

## **SUMMARY:**

DMHAS identified 20 federal funding sources that may be impacted by a potential federal government shutdown (*see provided spreadsheet*). The information below details our prioritization considerations; the state of Notices of Award (NOAs); potential impact on providers; and description of each funding source, including a breakdown of the impacted sector and consequences if funding is interrupted.

*Prioritization.* If federal funding is eliminated or reduced, DMHAS leadership will review each funding source on an individual basis, with primary considerations including, but not limited to: maintenance of 24/7 levels of care; number of clients served; whether services provided are crisis or direct care; and the availability of other revenue sources.

*Status of Federal Guidance.* Each federal funding source below has received a notice of award, except for the CMHS and SUPTRS block grants (however, this is typical; block grant NOAs are rarely received until mid-spring after federal submission).

*Impact on Providers.* DMHAS federal funding is embedded across a wide range of contracts throughout the behavioral health system. Reduction or elimination of these funds would likely have significant consequences for providers, including:

- **Reduced ability to serve uninsured individuals.** Many programs rely on federal funds to cover services that are not billable to Medicaid or private insurance. Loss of funding would directly limit access for these populations.
- **Program closures.** Smaller providers, or those managing multiple DMHAS contracts, may be forced to close programs entirely, disrupting critical services and community networks.
- **Financial strain and operational impacts.** Reduced revenue could necessitate reduction in service hours, or elimination of specialized programs, undermining provider capacity and quality of care.
- **Ripple effects on the behavioral health system.** Service gaps can increase demand on emergency departments, inpatient care, and other safety-net resources, further stressing the system and limiting access for vulnerable populations.

*Note on Client Impact.* The following summaries reflect the anticipated impacts of federal reductions or elimination across multiple grant programs due to interruption of funds. All impact statements assume a complete elimination of funding; partial reductions are expected to produce similar consequences, albeit to a lesser degree.

### List of Federal Funding Sources

1. 20661/Community Mental Health Services Block Grant
2. 21782/Substance Use Prevention, Treatment, Recovery Services Block Grant
3. 23189/Safer Community
4. 20688/Social Services Block Grant: Substance Abuse Services
5. 20700/Social Services Block Grant: Case Management
6. 20709/Social Services Block Grant: Independent & Transitional Living
7. 20720/Social Services Block Grant: Counseling
8. 26498/Prime Clinic: Stepped Care for Youth and Young Adults at Clinical High Risk for Psychosis
9. 23251/CT 988 Implementation
10. 22472/Tobacco Inspection Program
11. 23092/Strategic Prevention Framework: Prescription Drugs
12. 23136/CT Partnerships for Success
13. 23227/CT Partnership for Hope & Healing
14. 23239/CT Project to Prevent Opioid Overdose Deaths
15. 22921/CT Promotes Recovery from Opioid Addiction (SOR)
16. 23112/Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program (COSSUP)
17. 23029/PROUD
18. 22909/ Promoting Integrated Care in Connecticut
19. 22656/HUD Continuum of Care
20. 20777/PATH Formula Grant

### SID/Grant Name: 20661/Community Mental Health Services Block Grant

**PURPOSE AND SCOPE OF GRANT.** The CMHSBG is designed to provide grants to states to implement comprehensive community mental health services to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). In Connecticut the CMHSBG is jointly administered by DMHAS and DCF, and grant funds are used to maintain and enhance the overall capacity of the mental health service system across the lifespan. Funding is integrated across many levels of care and is used to support services that are generally non-reimbursable, as well as to support services to individuals with SMI and SED that are un-insured or underinsured. The top three areas of funding include emergency crisis, residential services/supported housing, and early serious mental illness/first episode psychosis.

### IMPACT OF FEDERAL SHUTDOWN:

Scenario: Interruption of Funds	
<b>Impacted Sector</b>	CMHSBG funds are integrated throughout most community-based levels of care, and elimination would have widespread impacts on the community-based mental health system in the state. The impact would be felt most acutely in sectors that receive a significant portion of their funding from the CMHSBG, including services for First-Episode Psychosis (FEP) as well as Mobile Crisis services.
<b>Potential Consequences</b>	CMHSBG funds focus on community-based services that reduce the likelihood of hospitalization for individuals with the highest level of acuity in our mental health system. Elimination of this funding would likely result in higher rates of hospitalization due to mental health crises, increased overcrowding in emergency rooms, and increased risk of suicide.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** The CMHSBG project officer has yet to communicate any anticipated changes or reductions for this grant.

## SID/Grant Name: 21782/Substance Use Prevention, Treatment, Recovery Services Block Grant

**PURPOSE AND SCOPE OF GRANT.** The SUPTRSBG provides grants to states to plan, establish, maintain, coordinate, and evaluate alcohol, tobacco, and other drug use prevention, treatment, and recovery services. DMHAS solely administers the SUPTRSBG and uses the grant to support a wide range of services within the substance use service system, including community treatment, residential treatment, and recovery support services. DMHAS uses a significant portion of the SUPTRSBG to support Prevention and Health Promotion services.

### IMPACT OF FEDERAL SHUTDOWN:

Scenario: Elimination of Funds	
<b>Impacted Sector</b>	SUPTRSBG funds are integrated throughout the substance use services system, and elimination would have widespread impacts on the behavioral health system in the state. The impact would be felt most acutely in sectors that receive a significant portion of their funding from the SUPTRSBG, including Prevention and Health Promotion and Recovery Support Services.
<b>Potential Consequences</b>	SUPTRSBG funds focus on populations most at-risk within the substance use services system. The elimination of this grant would likely lead to increased homelessness, increased overdose, increased transmission of communicable diseases, and a significant reduction in access to substance use services. Given that SUPTRSBG funding is integrated throughout the substance use services system in Connecticut, elimination would likely lead to destabilization across the behavioral health system and lead to a significant reduction in services. Additionally, given that a significant portion of Prevention funding comes from the SUPTRSBG there is a strong likelihood that rates of substance use will increase among youth and young adults if prevention services are cut or reduced.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** The SUPTRSBG project officer has yet to communicate any anticipated changes or reductions for this grant.

## SID/Grant Name: 23189/Safer Communities

**PURPOSE AND SCOPE OF GRANT.** This grant was the result of the Bipartisan Safer Communities Act (BSA) (P.L. 117-159) which sought to address mass shootings in the United States which, among many features, provided supplemental funding for the Community Mental Health Services Block Grant which was distributed to states. Although the funding was received by states as a supplement to their CMHSBG, the funding came with specific guidelines that it be used to improve states' capacity to respond to mental health emergencies and improve crisis response systems. The supplemental funding was provided to states in four allotments which cover a five-year funding period of 10/1/2022 - 9/30/2027. Connecticut received its fourth and final allotment on 8/15/2025 and given that funding for this supplemental award was appropriated in FFY23, it is unclear what impact a government shutdown would have on state access to these funds.

*IMPACT OF FEDERAL SHUTDOWN:*

Scenario: Interruption of Funds	
<b>Impacted Sector</b>	This grant is being used exclusively to support expanded capacity within the crisis services system, which would mean that this sector would be significantly impacted. Additionally, this grant is currently the sole source of funding for the state's only Peer Respite program, which would mean the potential closure of this program and reduction of peer crisis services.
<b>Potential Consequences</b>	Given the focus of this grant on preventing and responding to crises, the elimination of this grant could lead to increased risk for suicide, increased utilization of emergency departments for behavioral health crises, and increased overcrowding of emergency departments.

*GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.* The CMHSBG project officer has yet to communicate any anticipated changes or reductions for this grant.

**SID/Grant Name: 20688/Social Services Block Grant: Substance Abuse Services**

*PURPOSE AND SCOPE OF GRANT.* The Social Services Block Grant (SSBG) is administered by DSS and provides funding to states to: increase economic self-sufficiency; prevent or address neglect, abuse, or the exploitation of children and adults; prevent or reduce inappropriate institutionalization; and secure referrals for institutional care, where appropriate. DMHAS receives ongoing pass-through monies through this funding source for substance use services.

*IMPACT OF FEDERAL SHUTDOWN:*

Scenario: Interruption of Funds	
<b>Impacted Sector</b>	Adults with substance use disorder (SUD) who are uninsured. While many SUD services are billable for Medicaid-enrolled clients—such as methadone maintenance, withdrawal management, outpatient counseling, and residential treatment, uninsured individuals rely entirely on state or grant-funded programs. The elimination of these funds would disproportionately affect this population, leaving a critical gap in access to essential behavioral health services.
<b>Potential Consequences</b>	Significant reduction in access to care for uninsured adults with SUD; increased risk of untreated withdrawal, relapse, and overdose; higher utilization of emergency departments and inpatient services due to lack of preventive and outpatient care; greater burden on community organizations and safety-net providers attempting to fill the gap.

*GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.* Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### **SID/Grant Name: 20700/Social Services Block Grant: Case Management**

**PURPOSE AND SCOPE OF GRANT.** The Social Services Block Grant (SSBG) is administered by DSS and provides funding to states to: increase economic self-sufficiency; prevent or address neglect, abuse, or the exploitation of children and adults; prevent or reduce inappropriate institutionalization; and secure referrals for institutional care, where appropriate. DMHAS receives ongoing pass-through monies through this funding source for case management services. Specifically, this funding provides, as part of the supportive housing program, case management and support services for individuals with mental health conditions to live in the community and to work toward self-sufficiency and employment.

#### **IMPACT OF FEDERAL SHUTDOWN:**

<b>Scenario: Interruption of Funds</b>	
<b>Impacted Sector</b>	Unstably housed individuals with serious mental illness (SMI) and/or co-occurring mental health and substance use disorders (SUD).
<b>Potential Consequences</b>	Reduced access to tenancy-sustaining supports; increased risk of housing loss and return to homelessness; greater reliance on emergency departments and community-based crisis services.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### **SID/Grant Name: 20709/Social Services Block Grant: Independent & Transitional Living**

**PURPOSE AND SCOPE OF GRANT.** The Social Services Block Grant (SSBG) is administered by DSS and provides funding to states to: increase economic self-sufficiency; prevent or address neglect, abuse, or the exploitation of children and adults; prevent or reduce inappropriate institutionalization; and secure referrals for institutional care, where appropriate. DMHAS receives ongoing pass-through monies through this funding source for independent and transitional living services.

#### **IMPACT OF FEDERAL SHUTDOWN:**

<b>Scenario: Interruption of Funds</b>	
<b>Impacted Sector</b>	People who are unsheltered with mental health (MH) and/or substance use disorders (SUD).
<b>Potential Consequences</b>	Increased risk of overdose and related fatalities; higher utilization of emergency departments and crisis services.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### **SID/Grant Name: 20720/Social Services Block Grant: Counseling**

**PURPOSE AND SCOPE OF GRANT.** The Social Services Block Grant (SSBG) is administered by DSS and provides funding to states to: increase economic self-sufficiency; prevent or address neglect, abuse, or the exploitation of children and adults; prevent or reduce inappropriate institutionalization; and secure referrals for institutional care, where appropriate. DMHAS receives ongoing pass-through monies through this funding source for counseling services.

*IMPACT OF FEDERAL SHUTDOWN:*

	Scenario: Interruption of Funds
<b>Impacted Sector</b>	Individuals with opioid use disorder (OUD) or other substance use disorders (SUD), particularly those who are uninsured or underinsured.
<b>Potential Consequences</b>	Reduced access to essential counseling and treatment services, increasing the risk of untreated SUD; higher incidence of overdose and associated fatalities due to gaps in care; increased reliance on emergency departments, crisis services, and other safety-net interventions.

*GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.* Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### **SID/Grant Name: 26498/Prime Clinic: Stepped Care for Youth and Young Adults at Clinical High Risk for Psychosis**

*PURPOSE AND SCOPE OF GRANT.* This funding goes to Yale for the PRIME clinic at CT Mental Health Center (CMHC), one of DMHAS' state-operated local mental health authorities (LMHAs). The services are for 12-25 year olds who are showing signs of potentially developing a schizophrenia disorder and early interventions are provided. We are entering the fourth year of this -year grant.

*IMPACT OF FEDERAL SHUTDOWN:*

	Scenario: Interruption of Funds
<b>Impacted Sector</b>	12-25 year olds showing signs of potentially developing a schizophrenia disorder.
<b>Potential Consequences</b>	Early intervention services would not be provided by this specialty clinic. Under 18 year olds would have to go to DCF clinics. Those 18 and over would go to other community mental health centers, ones not necessarily adept at serving this population.

*GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.* Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### **SID/Grant Name: 23251/CT 988 Implementation**

*PURPOSE AND SCOPE OF GRANT.* This funding is provided to United Way to support the required 988 call center for individuals experiencing emotional distress and at risk of suicide. The United Way 988 center handles approximately 10,000 calls per month and employs around 50 full-time staff to provide 24/7/365 coverage. This grant represents roughly one-third of United Way's overall 988 budget.

*IMPACT OF FEDERAL SHUTDOWN:*

	Scenario: Interruption of Funds
<b>Impacted Sector</b>	Individuals in emotional distress at risk of suicide.
<b>Potential Consequences</b>	Increased emergency department visits; higher risk of suicide.

*GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.* Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### SID/Grant Name: 22472/Tobacco Inspection Program

**PURPOSE AND SCOPE OF GRANT.** Under the Food and Drug Administration (FDA) contract, DMHAS conducts undercover compliance inspections of tobacco retailers to ensure adherence to restrictions on sales to minors. Five state employees, commissioned as Food and Drug Administration inspectors, complete approximately 5,000–6,000 inspections annually.

#### IMPACT OF FEDERAL SHUTDOWN:

	Scenario: Interruption of Funds
<b>Impacted Sector</b>	Youth and Adolescents - Increased access to tobacco products due to lack of regulations and enforcement.
<b>Potential Consequences</b>	Increased Youth Tobacco and Nicotine Use -without compliance checks retailers may be more likely to sell to underage individuals. Between the SYNAR and FDA requirements, CT has maintained the retailer violation rate under 20%.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### SID/Grant Name: 23092/Strategic Prevention Framework: Prescription Drugs

**PURPOSE AND SCOPE OF GRANT.** The Connecticut (CT) Strategic Prevention Framework for Prescription Drugs (SPF-Rx) Initiative aims to reduce prescription drug and other opioid misuse and overdoses statewide. This is achieved by developing and implementing a comprehensive prevention strategy that increases staffing to implement primary prevention programs at the community level and expands the use of publicly available Connecticut Prescription Monitoring and Reporting System (CPMRS) data. The University of Connecticut (UConn) School of Pharmacy facilitates a for-credit student internship program, placing students in local health districts and departments across the state to implement primary prevention programs. This grant supports UConn Pharmacy and local health departments in workforce development, student placement, and data evaluation, as well as one full-time equivalent (FTE) position within the Department of Consumer Protection (DCP). The funding for this grant ends September 29, 2026.

#### IMPACT OF FEDERAL SHUTDOWN:

	Scenario: Interruption of Funds
<b>Impacted Sector</b>	Youth/Young Adults who are key target population for prescription drug misuse; individuals with MH/SUD who are at higher risks; rural and underserved communities; and families and caregivers.
<b>Potential Consequences</b>	Increased prescription drug misuse due to reduced community awareness and prevention efforts; weakened cross-sector collaboration among pharmacists, health departments, and the workforce pipeline; interruption or cancellation of the ongoing for-credit internship program at UConn School of Pharmacy, limiting student training and workforce development

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.



**SID/Grant Name: 23136/CT Partnerships for Success**

**PURPOSE AND SCOPE OF GRANT.** The Connecticut (CT) Partnerships for Success (PFS) Initiative aims to reduce alcohol consumption among youth ages 12 to 17 across 12 communities. This goal will be achieved through three primary objectives: (1) conducting coalition capacity building to implement substance use prevention and mental health promotion strategies; (2) increasing awareness of and education on underage drinking; and (3) reducing retail access to alcohol for individuals underage. Five fiduciaries have been awarded funding to carry out prevention work within the 12 towns. The Department of Consumer Protection (DCP) receives funding to conduct alcohol compliance inspections, and the University of Connecticut (UConn) Health receives funding to evaluate the program.

**IMPACT OF FEDERAL SHUTDOWN:**

	<b>Scenario: Interruption of Funds</b>	
<b>Impacted Sector</b>	Youth/Young Adults who are key target population for alcohol misuse; Individuals with MH/SUD who are at higher risks; Rural and Underserved communities; and families and caregivers.	
<b>Potential Consequences</b>	Decrease in the number of underserved communities implementing underage drinking prevention strategies; decrease in Alcohol Compliance Inspections (DCP Liquor Control).	

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

**SID/Grant Name: 23227/CT Partnership for Hope & Healing**

**PURPOSE AND SCOPE OF GRANT.** The Connecticut Partnerships for Hope and Healing (PH2) Initiative aims to: (1) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.

**IMPACT OF FEDERAL SHUTDOWN:**

	<b>Scenario: Interruption of Funds</b>	
<b>Impacted Sector</b>	Youth and young adults: a primary focus of Preventing Harm and Healing (PHH) programs, especially in schools and colleges. LGBTQ+ individuals: who are at elevated risk for suicide and often benefit from targeted outreach and affirming services. Individuals with mental health and substance use disorders: who are at higher risk for suicide and often served through integrated PHH programming. Rural and underserved communities: where access to mental health services and suicide prevention resources is limited.	
<b>Potential Consequences</b>	Loss of community readiness and capacity to respond to mental health crises; reduced access to responsive, timely services for at-risk populations.	

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.



### SID/Grant Name: 23239/CT Project to Prevent Opioid Overdose Deaths

**PURPOSE AND SCOPE OF GRANT.** The CT Prescription Drug Overdose (PDO) Initiative goal is to reduce prescription drug and opioid overdose-related deaths and adverse events among individuals aged 18 and older. To achieve this goal, the initiative focuses on: (1) building state and local community capacity and infrastructure for effective prevention, intervention, and response to the opioid epidemic; and (2) developing and implementing community-specific comprehensive prevention programs and secondary prevention strategies.

#### IMPACT OF FEDERAL SHUTDOWN:

Scenario: Interruption of Funds	
<b>Impacted Sector</b>	First responders receiving training to respond effectively to overdoses; individuals with mental health and substance use disorders, who are at higher risk of overdose.
<b>Potential Consequences</b>	Reduced training for first responders, limiting their ability to provide stigma-free, effective care; decreased access to responsive services for individuals at risk of overdose; loss of community naloxone cabinets; reduced collaboration between mental health resources and emergency medical services (EMS).

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### SID/Grant Name: 22921/CT Promotes Recovery from Opioid Addiction (SOR)

**PURPOSE AND SCOPE OF GRANT.** The goal of the State Opioid Response (SOR) grant is to address the overdose crisis and expand State-wide opioid treatment, recovery support, outreach, engagement, and overdose prevention coverage with a focus on overdose deaths. The SOR grant funds support 80 provider contracts across 28 different initiatives.

#### IMPACT OF FEDERAL SHUTDOWN:

Scenario: Interruption of Funds	
<b>Impacted Sector</b>	Individuals who have an active opioid use disorder and/or are at risk for an opioid overdose; Programs with direct impact on people who use drugs, such as the outreach, engagement, and naloxone distribution programs.
<b>Potential Consequences</b>	Increased fatal overdoses; increased burden on emergency departments; lack of recovery support in the community.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

### SID/Grant Name: 23112/Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program (COSSUP)

**PURPOSE AND SCOPE OF GRANT.** The Coordinated Opioid and Substance Use Response Program (COSSUP) grant funds the Community and Law Enforcement for Addiction Recovery (CLEAR) project. The CLEAR project is a partnership between law enforcement and behavioral health organizations to provide post-overdose support. The

two lead agencies, McCall Behavioral Health and Liberation Programs, collaborate with six police jurisdictions in Connecticut to respond to overdoses and connect individuals with necessary recovery services.

**IMPACT OF FEDERAL SHUTDOWN:**

	Scenario: Interruption of Funds
<b>Impacted Sector</b>	People who have survived an overdose and are at significant risk for a fatal overdose.
<b>Potential Consequences</b>	Increased rates of fatal overdoses due to lack of timely post-overdose support; reduced capacity for police departments to engage in coordinated, recovery-oriented responses; weakening of the critical partnership between law enforcement and behavioral health organizations, limiting community-based overdose prevention

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

## SID/Grant Name: 23029/PROUD

**PURPOSE AND SCOPE OF GRANT.** The goal of the Parents Recovering from Opioids and other Use Disorders (PROUD) Pregnant and Postpartum Women (PPW) Grant is to enhance the effectiveness of substance use treatment by providing flexible funding for nonresidential substance use treatment services. The program provides family-centered services to women with substance use disorders who face additional challenges such as intimate partner violence and co-occurring psychiatric conditions. The individual and family-based services are focused on improving integrated health outcomes for PPW, their children, and other family members. Provider agencies are Wheeler Clinic and MCCA. Staff is comprised of case managers, recovery specialists and clinicians. The grant is currently in year 3 of the 3-year project period.

**IMPACT OF FEDERAL SHUTDOWN:**

	Scenario: Interruption of Funds
<b>Impacted Sector</b>	PPW and their children affected by substance use and co-occurring disorders would be affected.
<b>Potential Consequences</b>	Potential consequences could include an increase in maternal and infant morbidity and mortality. PROUD site teams provide referral and linkage to healthcare (obstetrics and gynecology) as well as providing education and resources around life-saving overdose prevention and response, MAT/MOUD, and overdose risk strategies, access to and utilization of Naloxone, and HIV/Hep C testing. Potential increase in overdose, decrease in connections to healthcare providers for both PPW and infants/children. For women with DCF involvement a termination of services could impact decisions around reunification and/or out of home placement.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

**SID/Grant Name: 22909/ Promoting Integrated Care in Connecticut**

**PURPOSE AND SCOPE OF GRANT.** The purpose of this program is to (1) promote full integration and collaboration in clinical practice between behavioral healthcare and primary physical healthcare, including for special populations; (2) support the improvement of integrated care models for behavioral healthcare and primary/physical healthcare to improve the overall wellness and physical health status of adults with a serious mental illness; adults who have co-occurring mental illness and physical health conditions or chronic disease; children and adolescents with a serious emotional disturbance who have a co-occurring physical health conditions or chronic disease; individuals with a substance use disorder; or individuals with co-occurring mental and substance use disorder; and (3) promote the implementation and improvement of bidirectional integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases. Additionally, it supports integrated care efforts including clinic hours at both sites.

**IMPACT OF FEDERAL SHUTDOWN:**

Scenario: Interruption of Funds	
<b>Impacted Sector</b>	The special populations served under this project are adults experiencing serious mental illness, adults who have co-occurring mental illness and physical health conditions or chronic disease, individuals experiencing substance use disorders and individuals with co-occurring disorders.
<b>Potential Consequences</b>	At least 300 individuals in Bridgeport and Waterbury would lose access to targeted bi-directional integrated behavioral health and primary care. Loss of funding would increase the risk of negative health outcomes for these individuals and make the provision of integrated care more challenging for the contracted providers.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

**SID/Grant Name: 22656/HUD**

**PURPOSE AND SCOPE OF GRANT.** This grant provides outreach and engagement, rental assistance, administrative supports, pre-tenancy and tenancy sustaining services to persons experiencing homelessness and housing instability.

**IMPACT OF FEDERAL SHUTDOWN:**

Scenario: Interruption of Funds	
<b>Impacted Sector</b>	Homeless or formerly homeless individuals and families with serious mental illness (SMI) and/or co-occurring mental health and substance use disorders (SUD). Landlords/property owners who rent to the participants.
<b>Potential Consequences</b>	Reduced access to tenancy-sustaining supports; increased risk of returning to homelessness, including unsheltered homelessness and return to homelessness; greater reliance on emergency departments and community-based crisis services. Landlords would no longer receive subsidy payments and may need to evict current tenants.

**GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.** Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

SID/Grant Name: 20777/PATH

*PURPOSE AND SCOPE OF GRANT.* This grant provides outreach and engagement to highly vulnerable unsheltered individuals with Serious Mental Illness and those with co-occurring mental health and substance use disorders. Due to their unsheltered status many service recipients also have medical comorbidities. Services link individuals to community resources pertaining to housing and healthcare.

*IMPACT OF FEDERAL SHUTDOWN:*

	Scenario: Interruption of Funds
Impacted Sector	Persons experiencing <b>unsheltered homelessness</b> who are diagnosed with an SMI or have a co-occurring SUD
Potential Consequences	Reduced access to outreach supports; reduced access/referrals to shelter, MH treatment, SUD treatment; greater reliance on emergency departments and community-based crisis services. Increase in overdoses for persons with co-occurring disorders.

*GUIDANCE RECEIVED TO DATE FROM FEDERAL PARTNERS.* Our federal partners have yet to communicate any anticipated changes or reductions for this grant.

Department of Mental Health and Addiction Services

Federal Grant Funds Awarded																	
SID	Name	Purpose	State Partners	Contracted Providers	Funding Source	Project Dates	Budget in FFY 2025	Funds Received as of 9/30/25	Balance as of 9/30/25	Payment Cycle	Anticipated Next Draw Down Amount	Anticipated Next Draw Down Month	Anticipated Additional Payments Through June	Annual Federally Funded Staff costs	Budget in FFY 2026	FFY26 NOA Received	Receivable Established (Y/N)
20661	Community Mental Health Services Block Grant	Provide comprehensive community mental health services to adults with serious mental illness and to children with serious emotional disturbance.	Department of Children and Families	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS)	October 1, 2023 - September 30, 2025	\$10,171,188	\$7,040,156	\$3,131,032	Monthly	\$1,011,509	October	\$7,464,481	\$0	\$10,171,188	No	In Process
20688	Social Services Block Grant: Substance Abuse Services	To furnish social services best suited to the needs of the individuals residing in the State.	Department of Social Services	Yes	U.S. Department of Health and Human Services (HHS), Office of Administration for Children and Families	October 1, 2024 - September 30, 2025	\$1,332,365	\$999,273	\$333,092	Funding received quarterly from DSS	\$333,092	October	\$999,276	\$0	\$1,332,365	NA	No
20700	Social Services Block Grant: Case Management	To furnish social services best suited to the needs of the individuals residing in the State.	Department of Social Services	Yes	U.S. Department of Health and Human Services (HHS), Office of Administration for Children and Families	October 1, 2024 - September 30, 2025	\$227,054	\$170,292	\$56,762	Funding received quarterly from DSS	\$56,762	October	\$170,286	\$0	\$227,054	NA	No
20709	Social Services Block Grant: Independent and Transitional Living	Independent and Transitional Living - To furnish social services best suited to the needs of the individuals residing in the State.	Department of Social Services	Yes	U.S. Department of Health and Human Services (HHS), Office of Administration for Children and Families	October 1, 2024 - September 30, 2025	\$157,472	\$118,104	\$39,368	Funding received quarterly from DSS	\$39,369	October	\$118,107	\$0	\$157,472	NA	No
20720	Social Services Block Grant: Counseling	Counseling - To furnish social services best suited to the needs of the individuals residing in the State.	Department of Social Services	Yes	U.S. Department of Health and Human Services (HHS), Office of Administration for Children and Families	October 1, 2024 - September 30, 2025	\$83,051	\$62,289	\$20,762	Funding received quarterly from DSS	\$20,762	October	\$62,286	\$0	\$83,051	NA	No
20777	PATH Formula Grant	PATH Formula Grant - Services provided for individuals who are suffering from serious mental illness and/or substance abuse and who are homeless or at imminent risk of becoming homeless.	NA	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS)	September 1, 2025- August 31, 2027	\$798,090	\$53,352	\$744,738	Monthly	\$199,523	October	\$548,596	\$0	\$721,766	Yes	Yes
21782	Substance Abuse Prevention and Treatment Block Grant	To support the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse.	NA	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP)	October 1, 2023 - September 30, 2025	\$20,459,377	\$12,404,077	\$8,055,300	Monthly	\$2,174,389	October	\$14,875,092	\$0	\$20,459,377	No	In Process
22656	HUD Continuum of Care	Provide monthly housing certificates to over 1,000 clients residing in Connecticut.	NA	Yes	Housing and Urban Development (HUD)	Various project dates, however, they all operate on an annual basis	\$37,143,215	\$28,048,271	\$9,094,944	Monthly	\$4,588,412	October	\$21,036,203	\$0	\$37,143,215	NA	No



SID	Name	Purpose	State Partners	Contracted Providers	Funding Source	Project Dates	Budget in FFY 2025	Funds Received as of 9/30/25	Balance as of 9/30/25	Payment Cycle	Anticipated Next Draw Down Amount	Anticipated Next Draw Down Month	Anticipated Additional Payments Through June	Annual Federally Funded Staff costs	Budget in FFY 2026	FFY26 NOA Received	Receivable Established (Y/N)
22909	Promoting Integrated Care in Connecticut	To promote full integration and collaboration in clinical practices between primary and behavioral healthcare; support the improvement of integrated models to improve the overall wellness and physical health status of adults; and promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance abuse disorders, and co-occurring physical health conditions and chronic diseases.	N/A	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS)	September 30, 2024 - September 29, 2028	\$2,000,000	\$1,356,782	\$643,218	Monthly	\$270,000	October	\$1,200,000	\$0	\$2,000,000	Yes	Yes
22921	CPR: Connecticut Promotes Recovery from Opioid Addiction-State Opioid Response	To address the opioid crisis by increasing access to medication assisted treatment, reducing unmet treatment need, and reducing opioid overdoses related deaths through the provision of prevention, treatment and recovery support services for opioid use disorder.	Department of Children and Families, Department of Correction, Judicial Branch - Court Support Services Division, UConn Health Center, University of Connecticut School of Social Work,	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT)	September 30, 2024 - September 29, 2027	\$15,027,053	\$14,369,012	\$658,041	Monthly	\$315,000	October	\$13,610,471	\$453,680	\$15,527,053	Yes	In Process
23029	PPW-PLT PROUD	To enhance support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder; assist state substance abuse agencies address the continuum of care, including services provided to pregnant and postpartum women in nonresidential-based settings; and promote a coordinated, effective and efficient state system managed by state substance.	University of Connecticut	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT)	August 31, 2020 - September 29, 2026	\$915,733	\$913,737	\$1,996	Monthly	\$1,996	October	\$884,266	\$0	\$900,000	Yes	In Process
23092	CT SPF Prescription Drugs 2021	Community Programs for Outreach and Intervention with Youth and Young Adults with Clinical High Risk for Psychosis	Department of Consumer, Uconn School of Pharmacy, Uconn Health Center	No	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT)	September 30, 2021 - September 29, 2026	\$388,109	\$303,204	\$84,905	Monthly	\$75,544	October	\$222,756	\$0	\$384,000	Yes	Yes
23112	COSSUP	Develop, implement, or expand comprehensive programs in response to illicit opioids, stimulants, or other substances of abuse to reduce violent crime and drug abuse and enhance public safety while supporting victims.	N/A	Yes	Office of Justice Programs (OJP)	October 1, 2021 - September 29, 2027	\$7,002,317	\$1,190,726	\$5,811,591	Monthly	\$1,692,482	January	\$3,751,000	\$0	\$0	Yes	Yes
23136	SPF Partnerships for Success	The purpose of this grant program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services.	Department of Consumer, University of CT Health Center	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT)	September 30, 2022 - September 29, 2027	\$1,263,338	\$1,230,904	\$32,433	Monthly	\$1,200	October	\$1,215,053	\$233	\$1,250,000	Yes	In Process
23189	BSCA Safer Communities	To support the development of Crisis Stabilization units for adults 18 and older. Crisis Stabilization units offer an alternative to emergency department and psychiatric hospitalization admission by providing 23-hour crisis respite and observation in the community.	Uconn	Yes	Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health	9/30/2024 – 9/29/2027	\$1,485,844	\$65,079	\$1,420,765	Monthly	\$343,292	October	\$277,890	\$6,901	\$735,477	Yes	Yes
23227	Partnerships for Hope and Healing	These funds support programs to address youth suicide prevention.	Uconn Health	Yes	Substance Abuse Mental Health Services Administration (SAMHSA)	September 30, 2023- September 29, 2028	\$738,784	\$720,139	\$18,645	Monthly	\$37,562	October	\$577,185	\$0	\$735,000	Yes	In Process
23251	Connecticut 988 Implementation 2023 - 2026	Provides resources for states and territories to: (1) enhance recruitment, hiring, and training; (2) implement additional technology and security measures; (3) improve 988 support and service for high risk and underserved populations; (4) develop and implement comprehensive quality assurance plans; and (5) develop and implement comprehensive 988 communication plans.	United Way Of Connecticut Inc, University of CT Health Center	Yes	Substance Abuse and Mental Health Services Projects of Regional and National Significance	September 30, 2023- September 29, 2026	\$2,528,446	\$2,380,142	\$148,304	Monthly	\$65,675	October	\$1,548,400	\$0	\$0	Yes	Yes
23239	CT Project to Prevent Opioid Overdose Deaths	The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.	Uconn	Yes	Substance Abuse Mental Health Services Administration (SAMHSA)	August 31, 2023 - August 30, 2028	\$1,246,440	\$1,070,766	\$175,674	Monthly	\$68,367	October	\$658,000	\$0	\$850,000	Yes	Yes
26498	PRIME Clinic: Stepped Care for Youth and Young Adults at Clinical High Risk for Psychosis	Stepped Care for Youth and Young Adults at Clinical High Risk for Psychosis- Elements as specified by SAMHSA, including but not limited to: school status; employment; hospitalization; criminal justice involvement; adherence to treatment; conversion to psychiatric disorder; and mental health functioning.	Yale University	Yes	Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT)	September 30, 2022 - September 29, 2026	\$400,000	\$300,000	\$100,000	Monthly	\$100,000	October	\$200,000	\$0	\$0	Yes	Yes
	TOTAL						\$103,367,876	\$72,796,304	\$30,571,571						\$92,677,018		
Federal	Contracts Awarded																
SID	Name	Purpose	State Partners	Contracted Providers	Funding Source	Project Dates	Budget in FFY 2025	Funds Received as of 9/30/25	Balance as of 9/30/25	Payment Cycle	Anticipated Next Draw Down Amount	Anticipated Next Draw Down Month	Anticipated Additional Payments Through June	Annual Federally Funded Staff costs	Budget in FFY 2026	FFY26 NOA Received	Receivable Established (Y/N)

SID	Name	Purpose	State Partners	Contracted Providers	Funding Source	Project Dates	Budget in FFY 2025	Funds Received as of 9/30/25	Balance as of 9/30/25	Payment Cycle	Anticipated Next Draw Down Amount	Anticipated Next Draw Down Month	Anticipated Additional Payments Through June	Annual Federally Funded Staff costs	Budget in FFY 2026	FFY26 NOA Received	Receivable Established (Y/N)
22472	Tobacco Inspection Program	To conduct random inspections of tobacco outlets by minors across Connecticut for compliance with the specific provisions of the 2010 Tobacco Control Act .	NA	No	U.S. Food and Drug Administration (FDA)	May 30, 2025-May 29, 2026	\$1,502,035	\$895,494	\$606,541	Monthly	\$85,182	October	\$691,723	\$1,258,151	\$1,502,035	Contract not a federal grant award	Yes