Connecticut

UNIFORM APPLICATION
FY 2024/2025 Combined MHBGSUPTRS BG ApplicationBehavioral Health Assessment and Plan

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

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/21/2024 3.34.31 PM)

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	2025
End Year	2026

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	
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	P.O. Box 341431 410 Capitol Avenue
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	P.O. Box 341431 410 Capitol Avenue
City	Hartford
Zip Code	06134
Telephone	860-969-9617
Fax	
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 8/21/2024 3:33:50 PM

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: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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

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Section	**Title**	**Chapter**
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Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
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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: 06/15/2023 Expires: 06/30/2026

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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.
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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: Connecticut

Name of Chief Executive Officer (CEO) or Designee: Ned Lamont

Signature of CEO or Designee[1]: 

Title: Governor

Date Signed: 08/26/204

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: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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 III 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.
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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;
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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;
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   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;
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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
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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.)
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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.

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Bipartisan Safer Communities ACT

Connecticut Proposal for MHBG Supplement

Background

In state fiscal year 2023, approximately 8,500 individuals in Connecticut were seen for a crisis evaluation by a mobile crisis clinician. Over 3,000 of these individuals (35%) were sent to the emergency department for further evaluation and 22% were referred back to their outpatient behavioral health provider. Evidence suggests that if an alternate level of care was available, many of these individuals could be diverted from the ED to a lower and more appropriate level of care and Connecticut could respond more effectively to mental health emergencies.

According to data from the Connecticut Department of Public Health from 2016 through 2020, approximately 10% of all emergency department visits were due to a primary behavioral health or substance use issue. Approximately 82% of these individuals were treated in the ED and discharged within 24 hours. It is suggested that an environment such as a Peer Respite center, would be a more recovery-oriented, effective and cost-efficient level of care to provide the needed services and supports as an alternative to the emergency department.

Until recently, Connecticut's continuum of crisis care and mental health emergency response consisted of mobile crisis teams (providing both in-person and telephonic support), a statewide crisis call line - 988 (providing telephonic support and warm handoff to a mobile crisis team/clinician if needed), crisis respite units, and assessment for referral to the system of care. Through analysis of behavioral health crisis data and dialogue with the state's recovery community it was identified that this previous crisis continuum did not provide options for a home-like, trauma-informed, stimulation-free environment that individuals may need. Therefore, individuals in crisis were often sent to the emergency department for further evaluation when no other level of care was available or appropriate. Connecticut recognized that our services could be augmented and expanded in a way that improved our ability to respond to mental health emergencies and provide more appropriate care for individuals in crisis.

Plan to Address Identified Needs

To address this need, and to respond to SAMHSA guidance recommending states utilize BSCA funding to strengthen and enhance mental health emergency preparedness and crisis response efforts, the Connecticut Department of Mental Health and Addiction Services (DMHAS) proposes to use the third allotment of BSCA MHBG funding to continue its implementation of a Peer Respite Center in Connecticut. While the Connecticut Department of Children and Families has established crisis stabilization units for children within the state, this level of care did not historically exist within the adult behavioral health system and was only recently implemented utilizing the state's first allocation of BSCA funding and other state funds. As such, Connecticut proposes to use BSCA funds to continue implementation of its Peer Respite Center for adults 18 and older.

Connecticut's adult Peer Respite Center offers an alternative to emergency department and psychiatric hospitalization admission by providing 24-hour crisis respite and observation in the community. The Peer Respite Center is designed to be more home-like than institutional. The center is staffed with a mix of clinical professionals and paraprofessionals, including peer staff. The setting of this model is a safe, home-like, low-stimulation environment that offers rapid assessment and stabilization, observation, and

reduction in crisis symptoms in a community-based setting. Staff assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a mental health disorder. Peer Respite services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing 24-hour observation and supervision for persons who do not require inpatient services. Services include a range of community-based resources that can meet the needs of an individual with an acute psychiatric crisis and provide a safe environment for care and recovery.

The Peer Respite center serves an array of individuals experiencing a mental health crisis, often including those experiencing a psychotic-spectrum disorder and specifically, first-episode psychosis. As such, Connecticut plans to use ESMI/FEP set-aside funding from its third allotment of BSCA MHBG to continue implementation of the adult Peer Respite Center discussed above. Based on emergency department utilization data in Connecticut and existing literature, it is expected that individuals who are in the early stages (first two years) of psychosis make up over 10% of those admitted to the Peer Respite Center. The Peer Respite Center offers a safe and supportive alternative to Emergency Departments or more restrictive settings for individuals experiencing early or first-episode psychosis who do not require a higher level of care. ESMI/FEP set-aside funding will be used to support the continued implementation of the state's Peer Respite Center and ensure the availability of a non-restrictive crisis care setting for individuals experiencing early of first-episode psychosis that do not require a higher level of care.

While the establishment of Peer Respite will help to complete the continuum of crisis care and mental health emergency response in Connecticut, recently passed state legislation will require schools to include 988 information on student IDs for students in grade six and higher starting in the fall of 2023. This has resulted in an increase in 988 call volume from school age children and youth. To ensure the state's call center maintains its capacity to respond to crises and mental health emergencies, especially those occurring in school settings, DMHAS proposes to use a portion of BSCA MHBG funding to continue supporting child and youth focused staff within the statewide 988 call center. DMHAS currently contracts with the United Way to operate the statewide 988 call center. Connecticut proposes to use a portion of BSCA MHBG to continue funding child and youth focused contact specialists within the 988 call center who are specifically trained to answer calls related to children and youth. Specialized training will continue to be provided by United Way for these staff.

BSCA MHBG Funding Plan (3rd Allotment)

Major Need/Set Aside	Activity	Total
ESMI/FEP	Peer Respite Center*	$74,292
Crisis Services	Peer Respite Center	$445,753
Crisis Services (Children and Youth)	Fund two contact specialists within statewide crisis call center that will be focused on responding to calls from youth	$222,877
		$742,922

*Based on ED utilization data in Connecticut and existing literature, it is expected that individuals who are in the early stages (first two years) of psychosis will make up over 10% of those utilizing Peer Respite. Peer Respite centers offer a safe and supportive alternative to Emergency Departments or more restrictive settings for individuals experiencing psychosis who do not require a higher level of care. ESMI/FEP set-aside funding will be utilized to support Peer Respite to ensure the availability of a non-restrictive setting for individuals experiencing psychosis that do not require a higher level of care.

State Information

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

Fiscal Year 2025

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 III 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.

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: Ned Lamont

Signature of CEO or Designee[1]: 

Title: Governor

Date Signed: 08/26/2024

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

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Footnotes:

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:

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Footnotes:

Connecticut has no lobbying activities to disclose

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	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	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SUPTRS)[a]	J. ARP Funds (MHBG)[b]	K. BSCA Funds (MHBG)[c]
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention[d]		$584,054.00		$180,357.00	$4,883,103.00		$1,024,173.00				
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[ee]		$1,280,892.00			$647,713.00					$2,039,600.00	
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			$73,675,658.00		$266,107,584.00		$3,837,394.00				
7. Other 24-Hour Care		$1,226,724.00	$79,117,774.00		$141,406,388.00		$141,024.00			$473,995.00	$770,870.00
8. Ambulatory/Community Non-24 Hour Care		$4,071,193.00		$43,774,683.00	$519,773,000.00		$4,546,111.00			$3,700,494.00	
9. Crisis Services (5 percent set-aside)[fg]		$2,808,185.00		$5,512,054.00	$16,471,823.00		$512,500.00			$200,000.00	$220,643.00
10. Administration (excluding program/provider level) [g] MHBG and SABG must be reported separately[f]		$45,000.00		$10,173,627.00	$44,046,134.00		$8,246,602.00				
11. Total	**$0.00**	**$10,016,048.00**	**$152,793,432.00**	**$59,640,721.00**	**$993,335,745.00**	**$0.00**	**$18,307,804.00**	**$0.00**	**$0.00**	**$6,414,089.00**	**$991,513.00**

[a]The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[b]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[c]The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[d]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[e]Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

[f]Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

[g]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President's Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024			FFY 2025		
Expenditure Category	**FFY 2024 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**	**FFY 2025 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**
1 . Substance Use Disorder Prevention and Treatment[5]	$10,345,566.00	$226,528.00	$3,615,816.00	$5,850,996.00		$2,944,712.00
2 . Substance Use Primary Prevention	$5,357,895.00		$818,299.00	$5,243,961.00		$831,596.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV[6]						
5 . Recovery Support Services[7]	$4,755,916.00	$1,936,000.00	$954,938.00	$9,369,345.00		$1,139,324.00
6 . Administration (SSA Level Only)						
7. Total	**$20,459,377.00**	**$2,162,528.00**	**$5,389,053.00**	**$20,464,302.00**	**$0.00**	**$4,915,632.00**

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the

expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Prevention other than Primary Prevention

[6]For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). 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 services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SUPTRS BG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

[7]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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Footnotes:

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

A		B			B		
Strategy	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]	SUPTRS BG Award	COVID-19 Award[4]	ARP Award[5]
1. Information Dissemination	Universal	$299,700		$46,643	$293,206	$0	$47,401
	Selected	$6,309		$982	$6,173	$0	$998
	Indicated	$9,464		$1,473	$9,259	$0	$1,497
	Unspecified					$0	
	Total	**$315,473**	**$0**	**$49,098**	**$308,638**	**$0**	**$49,896**
2. Education	Universal	$1,648,350		$256,537	$1,612,632	$0	$260,705
	Selected	$34,702		$5,401	$33,950	$0	$5,489
	Indicated	$52,053		$8,101	$50,925	$0	$8,233
	Unspecified					$0	
	Total	**$1,735,105**	**$0**	**$270,039**	**$1,697,507**	**$0**	**$274,427**
3. Alternatives	Universal	$49,950		$7,774	$48,868	$0	$7,900
	Selected	$1,052		$164	$1,029	$0	$166
	Indicated	$1,577		$245	$1,543	$0	$249
	Unspecified					$0	
	Total	**$52,579**	**$0**	**$8,183**	**$51,440**	**$0**	**$8,315**
4. Problem Identification and Referral	Universal	$49,950		$7,774	$48,868	$0	$7,900
	Selected	$1,052		$164	$1,029	$0	$166
	Indicated	$1,577		$245	$1,543	$0	$249
	Unspecified					$0	
	Total	**$52,579**	**$0**	**$8,183**	**$51,440**	**$0**	**$8,315**

5. Community-Based Processes	Universal	$2,097,900		$326,501	$2,052,440	$0	$331,807
	Selected	$44,167		$6,874	$43,209	$0	$6,985
	Indicated	$66,249		$10,311	$64,814	$0	$10,478
	Unspecified					$0	
	Total	**$2,208,316**	**$0**	**$343,686**	**$2,160,463**	**$0**	**$349,270**
6. Environmental	Universal	$299,701		$46,643	$293,206	$0	$47,401
	Selected	$6,309		$982	$6,173	$0	$998
	Indicated	$9,464		$1,473	$9,259	$0	$1,497
	Unspecified					$0	
	Total	**$315,474**	**$0**	**$49,098**	**$308,638**	**$0**	**$49,896**
7. Section 1926 (Synar)-Tobacco	Universal					$0	$0
	Selected					$0	$0
	Indicated	$100,000		$0	$100,000	$0	$0
	Unspecified					$0	
	Total	**$100,000**	**$0**	**$0**	**$100,000**	**$0**	**$0**
8. Other	Universal	$549,450		$85,512	$537,544	$0	$86,902
	Selected	$11,567		$1,800	$11,317	$0	$1,830
	Indicated	$17,351		$2,700	$16,974	$0	$2,745
	Unspecified					$0	
	Total	**$578,368**	**$0**	**$90,012**	**$565,835**	**$0**	**$91,477**
Total Prevention Expenditures		**$5,357,894**		**$818,299**	**$5,243,961**	**$0**	**$831,596**
Total SUPTRS BG Award[3]		**$20,459,377**	**$2,162,528**	**$5,389,053**	**$20,464,302**	**$0**	**$4,915,632**
Planned Primary Prevention Percentage		**26.19%**	**0.00%**	**15.18%**	**25.62%**		**16.92%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

[3]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Planning Tables

Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award[1]	FFY 2024 ARP Award[2]	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award[3]	FFY 2025 ARP Award[4]
Universal Direct	$3,482,632		$531,894	$3,408,575	$0	$540,537
Universal Indirect	$1,607,368		$245,490	$1,573,188	$0	$249,479
Selected	$107,158		$16,366	$157,318	$0	$24,949
Indicated	$160,737		$24,549	$104,880	$0	$16,631
Column Total	**$5,357,895**		**$818,299**	**$5,243,961**	**$0**	**$831,596**
Total SUPTRS BG Award[5]	**$20,459,377**	**$2,162,528**	**$5,389,053**	**$20,464,302**	**$0**	**$4,915,632**
Planned Primary Prevention Percentage	**26.19%**	**0.00%**	**15.18%**	**25.62%**		**16.92%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Planning Tables

Table 5c SUPTRS BG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]
Prioritized Substances			
Alcohol	☑	☐	☑
Tobacco	☑	☐	☑
Marijuana	☑	☐	☑
Prescription Drugs	☑	☐	☑
Cocaine	☑	☐	☑
Heroin	☑	☐	☑
Inhalants	☑	☐	☑
Methamphetamine	☑	☐	☑
Fentanyl	☑	☐	☑
Prioritized Populations			
Students in College	☑	☐	☑
Military Families	☑	☐	☑
LGBTQI+	☑	☐	☑
American Indians/Alaska Natives	☑	☐	☑
African American	☑	☐	☑
Hispanic	☑	☐	☑
Persons Experiencing Homelessness	☑	☐	☑
Native Hawaiian/Other Pacific Islanders	☑	☐	☑
Asian	☑	☐	☐
Rural	☑	☐	☑

Underserved Racial and Ethnic Minorities	☑	☐	☑

[1]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Planning Tables

Table 6 Non-Direct-Services/System Development [SUPTRS]

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024					FFY 2025				
Expenditure Category	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [2]**	**E. ARP [3]**	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [4]**	**E. ARP [5]**
1. Information Systems					$127,725.00					
2. Infrastructure Support										
3. Partnerships, community outreach, and needs assessment										$35,000.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)										
5. Quality Assurance and Improvement										
6. Research and Evaluation				$114,162.00						$395,338.00
7. Training and Education	$156,750.00			$34,238.00						
8. Total	**$156,750.00**	**$0.00**	**$0.00**	**$148,400.00**	**$127,725.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$430,338.00**

[1]Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

[2]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[3]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2024 MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024[1] COVID Funds	FY 2024[2] ARP Funds	FY 2024[3] BSCA Funds	FY 2025 Block Grant	FY 2025[1] COVID Funds	FY 2025[2] ARP Funds	FY 2025[3] BSCA Funds
1. Information Systems	$50,000.00	$146,325.00	$280,000.00		$50,000.00			
2. Infrastructure Support	$360,000.00	$75,000.00			$315,000.00			
3. Partnerships, community outreach, and needs assessment							$280,000.00	
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$15,000.00				$134,975.00			
5. Quality Assurance and Improvement	$65,000.00		$490,000.00		$498,000.00		$157,328.00	
6. Research and Evaluation								$120,870.00
7. Training and Education	$65,000.00	$132,508.00	$120,000.00		$65,000.00		$2,197,676.00	
8. Total	$555,000.00	$353,833.00	$890,000.00	$0.00	$1,062,975.00	$0.00	$2,635,004.00	$120,870.00

[1] The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[3] The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 – September 29, 2026** (3rd increment).For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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Footnotes:

Environmental Factors and Plan

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

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (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 evidenced-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 expend 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. SAMHSA expects that states will build on the emerging and growing body of evidence 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 service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an **Advisory: Peer Support Services in Crisis Care** and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "**National Guidelines for Child and Youth Behavioral Health Crisis Care**" which offers best practicies, 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 this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crsis 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 Contact

The United Way of Connecticut (UWC), in partnership with the CT Department of Mental Health and Addiction Services (DMHAS), has established the Adult Telephone Intervention and Options Network (ACTION) line for adults 18 years of age or older who are in the community and in the midst of a psychiatric or emotional crisis for which an immediate response may be required.

The ACTION line is a centralized phone number answered by United Way of CT 2 -1-1 staff 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 which have lived experience with mental health and substance use/addiction and licensed clinicians. 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 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).

United Way of CT also manages incoming calls for individuals seeking support for children and youth through funding from the Connecticut Department of Children and Families (DCF). This support is accessed by calling 2-1-1 and works collaboratively with the statewide Mobile Crisis network 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.

988- DMHAS and DCF have worked together with the United Way of CT to implement the 988 Suicide & Crisis Lifeline. United Way of CT receives 988 calls, texts and chats from individuals in crisis across the lifespan. We recently celebrated two years of implementation on July 16th, 2024, with an event hosted at the call center. The United Way of CT received federal and regional recognition as one of the top performing centers in the country.

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 18 adult Mobile Crisis Teams are mostly located across the DMHAS Local Mental Health Authority (LMHA) Network and DMHAS funds and operates MCT services 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 persons and families and post-intervention activities that support persons 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 clinicians and police officers.

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 are various co-responder models throughout the state; most mobile crisis teams are "stand-alone" but are able to request police support when needed. Conversely, most police departments have strong working relationships with their local mobile crisis teams and will also reach out to request a clinician to accompany them on a call. Additionally, some mobile crisis teams have clinicians embedded within police departments. We have also seen an increase in police departments hiring their own social workers/clinicians who work collaboratively with the DMHAS mobile crisis teams.
For children and youth, there are 6 regional youth Mobile Crisis Intervention Services programs that provide coverage to the entire State. The purposes of Mobile Crisis Intervention Services 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 the 6 primary regional 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. DCF also funds a Performance Improvement Center for ongoing quality management for Mobile Crisis. Access to youth Mobile Crisis is through the Call Center and there is an average annual call volume of 15,000 calls. These calls are transferred to local Mobile Crisis providers and all youth Mobile Crisis providers 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, and most exceed 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.

A Safe Place for Help

Department of Mental Health and Addiction Service (DMHAS) funds one crisis stabilization unit. The site is located at Continuum of Care in New

Haven and is referred to as the REST (Rapid Evaluation Stabilization and Treatment) Center. It offers 23-hour crisis stabilization, evaluation and observation, staffs a multidisciplinary team and serves as a diversion to emergency department. This short stay in a comfortable, secure home-like environment away from their usual residence allows individuals to reflect and problem-solve around issues that may be causing them stress. The goals are to reduce the stigma of social disruption often associated with hospitalization, encourage self-sufficiency and independent living, and to promote successful reintegration into the community. Key components include 24-hour care and intensive case management, private home in a family neighborhood, 24/7 access to a licensed registered nurse, daily recovery support, psychoeducational and recreational groups, peer support, linkages to longer-term housing and community supports and ongoing therapy.
The Gloria House is CTs first peer-run respite program located in New Britain, CT. The program opened its doors in July 2024. The Gloria House is a 4 Bedroom residential peer respite home staffed 24 hours a day, 7 days a week, 365 days a year – by peers who identify as having direct lived experience with mental health, addiction and/ or trauma. The Gloria House offers voluntarily, short-term respite services as an alternative to traditional psychiatric stays. Respite Guests receive support in a comfortable home environment for up to 7 days, with an additional 30 days of follow-up support from an Outreach Advocate. During a stay at The Gloria House, Respite Guests are provided a brave space to navigate emotional distress or other extreme states, one-on-one peer support as well as access to many other tools and resources to promote wellness, connection, and self-determination.
DMHAS also continues to have crisis respite services including 100 beds across 16 programs. Traditional length of stay in crisis respite is up to 7 days.

For children and youth, DCF provides overnight crisis respite to child welfare involved families only. DCF also established four Behavioral Health Urgent Crisis Centers (UCC). UCCs provide on-site crisis stabilization services to youth and families, in an environment that is safe and engaging. UCC services include crisis stabilization, comprehensive assessment, safety planning in collaboration with the youth and family, and connection to ongoing community support and services. The UCC network includes three community based nonprofit provider agencies that together provide statewide access. Youth and families can access UCCs 24/7 without referral ("walk-in"). In addition to the UCCs, DCF has contracted with 2 agencies for Sub-Acute Crisis Stabilization Centers. These Sub-Acute Crisis Stabilization Centers provide stabilization services for up to 14 days to youth experiencing behavioral health crises. They are responsible for de-escalating and stabilizing the youth/young adult, completing a comprehensive diagnostic assessment, developing a treatment plan, providing individual, group and family treatment, providing ongoing observation and stabilization, collaboration with caregivers, schools, primary care physicians and other pertinent treater(s) on a discharge plan, and referring to ongoing care at the appropriate level via a warm hand off with follow up when necessary to ensure needs are met. One of the two contracted Sub-Acute Centers has opened and been operational since January of 2024, with the other expected to complete renovation in 2025.

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 SAMHSA 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 SAMHSA 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.*

Other program implementation data that characterizes crisis services system development.
1. Someone to talk to: Crisis Call Capacity
- *a. Number of locally based crisis call Centers in state*
  - *i. In the 988 Suicide and Crisis lifeline network*
  - *ii. Not in the suicide lifeline network*
- *b. Number of Crisis Call Centers with follow up protocols in place*
- *c. Percent of 911 calls that are coded as BH related*

2. 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 first responder structures (police, paramedic, fire)*
- *b. Integrated with first responder structures (police, paramedic, fire)*
- *c. Number that employs peers*

3. Safe place to go or to be:
- *a. Number of Emergency Departments*
- *b. Number of Emergency Departments that operate a specialized behavioral health component*
- *c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)*

a. 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 talk to	☐	☐	☐	☐	☐	☑

Someone to respond	☐	☐	☐	☐	☐	☑
Safe place to go or to be	☐	☐	☐	☐	☐	☑

b. Briefly explain your stages of implementation selections here.

Someone to Contact

CT has launched the 988 lifeline as of July 16th, 2022. Wait times for callers to 988 is about 5 seconds and and over 90% of calls are answered in state. The ACTION Line and Youth Mobile Crisis calls are also operated by United Way of CT. The average wait time for a caller on this line is under one minute. Information is collected by the call specialist and the calls are transferred to the responding clinician within 10 minutes on an average. The adult mobile crisis clinician must respond within 90 minutes and the youth clinician who responds in person must respond within 45 minutes of the initial call. The largest challenges CT is facing with the crisis call lines are staff retention and identifying sustainable funding sources. United Way, our CT call center provider, has been working to develop a marketing campaign, "Hiring Heroes", to attract more applicants for vacant positions. They have also offered 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 at this time. United Way has increased their staffing capacity for call takers to ensure that calls are answered in a timely manner. Currently, 988 text/chat are answer by UWC 7 days a week from 8AM-3PM.

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 has been the biggest barrier towards achieving this goal. Some private non-profit mobile crisis providers are looking to adjust work schedules to be more flexible (4, 10-hour day work weeks, triaging calls from home instead of the office but will go out if a mobile response is needed). Legislation was passed that allows Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) working on a DMHAS-funded or DMHAS-operated mobile crisis team to issue an emergency certificate. This has helped to increase the pool of professionals eligible for mobile crisis team positions.

Youth Mobile Crisis now 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. Of the expanded hours, data shows that most calls occur between 10 pm and midnight, and from 7 am and 1 pm on the weekends. The expansion to 24/7 hours were funded through supplemental federal funding received during the Pandemic (COVID-19 Supplemental MHBG, ARPA MHBG, etc.). However, funding is short-term and long-term funding will need to be identified for sustainability.

A Safe Place for Help

As mentioned above, in 2024, DMHAS opened its first crisis stabilization unit and peer-run respite program. These programs are in two of CTs major cities and accept all individuals 18+. However, we realize the location of these programs are not easily accessible and DMHAS hopes to be able to expand these programs across the State.

For children and youth, DCF has invested $23 million to develop four Behavioral Health Urgent Crisis Assessment Centers and bedded Sub-Acute Crisis Stabilization Centers for up to 14 days. 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.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

The CT crisis call lines including 988 meets 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 will follow a warm-transfer protocol to the mobile crisis teams in the individual caller's area or 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. The one best practice component CT has not implemented is GPS-enabled technology, which would allow the call center hub to identify where the mobile crisis team staff are physically located and be able to dispatch the team geographically located closest to the individual in distress. DMHAS has contracted with Veoci who will provide the software that will allow the adult mobile crisis teams to dispatch the closest available staff member to individuals in distress. We are currently in the process of building this up before offering the software as a tool to the teams. DCF has received grant funding to explore and consider purchasing GPS-enabled technology and real-time appointment scheduling. The process for identifying the software application underway.
Mobile crisis teams are comprised of multidisciplinary team members including but not limited to licensed clinicians, nurses, mental health workers and case managers. We hope to incorporate peers within all mobile crisis teams. Mobile 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 response to 90% of the calls face to face. 80% of the face-to-face responses must be within 45 minutes. The statewide average is 85%.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The 5% set aside of the COVID-19 Supplemental and ARPA MHBG awards have been awarded to the United Way of CT 211 for staffing of the 988, ACTION line and Youth Mobile Crisis call lines. The 5% set-aside of the base MHBG will be awarded to mobile crisis teams that serve defined geographic service regions. We want to ensure the 988 line continues to meet expectations when it comes to short wait times and percentage of calls answered in state. With the funding, data shows we are currently meeting and exceeding our goals as the average speed to answer on 988 is 5 seconds. The average ACTION line speed to answer in SFY24 was 77 seconds. Also, current funding sources for the crisis lines are temporary and long-term funding will need to be identified for sustainability of the lines.

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder Block Grant Application- Required for MHBG

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 meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**[1]

Planning Councils are required by statute to review state plans and implementation 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 an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

[1] **https://www.samhsa.gov/grants/block-grants/resources [samhsa.gov]**

Please consider the following items as a guide when preparing the description of the state's system:

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, etc.)

The Adult 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, two separate Planning Council meetings were conducted to provide members an opportunity to review and provide feedback on the FFY 2025 allocation plans (spending plans) for both block grants, as well as the FFY 2025 combined block grant application. Additionally, the state planner conducted an orientation to both block grants for new and existing members of the Council to provide members with the knowledge and information necessary to understand the block grants and to provide meaningful feedback on state plans for the block grants. Presentations were provided to the Planning Council on the programs and services funded with the block grants, to provide members with an opportunity to provide input and feedback on block grant funded services and their implementation. Lastly, the state's draft FFY 2025 combined block grant application (state plan) was shared directly 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. What mechanism does the state use to plan and implement community mental health treatment, substance misuse 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 Adult 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 Adult 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.

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

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

5. 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 Adult 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.

Adult Behavioral Health Council membership includes representation from the RBHAOs, 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 will find their interests well 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 adult council and include the specific duty to “promote and enhance the provision of behavioral health services for all children” in Connecticut. The CBHAC serves as the state’s Children’s Mental Health Planning Council (CMHPC) as required by PL 321-102. The bylaws of CBHAC set forth that it will engage in the various duties outlined by PL 321-102 to ensure the advancement of the state’s System of Care for children and families.
The 30 member CBHAC/CMHPC 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/CMHPC. 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.

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

August 12, 2024

Nancy Navarretta, M.A., LPC, NCC
Commissioner
Department of Mental Health and Addiction Services 410
Capitol Avenue, 4th Floor, Hartford, CT 06134

Dear Commissioner Navarretta.

I am pleased to provide a letter of support for Connecticut's FFY 2025 combined Community Mental Health Services and Substance Use Prevention, Treatment and Recovery Services Block Grant application. The FFY 2025 combined application and plan was presented to the Behavioral Health Planning Council (BHPC) during its August meeting, including an opportunity for discussion and recommendations. A web-based link to the application and plan were emailed to council members to provide an opportunity for further review and comment.

The BHPC has reviewed the state's application/plan and has been routinely updated on all block grant activities as part of the agenda for each planning council meeting. Updates have included information regarding new block grant funded programs and initiatives within the state's behavioral health system, budget updates, technical assistance opportunities, and an overview of all block grant plans, proposals, and reports.

The BHPC looks forward to continuing its collaboration with the Department of Mental Health and Addiction Services (DMHAS) to advocate for behavioral health needs of Connecticut residents.

Sincerely,

AngelaRaeDuhaime

Angela Duhaime, MA
Behavioral Health Planning Council Chair

Adult Behavioral Health Planning Council
Meeting Minutes

Meeting Day/Date:	Thursday, May 9th, 2024 | 2:00 – 4:00 PM	
Location:	Teams	
Members Present:	Peter Tolisano, Laura Watson, Allyson Nadeau, Jennifer Abbatemarco, Allison Fulton, Maureen O'Neil Davis, Kathy Flaherty, Michaela Fissel, Allyson Nadeau, Pamela Mautte	
Staff Present:	Kyle Barrette, Sarju Shah, Liz Feder, Elsa Ward, Katherine McMullan	
AGENDA ITEM:		**ACTION**
Nominees and New Membership: Angela Duhaime	New nominees were introduced to the Planning Council. New nominees were Herb Boyd, Katie Gallo, Will Erdman, Rita Natale, and Heidi Petterson.	
Co-Occurring Disorders Presentation: Katherine McMullan, Evidence-Based Practices and Grants, DMHAS	Katherine McMullan provided a presentation on the DMHAS Integrated Care initiative. Katherine provided an overview of the guiding principles for the initiative as well as the specific aims and goals of the initiative. Members provided feedback related to this initiative. Feedback included the suggestion to include more involvement of the peer workforce within this initiative. Members noted that the peer workforce is uniquely positioned and trained to support the development of integrated care plans within clinical and non-clinical programs.	Presentation slides will be sent out to members
Block Grant Update: Kyle Barrette, DMHAS	Kyle provided updates on FFY24 block grant budget and an overview of the FFY25 allocation plan for the Mental Health Block Grant and Substance Use Block Grant. Kyle identified that the final FFY24 budgets for both block grants remained flat from FFY23 and that the FFY25 allocation plan for each grant is based on FFY24 funding levels. Due to flat funding, Kyle identified that no new programs or services are being proposed under each block grant. Kyle provided a breakdown of the programs and services proposed to be funded with each block grant during FFY25. Members provided feedback in regards to the programs and services proposed to be funded during FFY25. One member provided the recommendation that DMHAS consider increasing investment in non-clinical peer supports for parents with mental health conditions. The member identified that they are hearing from child and family service providers that they are seeing an increased need in services and supports for parents, and specifically peer supports, to enable them to provide better support for their children and better understand how to maneuver the service system.	Presentation slides will be sent out to members
Planning Council Business: Angela Duhaime	Planning Council chair, Angela Duhaime, made a motion to vote on approving the new nominees to the Planning Council. Presiding members voted unanimously to approve the nominees as new members of the Planning Council.	Kyle and Angela will follow up the new Planning Council members to provide them with information

	Planning Council chair, Angela Duhaime, made a motion to vote on the draft by-laws for the Planning Council. Presiding members voted unanimously to approve the draft by-laws.	and instructions about future meetings. Approved by-laws will be sent out to Planning Council members.
Meeting Planning: Kyle Barrette	Group discussed presentation ideas and potential agenda items for the next Planning Council meeting. One member suggested a presentation on the Mind Map 2.0 campaign which seeks to increase awareness about First Episode Psychosis (FEP) and community resources to support individuals and families experiencing FEP. Elsa Ward requested time at the next meeting to present on the Recovery Happens Here campaign.	
Next Meeting:	August 8th, 2024, 2:00-4:00pm via Microsoft Teams	

Adult Behavioral Health Planning Council
Meeting Minutes

Meeting Day/Date:	Thursday, March 14, 2024 | 2:00 – 4:00 PM	
Location:	Teams	
Members Present:	Peter Tolisano, Laura Watson, Allyson Nadeau, Jennifer Abbatemarco, Allison Fulton, Maureen O'Neil Davis, Ellen Econs, Kathy Flaherty	
Staff Present:	Kyle Barrette, Sarju Shah, Liz Feder, Dana Begin, Elsa Ward	
AGENDA ITEM:		**ACTION**
Block Grant Update: Kyle Barrette	Kyle provided updates on FFY24 block grant budget. Due to federal budget impasse, states have yet to receive their final FFY24 allocation of the Mental Health Block Grant (MHBG) or Substance Use Block Grant (SUBG). The spending bills currently being debated in the House and Senate only include flat funding from FFY23 and that is what we are expecting. Once DMHAS receives confirmation of Connecticut's FFY24 MHBG and SUBG award amounts, DMHAS will finalize the allocation (spending) plan for both grants. An overview of these plans will be presented at the next Planning Council meeting.	
Focusing on Civil and Human Rights within Mental Health: Kathy Flaherty	Kathy provided a presentation on a new report released by The World Health Organization on Civil and Human Rights within Mental Health. Kathy discussed ways in which Connecticut is in line with some of the report recommendations and ways in which the state needs to continue to grow and change to have a human rights approach with the mental health system. Kathy responded to questions after the presentation regarding how individuals with a section housing voucher or section 8 unit can potentially lose their housing while in residential care. Kathy provided an overview of mechanisms that can help individuals retain their housing while in care and how the intake process within residential programs should include assessment of whether an individual has a housing voucher and development of a plan for that to be retained while they are receiving care.	Kathy will send out presentation slides to interested members
Co-Occurring disorders discussion: Angela Duhaime	Angela unable to join for today's meeting. Presentation on Co-Occurring Disorders will take place at next meeting and be led by DMHAS staff	DMHAS staff to present at next meeting
Planning Council By-Laws: Kyle Barrette	Kyle presented draft by-laws for the Planning Council that were sent out to members for review and feedback on February 26th. The by-laws were developed using resource materials from SAMHSA and based on by-laws of states with similar behavioral health systems. Kyle sought feedback and recommendations from members.	Kyle will make suggested changes to by-laws and send out to Planning Council members for final

		review and feedback. Planning Council will move to vote on by-laws at next meeting once comments and suggestions have been incorporated.
DMHAS Update: Sarju Shah, Director, Prevention Services Division Dana Begin, Director, Evidence Based Practices and Grants Division Elsa Ward, Director, Office of Recovery Community Affairs	Sarju provided updates on new Prevention initiatives and projects. Sarju discussed an upcoming Prevention Summit to take place in October that will provide learning and professional development opportunities for Preventionists and coordinators. In place of Dana, Kyle provided updates regarding Early Detection and Engagement Specialists (EDACs) that have been placed in each service region of the state that will be working closely with community stakeholders and providers to identify individuals early in the course of psychosis to connect them with appropriate care as quickly as possible. In collaboration with Yale, DMHAS has also launched the MindMap campaign to help raise awareness about early psychosis, reduce stigma, and provide information about treatment resources. Information about the EDACs can be found on the MindMap website: https://mindmapct.org/. Dana also shared an update the state's new Peer Respite program will begin it's contract on April 1st and should begin accepting clients shortly thereafter. The program will be based in New Britain. Elsa provided updates about the "Recovery Happens Here" media campaign. Elsa discussed the success of the first campaign that launched in 2023 and discussed that the campaign will be starting up again in 2024 with block grant funding. The campaign will continue to highlight the personal stories of individuals in recovery, to normalize and de-stigmatize recovery, and provide information and community resources for individual in the recovery community.	
Meeting Planning: Kyle Barrette	Group discussed moving the date of next meeting to May 9th to ensure members have sufficient time to review the block grant allocation plans before they are submitted in late June. Group was in approval of changing the date.	Kyle will send out email to members asking if there are any conflicts for the date of May 9th. If not, Kyle will change the date of the next meeting and send out updated calendar invites for May 9th.
Next Meeting:	May 9th, 2024, 2:00-4:00pm via Microsoft Teams	

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	6	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	0	
Parents of children with SED	1	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	6	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	**13**	**61.90%**
State Employees	8	
Providers	0	
Vacancies	0	
Total State Employees & Providers	**8**	**38.10%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	3	
Individuals/Family Members from LGBTQI+ Populations	2	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	1	
Youth/adolescent representative (or member from an organization serving young people)	1	
Total Membership (Should count all members of the council)	**28**	

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Footnotes:

The total number of Planning Council members is 23 not 28. However, this table incorrectly adds Individuals/Family Members from Diverse Racial and Ethnic Populations, and Individuals/Family Members from LGBTQI+ Populations to the total. Individuals with these identities are part of the 23 members, not in addition to.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

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, 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 SAMHSA.

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:

https://portal.ct.gov/DMHAS/Divisions/EQMI/Planning-Unit---Block-Grants

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

The final version of the previous application and plan was posted to the DMHAS website However, the state only maintains the most current block grant application and plan on the DMHAS website. As such, the final application from the previous year was taken down in August 2024 and replaced by the current application and plan on the state website so there is not a unique URL for the previous year's plan.

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

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

Environmental Factors and Plan

23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) restriction[1,2] on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[3].

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

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. States interested in directing SUPTRS BG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SUPTRS BG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

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 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[4]. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs[5]: These documents can be found on the Hiv.gov website: **https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs**,

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy **https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf ,**

2. **Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention **http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf,**

3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf ,**

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

End Notes

[1] Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SUPTRS BG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SUPTRS BG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SUPTRS BG funds ***only*** and is consistent with guidance issued by SAMHSA.

[2] 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.

[3] Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

[4] 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.

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 abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

[5]***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a **description of the elements of an SSP** that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV

and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

Connecticut does not use SUBG funding for SSPs

Environmental Factors and Plan

Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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Footnotes:

Connecticut does not use SUBG funding for SSPs