

SUBSTANCE ABUSE PREVENTION AND TREATMENT

BLOCK GRANT ALLOCATION PLAN

FEDERAL FISCAL YEAR 2021



DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

July 16, 2020

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

**FFY 2021 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, which are currently underserved and in the greatest need.

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 are also funded such as case management, vocational rehabilitation, transportation, and outreach to specific populations in need of treatment.

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 2020 SAPTBG Annual Report.

C. Federal Allotment Process

The allotment of the SAPTBG to states is determined by three factors: The Population at Risk, the Cost of Services Index, and the Fiscal Capacity Index. The Population at Risk represents the relative risk of substance use problems in a state. The Cost of Services Index represents the relative cost of providing substance use prevention and treatment services in a state. The Fiscal Capacity Index represents the relative ability of the state to pay for substance use related services. The product of these factors establishes the need for a given state.

D. Estimated Federal Funding

This allocation plan is based on the funding levels proposed in the President's budget of \$18,210,248 for the FFY 2021 SAPTBG. This amount reflects a \$2,961 decrease from the final allotment for FFY 2020. The projected amount on which this allocation plan is based is subject to change when the final federal appropriation is authorized.

E. Total Available and Estimated Expenditures

The total SAPTBG funds available for FFY 2021 are \$18,701,857 which is based on an estimated federal block grant allocation of \$18,210,248 and DMHAS carry forward funds of \$491,609. Of this amount, \$18,257,953 is proposed to be expended for FFY 2021. DMHAS estimates that the entire FFY 2021 SAPTBG award will be fully committed and expended within the federally required two-year time frame.

F. Proposed Allocation Changes from Last Year

The Residential Treatment category increased by \$110,550 from the previous year as a result of partial funding for a residential detoxification program being temporarily shifted to a funding source external to the block grant in FY20 and being reestablished for FY21.

G. Contingency Plan

This allocation plan was prepared under the assumption that the FFY 2021 SAPTBG for Connecticut will be funded at the level proposed by the President's budget of \$18,210,248 and may be subject to change. In the event that anticipated funding is reduced, 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 increases in Block Grant funding or a restoration back to FFY 2020 levels will ensure that the original identified priorities for the FFY 2021 budget plan would be maintained at current or adjusted levels. Currently, DMHAS' obligations depend, in part, on funding carried forward from previous years. Therefore, any funding increase would first be reviewed in light of sustaining the level of services currently procured via the annual, ongoing award. Second, if the increase was significant and allowed for expansion of DMHAS' service capacity, the department would review the 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 or 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 part of continuous assessment. The *DMHAS Research Division*, through a unique arrangement with the University of Connecticut, has investigated issues of policy relevance in behavioral health and has 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.

The *DMHAS Prevention and Health Promotion Division* has 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 prevention service capacity and infrastructure improvements to address prevention gaps.

The *Division* works with the five Regional Behavioral Health Action Organizations (RBHAOs) to determine the prevalence of substance use within their sub-regions and the resource capacity to address problems, needs, and gaps in the substance use service continuum, and identify 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/information, 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)* – 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 “report card” formats which are easily comprehended and provide transparency: <http://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=489554>. Additionally, statewide data from the system is organized into an Annual Statistical Report available at: <https://portal.ct.gov/-/media/DMHAS/EQMI/Annual-Report-SFY2019.pdf> .

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 and analyzes 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)* - 2017. There are several measures in which Connecticut estimates are similar to both regional and national averages: past month cigarette and alcohol use in 12 – 17 year olds; past year Alcohol Use and Opioid Use Disorders in young adults (18 – 25); and estimates of prescription opioid misuse and Opioid Use Disorder in persons 12 and older. On other measures, however, Connecticut, while similar to the region, had estimates that exceeded the national average for

adolescent (12 – 17) and young adult (18-25) past month marijuana use; age 12 and older heroin use and Alcohol Use Disorder; and young adult (18-25) binge alcohol use.

Comparison of Connecticut to Regional and National Estimates

	Connecticut	Region	Nation
Past month adolescent marijuana use	9.4%	9.9%	6.8%
Past year young adult marijuana use	45.1%	44.0%	33.0%
Age 12+ past year heroin use	0.79%	0.56%	0.33%
Age 12+ past year Alcohol Use Disorder	6.9%	7.0%	5.8%
Past month young adult binge alcohol use	46.5%	46.4%	38.1%

Based on SAMHSA's National Survey on Drug Use and Health (NSDUH) - 2017

Great strides have been made in the state from 2016 to 2017 with respect to numbers of persons served by substance use treatment programs, and in particular, by medication assisted treatment (MAT) such as methadone and buprenorphine. Connecticut has been a leader in promoting these evidence-based practices.

Single Day Count Comparisons of Connecticut Substance Use Treatment (2016 – 2017)

	2016	2017
Persons in substance use treatment in CT	36,428	41,873
Persons in opioid treatment programs receiving methadone in CT	13,568	13,793
Persons in substance use treatment receiving buprenorphine in CT	838	2,050

Based on the Behavioral Health Barometer – Connecticut 2019

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

DMHAS is committed to supporting a comprehensive, 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 method to: 1) determine unmet mental health and substance use treatment and prevention needs; 2) gain broad stakeholder (persons with lived experience, advocates, family members, providers, and others) input on service priorities and needs; and 3) monitor ongoing efforts that result in better decision-making, service delivery, and policy-making.

The inaugural regional priority setting process conducted by the RBHAOs was condensed into a statewide priority setting report by the University of Connecticut Health Center's Center for Prevention Evaluation and Statistics (CPES) in September 2019. RBHAOs were charged with identifying strengths, needs and gaps in mental health, substance use and problem gambling services across the lifespan. The substances identified as needing priority attention were alcohol, heroin and prescription drug use.

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 injecting drug users upon reaching 90% capacity

- Require that those individuals on waiting lists who are injecting drug users be provided interim services, including TB and HIV education, counseling and testing, if so indicated
- Ensure that programs funded to treat injecting drug users 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, and
- 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). Connecticut's SYNAR retailer violation rate was 9.9% in 2019.

In addition, 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. NOMS reporting became mandatory with the submission of the FFY 2008 Block Grant application. The required NOMs 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

II. Tables

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Table A**Substance Abuse Prevention and Treatment****Recommended Allocations**

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Community Treatment Services	\$1,618,909	\$2,292,210	2,292,210	0%
Residential Treatment Services	\$6,877,305	\$7,730,342	\$7,840,892	1.4%
Recovery Support Services	\$4,060,465	\$3,678,505	\$3,678,505	0%
Prevention & Health Promotion	\$5,546,402	\$4,446,346	\$4,446,346	0%
TOTAL	\$18,103,081	\$18,147,403	\$18,257,953	0.6%
	Sources of FFY 19 Allocations	Sources of FFY 20 Allocations	Sources of FFY 21 Allocations	Percentage Change FFY 20 to FFY 21
Federal Block Grant Funds	\$18,128,669	\$18,213,209	\$18,210,248	-0.02%
Carry Forward Funds	\$660,028	\$425,803	\$491,609	15.5%
TOTAL FUNDS AVAILABLE	\$18,788,697	\$18,639,012	\$18,701,857	0.3%

Table B1

Substance Abuse Prevention and Treatment Block Grant

Community Treatment Services Program Expenditures

Community Treatment Services	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Others Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$1,618,909	\$2,292,210	\$2,292,210	0%
TOTAL EXPENDITURES	\$1,618,909	\$2,292,210	\$2,292,210	0%

Table B2

Substance Abuse Prevention and Treatment Block Grant

Residential Treatment Services Program Expenditures

Residential Treatment Services	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Others Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$6,877,305	\$7,730,342	\$7,840,892	1.4%
TOTAL EXPENDITURES	\$6,877,305	\$7,730,342	\$7,840,892	1.4%

Table B3

Substance Abuse Prevention and Treatment Block Grant

Recovery Support Services Program Expenditures

Recovery Support Services	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Others Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$4,060,465	\$3,678,505	\$3,678,505	0%
TOTAL EXPENDITURES	\$4,060,465	\$3,678,505	\$3,678,505	0%

Table B4

Substance Abuse Prevention and Treatment Block Grant

Prevention and Health Promotion Program Expenditures

Prevention & Health Promotion	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Others Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	\$5,546,402	\$4,446,346	\$4,446,346	0%
TOTAL EXPENDITURES	\$5,546,402	\$4,446,346	\$4,446,346	0%

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 19	Performance Measure
Medication Assisted Treatment: Persons with opioid use disorder receive methadone, counseling services and management of withdrawal in a non-residential setting.	8,573	Number of unduplicated clients served = 8,573 Percent of clients staying in treatment at least one year = 72% (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.	10,739	Number of unduplicated clients served = 10,739 Percent of clients with either abstinence or reduced drug use = 51% (goal = 55%) Percent of clients maintained or improved functioning as measured by the Global Assessment of Functioning score = 67% (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 impact levels of dysfunction due to substance use via the provision of remedial health care and psychosocial and supportive services appropriate to the needs of substance users, their families and significant others.*

Grantor/Agency Activity	Number Served FFY 19	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.	5,737	<p>Number of unduplicated clients served = 5,737</p> <p>Percent of clients completing treatment = 75% (goal = 80%)</p> <p>Percent without readmission within 30 days = 81% (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, primary care).	1,890	<p>Number of unduplicated clients served = 1,890</p> <p>Percent of clients completing treatment = 81% (goal = 80%)</p> <p>Percent without readmission within 30 days = 92% (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 to prepare for, obtain, and maintain employment; and to assist persons with accessing treatment.*

Grantor/Agency Activity	Number Served FFY 19	Performance Measure
Case Management: involves case managers collaborating with persons in the community to identify needs, enhance self-management, self-advocacy, and coping skills, and learn to access and use services and supports. Specialized programs include services for co-occurring clients, seniors, Latinos, and substance using parents of children involved with child protective services.	2,293	Number of unduplicated clients served = 2,293 Percent of clients completing treatment = 64% (goal = 50%) Percent of clients involved with self-help = 64% (goal = 60%)
Vocational Rehabilitation: services include conducting vocational evaluations, functional assessments, vocational counseling, job search assistance, and development of skills related to locating, obtaining and maintaining employment.	168	Number of unduplicated clients served = 168 Percent of clients employed = 28% (goal = 35%)
Transportation: to and from detoxification and treatment programs including hospitals, sober/recovery houses, shelters, VA/Veteran Centers and Alternatives to Incarceration Centers.	6,321	Total number of transports: 6,321

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 19	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 .	683,572	1,016 services by CSAP strategy: - Alternative: 6 - Community-based process: 427 - Education: 223 - Environmental: 247 - Information dissemination: 91 - Other: 22
Develop and implement municipal-based alcohol and other drug prevention initiatives through Local Prevention Councils .	260,401	232 services by CSAP strategy: - Community-based process: 125 - Education: 107
Disseminate information via 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).	70,869	278 services by CSAP strategy: - Education: 22 - Information dissemination: 249 - Other: 7
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 .	10,761	217 services by CSAP strategy: - Education: 203 - Information dissemination: 14
Assist providers/local communities in assessing prevention needs and coordinating resources to address these needs through 5 Regional Behavioral Health Action Organizations .	97,105	348 services by CSAP strategy: - Community-based process: 208 - Education: 88 - Information dissemination: 14 - Other: 38

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 19	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 .	5,622	<ul style="list-style-type: none"> - Synar retailer violation rate: 9.8% - State retailer violation rate: 10.7% - 192 state citations - 246 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 .	6,839	8 services by CSAP strategy: <ul style="list-style-type: none"> - Education: 7 - 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) .	4,071	130 services by CSAP strategy: <ul style="list-style-type: none"> - Community-based process: 86 - Education: 41 - Other: 3
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) .	549	83 services by CSAP strategy: <ul style="list-style-type: none"> - Education: 20 - Information dissemination: 6 - Other: 57

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 19 ACTUAL Expenditures (including carry forward funds)	FFY 20 ESTIMATED Expenditures (including carry forward funds)	FFY 21 PROPOSED Expenditures (including carry forward funds)
Community Treatment Services	\$1,618,909	\$2,292,210	\$2,292,210
Residential Treatment Services	\$6,877,305	\$7,730,342	\$7,840,892
Recovery Support Services	\$4,060,465	\$3,678,505	\$3,678,505
Prevention and Health Promotion	\$5,546,402	\$4,446,346	\$4,446,346
TOTAL	\$18,103,081	\$18,147,403	\$18,257,953
Community Treatment Services			
Outpatient	\$1,370,713	\$2,055,526	\$2,055,526
Methadone Maintenance	\$248,196	\$236,684	\$236,684
TOTAL	\$1,618,909	\$2,292,210	\$2,292,210
Residential Treatment			
Residential Detox	\$1,645,805	\$1,708,962	\$1,819,512
Residential Intensive	\$309,388	\$309,388	\$309,388
Residential Long-Term	\$3,674,238	\$4,465,041	\$4,465,041
Shelter	\$1,247,874	\$1,246,951	\$1,246,951
TOTAL	\$6,877,305	\$7,730,342	\$7,840,892
Recovery Support Services			
Case Management and Outreach	\$2,652,125	\$2,250,917	\$2,250,917
Vocational Rehabilitation	\$530,490	\$530,580	\$530,580
Ancillary Services/Transportation	\$877,850	\$897,008	\$897,008
TOTAL	\$4,060,465	\$3,678,505	\$3,678,505
Prevention and Health Promotion			
Primary Prevention	\$5,546,402	\$4,446,346	\$4,446,346
TOTAL	\$5,546,402	\$4,446,346	\$4,446,346