RBHAOs). The RBHAOs are statutorily mandated independent entities that are tasked with a range of advocacy, evaluation, and planning activities. Connecticut is divided into five service regions for adult behavioral health services and each RBHAO is responsible for completing these tasks within their specified region of the state. Specifically, the RBHAOs are tasked with the annual review of their regional behavioral health service system and the regional priority setting

process, both of which inform statewide planning. The regional prioritization process provides an ongoing method to: 1) determine unmet mental health and substance use treatment and prevention needs; 2) gain broad stakeholder (persons with lived experience, advocates, family members, providers, and others) input on service priorities and needs; and 3) monitor ongoing efforts that result in better decision-making, service delivery, and policy-making. This regional process results in data that is aggregated and analyzed to assess behavioral health needs statewide. This needs assessment is then utilized to inform allocation of state and federal resources and to plan the implementation of community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services.

The Behavioral Health Planning Council is considered a key stakeholder and plays a central role in the assessment of strengths and needs within the behavioral health system, and in statewide planning for community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services. An annual survey is conducted with planning council members to gather their perspective on the strengths, needs, and gaps within the state's behavioral health system. This data is used alongside the aggregated data from the regional prioritization process discussed above, to inform behavioral health priorities and allocation planning.

In addition to the Behavioral Health Planning Council, that state convenes other significant statewide advisory bodies that play an important role in statewide planning processes for community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services. The Connecticut Alcohol and Drug Policy Council (ADPC) is a legislatively mandated body comprised of representatives from all three branches of State government, consumer and advocacy groups, private service providers, individuals in recovery from substance use, and other stakeholders in a coordinated statewide response to alcohol, tobacco, and other drug (ATOD) use and abuse in Connecticut. The Council, co-chaired by the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF), is charged with developing recommendations to address substance-use related priorities from all state agencies on behalf of Connecticut's citizens, across the lifespan and from all regions of the state. The State Advisory Board is a separate legislatively mandated body which consists of gubernatorial appointees and Regional Behavioral Health Action Organization (RBHAO) chairs and designees. The board is required by statute to include membership from Connecticut's recovery community, as well as individuals receiving services within the state behavioral health system. The board meets monthly with the Commissioner of DMHAS and advises the Commissioner on programs, policies, and plans for the Department.

In regard to planning for children's behavioral health, Connecticut's Children's Behavioral Health Advisory Committee (CBHAC) was formally established by the state legislature through Public Act No. 00-188, with the mission to promote and enhance the provision of behavioral health services for all children in the State of Connecticut. Appointed members and community guests attend the monthly meeting to address these needs of the state. CBHAC serves in an advisory capacity on system of care issues to the State Advisory Council. Additionally, the Statewide Council of Community Collaboratives (SCCC) is comprised of the chairpersons of the 25 community collaboratives and chairpersons of other community initiatives. The SCCC meets at a minimum of two times a year to share statewide updates, best practices, and data pertaining to the development of community collaboratives and the networks of care. On a regional level, DCF partners with the Regional Behavioral Health Action Organizations (RBHAOs) to advise in the establishment and maintenance of a comprehensive system of services for children, youth and Families within the Region. Pursuant to Connecticut General Statutes 17a-30 (formerly 17-434) the mission of CBHAC is:

• To advise the Commissioner of the Department of Children and Families on the development and delivery of services in the Region; and

• To facilitate the coordination of services for children, youth and their families in the Region

On the local level, Community Collaboratives bring providers, community members, caregivers, family members and youth together in their communities to work collaboratively to most effectively utilize resources and ensure services meet the changing social, emotional, and behavioral needs of children, adolescents and their families. The Collaboratives track service/resource gaps and advocate for system level change. Collaborative meetings are open to everyone in the community.

Lastly, Local Interagency Service Teams (LIST) is a system development strategy for the establishment of an integrated system for planning, implementation and evaluation of juvenile justice service delivery in Connecticut. The LIST provides a venue for community-level interagency coordination and formal communication and planning between state agencies and local communities around juvenile justice issues.

4. Has the Council successfully integrated substance use prevention and SUD treatment recovery or co-occurring disorder issues, concerns, and activities into its work? (●) Yes ( ) No

5. Is the membership representative of the service area population (e.g., rural, suburban, urban, older adults, families of young children?) (●) Yes ( ) No

6. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The duties of the Behavioral Health Planning Council include: to review the combined SABG/MHBG application/plan provided by DMHAS and to submit any recommendations for modifications of those plans; to serve as advocates for adults with DMI and children with SED and their families, as well as others with behavioral health problems; to monitor, review, and evaluate, at least annually, the allocation and adequacy of behavioral health services in Connecticut.

Behavioral Health Council membership includes representation from the state's Regional Behavioral Health Action Organizations (RBHAO), state agencies, other public and private entities concerned with the need, planning, operation, funding, and use of behavioral health services; family members of adults with SMI and children with SED; persons in recovery from behavioral health conditions; representatives of organizations of individuals with mental health and/or substance use disorders and their families and community groups advocating on their behalf. Members act as advocates for their respective constituencies and in this way provide meaningful input and a voice for their community during planning council proceedings.

Stakeholders from communities across Connecticut are represented by the RBHAO representatives who are members of the planning council. As part of their regional responsibilities, the RBHAOs hold focus groups and community conversations with regional stakeholders and other interested parties to collect information on the service system, including strengths, needs and barriers, and to gather feedback and recommendations for improvement. Representatives from each RBHAO utilize the information gathered through this stakeholder engagement to provide meaningful input and advocate for individuals with SMI and SED within planning council proceedings.

The duties of the Children's Behavioral Health Advisory Committee (CBHAC) are similar to that of the Behavioral Health Planning Council and include the specific duty to “promote and enhance the provision of behavioral health services for all children” in Connecticut and to ensure the advancement of the state’s System of Care for children and families.

CBHAC is comprised of the Commissioners of Children and Families, Social Services, Education, Mental Health and Addiction Services, Developmental Services, or their respective designees; two Gubernatorial appointments, five members appointed by the leadership of the General Assembly, as well as fifteen members appointed by the commissioner of DCF. The membership composition of the advisory committee is designed to fairly and adequately represent parents of children who have a serious emotional disturbance. “At least fifty per cent of the members of the advisory committee shall be persons who are parents or relatives of a child who has or had a serious emotional disturbance or persons who had a serious emotional disturbance as a child.” In addition, a parent is to serve as co-chair of the CBHAC. CBHAC meetings held throughout the year include time for review of the MHBG. Meetings held in the fall delineate spending plans and planning for the following year. This includes an open forum for questions. CBHAC membership reviewed designated priorities and provided input into the development of this plan.

7. Please indicate areas of technical assistance needs related to this section.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

Adult Behavioral Health Planning Council
Meeting Minutes

Meeting Day/Date:	Thursday, November 13th, 2025 | 2:00 – 4:00 PM	
Location:	Teams	
Members Present:	Peter Tolisano, Laura Watson, Jennifer Abbatemarco, Rita Natale, Will Erdman, Katherine Gallo, Giovanna Mozzo, Elsa Ward, Allyson Nadeau, Allison Fulton, Kate Bohannan, Ellen Econs, Kathy Flaherty	
Staff Present:	Kyle Barrette, Liz Feder, Sarju Shah	
AGENDA ITEM:		**ACTION**
CCAR Young People and Family Services: TJ Aitken, Tamara Steele	TJ and Tamara presented on the Friends and Family programming based within their Recovery Community Centers throughout the state, including support groups, recovery meetings, recovery coaching, and arts and wellness activities. These services are targeted to friends and family of people that are in recovery, to provide them with support, education, and community. TJ noted that anyone interested in learning more about these services and programs can contact him directly to learn more and connect to a location nearest them.	Kyle to send out TJ's contact information and presentation slides
Block Grant updates: Kyle Barrette, DMHAS	Kyle provided updates on the FFY 2026 federal budget process and how this is impacting the Mental Health and Substance Use Block Grants. The President's proposed FFY26 budget calls for a consolidation of the Mental Health and Substance Use Block Grants and reduces overall funding by $500 million for these grants. However, House and Senate appropriations bills are not in line with the president's budget. The House and Senate bills would keep the Mental Health and Substance Use Block Grants as separate grants and increase overall funding for both grants by $5 million. These appropriations bills are still being debated and we have yet to see a final approved spending bill that identifies block grant funding amounts for FFY26.	Kyle to share presentation slides
Planning Council business: Will Erdman, Chairperson	Will discussed the idea of holding an in-person social event so that Planning Council members could connect and get to know one another outside of the quarterly meetings. Will requested ideas for a space to hold the event and timeframe. Sarju Shah recommended a Sober Café in Meriden as a central location and a business that supported sober living and recovery. Members agreed with this location.	Will and Kyle will follow-up with members to identify a date and time for the social event
Next Meeting:	February 19th, 2026, 2:00-4:00pm via Microsoft Teams	

Adult Behavioral Health Planning Council
Meeting Minutes

Meeting Day/Date:	Thursday, February 19th, 2026 | 2:00 – 4:00 PM	
Location:	MS Teams	
Members Present:	Peter Tolisano, Laura Watson, Jennifer Abbatemarco, Will Erdman, Katherine Gallo, Elsa Ward, Allyson Nadeau, Allison Fulton, Kate Bohannan, Ellen Econs, Kathy Flaherty, Herb Boyd, Mark Irons, Pamela Mautte, Kate Brown, Heidi Pettersen,	
Staff Present:	Kyle Barrette, Liz Feder, Sarju Shah, Dana Begin	
AGENDA ITEM:		**ACTION**
Overview of Wheeler Clearinghouse Resources: Abigail Lieberman, Wheeler	Abigail provided an overview of the physical and digital resources available through the Wheeler Clearinghouse which serves as a Library and Resource Center that provides information on substance misuse, mental health, prevention, health promotion, treatment and recovery, and wellness. Physical materials within the library as well as the digital resources online are all free to the public and can be picked up or mailed to individuals or organizations. Abigail also provided an overview of the "Change the Script" campaign focused on providing education and information to help residents understand, prevent, and recover from substance use disorders.	Kyle to send out Abigails presentation slides. Individuals or organizations interested in obtaining materials from the Clearinghouse can reach out directly through the website or by emailing info@ctclearinghouse.org
Overview of 24/7 Access Line: Kelly Bergeron, Derek Paplauskas, Wheeler	Kelly and Derek provided an overview of the Connecticut 24/7 Access Line which facilitates access to Substance Use services for Connecticut residents by providing resource education and information on various available treatment options including medications for addiction and various other community programs, as well as general resource education and guidance on the recovery process. Direct connection and transport to treatment services are also made available through regional transportation providers. Community members can call anytime during the day or evening and be connected to a call specialist: 1-800-563-4086.	Kyle to share presentation slides and Derek's contact information.
Block Grant updates: Kyle Barrette, DMHAS	Kyle provided updates on the combined block grant application and federal budget. The FFY26 combined block grant application has been approved. The FFY26 federal budget was approved in January and included marginal increases for both block grants. CT will find out its share of this increase in the coming months but it is expected to be small and likely will not support new programming. Kyle shared information about a new technical assistance (TA) grant that was released to states to help reduce justice involvement and homelessness among individuals with SMI. Kyle asked for any ideas or recommendations for these funds. No ideas were initially proposed but planning council members noted they would follow up with ideas.	Kyle to share presentation slides. Planning Council members will follow up with Kyle if they have ideas for the new TA grant.

DMHAS Updates: Elsa Ward, Sarju Shah	Elsa provided updates regarding the new Peer Support and Recovery Professional Credential, including how new and existing peer staff and recovery coaches can obtain the credential. Sarju provided updates regarding various Prevention activities, including an initiative to foster Recovery Friendly campuses and workplaces.	
Next Meeting:	May 14th, 2026, 2:00-4:00pm via Microsoft Teams	

Adult Behavioral Health Planning Council
Meeting Minutes

Meeting Day/Date:	Thursday, May 14th, 2026 | 2:00 – 4:00 PM	
Location:	MS Teams	
Members Present:	Laura Watson, Will Erdman, Elsa Ward, Allison Fulton, Ellen Econs, Kathy Flaherty, Herb Boyd, Mark Irons, Kate Brown, Derek Paplauskas, Rita Natale	
Staff Present:	Kyle Barrette, Liz Feder, Dana Begin, Indre Fishman	
AGENDA ITEM:		**ACTION**
Approval of New Member: Will Erdman, Chairperson	Will introduced new member Derek Paplauskas. Derek was voted in as a new member in March. Derek is a Program Manager with the Wheeler Access Line program and has a passion and interest in learning about all available resources related to addiction.	Kyle to add Derek to Planning Council correspondence
Overview of Employment Services: Ellen Econs, DMHAS	Ellen currently serves as the Employment Systems Manager at DMHAS. Ellen provided a history and overview of Employment Services in Connecticut, including an overview of the Individual Placement and Support Model (IPS) that is followed in Connecticut, and how employment services can be accessed.	Kyle to share presentation slides and Ellens contact information.
Block Grant updates: Kyle Barrette, DMHAS	Kyle provided an overview of the approved FFY26 budget for the Mental Health Block Grant (MHBG) and Substance Use Block Grant (SUBG). Kyle reviewed SAMHSA priority areas and required set-asides for each block grant. Kyle then reviewed DMHAS's proposed spending plan for both block grants, including the funding amounts proposed for all service lines and how these aligned with SAMHSA priorities and set-aside requirements. Kyle provided an overview of how the proposed spending plans or "Allocation Plans" for each block grant are developed and approved. Kyle then sought feedback from members regarding the proposed allocation plans. Member Kathy Flaherty asked if DMHAS was considering the impact of HR. 1 and the fact that many residents are expected to lose health insurance, when deciding the allocation of funding for those who are under or uninsured. Member Derek Paplauskas asked if DMHAS has a list of funded programs within the state. Kyle responded that there is not one comprehensive list but that each DMHAS service area has its own webpage that would list all of the service providers and location of services.	Kyle to follow up with DMHAS leadership regarding planning for the potential impact of HR. 1 on the need for additional funding for under and uninsured population. Kyle to send out PPT to members.

DMHAS Updates: Dana Begin, Elsa Ward	Dana noted that there were no major updates regarding the Crisis Services system. Dana noted that DMHAS continues to monitor 988 implementation and things are going well with call, chat, and text options. Elsa noted that the Office of Recovery Affairs (ORCA) Advisory committee has now been fully established and includes membership from all areas of Recovery. Next, Elsa provided the update that the application for the Certified Peer Support Recovery professional credential will be active on the CCB website starting June 1st 2026. The required trainings to receive this credential are currently available. This new credential will take the place of the Recovery Support Specialist credential.	
Planning Council Business: Will Erdman, Chairperson	Will raised the idea of holding another social event for Planning Council members and proposed meeting together at this year's Recovery Day event. This year's event has yet to be scheduled but Will and Kyle will follow up at the next meeting to discuss the possibility of meeting at the Recovery Day event.	
Next Meeting:	August 13th, 2026, 2:00-4:00pm via Microsoft Teams	

Adult Behavioral Health Planning Council
Meeting Minutes

Meeting Day/Date:	Thursday, August 14th, 2025 | 2:00 – 4:00 PM	
Location:	Teams	
Members Present:	Peter Tolisano, Laura Watson, Jennifer Abbatemarco, Rita Natale, Will Erdman, Katherine Gallo, Giovanna Mozzo,	
Staff Present:	Kyle Barrette, Dana Begin, Liz Feder, Elsa Ward	
AGENDA ITEM:		**ACTION**
Overview of the Social Prescribing Initiative: Chris Appleton, Lucy Rabinowitz-Bailey, Art Pharmacy	Representatives from the organization Art Pharmacy presented on the concept, process, and outcomes of social prescribing, a non-clinical approach that connects individuals with arts and cultural experiences to improve their health and well-being. Chris and Lucy also discussed Art Pharmacy's current work in Connecticut, in partnership with the CT Office of the Arts, to establish a roster of arts and culture partners that will be able to provide arts and culture experiences as part of future social prescribing efforts in the state. Chris discussed efforts to raise awareness of social prescribing in Connecticut and how members can advocate to employers and health insurers, to include social prescribing as part of their benefit plans.	Chris and Lucy to share presentation slides and materials that can be used to advocate for the inclusion of social prescribing within health and workplace benefit plans.
Planning Council Survey Results: Christine Guerrette, Jennifer Sussman, UCONN Center for Prevention and Evaluation Statistics (CPES)	Representatives from the UCONN Center for Prevention and Evaluation Statistics (CPES) presented an analysis of the Planning Council survey results. The survey was distributed to Planning Council members in May, to assess members' understanding of the gap, needs and priorities within Connecticut's behavioral health system. Christine and Jenn provided a summary of findings from the survey results and highlighted the major gaps and priorities identified by Planning Council members.	CPES to share presentation slides
Block Grant updates: Kyle Barrette, DMHAS	Kyle provided an overview of how the Planning Council survey results were incorporated with other statewide needs assessments, to identify priorities for the mental health and substance use block grants. Kyle provided an overview of changes that were made to the block grant spending plans to reflect these priorities. Kyle provided an overview of the combined block grant application for FFY26-27 and identified that the application will be posted for public comment during the next two weeks. Kyle provided updates on the FFY 2026 projected budget for the Mental Health and Substance Use Block Grants. The FFY26 federal budget has yet to be enacted but there is currently a proposal to consolidate the Mental Health and Substance Use Block Grants into a single grant, and to cut overall funding for the block grants. However, SAMHSA has directed states to apply for the block grants as they normally would and DMHAS is proceeding with completion of the FFY26-27 block grant application. As noted above, the block grant application is	Kyle to share presentation slides Kyle to send out link to DMHAS webpage where members can review the draft block grant application and provide feedback/comments

	currently posted for public comment and will remain on the DMHAS website.	
DMHAS Updates: Elsa Ward, Director, Office of Recovery Community Affairs Dana Begin, Director, Evidence Based Practices	Elsa provided an overview of the state's new Peer Support credential which is currently being implemented. Elsa discussed the grandparenting process that will allow current peer professionals to obtain the credential at no cost. Elsa also discussed the timeline for implementation of the credentialing process. Elsa noted that all information about the credentialing process can be found on the Office of Recovery Community Affairs webpage:https://portal.ct.gov/dmhas/divisions/divisions/recovery-community-affairs Elsa provided an update on this year's Recovery Month event. Elsa noted that this year's event will be hosted by Sound Community Services who is planning a multi-day event that will include an array of wellness activities and that will be open to everyone. Elsa noted that some activities will be held at Harkness Memorial State Park in Waterford and transportation (bussing) will be available. Dana provided an update regarding the state's 988 crisis hotline. Dana noted that United Way is currently responding to chat/text during first shift hours but will be expanding to respond to chat/text 24/7. Chat/text services during second and third shift hours are currently provided to CT residents by the national 988 backup centers, but this change will provide a local response via chat/text to Connecticut residents during all hours of the day.	Elsa will share flyer for the 2025 Recovery Month event when it is finalized
Planning Council business: Kyle Barrette, DMHAS	Kyle disussed a proposal to meet in person for the next Planning Council meeting on November 13th. Members discussed possible meeting spaces that were in a central location within the state. Members identified Page Hall at Connecticut Valley Hospital (CVH) in Middeltown and Carelon Behavioral Health's public meeting space in Rocky Hill.	Will and Kyle will follow-up with members to identify best meeting location. Kyle will book meeting space for November 13th.
Next Meeting:	November 13th, 2025, 2:00-4:00pm location TBD	

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2027 End Year: 2028

Type of Membership	Number	Percentage of Total Membership
1. Individuals in recovery (including adults with SMI who are receiving or have received mental health services)	2	
2. Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)	0	
3. Parents of children with SED	1	
4. Vacancies (individuals and family members)	0	
5. Total individuals in recovery, family members, and parents of children with SED	**3**	**13.64%**
6. State Employees	8	
7. Providers	0	
8. Vacancies (state employees and providers)	0	
9. Total State Employees & Providers	**8**	**36.36%**
10. Persons in Recovery from or providing treatment for or advocating for SUD services	5	
11. Representatives from Federally Recognized Tribes	1	
12. Youth/adolescent representative (or member from an organization serving young people)	0	
13. Advocates/representatives who are not state employees or providers	5	
14. Other vacancies (who are not individuals in recovery/family members or state employees/providers)	0	
15. Total non-required but encouraged members	**11**	**50.00%**
16. Total membership (all members of the council)	**22**	

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Footnotes:

Environmental Factors and Plan

15. Public Comment on the State Plan – Required for MHBG & SUPTRS BG

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. §300x-51) requires, as a condition of the funding agreement for the grant, that states will provide an opportunity for the public to comment on the state Block Grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to the federal government.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings? Yes No

b) Posting of the plan on the web for public comment? Yes No

If yes, provide URL:

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

c) Other (e.g. public service announcements, print media) Yes No

d) Please indicate areas of technical assistance needs related to this section.

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Footnotes:

Environmental Factors and Plan

16. Syringe Services Program (SSP) – Required for SUPTRS BG if Planning for Approval of SSP

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Narrative Question:
Use of SUPTRS BG funds to support syringe service programs (SSP) is authorized through appropriation acts which provide authority for federal programs or agencies to incur obligations and make payment, and therefore are subject to annual review. The following guidance for the application to budget SUPTRS BG funds for SSPs is therefore contingent upon authorizing language during the fiscal year for which the state is applying to the SUPTRS BG.

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes for the purpose of illicit drug use. States interested in directing SUPTRS BG funds to SSPs must provide the information requested below and receive approval from the State Project Officer.

States may consider making SUPTRS BG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SUPTRS BG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to persons who inject drugs (PWID), SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers. Federal funds cannot be supplanted, or in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

The federal government released three guidance documents regarding SSPs, These documents can be found on the **HIV.gov website.**

Please refer to guidance documents provided by the federal government on SSPs to inform the state's plan for use of SUPTRS BG funds for SSPs, if determined to be eligible. The state must follow the steps below when requesting to direct SUPTRS BG funds to SSPs during the award year for which the state is eligible and applying:

Step 1 - Request a **Determination of Need** from the CDC

Step 2 - Include request in the SUPTRS BG Application Plan to expend the funds for the award year which the state is planning support an existing SSP or establish a new SSP. Items to include in the request:

- Proposed protocols, timeline for implementation, and overall budget
- Submit planned expenditures and agency information on Table 16a listed below

Step 3 - Obtain SUPTRS BG State Project Officer Approval

Use of SUPTRS BG funds for SSPs future years are subject to authorizing language in appropriations bills, and must be re-applied for on an annual basis.

Additional Notes:

1. Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (**42 U.S.C.§ 300x-31(a)(1)(F)**) and **45 CFR § 96.135(a)(6)** explicitly prohibits the use of SUPTRS BG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

2. Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (**42 U.S.C. § 300x-24(a)**) and **45 CFR § 96.127** requires entities that receives SUPTRS BG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

3. Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (**42 U.S.C. § 300x-24(b)**) and **45 CFR 96.128** requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SUPTRS BG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (**42 U.S.C. 300x-28(c)**) and **45 CFR 96.132(c)** requires states to ensure that substance use prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to health services.

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Budget of SUPTRS BG for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone or other Opioid Overdose Reversal Medication Provider (Yes or No)
No Data Available					
Totals:		$0.00		0	

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Footnotes:

Connecticut does not use block grant funds to support SSPs