



STATE OF CONNECTICUT

GOVERNOR NED LAMONT

August 30, 2021

The Honorable Martin Looney
President Pro Tempore
Connecticut State Senate
Legislative Office Building, Room 3300
Hartford, CT 06106

Dear Senator Looney,

Pursuant to Section 4-28b of the Connecticut General Statutes, I am pleased to transmit for legislative review the recommended allocations for the following six block grant programs for Federal Fiscal Year 2022: Community Mental Health Services, Community Services, Maternal and Child Health Services, Preventive Health and Health Services, Social Services, and Substance Abuse Prevention and Treatment. Table A in each respective plan contains the recommended allocations. Please note that these plans are based on anticipated federal funding and may be subject to change when the State of Connecticut receives the final federal grant award notices.

Thank you for your attention to this matter. Please contact Danielle Palladino at the Office of Policy and Management at Danielle.Palladino@ct.gov or 860-402-7576 if you have any questions about the recommended allocations or any other aspects of the plan.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ned Lamont".

Ned Lamont
Governor

cc: Honorable Kevin Kelly, Senate Minority Leader
Josh Geballe, Chief Operating Officer, Office of Governor Ned Lamont
Melissa McCaw, Secretary, Office of Policy and Management
Vannessa Dorantes, Commissioner, Department of Children and Families
Nancy Navarretta, Acting Commissioner, Department of Mental Health and Addiction Services
Deidre S. Gifford, Commissioner, Department of Social Services & Acting Commissioner,
Department of Public Health
Claudio Gualtieri, Under Secretary, Office of Policy and Management



STATE OF CONNECTICUT
GOVERNOR NED LAMONT

August 30, 2021

The Honorable Matthew Ritter
Speaker of the House
Connecticut House of Representatives
Legislative Office Building, Room 4100
Hartford, CT 06106

Dear Representative Ritter:

Pursuant to Section 4-28b of the Connecticut General Statutes, I am pleased to transmit for legislative review the recommended allocations for the following six block grant programs for Federal Fiscal Year 2022: Community Mental Health Services, Community Services, Maternal and Child Health Services, Preventive Health and Health Services, Social Services, and Substance Abuse Prevention and Treatment. Table A in each respective plan contains the recommended allocations. Please note that these plans are based on anticipated federal funding and may be subject to change when the State of Connecticut receives the final federal grant award notices.

Thank you for your attention to this matter. Please contact Danielle Palladino at the Office of Policy and Management at Danielle.Palladino@ct.gov or 860-402-7576 if you have any questions about the recommended allocations or any other aspects of the plan.

Sincerely,

A handwritten signature in blue ink that reads "Ned Lamont".

Ned Lamont
Governor

cc: Honorable Vincent Candelora, House Minority Leader
Josh Geballe, Chief Operating Officer, Office of Governor Ned Lamont
Melissa McCaw, Secretary, Office of Policy and Management
Vannessa Dorantes, Commissioner, Department of Children and Families
Nancy Navarretta, Acting Commissioner, Dept. of Mental Health and Addiction Services
Deidre S. Gifford, Commissioner, Department of Social Services & Acting Commissioner,
Department of Public Health
Claudio Gualtieri, Under Secretary, Office of Policy and Management

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State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

To: Senator Cathy Osten
Representative Toni E. Walker
Co-Chairpersons, Appropriations Committee

Senator Mary Daugherty Abrams
Representative Jonathan Steinberg
Co-Chairpersons, Public Health Committee

From: Martin M. Looney, Senate President Pro Tempore
Matthew D. Ritter, Speaker of the House

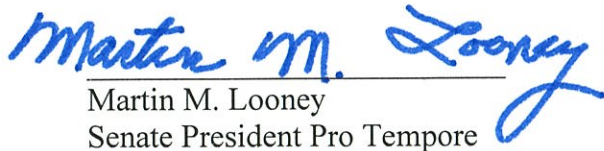
Re: Substance Abuse Prevention and Treatment Services Block Grant


Date: August 31, 2021

Pursuant to Connecticut General Statutes Section 4-28b, we are submitting the Governor's allocation plan for the Federal fiscal year 2022 Substance Abuse Prevention and Treatment Services Block Grant program to you for your approval or modifications.

Thank you for your consideration of these recommendations.

Sincerely,


Martin M. Looney
Senate President Pro Tempore

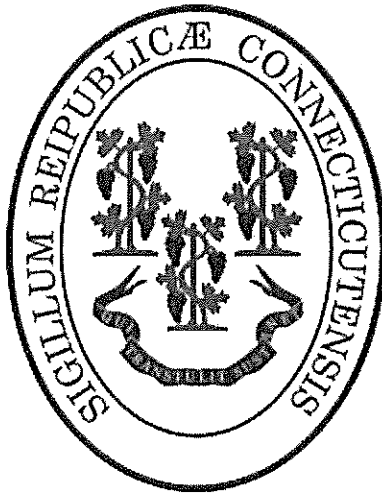

Matthew D. Ritter
Speaker of the House

Cc: Susan Keane, Senior Committee Administrator, Appropriations Committee
Beverly Henry, Senior Committee Administrator, Public Health Committee
Danielle Palladino, Policy Development Coordinator, Office of Policy & Management

SUBSTANCE ABUSE PREVENTION AND TREATMENT

BLOCK GRANT ALLOCATION PLAN

FEDERAL FISCAL YEAR 2022



DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

August 30, 2021

**STATE OF CONNECTICUT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT**

**FFY 2022 ALLOCATION PLAN
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1. Overview of the Substance Abuse Prevention and Treatment Block Grant

A. Purpose

The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) 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 SAPTBG within the State of Connecticut.

The SAPTBG provides grants to states to plan, establish, maintain, coordinate, and evaluate projects for the development of effective alcohol, tobacco, and other drug use prevention, treatment, and rehabilitative 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

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

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

Prevention and Health Promotion Services – Funds are applied to effective programs and strategies serving the needs of diverse populations with different levels of risk for developing substance use problems. 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 individuals in high-risk environments who are pre-disposed to substance use. The following six strategies of activities prescribed by the Center for Substance Abuse Prevention (CSAP) are funded:

- **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 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 SAPTBG 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. The threshold for compliance was met in the most recent 2021 SAPTBG Annual Report.

C. Federal Allotment Process

The allotment of the SAPTBG 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 and treatment 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 establishes the need for a given state.

D. Estimated Federal Funding

This FFY 2022 SAPTBG Allocation Plan is based on the FFY 2021 actual SAPTBG award, which was \$18,210,248. It is important to note that historically the SAPTBG Allocation Plan is developed on the President's proposed budget for the upcoming federal fiscal year. For FFY 2022, the President's proposed budget (\$37,316,441) is an unprecedented 105% more than the actual SAPTBG award for FFY 2021. The United States Congress will not vote on the President's proposed budget until sometime in FFY 2022. Thus, this Allocation Plan has been based on the FFY 2021 actual SAPTBG award. The final federal appropriation for FFY 2022, when authorized, could be other than as projected herein.

E. Total Available and Estimated Expenditures

The total SAPTBG funds available for FFY 2022 are \$18,214,821 which is based on the actual FFY 2021 SAPTBG award of \$18,210,248 plus the DMHAS carry forward funds of \$4,573. Of this amount, \$18,079,669 is proposed to be expended for FFY 2022.

F. Proposed Allocation Changes from Last Year

There are several proposed allocation changes from last year due to the State's anticipated approval of the 1115 Medicaid waiver application. The 1115 waiver, anticipated to begin on or after October 1, 2021, will shift substance use disorder residential treatment services funded from state general funds and the SAPTBG to Medicaid. SAMHSA encourages block grant dollars to be spent on services that are otherwise not reimbursable by Medicaid, and therefore this Allocation Plan includes a number of changes from last year due to the new anticipated reimbursement structure for substance use disorder residential treatment services. The changes to the FFY 2022 Allocation Plan include:

- 70% of the Substance Abuse Residential Treatment programs currently funded by the SAPTBG will be funded through other mechanisms. The SAPTBG will fund Residential Treatment for non-Medicaid eligible and unentitled individuals.
- The following levels of care and programs will be funded fully by the SAPTBG:
 - Methadone Maintenance
 - Prevention Clearinghouse
 - Hospital Emergency Department Recovery Coaching
 - Transportation Services
 - Senior Outreach and Engagement
 - Women's Recovery Support Programs
 - Access Line
- 30% of the Connecticut Women's Consortium will be funded by the SAPTBG.
- SAPTBG will fund Recovery Houses at 20%, an increase from 9%.

G. Contingency Plan

This Allocation Plan was prepared under the assumption that the FFY 2022 SAPTBG for Connecticut will be funded at a level similar to the FFY 2021 actual SAPTBG amount: \$18,210,248. \$4,573 will be carried forward from FFY 2021 for a total of \$18,214,821 in available funds. This amount may change once the United States Congress votes on the FFY 2022 SAPTBG budget. In the event that final funding is less than the amount this plan is based on (\$18,210,248), DMHAS will review the performance of programs in terms of their utilization, quality, and efficiency. Based on this review, reductions in the allocation would be assessed to prioritize those programs deemed most critical to public health and safety.

Any increase in funding above \$18,210,248 will ensure that the original identified priorities for the FFY 2022 budget plan would be maintained at current or enhanced levels. Currently, DMHAS' obligations depend, in part, on funding carried forward from previous years. Therefore:

- Funding increases would first be reviewed in light of sustaining the level of services currently procured through the annual, ongoing award.
- In case of a significant increase that allowed for expansion of DMHAS' service capacity, the department would review the recently enacted legislation that would require funding to implement. This legislation includes:
 - Public Act 21-35: Increasing mobile crisis to 24 hours per day / 7 days per week

- Public Act 21-113: Implementing a peer navigator PILOT program in all five regions
- Public Act 21-23: Developing and funding the use of a self-exclusion list related to responsible gaming

DMHAS would also review any unmet needs for substance use prevention and treatment services identified through its internal and external planning processes and prioritize the allocation of additional block grant resources.

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, whichever is less, shall be submitted by the Governor to the speaker and the president pro tempore and approved, modified or rejected by the committees. Notification of all transfers made 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

DMHAS utilizes both internal and external sources to assess the need, demand, and access to substance use treatment services. Various methods to determine the deployment of substance use services were 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 and treatment 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, as well as mental health related concerns 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 state-funded services. These systems contain information on all licensed and state-operated addiction services providers within the state. Client data obtained both at admission and discharge is 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. It can be found here:

<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 at: <https://portal.ct.gov/media/DMHAS/EQMI/AnnualReports/DMHASAnnualStatisticalReportSFY2020.pdf>

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.

Connecticut data is compared to the region and the nation, based on SAMHSA's *National Survey of Drug Use and Health (NSDUH)* – 2019:

Comparison of Connecticut to Regional and National Estimates

	Connecticut	Region	Nation
Past month adolescent marijuana use	7.5%	7.4%	7.0%
Past year young adult marijuana use	43.9%	39.1%	35.1%
Age 12+ past year heroin use	0.33%	0.36%	0.28%
Age 12+ past year Alcohol Use Disorder	6.2%	5.3%	5.3%

Based on SAMHSA's National Survey on Drug Use and Health (NSDUH) - 2019

Single Day Count Comparisons of Connecticut Substance Use Treatment

(comparing 2017 to 2019)

	2017	2019
Persons in substance use treatment in CT	41,873	43,404
Persons in opioid treatment programs receiving methadone in CT	13,793	18,696
Persons in substance use treatment receiving buprenorphine in CT	2,050	2,463

Based on the Behavioral Health Barometer – Connecticut 2020

- Great strides have been made in the state beginning in 2016 with respect to numbers of persons served by substance use treatment programs, and in particular, by medication assisted treatment (MAT) utilizing methadone and buprenorphine. Connecticut has been a leader in promoting these evidence-based practices.

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 were charged with identifying strengths, needs and gaps in mental health, substance use and problem gambling services across the lifespan. The process resulted in regional priority setting reports submitted in June 2021 to DMHAS. They are available at: <https://portal.ct.gov/DMHAS/Commissions-Councils-Boards/Index/Regional-Behavioral-Health-Action-Organizations-RBHAOs>. Based on the rankings from these five regions, which take into account the magnitude and impact of the substance use as well as the capacity of the region to respond, the top three substances identified as needing priority attention were, in order, heroin/fentanyl, alcohol, and marijuana.

While DMHAS functions as the lead state agency for substance use services, other state agencies, including the Department of Children and Families (DCF), Department of Public Health, Department of Consumer Protection, Department of Education, Department of Veterans Affairs, Department of Social Services, Department of Correction and the Judicial Department's Court Support Services Division share in state efforts to address substance use. These efforts are reflected in the legislatively mandated Triennial Report – 2019 available at: <https://portal.ct.gov/-/media/DMHAS/EQMI/triennialreport2019.pdf?la=en>. This Triennial Report contains the state substance use plan, including goals, strategies, and initiatives to direct the focus for 2019-2021.

The Alcohol and Drug Policy Council (ADPC), co-chaired by the Commissioners of DMHAS and DCF, is the lead entity in the state working on the opioid crisis response. The ADPC currently has four working subcommittees addressing prevention, treatment, recovery and criminal justice with a focus on the current opioid epidemic: <http://www.ct.gov/dmhas/cwp/view.asp?q=334676>. The statewide plan to address the opioid epidemic developed by Yale University as the CORE (Connecticut Opioid Response Initiative) report at the Governor's request is in alignment with the efforts of the ADPC: http://www.ct.gov/dmhas/lib/dmhas/publications/core_initiative10.6.16.pdf

I. Grant Provisions

The following represents the major requirements that must be met by the state in the use of Block Grant funds:

- Obligate and expend each year's SAPTBG 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
- Maintain a minimum level of state-appropriated funds for tuberculosis (TB) services for substance use treatment clients
- 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. In CY 2018 (for which preliminary figures are available from the Centers for Disease Control and Prevention), Connecticut's HIV infection rate was 7.0%, below the threshold for mandatory allocation of funds. ***Connecticut is no longer permitted to expend SAPTBG funds on HIV early intervention services as of October 1, 2018.***
- 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 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 substance using pregnant women

- Require that substance using pregnant women 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 SAPTBG 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 SAPTBG-funded treatment services
- Require SAPTBG-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 18 (now 21 as of October 2019)

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
- Arrest – 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

I. Tables

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Table A
Substance Abuse Prevention and Treatment
Recommended Allocations

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Community Treatment Services	\$2,288,370	\$2,298,033	\$2,334,526	1.6%
Residential Treatment Services	\$7,762,057	\$7,897,744	\$2,385,807	-69.8%
Recovery Support Services	\$3,528,762	\$3,689,153	\$8,607,862	133.3%
Prevention & Health Promotion	\$4,684,639	\$4,464,154	\$4,751,474	6.4%
TOTAL	\$18,263,828	\$18,349,084	\$18,079,669	-1.5%
	Sources of FFY 20 Allocations	Sources of FFY 21 Allocations	Sources of FFY 22 Allocations	Percentage Change FFY 20 to FFY 21
Federal Block Grant Funds	\$18,213,209	\$18,210,248	\$18,210,248	0.0%
Carry Forward Funds	\$194,028	\$143,409	\$4,573	-96.8%
TOTAL FUNDS AVAILABLE	\$18,407,237	\$18,353,657	\$18,214,821	-0.8%

The 1115 Medicaid waiver will fund substance use disorder residential treatment and withdrawal management services that have not previously been Medicaid reimbursable. The SAPTBG has historically funded these residential levels of care.

Table B1

Substance Abuse Prevention and Treatment Block Grant

Community Treatment Services Program Expenditures

Community Treatment Services	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$2,288,370	\$2,298,033	\$2,334,526	1.6%
TOTAL EXPENDITURES	\$2,288,370	\$2,298,033	\$2,334,526	1.6%

There is an increase of \$54,744 in SAPTBG funding for the Methadone Maintenance level of care. As part of the re-allocation process outlined previously, Methadone Maintenance will now receive additional SAPTBG funding and less support from the General Fund. Outpatient Services will decrease by \$18,251. This results in a net increase of \$36,493 for Community Treatment Services overall.

Table B2

Substance Abuse Prevention and Treatment Block Grant

Residential Treatment Services Program Expenditures

Residential Treatment Services	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$7,762,057	7,897,744	2,385,807	-69.8%
TOTAL EXPENDITURES	\$7,762,057	7,897,744	2,385,807	-69.8%

As outlined previously, the 1115 Medicaid waiver will classify substance use disorder residential treatment services as Medicaid reimbursable. As a result, 70% of the funding that substance use disorder residential treatment services received from the SAPTBG in prior years will now shift to Medicaid. The SAPT Block Grant will continue to fund approximately 30% of substance use disorder residential treatment services for individuals who are not Medicaid eligible or unentitled.

Table B3

Substance Abuse Prevention and Treatment Block Grant

Recovery Support Services Program Expenditures

Recovery Support Services	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$3,528,762	3,689,153	8,607,862	133.3%
TOTAL EXPENDITURES	\$3,528,762	3,689,153	8,607,862	133.3%

Recovery Support Services will receive increased SAPTBG funding as the 1115 Medicaid waiver will free funds previously allocated to substance use disorder residential treatment services. Recovery Support Services will now receive additional SAPTB Grant funding and less from the General Fund.

Table B4

Substance Abuse Prevention and Treatment Block Grant

Prevention and Health Promotion Program Expenditures

Prevention & Health Promotion	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$4,684,639	4,464,154	4,751,474	6.4%
TOTAL EXPENDITURES	\$4,684,639	4,464,154	4,751,474	6.4%

Prevention and Health Promotion services will increase by 6.4% (\$287,320) as the Connecticut Strategic Preventions Framework Coalition will now be funded entirely out of the block grant.

Table C
Substance Abuse Prevention and Treatment Block Grant
Summary of Service Objectives and Activities

Service Category: Community Treatment Services

Objective: *To ensure that treatment services are available in the community and are consistent with the needs of the individual seeking treatment in order to reduce the negative consequences of alcohol and other drug use.*

Grantor/Agency Activity	Number Served FFY 20	Performance Measure
Medication Assisted Treatment: Persons with opioid use disorder receive methadone, counseling services, withdrawal management in a non-residential setting.	13,531	Number of unduplicated clients served = 13,531 Percent of clients staying in treatment at least one year = 73% (goal = 50%)
Alcohol and Drug Outpatient Treatment: 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.	16,188	Number of unduplicated clients served = 16,188 Percent of clients with either abstinence or reduced drug use = 55% (goal = 55%) Percent of clients that maintained or improved functioning as measured by the Global Assessment of Functioning score = 63% (goal = 75%)

Table C
Substance Abuse Prevention and Treatment Block Grant
Summary of Service Objectives and Activities

Service Category: Residential Treatment Services

Objective: *To significantly reduce levels of dysfunction due to substance use through the provision of remedial health care, psychosocial, and supportive services appropriate to the needs of substance users, their families, and significant others.*

Grantor/Agency Activity	Number Served FFY 20	Performance Measure
Residential Detoxification: 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.	5,286	<p>Number of unduplicated clients served = 5,286</p> <p>Percent of clients completing treatment = 64% (goal = 80%)</p> <p>Percent without readmission within 30 days = 86% (goal = 85%)</p>
Alcohol and Drug Residential Care: 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 drug-free lives. Most residential programs provide or have referral linkages to other support services (e.g., job training, housing, and primary medical care).	5,156	<p>Number of unduplicated clients served = 5,156</p> <p>Percent of clients completing treatment = 70% (goal = 80%)</p> <p>Percent without readmission within 30 days = 79% (goal = 85%)</p>

Table C
Substance Abuse Prevention and Treatment 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 prepare for, obtain, and maintain employment; and to assist persons with accessing treatment.*

Grantor/Agency Activity	Number Served FFY 19	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, Latinos, and substance using parents of children involved with child protective services.	3,803	Number of unduplicated clients served = 3,803 Percent of clients completing treatment = 62% (goal = 50%) Percent of clients involved with self-help = 33% (goal = 60%)
Vocational Rehabilitation: Services include vocational evaluations, functional assessments, vocational counseling, job search assistance, and development of skills related to locating, obtaining, and maintaining employment.	2,061	Number of unduplicated clients served = 2,061 Percent of clients employed = 38% (goal = 35%)
Transportation: To and from detoxification and treatment programs including hospitals, sober/recovery houses, shelters, VA/Veteran Centers and Alternatives to Incarceration Centers.	2,019	Total number of transports: 2,019
Shelter: To provide temporary housing and supportive services to individuals who are homeless.	517	Number of unduplicated clients served = 517

Table C
Substance Abuse Prevention and Treatment 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 FFY 20	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 Connecticut SPF Coalitions Initiative .	586,565	782 services by CSAP strategy: - Alternative*: 13 - Community-based process: 374 - Education: 138 - Environmental: 171 - Information dissemination: 64 - Other**: 22
Develop and implement municipal-based alcohol and other drug prevention initiatives through Local Prevention Councils .	383,011	358 services by CSAP strategy: - Community-based process: 234 - Education: 108 - Environmental: 16
Disseminate information through print and electronic media on substance use, mental health and other related issues through the Connecticut Center for Prevention, Wellness and Recovery (Wheeler Clinic/Connecticut Clearinghouse).	296,392	257 services by CSAP strategy: - Education: 22 - Information dissemination: 235
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 through the Governor's Prevention Partnership .	4,738	522 services by CSAP strategy: - Education: 362 - Information dissemination: 160
Assist providers/local communities in assessing prevention needs and coordinating resources to address these needs through 5 Regional Behavioral Health Action Organizations .	87,827	150 services by CSAP strategy: - Community-based process: 86 - Education: 64

*Alternative – This strategy provides participation in activities that exclude alcohol and other drugs.

**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 C
Substance Abuse Prevention and Treatment 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 FFY 20	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 . *COVID-19 Pandemic limited inspections	2,615*	<ul style="list-style-type: none"> - Retailer violation rate*: 9.9% - State retailer violation rate: 8.0% - 198 state citations - 221 fines assessed
Educate tobacco merchants, youth, communities and the general public about the laws prohibiting the sale of tobacco products to youth under the age of 18 through the Tobacco Merchant & Community Education Initiative .	9,825	7 services by CSAP strategy: <ul style="list-style-type: none"> - Education: 6 - Environmental: 1
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) .	3,962	127 services by CSAP strategy: <ul style="list-style-type: none"> - Community-based process: 46 - Education: 66 - Information dissemination: 15
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) .	517	63 services by CSAP strategy: <ul style="list-style-type: none"> - Community-based process: 19 - Education: 16 - Information dissemination: 2 - Other**: 26

*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 Abuse Prevention and Treatment Block Grant List of Block Grant Funded Programs

Title of Major Program Category	FFY 20 ACTUAL Expenditures (including carry forward funds)	FFY 21 ESTIMATED Expenditures (including carry forward funds)	FFY 22 PROPOSED Expenditures (including carry forward funds)
Community Treatment Services	\$2,288,370	\$2,298,033	\$2,334,526
Residential Treatment Services	\$7,762,057	\$7,897,744	\$2,385,807
Recovery Support Services	\$3,528,762	\$3,689,153	\$8,607,862
Prevention and Health Promotion	\$4,684,639	\$4,464,154	\$4,751,474
TOTAL	\$18,263,828	\$18,349,084	\$18,079,669
Community Treatment Services			
Outpatient	\$2,044,785	\$2,054,367	\$2,036,116
Methadone Maintenance	\$243,585	\$243,666	\$298,410
TOTAL	\$2,288,370	\$2,298,033	\$2,334,526
Residential Treatment			
Residential Detox	\$1,653,227	\$1,832,875	\$341,803
Residential Intensive	\$309,388	\$309,388	\$818,931
Residential Long-Term	\$4,548,396	\$4,508,784	\$1,225,073
Shelter*	\$1,251,046	\$1,246,697	\$0
TOTAL	\$7,762,057	\$7,897,744	\$2,385,807
Recovery Support Services			
Case Management and Outreach	\$2,311,750	\$2,259,838	\$3,878,467
Vocational Rehabilitation	\$531,506	\$531,109	\$531,109
Ancillary Services/Transportation	\$685,506	\$898,206	\$2,492,922
Shelter*	\$0	\$0	\$1,705,364
TOTAL	\$3,528,762	\$3,689,153	\$8,607,862
Prevention and Health Promotion			
Primary Prevention	\$4,684,639	\$4,464,154	\$4,751,474
TOTAL	\$4,684,639	\$4,464,154	\$4,751,474

*Shelter category is now represented under the Recovery Support Services umbrella as it best represents the nature of the service.