# SUBSTANCE ABUSE PREVENTION AND TREATMENT

# BLOCK GRANT ALLOCATION PLAN

## FEDERAL FISCAL YEAR 2020

## DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

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

**FFY 2020 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 (DHHS) 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 Block Grant 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. As a result of various budget modifications such as the reallocation of funding to the Department of Social Services (DSS) under the Affordable Care Act Expansion in FY 2014, DMHAS has requested a finding of material compliance from SAMHSA for this requirement annually. This process allows DMHAS to demonstrate its compliance through alternative factors such as the state's expenditure history, number of persons served, and future funding commitments for substance use treatment and prevention services. DMHAS was deemed to be materially complaint for its initial request. A response from SAMHSA for subsequent requests is pending.

**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 $18,210,035 for the FFY 2020 SAPTBG. This amount reflects a $4,986 decrease from the final allotment for FFY 2019. 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 2020 are $18,963,902 which is based on an estimated federal block grant allocation of $18,210,035 and DMHAS carry forward funds of $753,867. Of this amount, $18,123,533 is proposed to be expended for FFY 2020. DMHAS estimates that the entire FFY 2020 SAPTBG award will be fully committed and expended within the federally required two year time frame.

**F. Proposed Allocation Changes from Last Year**

A review of programs receiving SAPTBG primary prevention funds led to a decision to re-categorize $640,596 in funds allocated to the Connecticut Community for Addiction Recovery (CCAR) from the primary prevention line item under the prevention and health promotion category to the ancillary services item under the recovery support services category. This transfer more accurately describes the services provided by CCAR. These services involve the operation of three recovery community centers offering a place for people in all stages of recovery to drop in, and attend programming. Programming and services at the centers includes 12 step and other group support, training to become a recovery coach and volunteer opportunities including offering telephone recovery support to people in early recovery. The transfer will not result in any changes in the level of services provided. This re-categorization resulted in a decrease to primary prevention, which still exceeds the 20% set-aside required by the block grant for this category, and a corresponding increase in the ancillary category under recovery supports.

The only other change proposed is an increase of $100,000 (1.3%) in the residential treatment services category. Residential treatment provides individual, group and family therapy in a setting away from home for persons who will benefit from treatment outside of their home environment. Samples of adjunct services offered in residential treatment include education, employment, and skill building groups.

The entire block grant expenditure plan is intended to maintain and enhance the overall capacity of the full substance use service system. Within the realm of substance use services, the focus of DMHAS is on responding to the opioid epidemic at all possible intervention points. This allocation plan only represents a portion of DMHAS spending for substance use services. Most of the programs funded with federal block grant dollars also receive appropriated funds which are not reflected in this allocation plan.

**G. Contingency Plan**

This allocation plan was prepared under the assumption that the FFY 2020 SAPTBG for Connecticut will be funded at the level proposed by the President's budget of $18,210,035 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 2019 levels will ensure that the original identified priorities for a FFY 2020 budget 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 will first be reviewed in light of sustaining the level of services currently procured via the annual, ongoing award. Second, if the increase is significant and allows for expansion of DMHAS' service capacity, the department will 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.

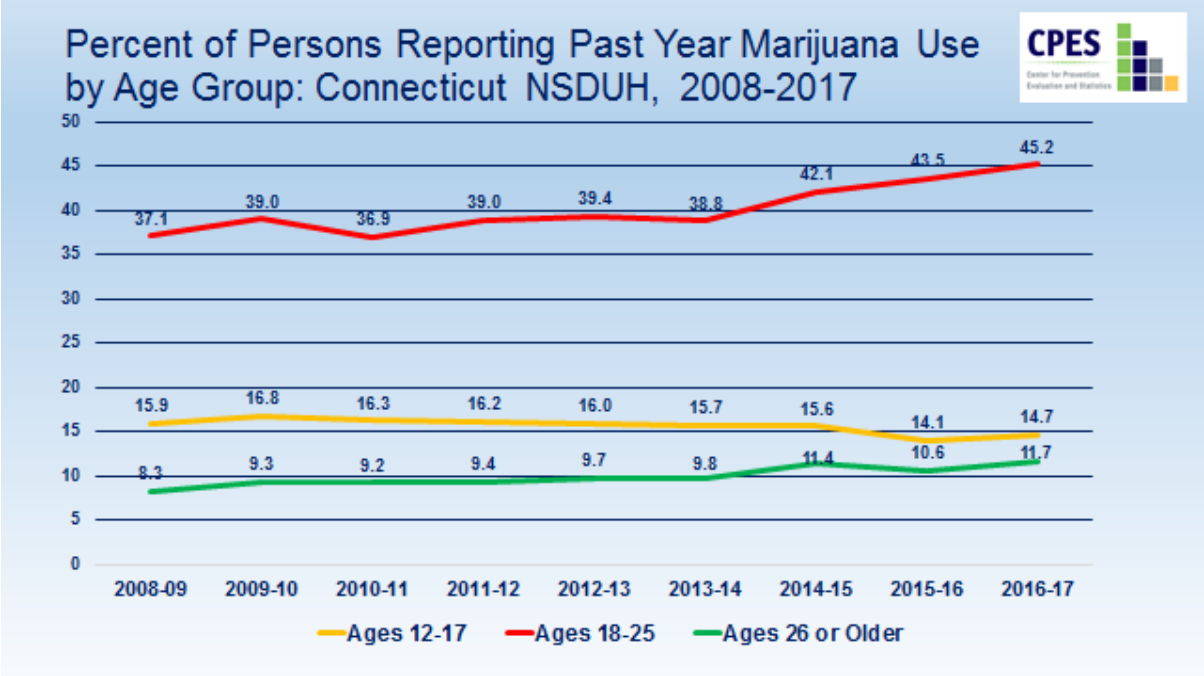
The *DMHAS Prevention and Health Promotion Division* has a statewide system of services and resources designed to provide an array of evidence-based, universal, selected and indicated (based on Institute of Medicine Classification) programs to promote increased prevention service capacity and infrastructure 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://www.ct.gov/dmhas/lib/dmhas/eqmi/annualreport2018.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 problems and makes recommendations regarding the state's priorities for substance use prevention and mental health promotion. In a December 2018 report to the Connecticut Alcohol and Drug Policy Council, the SEOW presented the following data from a variety of sources. The chart below reflects that in Connecticut marijuana use has increased substantially for young adults (18-25) and slightly for those ages 26+, but has not increased for adolescents (12-17):




The following table on alcohol use shows an overall decrease in underage (12 – 17 year olds) alcohol use and binge drinking which is substantially lower than what it was in 2004-2005.

**CT Youth Risk Behavior Survey (YRBS) 2005 – 2017: Percent of High School Students Reporting Past 30 Days Alcohol Use and Binge Drinking**

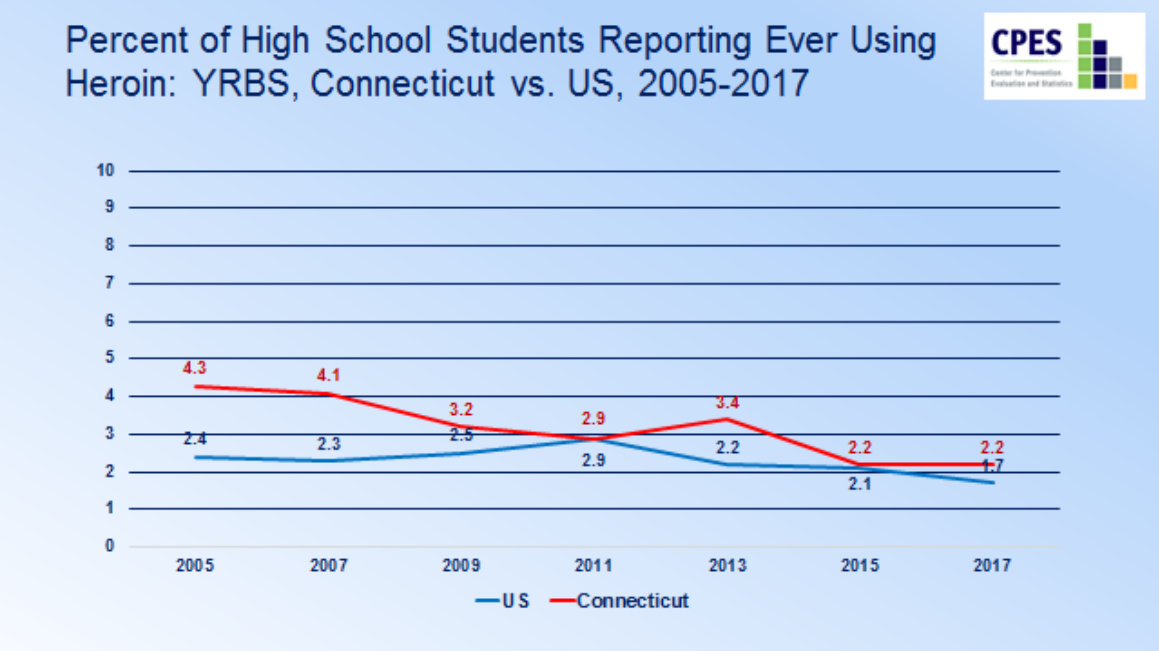
| CT High School Students | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|---|
| **Past 30 days alcohol use** | 45.3 | 44.7 | 43.5 | 41.5 | 36.7 | 30.2 | 30.4 |
| **Past 30 days binge drinking** | 27.8 | 26.2 | 24.2 | 22.3 | 20.8 | 14.2 | 14.9 |

The table below demonstrates a downward trend in prescription opioid misuse for both Connecticut and the United States with Connecticut showing lower values across all points in time.

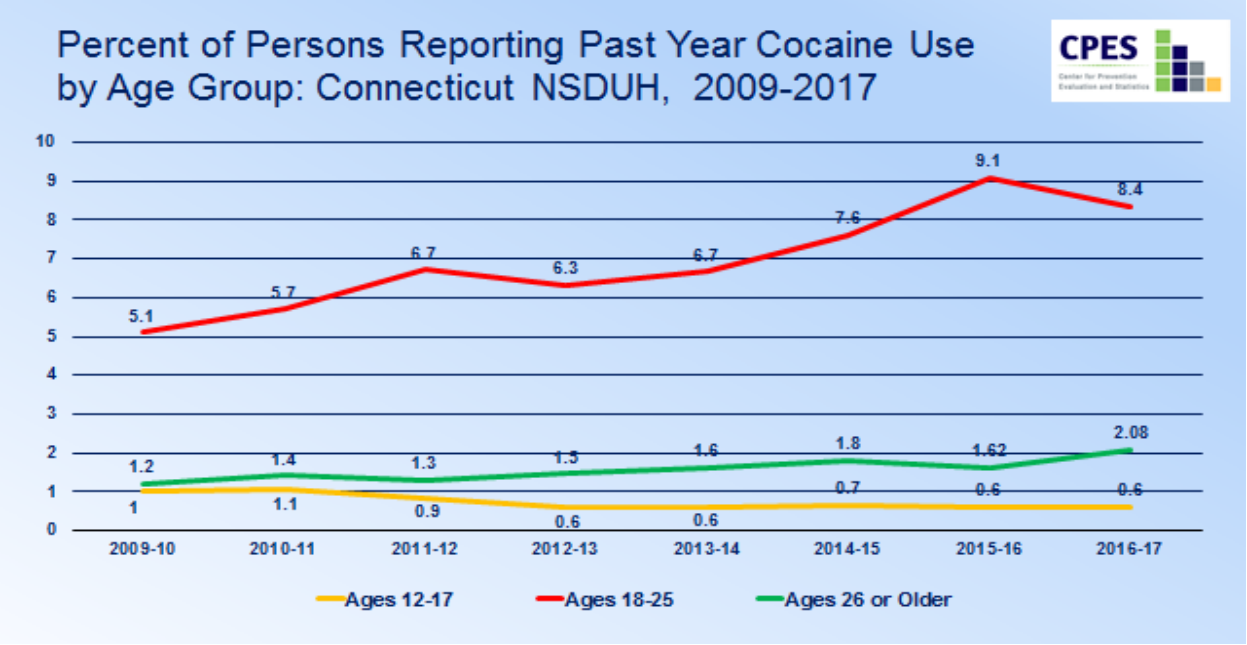
**Youth Risk Behavior Survey (YRBS), Connecticut versus United States, 2013 – 2017**
**Percent of High School Students Reporting Ever Misusing Prescription Pain Medicine**

| | 2013 | 2015 | 2017 |
|---|---|---|---|
| **United States** | 17.8 | 16.8 | 14.0 |
| **Connecticut** | 11.1 | 12.0 | 10.1 |

The graph below shows slightly higher percentages for lifetime use of heroin by Connecticut high school students compared to the United States average, but clearly evinces a downward trend over time.




The following graph demonstrates that cocaine use is on the rise, particularly among young adults.




Finally, while cigarette smoking has been on the decline for some time, the emergence of e-cigarette use is of great concern. The 2017 Connecticut Youth Tobacco Survey below revealed many more students using e-cigarettes as compared to traditional cigarettes in almost equal percentages of males

and females. Additionally, the table shows the increase in use of both these tobacco delivery systems with increasing age.

**2017 Connecticut Youth Tobacco Survey**
**Prevalence of Tobacco Use among Connecticut High School Students**

| | Cigarette Use past 30 days | E-Cigarette Use past 30 days |
|---|---|---|
| **Overall** | 3.5% | 14.7% |
| **Males** | 4.2% | 14.8% |
| **Females** | 2.7% | 14.0% |
| **Grade 9** | ** | 10.2% |
| **Grade 10** | 3.2% | 12.0% |
| **Grade 11** | 4.9% | 16.8% |
| **Grade 12** | 5.5% | 20.4% |

** not presented as estimate < 50 or relative standard error > 30%

**Regional Behavioral Health Action Organizations 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 five RBHAOs, which came into existence March 1, 2018 have been working with the DMHAS Block Grant State Planner, the DMHAS Prevention and Health Promotion Division Director, and the University of Connecticut Health Center State Epidemiological Outcomes Workgroup (SEOW)/Center for Prevention Evaluation and Statistics (CPES) to transition to an integrated priority setting process inclusive of block grant requirements, prevention initiatives, community readiness assessments, and other data into a single unified process. As part of their new responsibilities, RBHAOs will assess the behavioral health needs of children, adolescents and adults across the regions and submit a regional report that includes: epidemiological profiles of problem substances and behaviors; resources, strengths, and assets to address them; behavioral health service gaps; and needs and priority recommendations for prevention, treatment and recovery services.

For 2018, each RBHAO reviewed their respective regions and identified safe affordable housing and transportation as ongoing concerns for behavioral health clients. The opioid crisis and fears related to budget deficits were overarching concerns. The number one priority statewide was access to outpatient treatment, including medication management. There is a nation-wide shortage of psychiatrists and many of those who do practice do not accept Medicaid. There has been an impressive response to the opioid crisis in Connecticut, including raising public awareness via the *Change the Script* (designed for

the general public and behavioral health professionals) and, more recently, the *Live Loud* (designed for people using opioids) campaigns; opioid information dissemination, education and training to parents, students in grades K – 12 and on college campuses, human resources directors across the state, and physicians and prescribers; naloxone training and distribution; placement of Recovery Coaches in Emergency Departments, expansion of Medication Assisted Treatment (MAT) Programs; increased prescribers with the Drug Abuse Treatment Act (DATA) waiver allowing them to prescribe buprenorphine; initiation of mobile Medication Assisted Treatment MAT; community stakeholder integration to allow local follow up when persons overdose and are revived through the *How Can We Help* grant in eight communities; *Imani Breakthrough* in cities in which the faith community offers groups, supports, and adjunct services for those seeking recovery; and weekly opioid education and family support meetings in seven locations statewide. DMHAS has been awarded multiple federal discretionary grants in the past several years, including the Medication Expansion Grant, the Strategic Planning Framework for Prescription Drugs Grant, the State Targeted Response to Opioids Grant, and the State Opioid Response Grant which have helped fund many of the initiatives described.

While DMHAS functions as the lead state agency for substance use services, other state agencies, including the Department of Children and Families, Court Support Services Division, Department of Public Health, Department of Consumer Protection, Department of Education, Department of Veterans Affairs, Department of Social Services, and the Department of Corrections share in state efforts to address substance use. These efforts are reflected in the legislatively mandated Triennial Report – 2016 available at: http://www.ct.gov/dmhas/lib/dmhas/publications/triennialreport2016.pdf. This Triennial Report contains the state substance abuse plan, including goals, strategies, and initiatives to direct the focus for 2016-2018. The 2019 Triennial Report will be submitted in summer 2019.

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. It contains 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 2017 (the most recent figures available from the Centers for Disease Control and Prevention), Connecticut's HIV infection rate was 7.4, 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 under the program expansion funds
- 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. Connecticut's Synar retailer violation rate was 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 treatment 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**

**Table A**

**Substance Abuse Prevention and Treatment Block Grant**

**Recommended Allocations**

| PROGRAM CATEGORY | FFY 18 Expenditures | FFY 19 Estimated Expenditures | FFY 20 Proposed Expenditures | Percentage Change FFY 19 to FFY 20 |
|---|---|---|---|---|
| **Community Treatment Services** | $3,351,585 | $2,329,520 | $2,329,520 | 0.0% |
| **Residential Treatment Services** | $6,994,003 | $7,584,632 | $7,684,632 | 1.3% |
| **Recovery Support Services** | $2,736,224 | $3,065,562 | $3,706,158 | 20.9% |
| **Prevention & Health Promotion** | $5,390,651 | $5,113,819 | $4,493,223 | -12.5% |
| | | | | |
| **TOTAL** | **$18,472,463** | **$18,113,533** | **$18,213,533** | **0.6%** |
| | | | | |
| | **Sources of FFY 18 Allocations** | **Sources of FFY 19 Allocations** | **Sources of FFY 20 Allocations** | **Percentage Change FFY 19 to FFY 20** |
| **Federal Block Grant Funds** | $18,201,721 | $18,215,021 | $18,210,035 | 0.0% |
| **Carry Forward Funds** | $923,120 | $652,379 | $753,867 | 15.6% |
| **TOTAL FUNDS AVAILABLE** | **$19,124,841** | **$18,867,400** | **$18,963,902** | **0.5%** |

**Table B1**

**Substance Abuse Prevention and Treatment Block Grant**

**Community Treatment Services Program Expenditures**

| **Community Treatment Services** | **FFY 18 Expenditures** | **FFY 19 Estimated Expenditures** | **FFY 20 Proposed Expenditures** | **Percentage Change FFY 19 to FFY 20** |
|---|---|---|---|---|
| Number of Positions (FTE) | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | | | | |
| **Grants to:** | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private Agencies | $3,351,585 | $2,329,520 | $2,329,520 | 0.0% |
| **TOTAL EXPENDITURES** | **$3,351,585** | **$2,329,520** | **$2,329,520** | **0.0%** |

**Table B2**

**Substance Abuse Prevention and Treatment Block Grant**

**Residential Treatment Services Program Expenditures**

| Residential Treatment Services | FFY 18 Expenditures | FFY 19 Estimated Expenditures | FFY 20 Proposed Expenditures | Percentage Change FFY 19 to FFY 20 |
|---|---|---|---|---|
| Number of Positions (FTE) | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | | | | |
| **Grants to:** | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private Agencies | $6,994,003 | $7,584,632 | $7,684,632 | 1.3% |
| **TOTAL EXPENDITURES** | **$6,994,003** | **$7,584,632** | **$7,684,632** | **1.3%** |

**Table B3**

**Substance Abuse Prevention and Treatment Block Grant**

**Recovery Support Services Program Expenditures**

| Recovery Support Services | FFY 18 Expenditures | FFY 19 Estimated Expenditures | FFY 20 Proposed Expenditures | Percentage Change FFY 19 to FFY 20 |
|---|---|---|---|---|
| Number of Positions (FTE) | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | | | | |
| **Grants to:** | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private Agencies | $2,736,224 | $3,065,562 | $3,706,158 | 20.9% |
| **TOTAL EXPENDITURES** | **$2,736,224** | **$3,065,562** | **$3,706,158** | **20.9%** |

**Table B4**

**Substance Abuse Prevention and Treatment Block Grant**

**Prevention and Health Promotion Program Expenditures**

| Prevention & Health Promotion | FFY 18 Expenditures | FFY 19 Estimated Expenditures | FFY 20 Proposed Expenditures | Percentage Change FFY 19 to FFY 20 |
|---|---|---|---|---|
| Number of Positions (FTE) | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | | | | |
| **Grants to:** | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private Agencies | $5,390,651 | $5,113,819 | $4,493,223 | -12.5% |
| **TOTAL EXPENDITURES** | **$5,390,651** | **$5,113,819** | **$4,493,223** | **-12.5%** |

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

**Service Category:** Community Treatment Services
**Objective:** *To ensure that 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 18 | Performance Measures |
|---|---|---|
| **Medication Assisted Treatment:** Persons with opioid use disorder receive medication, counseling services and management of withdrawal in a non-residential setting. | **8,689** | Number of unduplicated clients served = 8,689<br><br>Percent of clients staying in treatment at least one year = 69%<br>(goal = 50%) |
| **Alcohol and Drug Outpatient Treatment:** Provided in or near the community 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. | **10,445** | Number of unduplicated clients served = 10,445<br><br>Percent of clients with either abstinence or reduced drug use = 56%<br>(goal = 55%)<br><br>Percent of clients maintained or improved functioning as measured by Global Assessment of Functioning score = 59%<br>(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.*
*To ensure that a continuum of substance use treatment services is available throughout the state. This continuum must be consistent with the needs of the individual seeking treatment, providing the appropriate level of residential care needed to promote a sustained recovery.*

| Grantor/Agency Activity | Number Served FFY 18 | Performance Measures |
|---|---|---|
| **Residential Detoxification**: Individuals with a substance use disorder whose severity requires medical supervision 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. | **6,079** | Number of unduplicated clients served = 6,079<br><br>Percent of clients completing treatment = 74%<br>(goal = 80%)<br><br>Percent without readmission within 30 days = 81%<br>(goal = 85%) |
| **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). | **1,748** | Number of unduplicated clients served = 1,748<br><br>Percent of clients completing treatment = 78%<br>(goal = 80%)<br><br>Percent without readmission within 30 days = 92%<br>(goal = 85%) |

**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 18 | Performance Measures |
|---|---|---|
| **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. | **2,282** | Number of unduplicated clients served = 2,282<br><br>Percent of clients completing treatment = 70%<br>(goal = 50%)<br><br>Percent of clients involved with self-help = 65%<br>(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. | **131** | Number of unduplicated clients served = 131<br><br>Percent of clients employed = 34%<br>(goal = 35%) |
| **Transportation:** to and from detoxification and treatment programs including hospitals, sober/recovery houses, shelters, VA/Veteran centers and Alternatives to Incarceration Centers . | **3600** | Total number of transports = 3600 |

**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 18 | Performance Measures |
|---|---|---|
| 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.** | **1,019,863** | **2,212** services by CSAP strategy:<br>- alternatives: 79<br>- community-based process: 1,235<br>- education: 297<br>- environmental: 34<br>- information dissemination: 560<br>-other:7 |
| Develop and implement municipal-based alcohol and other drug prevention initiatives through **Local Prevention Councils.**<br><br>This period was marked by the transition of the RACs, who administer LPC funds, to the RBHAOs. Consequently, some programs were not funded or reported. | **33,861** | **119** services by CSAP strategy:<br>- alternatives: 8<br>- community-based process: 55<br>- education: 22<br>- environmental: 1<br>- information dissemination: 32<br>- problem identification & referral: 1 |
| 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). | **126,375** | **1,570** services by CSAP strategy:<br>- community-based process: 73<br>- education: 2<br>- information dissemination: 1,495 |

| Grantor/Agency Activity | Number Served FFY 18 | Performance Measures |
|---|---|---|
| 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.**<br>The contractor did not conduct any statewide campaign during this reporting period. | **4,292** | **273** services by CSAP strategy:<br>- alternatives: 4<br>- community-based process: 17<br>- education: 220<br>- information dissemination: 32 |
| Assist providers/local communities in assessing prevention needs and coordinating resources to address these needs through 5 **Regional Behavioral Health Action Organizations.**<br><br>This period was marked by the transition of the RACs to the RBHAOs. | **5,635** | **276** services by CSAP strategy:<br>- alternatives: 2<br>- community-based process: 174<br>- education: 9<br>- environmental: 4<br>- information dissemination: 80<br>- problem identification & referral: 7 |
| Enforce state laws that prohibit youth access to tobacco products, including e-cigarettes, by inspecting retailers across the state in order to maintain a retailer violation rate at or below 20% through the **Synar Program**. | **5622** | **-** Synar retailer violation rate: 10.7%<br>- State retailer violation rate: 11.5%<br>- 166 state citations<br>- 225 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.** | **4,928** | **17** services by CSAP strategy:<br>- community-based process: 2<br>- information dissemination: 15 |
| 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 though the **Training and Technical Assistance Service Center (Cross Sector Consulting, LLP).** | **1588** | **282** services by CSAP strategy:<br>- community-based process: 168<br>- education: 102<br>- information dissemination: 12 |

| Grantor/Agency Activity | Number Served FFY 18 | Performance Measures |
|---|---|---|
| Design and implement data collection and management systems; disseminate and utilize epidemiological data to promote informed decision-making; and provide technical assistance and training on evaluation-related tasks and topics through the **Center for Prevention Education and Statistics (University of Connecticut School of Medicine).** | **2,835,227** | **37** Services by CSAP strategy:<br>- community-based process: 3<br>- education: 3<br>- information dissemination: 18<br>- other: 13 |

**III. Proposed Expenditures by Program Category**

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

| Title of Major Program Category | FFY 18 ACTUAL Expenditures (including carry forward funds) | FFY 19 ESTIMATED Expenditures (including carry forward funds) | FFY 20 PROPOSED Expenditures (including carry forward funds) |
|---|---|---|---|
| Community Treatment Services | $3,351,585 | $2,329,520 | $2,329,520 |
| Residential Treatment Services | $6,994,003 | $7,584,632 | $7,684,632 |
| Recovery Support Services | $2,736,224 | $3,065,562 | $3,706,158 |
| Prevention and Health Promotion | $5,390,651 | $5,113,819 | $4,493,223 |
| **TOTAL** | **$18,472,463** | **$18,113,533** | **$18,213,533** |
| | | | |
| **Community Treatment Services** | | | |
| Outpatient | $3,112,427 | $2,085,919 | $2,085,919 |
| Methadone Maintenance | $239,158 | $243,601 | $243,601 |
| **TOTAL** | **$3,351,585** | **$2,329,520** | **$2,329,520** |
| | | | |
| **Residential Treatment** | | | |
| Residential Detox | $1,452,656 | $1,755,205 | $1,755,205 |
| Residential Intensive | $308,895 | $309,388 | $309,388 |
| Residential Long-Term | $3,993,397 | $4,396,031 | $4,496,031 |
| Shelter | $1,239,055 | $1,124,008 | $1,124,008 |
| **TOTAL** | **$6,994,003** | **$7,584,632** | **$7,684,632** |
| | | | |
| **Recovery Support Services** | | | |
| Case Management and Outreach | $2,161,091 | $2,250,731 | $2,250,731 |
| Vocational Rehabilitation | $529,538 | $529,521 | $529,521 |
| Ancillary Services/Transportation | $45,595 | $285,310 | $925,906 |
| **TOTAL** | **$2,736,224** | **$3,065,562** | **$3,706,158** |
| | | | |
| **Prevention and Health Promotion** | | | |
| Primary Prevention | $5,390,651 | $5,113,819 | $4,493,223 |
| **TOTAL** | **$18,472,463** | **$18,113,533** | **$18,213,533** |