SUBSTANCE USE PREVENTION, TREATMENT and

RECOVERY SERVICES BLOCK GRANT

ALLOCATION PLAN

FEDERAL FISCAL YEAR 2025

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

--, 2024

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

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

A. Purpose

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

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

B. Major Use of Funds

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

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

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

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

for the first time. The goal is to assess if the behavior of the target group can be reversed through education.

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

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

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

C. Federal Allotment Process

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

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

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

D. Estimated Federal Funding

The FFY 2025 SUPTRSBG Allocation Plan is based on the FFY 2024 funding level of $20,459,377. The United States Congress will not vote on the President's proposed FFY 2025 budget until later in FFY 2025. Therefore, this Allocation Plan has been based on the FFY 2024 SUPTRSBG funding level and contingencies have been contemplated should the final amount be significantly changed.

E. Total Available and Estimated Expenditures

The total SUPTRSBG funds available for FFY 2025 are $23,503,767. This is based on the actual FFY 2024 SUPTRSBG award of $20,459,377 plus the DMHAS carry forward funds of $3,044,390. Of this amount,

$19,880,683 is proposed to be expended for FFY 2025.

F. Proposed Allocation Changes from Last Year

Funding for Recovery Support Services is being increased to support expansions to the DMHAS Access Line which provides assessment, referral, and direct transport to SUD treatment services. Funding for Recovery Support Services is also being increased to enhance the capacity of employment services programs for individuals with substance use disorder and to expand support services to individuals with substance use disorder who are experiencing or at risk of homelessness.

Any other changes to allocations between FFY 2024 and FFY 2025 are due to the timing of payments for certain contracts or a change of funding source and do not reflect a reduction in services.

G. Contingency Plan

As previously stated, this Allocation Plan was prepared assuming that the FFY 2025 SUPTRSBG for Connecticut will be the same as the FFY 2024 SUPTRSBG amount: $20,459,377. In the event that the FFY 2025 federal award amount is less than $20,459,377, DMHAS will review their programs for utilization, quality and efficiency. Based on this review, reductions in the allocations would be assessed to prioritize those programs deemed most critical to public health and safety.

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

In accordance with section 4-28b of the Connecticut General Statutes, after recommended allocations have been approved or modified, any proposed transfer to or from any specific allocation of a sum or sums of over fifty thousand dollars or ten per cent of any such specific allocation, notification of such transfers shall be sent to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and to the committee or committees of cognizance, through the Office of Fiscal Analysis.

H. State Allocation Planning Process

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

To provide DMHAS leadership and the BHPC with requisite information to inform the allocation planning

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

Assessment of Prevention and Treatment Need

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

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

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

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

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

DMHAS conducts ongoing analysis of the treatment system through its internal data management information system – the Enterprise Data Warehouse (EDW). It is comprised of the Web Infrastructure for Treatment Services (WITS) for state-operated services and the DMHAS Data Performance DDaP system for DMHAS-funded services. These systems contain information on all licensed and state-operated substance use services providers within the state. Client data obtained at admission, during the course of treatment, and at discharge are analyzed to determine shifts in drug use patterns by demographics, geographic areas, client outcomes, and service system performance. Provider and program level data are made available quarterly on the Department's website in a "report card" format. These reports can be found at: EQMI-Provider Quality Reports Info (ct.gov). Additionally, statewide data from the system is organized into an Annual Statistical Report, which is available for the most recent state fiscal year (2023) at: https://portal.ct.gov/-/media/dmhas/eqmi/annualreports/annualstatisticalreport2023.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. This data can be found by visiting: http://preventionportal.ctdata.org/.

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

DMHAS is committed to supporting a comprehensive and unified planning process across its state-operated and funded mental health and substance use services at local, regional, and state levels. The purpose of this planning process is to develop an integrated and ongoing methodology to: 1) determine unmet mental health and substance use treatment and prevention needs; 2) gain broad stakeholder (persons with lived experience, advocates, family members, providers, and others) input on service priorities and needs; and 3) monitor ongoing efforts that result in better decision-making, service delivery, and policy-making.

RBHAOs are charged with identifying strengths, needs and gaps in mental health, substance use and problem gambling services across the lifespan on an annual basis. The process results in regional reports which identify priorities for each of the DMHAS service regions. Based on the rankings from these five regions during the 2022/2023 priority setting process, 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 electronic nicotine delivery systems (also called electronic cigarettes or vaping devices).

Triennial Report

While DMHAS functions as the lead state agency for substance use services, other state agencies, including the Departments of Children and Families, Public Health, Consumer Protection, Education, Veterans Affairs, Social Services, Correction and the Judicial Department's Court Support Services Division share in state efforts to address substance use issues. These efforts are reflected in the legislatively mandated Triennial Report. The most recent version of the Triennial Report, completed in 2022, is available at: https://portal.ct.gov/-/media/DMHAS/EQMI/2022-Triennial-Report-FINAL.pdf. This Triennial Report contains the state substance use plan, including goals, strategies, and initiatives to direct the focus for 2022-2024.

Alcohol and Drug Policy Council

The Alcohol and Drug Policy Council (ADPC), co-chaired by the Commissioners of DMHAS and the Department of Children and Families (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: Alcohol and Drug Policy Council (ct.gov). The current statewide plan to address the opioid epidemic was developed by Yale School of Medicine (Connecticut Opioid Response Initiative report) at the Governor's request and is in alignment with the efforts of the ADPC: https://portal.ct.gov/-/media/dmhas/publications/osac/core-report-for-osac-31224.pdf. DMHAS is currently working with Yale to update this plan and its findings will guide future statewide activities to address the opioid epidemic.

I. Grant Provisions

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

- Obligate and expend each year's SUPTRSBG allocation within two federal fiscal years
- Maintain aggregate state expenditures for authorized activities that are no less than the average level of expenditures for the preceding two state fiscal years
- Expend not less than 20% of the allocated funds for programs providing primary prevention activities
- Expend not less than 2%, but up to 5%, of the allocated funds for existing treatment programs to provide early HIV intervention services including: a) pre/post-test counseling; b) testing for the AIDS virus; and c) referral to therapeutic services if the state has an HIV rate greater than 10 new cases per 100,000 people. Since CY 2018, Connecticut's HIV infection rate has been below this threshold. As of the most recently available data (2022), Connecticut's HIV infection case rate was 7 new cases per 100,000. As a result, Connecticut is not required to expend SUPTRSBG funds on HIV early intervention services until the state's HIV rate is greater than 10 new cases per 100,000.
- Maintain the availability of treatment services for pregnant and parenting women, spending 10% of the Block Grant award above the FFY 1992 level
- Make available tuberculosis services to each individual receiving treatment for substance use
- Make available prenatal care and childcare to pregnant women and women with dependent children who are receiving treatment services in specialized women and children's programs
- Assure that preferential access to treatment is given to pregnant women who use substances
- Require that pregnant women who use substances that are denied access to substance use treatment services are provided with interim services, including TB and HIV education and counseling, referral to TB and HIV treatment if necessary, and referral to prenatal care
- Establish a management capacity program that includes notification of programs serving people who inject drugs (PWID) upon reaching 90% capacity
- Require that those individuals on waiting lists who are people who inject drugs be provided interim services, including TB and HIV education, counseling and testing, if so indicated

- Ensure that programs funded to treat people who inject drugs conduct outreach to encourage such persons to enter treatment
- Submit an assessment of statewide and locality-specific need for authorized SUPTRSBG activities
- Coordinate with other appropriate services, such as primary health care, mental health, criminal justice, etc.
- Have in place a system to protect patient records from inappropriate disclosure
- Provide for an independent peer review system that assesses the quality, appropriateness, and efficacy of SUPTRSBG-funded treatment services
- Require SUPTRSBG-funded programs to make continuing education available to their staff
- Enforce the state law prohibiting the sale of tobacco products to minors through random, unannounced inspections, in order to decrease the accessibility of tobacco products to those individuals under the age of 21.

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

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

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

I. Tables

Table A

Substance Use Prevention, Treatment, and Recovery

Services Block Grant

Recommended Allocations

PROGRAM CATEGORY	FFY 23 Expenditures	FFY 24 Estimated Expenditures	FFY 25 Proposed Expenditures	Percentage Change FFY 24 to FFY 25
Community Treatment Services	$2,534,528	$2,462,528	$2,462,528	0.0%
Residential Treatment Services	$2,446,162	$2,418,128	$2,343,229	-3.1%*
Recovery Support Services	$8,369,127	$9,373,085	$9,830,965	4.9%
Prevention & Health Promotion	$4,855,348	$5,574,334	$5,243,961	-5.9%**
TOTAL	**$18,205,165**	**$19,828,075**	**$19,880,683**	**0.3%**
	Sources of FFY 23 Allocations	**Sources of FFY 24 Allocations**	**Sources of FFY 25 Allocations**	**Percentage Change FFY 24 to FFY 25**
Federal Block Grant Funds	$20,463,616	$20,459,377	$20,459,377	0.0%
Carry Forward Funds	$154,638	$2,413,089	$3,044,390	26.2%***
TOTAL FUNDS AVAILABLE	$20,618,254	$22,872,466	$23,503,767	2.8%

*This does not reflect a reduction in services but a change in funding source. Certain DMHAS funded residential programs are now able to seek reimbursement through Medicaid as a result of an 1115 Waiver.
**This does not reflect a reduction in funding for these services. Change due to timing of payments for certain contracts that were intended for FFY 23 but made in FFY 24, which increased FFY 24 expenditures above original allocation. FFY 25 allocation is level with previous year allocation.
***DMHAS is retaining a larger carry forward in FFY 25 compared to previous years, to prepare for the end of various federal grants that were received during the pandemic. DMHAS is assessing how carry forward funds may be able to be used to sustain specific programs and services that are currently funded through these pandemic related grants.

Table B1

Substance Use Prevention, Treatment and Recovery

Services Block Grant: Community Treatment Services

Program Expenditures

Community Treatment Services	**FFY 23 Expenditures**	**FFY 24 Estimated Expenditures**	**FFY 25 Proposed Expenditures**	**Percentage Change FFY 24 to FFY 25**
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	$2,534,528	$2,462,528	$2,462,528	0.0%
TOTAL EXPENDITURES	**$2,534,528**	**$2,462,528**	**$2,462,528**	0.0%

Table B2

Substance Use Prevention, Treatment and Recovery

Services Block Grant: Residential Treatment Services

Program Expenditures

Residential Treatment Services	**FFY 23 Expenditures**	**FFY 24 Estimated Expenditures**	**FFY 25 Proposed Expenditures**	**Percentage Change FFY 24 to FFY 25**
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	$2,446,162	$2,418,128	$2,343,229	-3.1%
TOTAL EXPENDITURES	**$2,446,162**	**$2,418,128**	**$2,343,229**	**-3.1%***

*This does not reflect a reduction in services but a change in funding source. Certain DMHAS funded residential programs are now able to seek reimbursement through Medicaid as a result of an 1115 Waiver.

Table B3

Substance Use Prevention, Treatment and Recovery

Services Block Grant: Recovery Support Services

Program Expenditures

Recovery Support Services	**FFY 23 Expenditures**	**FFY 24 Estimated Expenditures**	**FFY 25 Proposed Expenditures**	**Percentage Change FFY 24 to FFY 25**
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	$8,369,127	$9,373,085	$9,830,965	4.9%
TOTAL EXPENDITURES	**$8,369,127**	**$9,373,085**	**$9,830,965**	4.9%

Table B4

Substance Use Prevention, Treatment and Recovery

Services Block Grant: Prevention and Health Promotion

Program Expenditures

Prevention & Health Promotion	**FFY 23 Expenditures**	**FFY 24 Estimated Expenditures**	**FFY 25 Proposed Expenditures**	**Percentage Change FFY 24 to FFY 25**
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private Agencies	$4,855,348	$5,574,334	$5,243,961	-5.9%
TOTAL EXPENDITURES	**$4,855,348**	**$5,574,334**	**$5,243,961**	**-5.9%***

*This does not reflect a reduction in funding for these services. Change due to timing of payments for certain contracts that were intended for FFY 23 but made in FFY 24, which increased FFY 24 expenditures above original allocation. FFY 25 allocation is level with previous year allocation.

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

Service Category: Community Treatment Services
Objective: *To ensure that treatment services are available in the community 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 SFY 23	Performance Measure
Opioid Treatment Programs: Persons with opioid use disorder receive methadone, counseling services, and withdrawal management in a non-residential setting.	14,141	Number of unduplicated clients served = 14,141 Percent of clients staying in treatment at least one year = 71% (goal = 50%)
Outpatient Treatment for Substance Use Disorder: Provided in or near the community where the individual lives, these programs provide a range of therapeutic services including individual, group, and family counseling. Some outpatient programs are designed to treat a specific population of clients such as parenting women or those with co-occurring mental health needs. Most often, these specialty programs provide more intensive outpatient services.	14,257	Number of unduplicated clients served = 14,257 Percent of clients with either abstinence or reduced drug use = 61% (goal = 55%)

Table C
Substance Use Prevention, Treatment and Recovery Services 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 SFY 23	Performance Measure
Withdrawal Management: Individuals with a substance use disorder whose severity requires medical supervision for withdrawal management are best treated in a residential program. Detoxification is sometimes seen as a distinct treatment level of care but is more appropriately considered a precursor of treatment, as it is designed to deal with the acute physical effects of substance use. Upon treatment completion, individuals are most often referred to other treatment services to continue their recovery.	5,526	Number of unduplicated clients served = 5,526 Percent of clients completing treatment = 80% (goal = 80%) Percent without readmission within 30 days = 86% (goal = 85%)
Residential Care for Substance Use Disorder: Residential treatment services are conducted in a 24-hour structured, therapeutic environment for varying lengths of stay from a few weeks to months. Treatment focuses on helping individuals examine beliefs, self-concepts, and patterns of behavior which promote drug-free lives. Most residential programs provide or have referral linkages to other support services (e.g., job training, housing, and primary medical care).	4,833	Number of unduplicated clients served = 4,833 Percent of clients completing treatment = 78% (goal = 80%) Percent without readmission within 30 days = 84% (goal = 85%)

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

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

Grantor/Agency Activity	Number Served SFY 23	Performance Measure
Case Management: Case managers collaborate with persons in the community to identify needs, enhance self-management, self-advocacy, coping skills, and assist with accessing and using services and supports. Specialized programs include services for co-occurring clients, seniors, Latino/a community, and parents who use substances and are involved with child protective services.	4,214	Number of unduplicated clients served = 4,214 Percent of clients completing treatment = 52% (goal = 50%) Percent of clients involved with self-help = 59% (goal = 60%)
Employment Services: Services include vocational evaluations, functional assessments, vocational counseling, job search assistance, and development of skills related to locating, obtaining, and maintaining employment.	864	Number of unduplicated clients served = 864 Percent of clients employed = 38% (goal = 35%)
Transportation: Includes dedicated call line for individuals seeking access to substance use treatment services. Individuals receive information, referral, and direct transport to and from treatment services including withdrawal management, residential treatment, and recovery houses.	Transports: 2,852 Calls: 31,375	Total number of transports: 2,852 Total calls received: 31,375 Call answer rate: 95.71% (goal: 95%)
Shelter: To provide temporary housing and supportive services to individuals who are homeless.	507	Number of unduplicated clients served = 507

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

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

Grantor/Agency Activity	Number Served SFY 23	Performance Measure
Implement evidence-based and data informed strategies that focus on the prevention of community problem substance use and mental health promotion utilizing the five-step Strategic Prevention Framework (SPF) through the **Prevention in CT Communities (PCC) Initiative.**	477,919	**266** services by CSAP strategy: - Community-based process: 49 - Education: 99 - Environmental: 47 - Information dissemination: 52 - Alternatives: 8
Develop and implement municipal-based alcohol and other drug prevention initiatives through **Local Prevention Councils**.	2,015,803	**1002** services by CSAP strategy: - Community-based process: 567 - Education: 422 - Information Dissemination: 13 -
Disseminate information via print, electronic media and mobile resource van on substance use, mental health and other related issues through the **Connecticut Center for Prevention, Wellness and Recovery** (Wheeler Clinic/Connecticut Clearinghouse).	2,856,071	**328** services by CSAP strategy: - Information dissemination: 290 - Education: 32 - Other*: 6
Support prevention efforts within the state by building the capacity of individuals and communities to deliver alcohol, tobacco and other drug use prevention services directed at schools, colleges, workplaces, media and communities though the **Governor's Prevention Partnership.**	2,135	**188** services by CSAP strategy: - Education: 153 - Information dissemination: 35
Assist providers/local communities in assessing prevention needs and coordinating resources to address these needs through **5 Regional Behavioral Health Action Organizations.**	1,395,065	**1118** services by CSAP strategy: - Community-based process: 849 - Education: 267 - Information Dissemination: 2

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

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

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

Grantor/Agency Activity	Number Served SFY 23	Performance Measure
Enforce state laws that prohibit youth access to tobacco products by inspecting retailers across the state in order to maintain a retailer violation rate at or below 20% through the **Synar Program**.	3,395 (Tobacco) 1,085 (ENDS)	- Synar retailer violation rate*: 13.1% - State retailer violation rate: 20.6% - 624 state citations - 863 fines assessed
Educate tobacco merchants, youth, communities and the general public about the laws prohibiting the sale of tobacco products to young people under the age of 21 through the **Tobacco Merchant & Community Education Initiative**.	193,490	**13** services by CSAP strategy: - Education: 13
Deliver training and technical assistance to communities and prevention professionals in community mobilization, coalition development, implementation of evidence-based strategies and environmental approaches to address substance use through the **Training and Technical Assistance Service Center (Cross Sector Consulting, LLP).**	1,253	**56** services by CSAP strategy: - Community-based process: 37 - Education: 19 - Information Dissemination: 1
Design and implement data collection and management systems; disseminate and utilize epidemiological data to promote informed decision-making through a data-portal, newsletter or social media; and provide technical assistance and training on evaluation-related tasks and topics through the **Center for Prevention, Evaluation and Statistics (University of Connecticut School of Medicine).**	600	**88** services by CSAP strategy: - Community-based process: 40 - Education: 4 - Information Dissemination:3 - Other**: 41

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

III. Proposed Expenditures by Program Category

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

Title of Major Program Category	FFY 23 ACTUAL Expenditures (including carry forward funds)	FFY 24 ESTIMATED Expenditures (including carry forward funds)	FFY 25 PROPOSED Expenditures (including carry forward funds)
Community Treatment Services	$2,534,528	$2,462,528	$2,462,528
Residential Treatment Services	$2,446,162	$2,418,128	$2,343,229
Recovery Support Services	$8,369,127	$9,373,085	$9,830,965
Prevention and Health Promotion	$4,855,348	$5,574,334	$5,243,961
TOTAL	**$18,205,165**	**$19,828,075**	**$19,880,683**
Community Treatment Services			
Outpatient Treatment	$2,036,118	$2,036,118	$2,036,118
Opioid Treatment Programs	$298,410	$426,410	$426,410
Crisis Hotline	$200,000	$0	$0
TOTAL	**$2,534,528**	**$2,462,528**	**$2,462,528**
Residential Treatment			
Withdrawal Management	$341,805	$341,805	$341,805
Residential Care for Substance Use Disorder	$2,104,357	$2,076,323	$2,001,424
TOTAL	**$2,446,162**	**$2,418,128**	**$2,343,229***
Recovery Support Services			
Case Management and Outreach	$3,790,417	$4,296,399	$4,296,399
Employment Services	$289,196	$531,109	$583,609
Ancillary Services/Transportation	$2,723,476	$2,979,541	$3,384,921
Shelter	$1,566,038	$1,566,036	$1,566,036
TOTAL	**$8,369,127**	**$9,373,085**	**$9,830,965**
Prevention and Health Promotion			
Primary Prevention	$4,855,348	$5,574,334	$5,243,961
TOTAL	**$4,855,348**	**$5,574,334**	**$5,243,961****

*This does not reflect a reduction in services but a change in funding source. Certain DMHAS funded residential programs are now able to seek reimbursement through Medicaid as a result of an 1115 Waiver.
**This does not reflect a reduction in funding for these services. Change due to timing of payments for certain contracts that were intended for FFY 23 but made in FFY 24, which increased FFY 24 expenditures above original allocation. FFY 25 allocation is level with previous year allocation.