



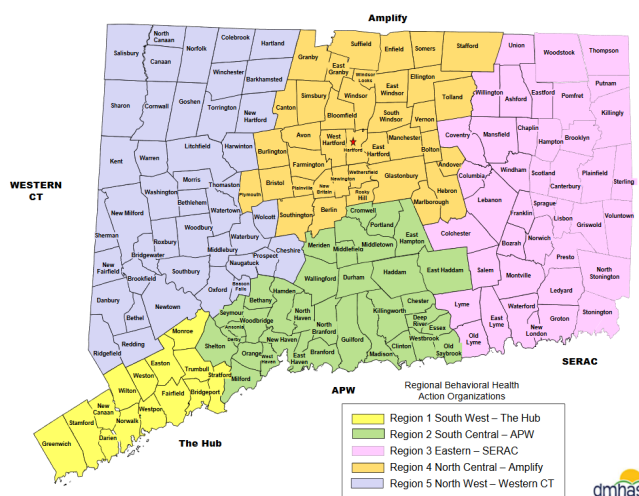
2025 Juul Settlement Funds Disbursement September 2025

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Introduction

Pursuant to Section 17a-718¹ of the Connecticut General Statutes (CGS), JUUL settlement funds are required to be disbursed from the Department of Mental Health and Addiction Services (DMHAS) to the Regional Behavioral Health Action Organizations (RBHAOs) for youth prevention work relating to nicotine or nicotine-synthetic products. Funds are being utilized for initiatives that will reduce and prevent youth initiation, advance health equity, educate on the dangers of nicotine and synthetic nicotine products, and enhance access to effective cessation strategies. DMHAS is also required to provide an annual report to the board of trustees of the Tobacco and Health Trust Fund detailing how the funds were distributed in the preceding fiscal year and summarize how each RBHAO expended the funds. The following report fulfills that statutory requirement by describing the contracted amounts with the RBHAOs, summarizing how the RBHAO efforts align with the identified statewide five priority needs area, and detailing the work of each RBHAO within these need areas.



Disbursement

In May 2024, 16-month contracts were executed with the five RBHAOs in the amounts of \$300,000 each for a total of \$1.5 million to be disbursed by September 30, 2025.

The RBHAOs have hired full-time staff, conducted regional needs assessments, submitted strategic plans, and have recently submitted their first annual evaluation report. They are also continually building community capacity and readiness to address vaping-related health concerns among CT residents under 21 years of age,

¹[CGS §17a-718](#)

Statewide Strategic Overview

The State's vaping prevention initiative was grounded in the Strategic Prevention Framework (SPF)², which provided a structured, evidence-based process to address concerns of youth vaping. The RBHAOs utilized the SPF's 5 steps – assessment, capacity building, planning, implementation and evaluation – ensuring that the strategies were data-driven, community informed, and culturally responsive.



Key strategies were developed and implemented in alignment with the SPF steps, including:

- **Information dissemination, trainings, and presentations** to raise awareness and educate individuals under 21, college students, parents vaping retailers, health care providers, and law enforcement about vaping-related issues. (*SPF alignment: Capacity building & Implementation*)
- **Comprehensive school vaping policy review and outreach to school personnel** to promote dialogue and education on the effectiveness of restorative versus punitive approaches. (*SPF alignment: Assessment, Planning & Implementation*)
- Successfully completing the **Tobacco Treatment Specialist (TTS) certification** training to deepen internal expertise in nicotine dependence and available cessation strategies. (*SPF alignment: Capacity Building*)
- **Distribution of nicotine “Quit Kits” in Connecticut communities** to support in vaping cessation efforts (*SPF alignment: Implementation*)
 - Kits contain information on how to access cessation resources as well as information pertaining to mental health, stress, and triggers to help alleviate nicotine cravings.
- **Nicotine retailer outreach and education** to ensure compliance with existing laws and regulations. (*SPF alignment: Implementation and Evaluation*)
- **Community outreach and cross-sector collaboration** to establish regional vaping workgroups and coalitions that support sustained prevention efforts. (*SPF alignment: Capacity Building and Planning*)

Underage Nicotine Prevention Priorities & Activities

By July 1, 2024, the RBHAOs completed a regional needs assessment that served to support a priority setting process utilizing epidemiological data, resulting in the identification of five priority need areas. The RBHAOs partnered with a local evaluator to provide enhanced needs assessments utilizing RBHAOs' most recent epidemiological profiles on underage nicotine use, along with updated secondary and primary data sources from the nation, state, region, and local communities within their regions. This process provided an opportunity for RBHAOs to comprehensively plan to address nicotine use among youth within their regions. Below is the summary of the key findings of the regional needs assessment as well as the activities conducted to address these regional needs.

² Strategic Prevention Framework (SPF), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a comprehensive approach to understand and address substance misuse and related behavioral health problems facing communities, and to develop and sustain programs and practices that reduce behavioral health inequalities. The framework is a systemic community-based approach that utilizes public health research along with evidence-based prevention programs to build capacity within the state and the prevention field.

Priority Need Area 1: Retailer Education

In SFY 2024, DMHAS conducted 4,795 inspections with tobacco and ENDS retailers of which 17% were non-compliant. Compounding this issue is the 42% increase in ENDS retailers in the state, rising from 1,301 in 2020 to 1,849 in 2025 as reported by the Department of Consumer Protection (DCP). The growing number of retailers presents a significant challenge in maintaining compliance and protecting public health.

Over the past year, significant efforts were made to promote the Tobacco 21 Law³ and improve compliance rates across the five regions by conducting additional retailer education to non-compliant retailers across the five regions. RBHAOs focused on communities with higher rates of non-compliant retailers.

Priority Need Area 2: School-Based Prevention & Outreach

The 2022-2023 Report on Student Discipline in Connecticut Public Schools⁴ highlights a significant increase in “drugs, alcohol, tobacco” incidents, with a 31.4% rise from 2018-2019 to the 2022-2023 academic years. School representatives have identified key factors driving youth vaping including: easy access to vape products, using vapes to cope with mental health issues, the perception that most peers are vaping, the belief that vaping is not harmful, and a lack of concern for school consequences. Addressing these issues through targeted school-based prevention and outreach programs is essential to reduce vaping and its associated risks among students.

Over 60 dynamic classroom educational sessions were conducted reaching over 2,200 middle and high school students. The curricula included the Coordinated Approach to Child Health (CATCH) and Stanford University Research and Education to Empower Adolescents and Young Adults to Choose Health (REACH) curriculums. These sessions offered data-driven content on the health effects of vaping, chemicals found in vapes, and alternative coping strategies. Additional sessions included the intersection of vaping and cannabis and its impact as well various cessation supports and resources.

Priority Need Area 3: Cessation

In 2023, more than 1 in 10 high school students reported using vaping products in the past 30-days⁵. Additionally, nearly half of all Connecticut high school students attempted to quit using all tobacco and nicotine products in the prior 12 months.

A Tobacco Treatment Specialist (TTS) training was hosted and open to prevention workers, school personnel, and other community members. As a result, over 20 new Tobacco Treatment Specialists are now serving their communities across the five regions. Additionally, over 700 tobacco quit kits were distributed across the regions. These kits are resources designed to help individuals quit smoking or using other tobacco products.

³ Tobacco21 refers to legislation that raises the minimum legal sales age for tobacco and vaping products from 18 to 21 years old. Tobacco 21 law went into effect October 2019 in Connecticut. (Public Act 19-13)

⁴ 2022-23 [Report on Student Discipline in Connecticut Public Schools](#), CT State Department of Education

⁵ Birdsey J, Cornelius M, Jamal A, et al. Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023. MMWR Morb Mortal Wkly Rep 2023;72:1173–1182.

DOI: <http://dx.doi.org/10.15585/mmwr.mm7244a1>

Priority Need Area 4: Community-Based Prevention, Education & Outreach

Community-based prevention, education, and outreach efforts are essential in addressing the misconceptions about e-cigarettes. Studies indicate that e-cigarette users often perceive them as less harmful than traditional cigarettes⁶, which correlates with higher usage rates.⁷ Many young people, particularly middle school students, are unaware of the harmful ingredients and the addictive nature of nicotine. Clear and accurate communication about the potential harms of vaping is crucial for informed decision-making. Additionally, parents play a significant role in shaping adolescent e-cigarette use, even when considering peer norms and adolescent attitudes⁸. Therefore, increasing knowledge, awareness, and the perception of harm among parents and caregivers is vital in preventing youth vaping.

Close to 200 prevention, education and outreach events were conducted reaching 8,500 individuals including youth, families, school staff and healthcare providers. Region 2 collaborated with their Local Prevention Councils (LPCs) to launch a creative educational sticker campaign. Stickers highlighting the risks of “popcorn lung” were placed on microwavable popcorn bags that were distributed to middle and high school students directing them to the VapeFree CT website – over 2,000 popcorn bags were distributed with a striking health message. Additionally, 10 pediatric medical practices partnered in Region 4 and received tailored resource packets to support screen and education of young patients around vaping.

Priority Need Area 5: Policy Advocacy

The RBHAOs have identified three key policy areas to tackle public health and safety concerns:

1. Increasing awareness of ENDS retailer density is crucial due to higher retailer density in urban areas leading to greater accessibility and use among youth.
2. Ensuring proper disposal of e-cigarettes due to the environmental and health hazards posed by improper disposal of lithium batteries.
3. Promoting restorative school policies for vaping-related infractions aims to provide more supportive and effective interventions for students.

Region 2 is working closely with the Shelton Planning & Zoning Subcommittee to provide data, model ordinances, and develop recommendations for reducing youth exposure to ENDS retailers. They have also reviewed ATOD policies and enforcement strategies across all public middle and high schools in Region 2, focusing on nicotine, vape, and cannabis use. Using this information, they are coordinating with school leadership in several districts to advance restorative approaches as alternatives to suspension.

Additionally, Region 5 sent a direct mailer for the "Vapes are Trash" campaign to 21,556 households in 7 towns to raise awareness about safe disposal challenges. Extensive outreach to all 43

⁶ Moustafa AF, Rodriguez D, Mazur A, Audrain-McGovern J. Adolescent perceptions of E-cigarette use and vaping behavior before and after the EVALI outbreak.

⁷ Guijin Lee, Danielle L. Hicks, Satish Kedia, Sanjaya Regmi, Xichen Mou, Mental health problems, substance use, and perceived risk as pathways to current cannabis use among high school seniors in the United States, Children and Youth Services Review, Volume 158, 2024

⁸ Trucco EM, Cristello JV, Sutherland MT. Do Parents Still Matter? The Impact of Parents and Peers on Adolescent Electronic Cigarette Use. J Adolesc Health. 2021 Apr;68(4):780-786. doi: 10.1016/j.jadohealth.2020.12.002. Epub 2021 Jan 9. PMID: 33431246; PMCID: PMC8012253.

municipalities in their region assessed readiness for local vape shop regulations, leading to presentations to over 40 people at the Naugatuck Valley Council of Governments. This spring, both Danbury and Waterbury announced plans to enact local regulations and ordinances on nicotine retailers.

Conclusion

The efforts outlined in this report collectively aim to reduce youth access to nicotine products, mitigate environmental risks, and promote healthier behaviors among students and young adults across Connecticut. To sustain and build upon this progress, DMHAS is currently in the process of developing contracts for the next funding allotment, which will support the continuation and expansion of the comprehensive vaping prevention initiatives statewide.

FY 2025 Detailed Activities by Region

Priority Need	Activities by Region
<p>Retailer Education</p> <p><i>Problem Statement:</i> Of 4,795 compliance inspections conducted by DMHAS TPEP from 2023-2024, 822 (17.1%) were non-compliant.</p> <p><i>As reported by the Department of Consumer Protection (DCP), CT saw a 42% increase in the number of ENDS (Electronic Nicotine Delivery Systems) Retailers from 2020 (1,301) to 2025 (1,849).</i></p>	<ul style="list-style-type: none"> • R1 – The Hub: Promoted of the Tobacco 21 Law activities reaching 1,331 individuals. • R2 – APW: Conducted 38 retailer site visits across Region 2. Compliance check data collected for the needs assessment indicated a drop in non-compliance rates from 29.8% to 20.2% across six Region 2 communities over the past year. • R3 – SERAC: Created retailer education packets with We ID signs, stickers, and digital clocks to support checking and verifying identification of customer purchasing nicotine products to 27 retailers in the region. • R4 – Amplify: Engaged 9 of the 14 urban core and urban periphery towns, delivering prevention programming in East Hartford, Hartford, Manchester, New Britain, Rocky Hill, Vernon, West Hartford, and Wethersfield. Notably, Amplify conducted outreach to 25 local ENDS retailers, providing Tobacco 21 compliance materials, information on Connecticut legislation, and access to training resources. While the number of checks remained, the rate of non-compliance among retailers decreased from 22.4% to 16.7% in those communities. This decrease in non-compliance rate indicates progress in reducing youth access to vape products. • R5 – WCTC: Conducted visits to 38 registered retailers within 10 towns/cities in region 5 provided us with insight into what young people are exposed to in their communities. Monitored compliance checks in 6 communities: 3 urban periphery (Danbury, Naugatuck and Torrington), 2 suburban (Brookfield and New Milford), and one rural (Canaan). The 6 communities selected all showed an increase in compliance rates.
<p>School-Based Prevention & Outreach</p> <p><i>The 2022-2023 Report on Student Discipline in Connecticut Public Schools⁹, shows an increase in the number of “drugs, alcohol, tobacco” incidents over time,</i></p>	<ul style="list-style-type: none"> • R1 – The Hub: Implemented components of the 6-session “You and Me Together Vape Free” Stanford REACH Lab Curriculum on 11 occasions reaching 1,214 youth ages 5-17. • R2 – APW: Delivered dynamic classroom presentations across middle and high schools, including Old Saybrook Middle School and North Haven High School, reaching nearly 300 students. These sessions offered

⁹ 2022-23 [Report on Student Discipline in Connecticut Public Schools](#), CT State Department of Education

Priority Need	Activities by Region
<p><i>including a 31.4% increase from the academic school year 2018-2019 to 2022-2023.</i></p> <p><i>School representatives identified the primary drivers for vaping nicotine among youth in their districts as access to vape products, youth using vapes to cope with mental health concerns, youth perception that most of their peers are using vapes, youth perception that vapes are not harmful to their health, and youth lack of concern for school consequences of using vapes at school or school events.</i></p>	<p>data-driven content on the addictive nature of nicotine, the intersection between vaping and cannabis, the neurological impact of cannabis products on adolescents, withdrawal symptoms, refusal and coping skills, and various cessation support resources.</p> <ul style="list-style-type: none"> • R3 – SERAC: Provided vaping prevention education presentations to 433 middle and high school students across the region. • R4 – Amplify: Conducted 18 educational sessions at high schools across the region, focusing on the health effects of vaping and cannabis, the chemicals found in vapes, and alternative coping strategies. • R5 – WCTC: Trained 300 students from Salisbury School in vaping prevention utilizing the Coordinated Approach to Child Health (CATCH) and Stanford University Research and Education to Empower Adolescents and Young Adults to Choose Health (REACH) curriculums.
<p>Cessation</p> <p><i>In 2023, more than 1 in 10 high school students reported past 30-day use of vaping products¹⁰. In addition, nearly half of all CT High School students attempted to quit using all tobacco/nicotine products in the prior 12 months.</i></p>	<ul style="list-style-type: none"> • R1 – The Hub: Distributed over 175 kits in FY 2025 and plans to expand that number through new partnerships. Built local capacity for cessation support by sponsoring a Tobacco Treatment Specialist (TTS) training. • R2 – APW: Through structured school-based education sessions and tabling, distributed over 250 Healthy Coping Kits. In addition, 3 staff hold Tobacco Treatment Specialist (TTS) Certification. • R3 – SERAC: Distributed 60 quit kits across 12 towns in the region. • R4 – Amplify: Certified Amplify staff as Tobacco Treatment Specialists and hosted a Tobacco Treatment Specialist (TTS) training open to prevention workers, school personnel, and other community members. As a result, over 20 new Tobacco Treatment Specialists are now serving their communities. • R5 – WCTC: Distributed 250 DPH cessation fact sheets at various events throughout the year. These resources are also prominently listed on their vaping/tobacco prevention website and handed out with our Quit Kits and School Resource Bundles.

¹⁰ Birdsey J, Cornelius M, Jamal A, et al. Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023. MMWR Morb Mortal Wkly Rep 2023;72:1173–1182.
DOI: <http://dx.doi.org/10.15585/mmwr.mm7244a1>

Priority Need	Activities by Region
<p>Community-Based Prevention, Education & Outreach</p> <p><i>Studies show that e-cigarette users often perceive e-cigarettes as less harmful than traditional cigarettes.¹¹ A lower perception of harm is strongly correlated with higher rates of e-cigarette use.¹² Young people are often surprised when learning about ingredients/chemicals, unaware nicotine causes dependence and addiction (especially Middle school). Clear and accurate communication about the potential harms of vaping is crucial for individuals to make informed decisions about nicotine use.</i></p> <p><i>Parents actively shape adolescent e-cigarette use even when accounting for peer norms and adolescent attitudes.¹³ It is essential to increase knowledge, awareness, and the perception of harm as it pertains to vaping among parents/caregivers.</i></p>	<ul style="list-style-type: none"> • R1 – The Hub: Reached 619 people across 26 events that involved incorporation of mental health screening programs into vaping cessation programs. • R2 – APW: Reached more than 702 individuals with at least 3,200 educational materials disseminated across the region. Also, to raise awareness about the dangers of vaping-related lung damage, APW collaborated with Local Prevention Councils (LPCs) in East Haven, Derby, North Haven, and Shelton to launch a creative educational campaign. Stickers highlighting the risks of “popcorn lung” were placed on microwavable popcorn bags distributed to middle and high school students, directing them to the Vape Free CT website for additional resources. Over 2,000 bags were distributed, pairing a familiar product with a striking health message. • R3 – SERAC: Participated in 10 community events and distributed 1,570 educational materials to youth, families, school staff, and healthcare providers, reinforcing essential prevention messaging. • R4 – Amplify: Completed 87 direct activities, reaching approximately 3,130 individuals across schools, healthcare settings, retail environments, and community settings. A total of 3,617 educational materials, including brochures, fact sheets, and posters were disseminated to support awareness and prevention messaging. Additionally, 10 pediatric medical practices received tailored resource packets to support screening and education of young patients around vaping. • R5 – WCTC: Conducted 50 direct activities reaching 2,026 community members. Distributed over 1,800 fact sheets, infographics, brochures and postcards related to nicotine, cessation supports, tobacco 21 and how to talk to kids about vaping. Also created a digital

¹¹ Moustafa AF, Rodriguez D, Mazur A, Audrain-McGovern J. Adolescent perceptions of E-cigarette use and vaping behavior before and after the EVALI outbreak.

¹² Guijin Lee, Danielle L. Hicks, Satish Kedia, Sanjaya Regmi, Xichen Mou, Mental health problems, substance use, and perceived risk as pathways to current cannabis use among high school seniors in the United States, Children and Youth Services Review, Volume 158, 2024

¹³ Trucco EM, Cristello JV, Sutherland MT. Do Parents Still Matter? The Impact of Parents and Peers on Adolescent Electronic Cigarette Use. J Adolesc Health. 2021 Apr;68(4):780-786. doi: 10.1016/j.jadohealth.2020.12.002. Epub 2021 Jan 9. PMID: 33431246; PMCID: PMC8012253.

Priority Need	Activities by Region
	<p>resource library on their website that can be accessed by QR code on a small, folded business card.</p>
<p>Policy Advocacy</p> <p><i>There is an increased ENDS Retailer density in Urban Core communities (2.1 per square mile), followed by Urban Periphery (0.9 per square mile), Wealthy (0.3 per square mile), with less in Rural and Suburban communities.</i></p> <p><i>E-cigarettes contain lithium batteries that require proper disposal through a designated battery recycling program. The current prevailing guidance is to dispose of e-cigarettes through Health and Hazardous Waste (HHW) sites, however, many if not all, do not dispose of e-cigarettes.</i></p> <p><i>Despite the proven effectiveness and support for more restorative school policies when it comes to vaping-related infractions, 70% of school personnel respondents indicated that their current practice was to give students caught in school suspension.</i></p>	<ul style="list-style-type: none"> • R2 – APW: Worked closely with the Shelton Planning & Zoning subcommittee to provide data, model ordinances, and aid in developing recommendations for reducing youth exposure to ENDS retailers. Also reviewed ATOD policies and enforcement strategies across all public middle and high schools in Region 2, specifically related to nicotine, vape, or cannabis use. Utilizing the information from this review, APW is working in coordination with school leadership in North Haven, Hamden, Cromwell, Tri-Town, Milford, West Haven, Orange, New Haven, and Shelton to advance restorative approaches as alternatives to suspension. • R5 – WCTC: Sent direct mailer of Parents Against Vaping’s “Vapes are Trash” campaign reached 21,556 households in 7 towns, aimed at raising awareness about safe disposal challenges. Conducted extensive outreach to all 43 municipalities in their region to assess readiness for local vape shop regulations. As a result, they presented to over 40 people at the Naugatuck Valley Council of Governments (comprised of the leaders of 17 municipalities) on the impact of the retail environment on underage nicotine and cannabis use and considerations for local regulations. This spring, both Danbury and Waterbury announced plans to enact local regulations and ordinances on nicotine retailers.

Appendix

Legislative History

During the 2023 legislative session, the General Assembly passed [Public Act 23-92](#), which made various statutory revisions concerning the use of funds in the opioid and tobacco settlement funds and funds received by the state as part of any settlement agreement with a manufacturer of electronic nicotine delivery system (ENDS) and vapor products. Those pertinent to this report are as follows:

Section 1. (NEW) (Effective July 1, 2023)

(a) Commencing with the fiscal year ending June 30, 2024, any moneys received in the preceding fiscal year pursuant to the stipulated judgment in State of Connecticut v. JUUL Labs, Inc., shall be disbursed to the Commissioner of Mental Health and Addiction Services for distribution to the regional behavioral health action organizations, as described in section 17a-484f of the general statutes, for the funding of programs to support the abatement, mitigation, cessation, reduction or prevention of the use of nicotine or nicotine-synthetic products by residents under twenty-one years of age in accordance with such judgment.

(b) Not later than September 1, 2024, and annually thereafter, the Commissioner of Mental Health and Addiction Services shall submit a report to the board of trustees of the Tobacco and Health Trust Fund established pursuant to section 4-28f of the general statutes, as amended by this act, detailing how the moneys disbursed in the preceding fiscal year were distributed by the commissioner and summarizing how the Substitute House Bill No. 6914 Public Act No. 23-92 regional behavioral health action organizations expended such moneys for the purposes described in subsection (a) of this section in the preceding fiscal year.

Public Act 23-92 requires that JUUL settlement funds are disbursed from DMHAS to the Regional Behavioral Health Action Organizations (RBHAOs) for youth prevention work relating to nicotine or nicotine-synthetic products. Based on the [SAMHSA's Guide on Reducing Vaping Among Youth and Young Adults](#), national, state and regional data, and [CDC Best Practices for Comprehensive Tobacco Control Programs](#), funds will be utilized for initiatives that will reduce and prevent youth initiation, advance racial and health equity, educate on the dangers of vaping and commercial tobacco and nicotine products, and provide opportunities to develop innovative strategies. This initiative aims to create a healthy, informed, and resilient youth population through comprehensive education, community engagement, and supportive policies.

Background

Juul Settlement Background

In September 2022, Attorney General William Tong led 34 states and territories in reaching a \$438.5 million agreement in principle with JUUL Labs, resolving a two-year bipartisan investigation into the e-cigarette manufacturer's marketing and sales practices. In addition to the financial terms, the

settlement forced JUUL to comply with a series of strict injunctive terms severely limiting their marketing and sales practices. Connecticut led the investigation and negotiations along with Texas and Oregon.

Per the agreement, JUUL must follow marketing and content restrictions, advertising regulations, and is prohibited from providing free or nominal cost samples of products. All of these efforts are intended to curtail youth exposure to the products. It was determined that Connecticut would receive a minimum of \$16.2 million through the settlement. It is the intention of settling parties that the money be used for cessation, prevention, and mitigation.

Connecticut Department of Mental Health and Addiction Services

The Connecticut Department of Mental Health and Addiction Services (DMHAS) is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency in those we serve.

DMHAS provides the statewide adult behavioral health system safety net, serving adults over 18 years of age with mental health or substance use disorders who lack the financial means to obtain such services on their own. DMHAS serves almost 100,000 clients annually, manages a network of 13 local mental health authorities that cover every region of the state, and partners with over 130 non-profit agencies to deliver services.

DMHAS also provides prevention services across the lifespan. For all stages of life, DMHAS promotes interventions intended to prevent or delay onset of substance use and mental illness.

The Prevention and Health Promotion Division sits within the Office of the Commissioner. The division oversees the prevention system which is designed to promote the overall health and wellness of individuals and communities by preventing and/or delaying substance use. Additionally, the division oversees the implementation of the Synar Amendment, a federal initiative aimed at reducing youth access to tobacco products by enforcing state laws prohibiting the sale and distribution of tobacco products to individuals under 21¹⁴. Prevention services are comprised of six key strategies including information dissemination, education, alternative activities, strengthening communities, promoting positive values, and problem identification & referral to services.

Regional Behavioral Health Action Organizations

Five Regional Behavioral Health Action Organizations (RBHAOs) operate as subcontractors to DMHAS to carry out Alcohol, Tobacco, and Other Drugs (ATOD) prevention initiatives, among their other mission-driven objectives. These private non-profit organizations, comprised of a board of directors of community stakeholders, and staff build capacity of communities to identify gaps and coordinate and leverage resources for behavioral health services. Working closely with the Local Prevention Councils in their respective regions, the RBHAOs may conduct comprehensive analyses of community needs, provide support to build data capacity and produce Sub-Regional Profiles to establish local substance use prevention priorities.

¹⁴ [About the Synar Amendment and Program | SAMHSA](#)

Regional Behavioral Health Action Organizations: Names & Service Regions		
Region 1 - Southern	The Hub: Behavioral Health Action Organization for Southwestern CT , A Program of Catalyst CT	Towns: Bridgeport, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, Norwalk, Stamford, Stratford, Trumbull, Weston, Westport, Wilton
Region 2 - Southcentral	Alliance for Prevention Wellness (APW) , A Program of BHCare	Towns: Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven, Woodbridge
Region 3 - Eastern	Southeastern Regional Action Council (SERAC)	Towns: Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Columbia, Coventry, East Lyme, Eastford, Franklin, Griswold, Groton, Hampton, Killingly, Lebanon, Ledyard, Lisbon, Lyme, Mansfield, Montville, New London, North Stonington, Norwich, Old Lyme, Plainfield, Pomfret, Preston, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Willington, Windham, Woodstock.
Region 4 – Northcentral	Amplify, Inc.	Towns: Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, Windsor Locks.
Region 5 - Western	Western Connecticut Coalition	Towns: Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Winsted, Wolcott, and Woodbury