SUBSTANCE USE PREVENTION, TREATMENT and

RECOVERY SERVICES BLOCK GRANT

ALLOCATION PLAN

FEDERAL FISCAL YEAR 2026

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

July 2025

STATE OF CONNECTICUT SUBSTANCE USE PREVENTION, TREATMENT AND RECOVERY SERVICES BLOCK GRANT (SUPTRSBG)

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1. Overview of the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRSBG)

A. Purpose

The Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRSBG) is administered by the United States Department of Health and Human Services (HHS) through its administrative agency, the Substance Abuse and Mental Health Services Administration (SAMHSA). The Connecticut Department of Mental Health and Addiction Services (DMHAS) is designated as the principal agency for the allocation and administration of the SUPTRSBG in the State of Connecticut.

The SUPTRSBG provides grants to states to plan, establish, maintain, coordinate, and evaluate alcohol, tobacco, and other drug use prevention, treatment, and recovery services. Funds can be used for alcohol and other drug use prevention and treatment programs, and services for identifiable populations.

B. Major Use of Funds[1]

Services provided through this Block Grant include the major categories of:

Community Treatment, Residential Treatment, and Recovery Support Services – Substance use treatment and recovery supports provide a range of services designed to meet the client's individual needs. Services provided through the SUPTRSBG include residential withdrawal management; intensive, intermediate, and long-term residential care; outpatient treatment; and medication assisted treatment. A variety of community support services including case management, vocational support, transportation, and outreach to specific populations in need of treatment are also funded.

Prevention and Health Promotion Services – Funds are applied to programs and strategies that have proven effective in serving the needs of diverse populations with different levels of risk for developing substance use disorder. Resources are allocated according to Institute of Medicine population classifications. These include **Universal** targeting for the general public; **Selective** targeting for individuals or a population subgroup at risk of developing a substance use disorder; and **Indicated** targeting for individuals in high-risk environments who may be pre-disposed to substance use. The following six strategies of activities prescribed by the Center for Substance Abuse Prevention (CSAP) include:

- **Information Dissemination** – characterized by one-way communication from the source to the audience.
- **Education** – characterized by two-way communication involving interaction between the educator/facilitator and participants. Education aims to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.
- **Alternatives** – alternative constructive and healthy activities that can offset the attraction to or otherwise meet the needs usually filled by the use of alcohol, tobacco, and other drugs.
- **Problem Identification and Referral** – strategies that aim to identify those who have indulged in

[1] SUPTRSBG funds are used to support private agencies to provide the services described in this section

illegal and/or age-inappropriate alcohol or tobacco use or who have indulged in illicit drug use for the first time. The goal is to assess if the behavior of the target group can be reversed through education.

- **Community-Based Processes** – processes which aim to help the community provide alcohol, tobacco, and other drug use prevention and treatment services more effectively.
- **Environmental Strategies** – strategies that seek to establish or change community standards, codes, and attitudes that influence the incidence and prevalence of alcohol, tobacco, and other drug use in the general population. There are two categories of environmental strategies: legal and regulatory initiatives and service and action-oriented initiatives.

The SUPTRSBG requires that states set aside no less than 20% of their SUPTRSBG allotment for substance use primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment. The SUPTRSBG also requires states to maintain expenditures for substance use treatment and prevention services at a level that is not less than the average level of expenditures for the two-year period preceding the fiscal year for which the state is applying for the grant.

There are a number of activities or services that may not be supported with SUPTRSBG funds. These include: 1) provision of inpatient services; 2) cash payments to intended recipients of health services; 3) purchase or improvement of land; 4) purchase, construction or permanent improvement (other than minor remodeling) of any building or other facility; 5) purchase of major medical equipment; 6) provision of hypodermic needles or syringes; or 7) provision of treatment services provided in penal or correctional institutions of the state.

C. Federal Allotment Process

The allotment of the SUPTRSBG to states is determined by three factors, as outlined in federal statute: the Population at Risk, the Cost of Services Index, and the Fiscal Capacity Index:

1) The Population at Risk Index represents the relative risk of substance use problems in a state.
2) The Cost of Services Index represents the relative cost of providing substance use prevention, treatment and recovery services in a state.
3) The Fiscal Capacity Index represents the relative ability of the state to pay for substance use related services.

The product of these three factors determines the need for a given state.

D. Estimated Federal Funding

The FFY 2026 SUPTRSBG Allocation Plan is based on the FFY 2025 funding level of $20,459,377. The federal budget for FFY 2026 has yet to be finalized. Therefore, this Allocation Plan has been based on the FFY 2025 SUPTRSBG funding level and contingencies have been contemplated should the final amount be significantly changed.

E. Total Available and Estimated Expenditures

The total SUPTRSBG funds available for FFY 2026 are $23,678,502. This is based on the actual FFY 2025

SUPTRSBG award of $20,459,377 plus the DMHAS carry forward funds of $3,219,125. Of this amount, $20,012,833 is proposed to be expended for FFY 2026.

F. Proposed Allocation Changes from Last Year

The SUPRTSBG allocation plan is intended to maintain and enhance the overall capacity of the behavioral health service system. The allocation plan only represents a portion of DMHAS spending for substance use services. Most of the programs which are funded with federal block grant dollars also receive state funding which is not reflected in the allocation plan.

Funding for Recovery Support Services is being increased to provide additional support to the DMHAS Access Line call center and Access Line transportation providers. The Access Line provides assessment, referral, and direct transport to substance use disorder (SUD) treatment services. Funding for Recovery Support Services is also being increased in three ways:

- to integrate comprehensive clinical services within four domestic violence centers across the state that will provide behavioral health services to survivors of domestic violence;
- to provide ongoing support for an outreach and case management service which serves individuals with a substance use disorder that are unhoused or at-risk of homelessness; and
- to support education, training, and credentialing for the Peer Recovery Support workforce.

Changes to allocations for Community Treatment Services reflect the cessation of a particular program stemming from the closure of a provider agency in 2025. The services that were provided by this program are being maintained by other community providers in the region.

Any other differences in allocations between FFY 2025 and FFY 2026 are attributable to the timing of payments for certain contracts, shifts in funding sources, or conclusion of one-time activities, and do not reflect changes to the overall level of core services provided.

G. Contingency Plan

As previously stated, this Allocation Plan was prepared assuming that the FFY 2026 SUPTRSBG for Connecticut will be the same as the FFY 2025 SUPTRSBG amount: $20,459,377. In the event that the FFY 2026 federal award amount is less than $20,459,377, DMHAS will review their programs for utilization, quality and efficiency. Based on this review, reductions in the allocations would be assessed to prioritize those programs deemed most critical to public health and safety.

Any increase beyond the assumed $20,459,377 will first be distributed to sustain the level of services currently procured through the annual, ongoing award. If the increase is significant and allows for expansion of DMHAS service capacity, the department will review unmet needs identified through the internal and external planning processes and prioritize the allocation of the additional block grant resources. The department would also review any recently enacted legislation to determine if any require funding to implement.

In accordance with section 4-28b of the Connecticut General Statutes, after recommended allocations

have been approved or modified, any proposed transfer to or from any specific allocation of a sum or sums of over fifty thousand dollars or ten per cent of any such specific allocation, notification of such transfers shall be sent to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and to the committee or committees of cognizance, through the Office of Fiscal Analysis.

H. State Allocation Planning Process

The allocations and services that are planned for the SUPTRSBG are based upon input from and feedback of the Adult Behavioral Health Planning Council (BHPC). The BHPC is a federally required body which reviews and provides feedback on a state's plan and application for the SUPTRSBG. In Connecticut, this council is made up of individuals with lived experience in Connecticut's behavioral health system and their family members, community providers, advocacy agencies, state agency representatives, and leadership from the state's Regional Behavioral Health Action Organizations (RBHAOs).

To provide DMHAS leadership and the BHPC with requisite information to inform the allocation planning process, DMHAS utilizes both internal and external sources to assess the need, demand, and access to substance use treatment and recovery services. Various methods to determine the deployment of substance use services are utilized, including: surveys of key informants, development of estimates derived from valid primary surveys and other analytic methods, analysis of service data from DMHAS' management information system, and input from regional and statewide advisory bodies.

Assessment of Prevention and Treatment Need

DMHAS continues to demonstrate success in being awarded federal funds for prevention, treatment and recovery services. Often a component of the award is set aside for evaluating the prevention or intervention activities. Hence, the need for and effectiveness of substance use prevention, recovery, and treatment services are continuously assessed.

The DMHAS Prevention and Health Promotion Division oversees a statewide system of services and resources designed to provide an array of evidence-based, universal, selected, and indicated (based on Institute of Medicine Classification) programs to promote increased service capacity and infrastructure improvements to address gaps in prevention.

The Division works with the five Regional Behavioral Health Action Organizations (RBHAOs) to determine or identify:

1) the prevalence of substance use within their sub-regions,
2) the substance use service continuum's current resource capacity to address problems and needs,
3) gaps in the substance use service continuum, and
4) changes to the community environment that will reduce substance use.

Within their communities, the RBHAOs work with diverse stakeholder groups to contribute additional data and information, assist in interpreting available data, and participate in the priority setting process.

DMHAS conducts ongoing analysis of the treatment system through its internal data management information system – the Enterprise Data Warehouse (EDW). It is comprised of the Web Infrastructure for Treatment Services (WITS) for state-operated services and the DMHAS Data Performance DDaP system for DMHAS-funded services. These systems contain information on DMHAS funded and operated substance use services providers within the state. Client data obtained at admission, during the course of treatment, and at discharge are analyzed to determine shifts in drug use patterns by demographics, geographic areas, client outcomes, and service system performance. Provider and program level data are made available quarterly on the Department's website in a "report card" format. These reports can be found at: https://portal.ct.gov/DMHAS/Divisions/EQMI/EQMI-Provider-Quality-Reports-Info. Additionally, statewide data from the system is organized into an Annual Statistical Report, which is available for the most recent state fiscal year (2024) at: https://portal.ct.gov/DMHAS/Divisions/EQMI/DMHAS-Annual-Statistics.

The DMHAS Research Division, through a unique arrangement with the University of Connecticut, has investigated issues of policy concern in behavioral health and conducted extensive program evaluation studies. Additional academic partners have included Yale University, Dartmouth College, Brandeis University, Duke University, Mount Sinai and others. Research and inquiry have encompassed areas such as supportive housing, criminal justice diversion, co-occurring mental health and substance use disorders, recovery-oriented approaches, trauma-informed care, substance use treatment outcomes, the needs of veterans, the concerns of young adults, cost analyses, and implementation science. The results inform decision-makers at both local and national levels about the effectiveness of treatment, prevention, and community-based interventions.

State Epidemiological Outcomes Workgroup (SEOW)

DMHAS funds the Center for Prevention Evaluation and Statistics (CPES) at the University of Connecticut Health Center which coordinates the multi-agency State Epidemiological Outcomes Workgroup (SEOW). The SEOW collects, analyzes and publishes data related to behavioral health issues and makes recommendations regarding the state's priorities for substance use prevention and mental health promotion. This data can be found by visiting: https://preventionportal.ctdata.org/.

Regional Behavioral Health Action Organizations (RBHAOs) and the Priority Setting Process

DMHAS is committed to supporting a comprehensive and unified planning process across its state-operated and funded mental health and substance use services at local, regional, and state levels. The purpose of this planning process is to develop an integrated and ongoing methodology 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.

RBHAOs are charged with identifying strengths, needs and gaps in mental health, substance use and problem gambling services across the lifespan on an annual basis. The process results in regional reports which identify priorities for each of the DMHAS service regions. These regional reports are consolidated

into a statewide priority report, prepared by the University of Connecticut Health Center's Center for Prevention Evaluation and Statistics (CPES), which is intended to inform the allocation of the SUPTRSBG.

Triennial Report

While DMHAS functions as the lead state agency for substance use services, other state agencies including the Departments of Children and Families (DCF), Public Health, Consumer Protection, Education, Veterans Affairs, Social Services, Correction and the Judicial Department's Court Support Services Division share in state efforts to address substance use issues. These efforts are reflected in the legislatively mandated Triennial Report which serves as an important source of information regarding emerging trends and needs related to substance use in Connecticut.

Alcohol and Drug Policy Council

The Alcohol and Drug Policy Council (ADPC), co-chaired by the Commissioners of DMHAS and DCF, is working on the state's response to resident's needs, including the opioid crisis. The ADPC currently has four working subcommittees addressing prevention, treatment, recovery and criminal justice with a focus on the current opioid epidemic: https://portal.ct.gov/dmhas/commissions-councils-boards/index/alcohol-and-drug-policy-council. The current statewide plan to address the opioid epidemic was developed by Yale School of Medicine (Connecticut Opioid Response Initiative report) at the Governor's request and is in alignment with the efforts of the ADPC: https://portal.ct.gov/-/media/dmhas/publications/osac/core-report-for-osac-31224.pdf.

I. Grant Provisions

The following requirements must be met by the state in the use of SUPTRSBG funds:

- Obligate and expend each year's SUPTRSBG allocation within two federal fiscal years
- Maintain aggregate state expenditures for authorized activities that are no less than the average level of expenditures for the preceding two state fiscal years
- Expend not less than 20% of the allocated funds for programs providing primary prevention activities
- Expend not less than 2%, but up to 5%, of the allocated funds for existing treatment programs to provide early HIV intervention services including: a) pre/post-test counseling; b) testing for the AIDS virus; and c) referral to therapeutic services if the state has an HIV rate greater than 10 new cases per 100,000 people. Since CY 2018, Connecticut's HIV infection rate has been below this threshold. As of the most recently available data (2022), Connecticut's HIV infection case rate was 7 new cases per 100,000. As a result, Connecticut is not required to expend SUPTRSBG funds on HIV early intervention services until the state's HIV rate is greater than 10 new cases per 100,000.
- Maintain the availability of treatment services for pregnant and parenting women, spending 10% of the Block Grant award above the FFY 1992 level
- Make available tuberculosis services to everyone receiving treatment for substance use

- Make available prenatal care and childcare to pregnant women and women with dependent children who are receiving treatment services in specialized women and children's programs
- Assure that preferential access to treatment is given to pregnant women who use substances
- Require that pregnant women who use substances that are denied access to substance use treatment services are provided with interim services, including TB and HIV education and counseling, referral to TB and HIV treatment if necessary, and referral to prenatal care
- Establish a management capacity program that includes notification of programs serving people who inject drugs (PWID) upon reaching 90% capacity
- Require that those individuals on waiting lists who are people who inject drugs be provided interim services, including TB and HIV education, counseling and testing, if so indicated
- Ensure that programs funded to treat people who inject drugs conduct outreach to encourage such persons to enter treatment
- Submit an assessment of statewide and locality-specific need for authorized SUPTRSBG activities
- Coordinate with other appropriate services, such as primary health care, mental health, criminal justice, etc.
- Have in place a system to protect patient records from inappropriate disclosure
- Provide for an independent peer review system that assesses the quality, appropriateness, and efficacy of SUPTRSBG-funded treatment services
- Require SUPTRSBG-funded programs to make continuing education available to their staff
- Enforce the state law prohibiting the sale of tobacco products to minors through random, unannounced inspections, in order to decrease the accessibility of tobacco products to those individuals under the age of 21.

As noted previously, while not a formal limitation, SAMHSA has indicated that block grant funds should not be used for services that are otherwise reimbursable.

SAMHSA, in response to Congressional interest, established National Outcome Measures (NOMs). The NOMs include a wide range of both prevention and treatment measures designed to determine the impact of services on preventing or the treatment of substance use. The mandatory NOMs that must be collected include:

- Employment status – clients employed (full-time or part-time) during the prior 30 days at admission vs. discharge
- Homelessness – client housing status during the prior 30 days at admission vs. discharge
- Arrests – clients arrested on any charge during the prior 30 days at admission vs. discharge
- Alcohol abstinence – clients with no alcohol use during the prior 30 days, regardless of primary substance at admission vs. discharge
- Drug abstinence – clients with no drug use during the prior 30 days, regardless of primary substance at admission vs. discharge
- Social support of recovery – client participation in self-help groups, support groups (e.g., AA, NA) during the prior 30 days at admission vs. discharge

II. Tables

Table A

Substance Use Prevention, Treatment, and Recovery

Services Block Grant

Recommended Allocations

PROGRAM CATEGORY	FFY 24 Expenditures	FFY 25 Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change FFY 25 to FFY 26
Community Treatment Services	$2,512,538	$2,370,227	$2,334,524	-1.51%*
Residential Treatment Services	$2,428,940	$2,296,764	$2,306,283	0.41%
Recovery Support Services	$9,666,322	$9,841,761	$10,145,787	3.09%
Prevention & Health Promotion	$5,713,460	$5,257,707	$5,226,239	-0.60%
TOTAL	**$20,321,260**	**$19,766,459**	**$20,012,833**	**1.25%**
	Sources of FFY 24 Allocations	**Sources of FFY 25 Allocations**	**Sources of FFY 26 Allocations**	**Percentage Change FFY 25 to FFY 26**
Federal Block Grant Funds	$20,459,377	$20,459,377	$20,459,377	0.00%
Carry Forward Funds	$2,388,090	$2,526,207	$3,219,125	27.43%**
TOTAL FUNDS AVAILABLE	**$22,847,467**	**$22,985,584**	**$23,678,502**	**3.01%**

*This reduction reflects the cessation of a particular program stemming from the closure of a provider agency in 2025. The services that were provided by this program are being maintained by other community providers in the region.

**DMHAS is retaining a larger carry forward in FFY 25 compared to previous years, to prepare for the end of various federal grants that were received during the pandemic as well as potential cuts to federal funding starting FFY 26. DMHAS is assessing how carry forward funds may be able to be used to sustain specific programs and services in the event of funding cuts.

Table B
Substance Use Prevention, Treatment and Recovery Services Block Grant Summary of Service Objectives and Activities

Service Category: Community Treatment Services
Objective: *To ensure that treatment services are available in the community, that they are consistent with the needs of the individual seeking treatment, and that they serve to reduce the negative consequences of substance use.*

Grantor/Agency Activity	Number Served SFY 24	Performance Measure
Opioid Treatment Programs: Persons with opioid use disorder (OUD) receive methadone, counseling services, and withdrawal management in a non-residential setting.	13,721	Number of unduplicated clients served = 13,721 Percent of clients staying in treatment at least one year = 71% (goal = 50%)
Outpatient Treatment for Substance Use Disorder: Provided in or near the community where the individual lives, these programs provide a range of therapeutic services including individual, group, and family counseling. Some outpatient programs are designed to treat a specific population of clients such as parenting women or those with co-occurring mental health needs. Most often, these specialty programs provide more intensive outpatient services.	14,615	Number of unduplicated clients served = 14,615 Percent of clients with either abstinence or reduced drug use = 62% (goal = 55%)

Table B
Substance Use Prevention, Treatment and Recovery Services Block Grant Summary of Service Objectives and Activities

Service Category: Residential Treatment Services
Objective: *To reduce levels of dysfunction due to substance use through the provision of health care, psychosocial, and supportive services appropriate to the needs of clients, their families, and significant others, all within a residential setting.*

Grantor/Agency Activity	Number Served SFY 24	Performance Measure
Withdrawal Management: Individuals with a substance use disorder whose severity requires medical supervision for withdrawal management are best treated in a residential program. Detoxification is sometimes seen as a distinct treatment level of care but is more appropriately considered a precursor of treatment, as it is designed to deal with the acute physical effects of substance use. Upon treatment completion, individuals are most often referred to other treatment services to continue their recovery.	5,537	Number of unduplicated clients served = 5,537 Percent of clients completing treatment = 83% (goal = 80%) Percent without readmission within 30 days = 84% (goal = 85%)
Residential Care for Substance Use Disorder: Residential treatment services are conducted in a 24-hour structured, therapeutic environment for varying lengths of stay from a few weeks to months. Treatment focuses on helping individuals examine beliefs, self-concepts, and patterns of behavior which promote recovery. Most residential programs provide or have referral linkages to other support services (e.g., job training, housing, and primary medical care).	5,113	Number of unduplicated clients served = 5,113 Percent of clients completing treatment = 82% (goal = 80%) Percent without readmission within 30 days = 82% (goal = 85%)

Table B
Substance Use Prevention, Treatment and Recovery Services Block Grant Summary of Service Objectives and Activities

Service Category: Recovery Support Services
Objective: *To provide clients with supports and services to be able to live successfully in the community and achieve optimal quality of life; to assist individuals to prepare for, obtain, and maintain employment; and to assist persons with accessing treatment.*

Grantor/Agency Activity	Number Served SFY 24	Performance Measure
Case Management: Case managers collaborate with persons in the community to identify needs, enhance self-management, self-advocacy, coping skills, and assist with accessing and using services and supports. Specialized programs include services for co-occurring clients, seniors, Latino/a community, and parents who use substances and are involved with child protective services.	4,227	Number of unduplicated clients served = 4,227 Percent of clients completing treatment = 42% (goal = 50%) Percent of clients involved with self-help = 52% (goal = 60%)
Employment Services: Services include vocational evaluations, functional assessments, vocational counseling, job search assistance, and development of skills related to locating, obtaining, and maintaining employment.	898	Number of unduplicated clients served = 898 Percent of clients employed = 36% (goal = 35%)
Transportation: Includes dedicated call line for individuals seeking access to substance use treatment services. Individuals receive information, referral, and direct transport to and from treatment services including withdrawal management, residential treatment, and recovery houses.	Transports: 3,967 Calls: 40,452	Total number of transports: 2,852 Total calls received: 40,452 Call answer rate: 97% (goal: 95%)
Shelter: To provide temporary housing and supportive services to individuals experiencing homelessness that have a behavioral health disorder.	381	Number of unduplicated clients served = 381

Table B
Substance Use Prevention, Treatment and Recovery Services Block Grant Summary of Service Objectives and Activities

Service Category: Prevention and Health Promotion
Objective: *To deliver timely, efficient, effective, developmentally appropriate, and culturally sensitive prevention strategies, practices, and programs through a skilled network of service providers and use of evidence-based practices.*

Grantor/Agency Activity	Number Served SFY 24	Performance Measure
Implement evidence-based and data informed strategies that focus on the prevention of community problem substance use and mental health promotion utilizing the five-step Strategic Prevention Framework (SPF) through the **Prevention in CT Communities (PCC) Initiative.**	387,457	**241** services by CSAP strategy: - Alternatives: 2 - Community-based process: 47 - Education: 71 - Environmental: 37 - Information dissemination: 84
Develop and implement municipal-based alcohol and other drug prevention initiatives through **Local Prevention Councils**.	2,016,904	**1002** services by CSAP strategy: - Community-based process: 567 - Education: 422 - Information Dissemination: 13
Disseminate information via print, electronic media and mobile resource van on substance use, mental health and other related issues through the **Connecticut Center for Prevention, Wellness and Recovery** (Wheeler Clinic/Connecticut Clearinghouse).	931,977	**341** services by CSAP strategy: - Information dissemination: 302 - Education: 39
Support prevention efforts within the state by building the capacity of individuals and communities to deliver alcohol, tobacco and other drug use prevention services directed at schools, colleges, workplaces, media and communities though the **Governor's Prevention Partnership.**	5,322	**471** services by CSAP strategy: - Education: 416 - Environmental: 31 - Information dissemination: 24
Assist providers/local communities in assessing prevention needs and coordinating resources to address these needs through **5 Regional Behavioral Health Action Organizations.**	1,394,055	**1118** services by CSAP strategy: - Community-based process: 849 - Education: 416 - Information Dissemination: 2

*Other – The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of these six strategies, it may be classified in the "Other" category.

Table B
Substance Use Prevention, Treatment and Recovery Services Block Grant Summary of Service Objectives and Activities

Service Category: Prevention and Health Promotion *(continued)*
Objective: *To deliver timely, efficient, effective, developmentally appropriate, and culturally sensitive prevention strategies, practices, and programs through a skilled network of service providers and use of evidence-based practices.*

Grantor/Agency Activity	Number Served SFY 24	Performance Measure
Enforce state laws that prohibit youth access to tobacco products by inspecting retailers across the state in order to maintain a retailer violation rate at or below 20% through the **Synar Program**.	3,582 (Tobacco) 1,228 (ENDS)	- Synar retailer violation rate*: 13.6% - State retailer violation rate: 18.4% - 610 state citations - 721 fines assessed
Educate tobacco merchants, youth, communities and the general public about the laws prohibiting the sale of tobacco products to young people under the age of 21 through the **Tobacco Merchant & Community Education Initiative**.	25,846	**13** services by CSAP strategy: - Education: 13
Deliver training and technical assistance to communities and prevention professionals in community mobilization, coalition development, implementation of evidence-based strategies and environmental approaches to address substance use through the **Training and Technical Assistance Service Center (Cross Sector Consulting, LLP).**	1,253	**56** services by CSAP strategy: - Community-based process: 37 - Education: 19 - Information Dissemination: 1
Design and implement data collection and management systems; disseminate and utilize epidemiological data to promote informed decision-making through a data-portal, newsletter or social media; and provide technical assistance and training on evaluation-related tasks and topics through the **Center for Prevention, Evaluation and Statistics (University of Connecticut School of Medicine).**	588	**67** services by CSAP strategy: - Capacity Building: 9 - Community-based process: 18 - Information Dissemination:1 - Other**: 39

*Retailer Violation Rate – The rate at which retailers sell restricted products to minors in violation of state laws.
**Other – Can entail administrative functions (I.e.- staff training).

III. Proposed Expenditures by Program Category

Substance Use Prevention, Treatment and Recovery Services Block Grant List of Block Grant Funded Programs

Title of Major Program Category	FFY 24 ACTUAL Expenditures (including carry forward funds)	FFY 25 ESTIMATED Expenditures (including carry forward funds)	FFY 26 PROPOSED Expenditures (including carry forward funds)
Community Treatment Services	$2,512,538	$2,370,227	$2,334,524
Residential Treatment Services	$2,428,940	$2,296,764	$2,306,283
Recovery Support Services	$9,666,322	$9,841,761	$10,145,787
Prevention and Health Promotion	$5,713,460	$5,257,707	$5,226,239
TOTAL	**$20,321,260**	**$19,766,459**	**$20,012,833**
Community Treatment Services			
Outpatient Treatment	$2,036,118	$2,032,817	$2,036,114
Opioid Treatment Programs	$476,412	$337,410	$298,410
TOTAL	**$2,512,538**	**$2,370,227**	**$2,334,524**
Residential Treatment			
Withdrawal Management	$341,804	$341,805	$341,805
Residential Care for Substance Use Disorder	$2,087,136	$1,954,959	$1,964,478
TOTAL	**$2,428,940**	**$2,296,764**	**$2,306,283**
Recovery Support Services			
Case Management and Outreach	$4,603,781	$4,414,670	$4,680,708
Employment Services	$591,587	$531,109	$531,109
Ancillary Services/Transportation	$2,904,916	$3,329,946	$3,367,934
Shelter	$1,566,038	$1,566,036	$1,566,036
TOTAL	**$9,666,322**	**$9,841,761**	**$10,145,787**
Prevention and Health Promotion			
Primary Prevention	$5,713,460	$5,257,707	$5,226,239
TOTAL	**$5,713,460**	**$5,257,707**	**$5,226,239**