

CONNECTICUT

State SSA Director

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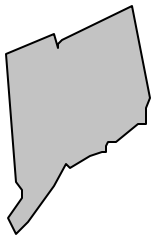
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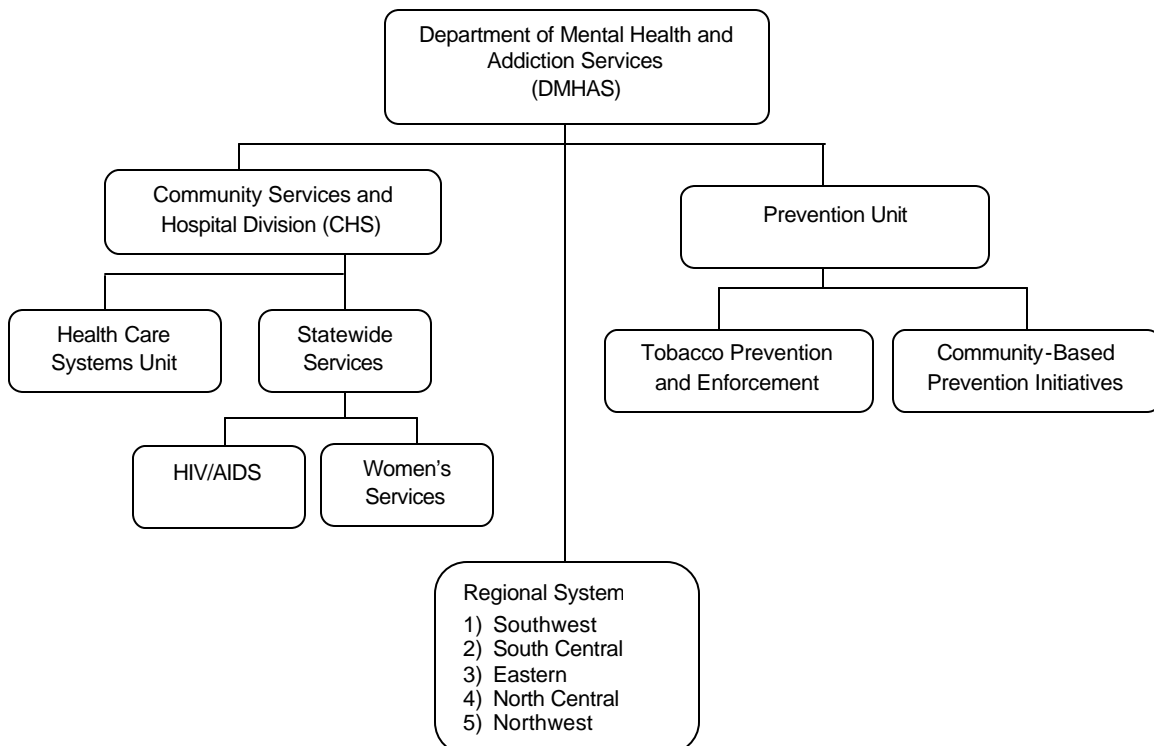
Structure and Function



The Department of Mental Health and Addiction Services (DMHAS) is the designated Single State Agency (SSA) for the prevention and treatment of alcohol and other substance abuse. Its mission is to improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective, and efficient mental health and addiction services that foster self-sufficiency, dignity, and respect. Substance abuse programs funded by DMHAS are organized into five regions. The Department's Prevention Unit oversees the delivery of prevention services through local providers. Treatment programs are administered through the

Health Care Systems Unit within the Division of Community Services and Hospitals (CSH). In addition, CSH has established the Women and Children's Program, and it offers HIV Early Intervention services in the context of substance abuse treatment to clients admitted to particular programs located in area with high rates of AIDS.

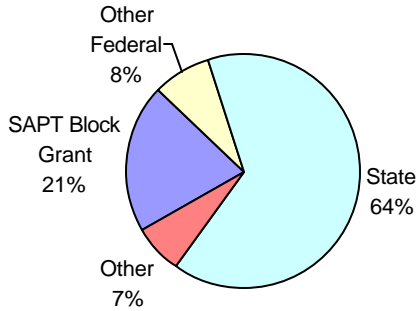
Single State Agency Structure



Single State Agency Funding Overview

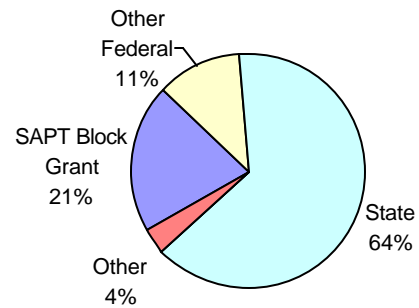
Connecticut's overall Single State Agency (SSA) funding has remained fairly constant over time increasing slightly from \$79.7 million in FY 2000 to \$81.7 million in FY 2003. SAPT Block grant funding has remained relatively stable during this time period, hovering at above \$16 million annually. State funds have consistently accounted for more than half of Connecticut's SSA funding and have consistently represented the largest funding component since FY 2000.

FY 2003 Expenditures by Funding Source

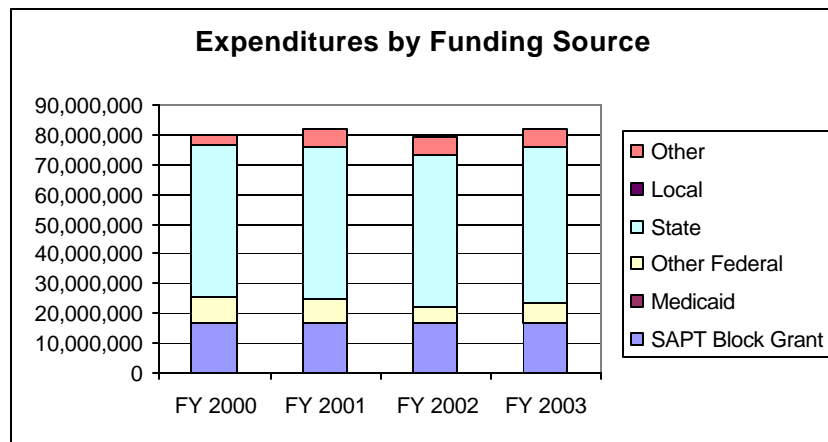


N=\$79,734,913

FY 2000 Expenditures by Funding Source



N=\$81,727,373



Single State Agency Expenditures From All Funding Sources

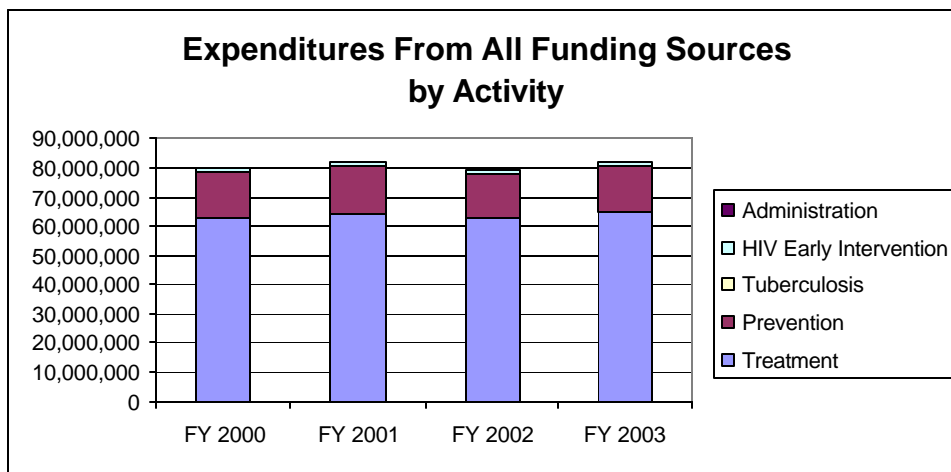
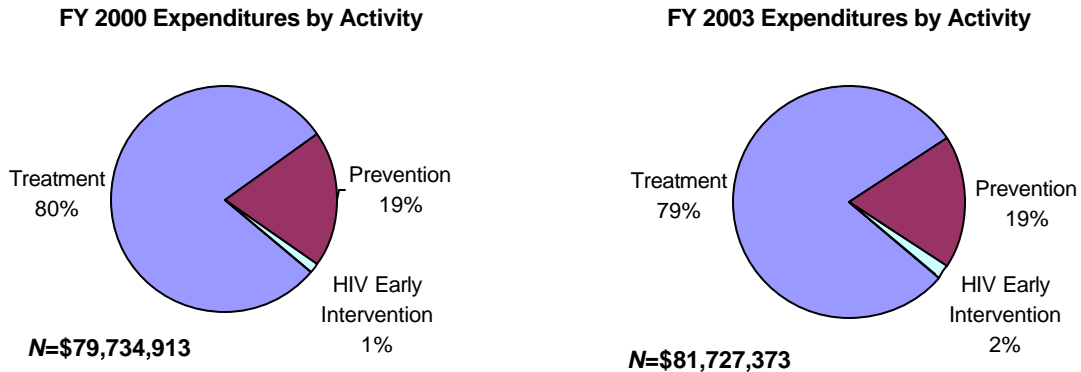
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	16,405,660	21	16,609,936	20	16,793,393	21	16,879,723	21
Medicaid	0	0	0	0	0	0	0	0
Other Federal	9,146,800	11	7,894,307	10	5,521,608	7	6,384,922	8
State	51,324,669	64	51,528,852	63	51,037,170	65	52,773,004	64
Local	0	0	0	0	0	0	0	0
Other	2,857,784	4	5,994,077	7	5,689,724	7	5,689,724	7
Total*	79,734,913	100	82,027,172	100	79,041,895	100	81,727,373	100

SOURCE: FYs 2003-2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

The majority of SSA funding was targeted toward treatment and rehabilitation activities from FY 2000 to 2003. Funding for treatment services remained stable, hovering at about 80 percent of total SSA funds. Funding for services also remained stable, accounting for 19 to 20 percent of total funds during this time period.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	51,404,748	65	64,124,295	78	62,794,807	79	65,261,577	79
Alcohol Treatment	4,644,218	6	0	0				
Drug Treatment	6,990,881	9	0	0				
Prevention	15,525,701	19	16,736,780	20	15,072,493	19	15,154,964	19
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,169,365	1	1,166,097	1	1,174,595	1	1,310,832	2
Administration	0	0	0	0	0	0	0	0
Total*	79,734,913	100	82,027,172	100	79,041,895	100	81,727,373	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

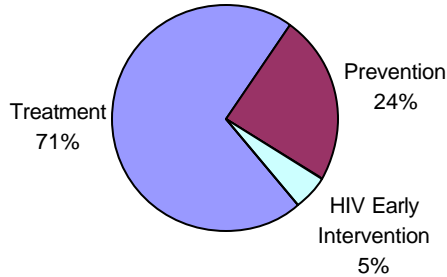
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

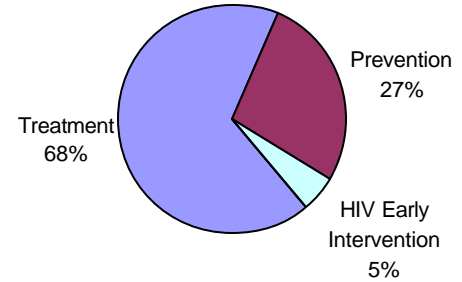
Funding allocations remained relatively stable over FYs 2000 to 2003: most of the Block Grant funds were spent on treatment and rehabilitation activities (ranging from 67 percent to 71 percent), while prevention consistently accounted for approximately one-quarter of total Block Grant expenditures. HIV early intervention services consistently accounted for 5 percent of SAPT Block Grant funds.

FY 2000 Block Grant Expenditures by Activity

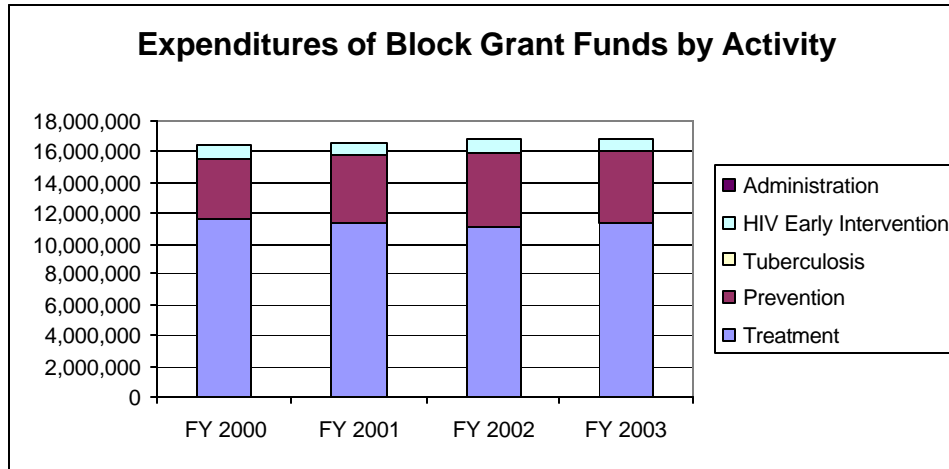


N=\$16,405,660

FY 2003 Block Grant Expenditures by Activity



N=\$16,879,723



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	11,446,829	69	11,176,506	67	11,418,255	68
Alcohol Treatment	4,644,218	28	0	0				
Drug Treatment	6,990,881	43	0	0				
Prevention	3,950,278	24	4,332,611	26	4,777,217	28	4,617,482	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	820,283	5	830,496	5	839,670	5	843,986	5
Administration	0	0	0	0	0	0	0	0
Total*	16,405,660	100	16,609,936	100	16,793,393	100	16,879,723	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

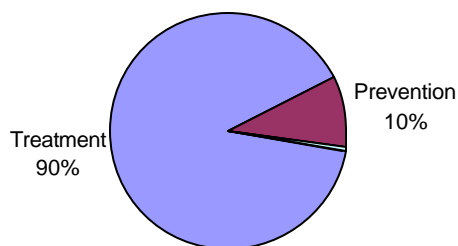
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

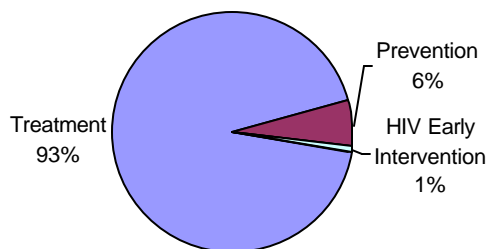
Connecticut contributed nearly \$53 million toward SSA activities in FY 2003. The vast majority of State funds were directed to treatment and rehabilitation activities (accounting for over 90 percent of total funding for FYs 2000 to 2003). Connecticut expended 10 percent or less of State funds on prevention services during the same time period.

FY 2000 State Expenditures by Activity

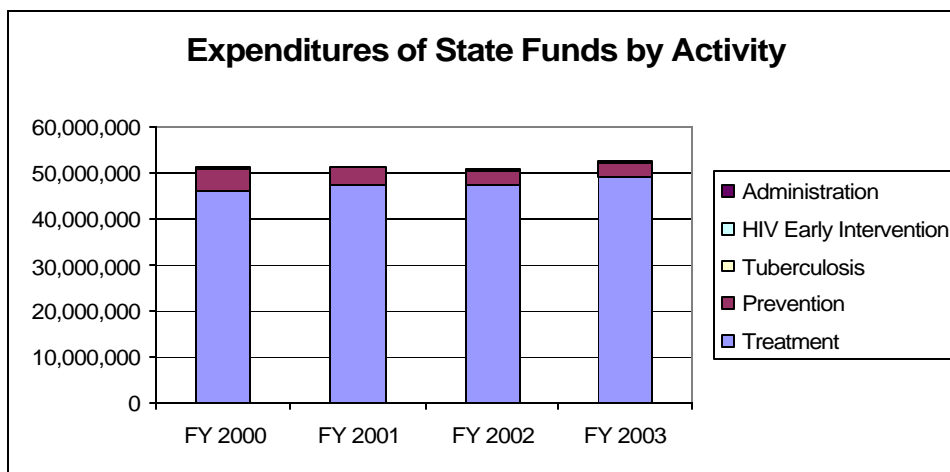


N=\$51,324,669

FY 2003 State Expenditures by Activity



N=\$52,773,004



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	46,065,224	90	47,470,775	92	47,423,081	93	49,250,158	93
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	5,032,158	10	3,722,476	7	3,279,164	6	3,056,000	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	227,287	0	335,601	1	334,925	1	466,846	1
Administration	0	0	0	0	0	0	0	0
Total*	51,324,669	100	51,528,852	100	51,037,170	100	52,773,004	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

Connecticut's prevention services are based on scientific models and best practices. They are provided through a comprehensive system that matches services to the needs of the individuals and local communities. This system builds the capacity of all individuals, organizations, and institutions within the State and empowers local communities to actively participate in substance abuse prevention.

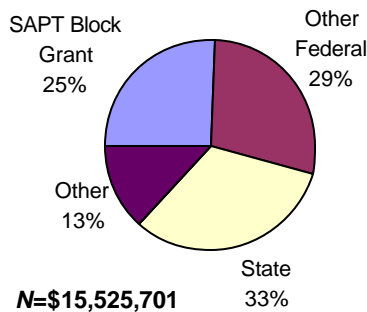
DMHAS administers and funds more than 100 prevention coalitions, and 60 community-based prevention programs provide services statewide or at the regional or local level. There are more than 130 local prevention councils, 14 regional action councils, multiple State university partnerships, and a tobacco prevention and enforcement program supporting Connecticut's prevention services network.

Prevention Funding and Expenditures

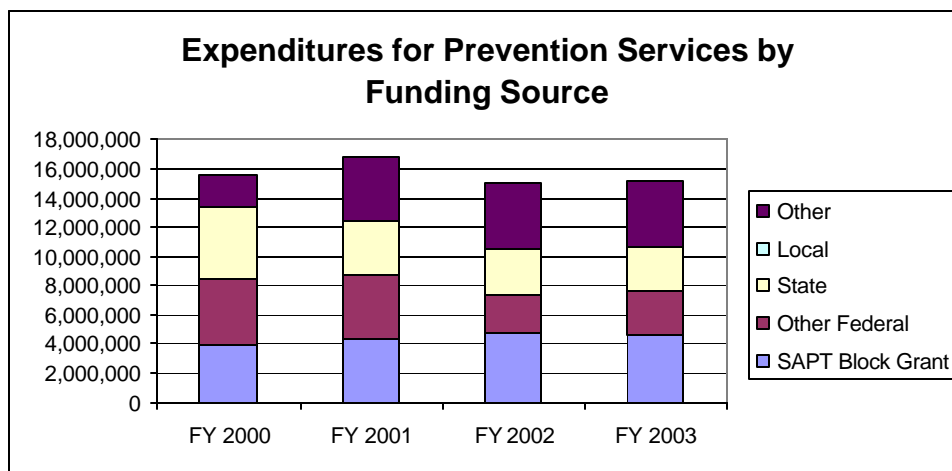
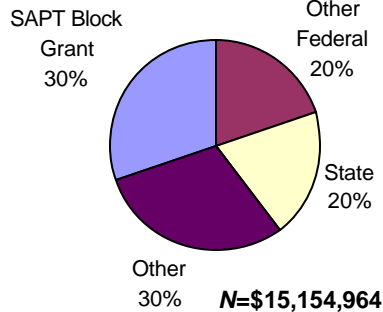
Connecticut consistently spent more than \$15 million on prevention services from FY 2000 to FY 2003 (peaking in FY 2001 at \$16.7 million). Funding from the SAPT Block Grant increased slightly during that time from 25 percent in FY 2000 to 30 percent in FY 2003. State and other Federal funding sources decreased during this time period from approximately 30 percent to 20 percent each.

The SAPT Block Grant funding per capita on prevention services increased from \$1.16 in FY 2000 to \$1.32 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	3,950,278	25	4,332,611	26	4,777,217	32	4,617,482	30
Other Federal	4,474,630	29	4,366,380	26	2,528,119	17	2,993,489	20
State	5,032,158	32	3,722,476	22	3,279,164	22	3,056,000	20
Local	0	0	0	0	0	0	0	0
Other	2,068,635	13	4,315,313	26	4,487,993	30	4,487,993	30
Total*	15,525,701	100	16,736,780	100	15,072,493	100	15,154,964	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

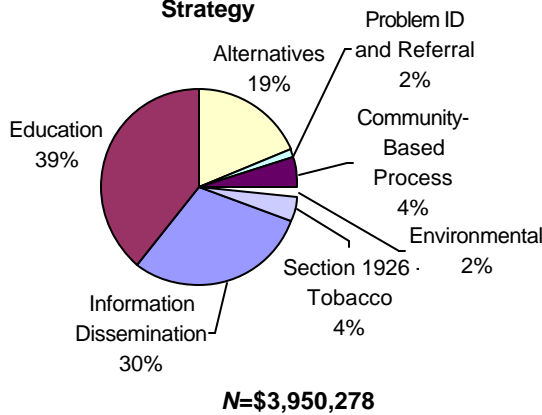
Examples of core prevention strategies supported by Block Grant funds:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include speaking engagements, media campaigns, and health fair materials distribution.
Education	Education includes peer leadership/helper programs, parenting and family management programs, and classroom or small group sessions.
Alternatives	Funds support youth/adult leadership activities, community drop-in centers, and intergenerational programs.
Community-Based Processes	Training on prevention strategies and theory and technical assistance in program development and implementation are provided.
Environmental	Environmental strategies include tobacco enforcement and compliance, public policy efforts (e.g., regulation, taxes, and legislative changes), and changing institutional norms (e.g., workplace, school, and community policies).
Problem Identification and Referral	Funds support student and employee assistance programs, aid for children of substance abusers, parent support groups, diversion and programs.

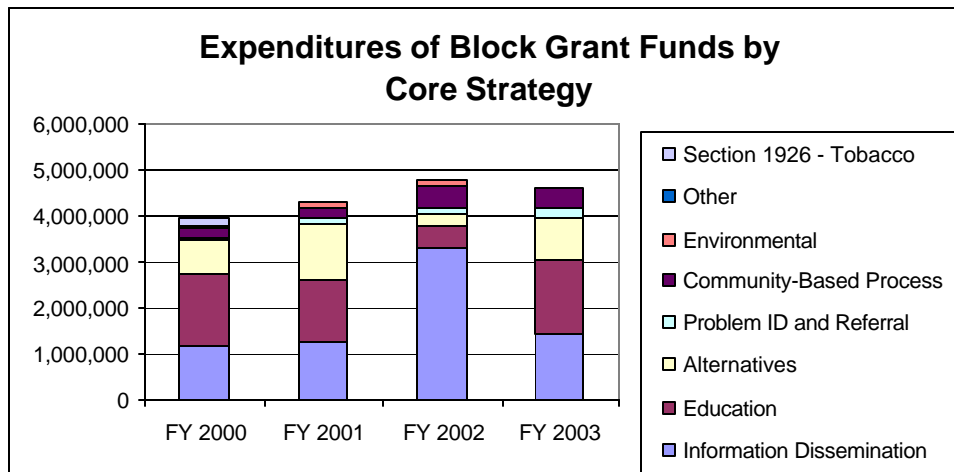
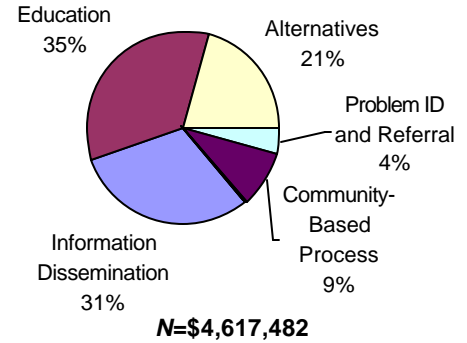
Expenditures of Block Grant Funds for Core Strategies

Education, information dissemination, and alternatives accounted the majority of the expenditures on CSAP core strategies for FYs 2000 to 2003. In FY 2002, information dissemination activities represented more than two-thirds of the expenditures, and education accounted for 10 percent of the prevention expenditures. The FY 2002 figures, however, appear to be a 1-year phenomenon.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	1,186,712	30	1,253,139	29	3,310,466	69	1,428,588	31
Education	1,553,689	39	1,357,290	31	483,360	10	1,595,913	35
Alternatives	743,665	19	1,237,767	29	253,502	5	953,197	21
Problem ID and Referral	73,958	2	110,442	3	154,596	3	205,263	4
Community-Based Process	177,025	4	230,380	5	471,635	10	416,058	9
Environmental	65,359	2	143,593	3	103,658	2	18,463	0
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	149,870	4	0	0	0	0	0	0
Total*	3,950,278	100	4,332,611	100	4,777,217	100	4,617,482	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Connecticut's substance abuse treatment system consists of a network of private and publicly operated programs. These programs provide a broad spectrum of addiction services including pre-treatment, residential detoxification, residential rehabilitation, outpatient, methadone maintenance and ambulatory drug detoxification, and ancillary support services. The DMHAS-funded and-operated programs (about 170 community-based programs; 3 inpatient facilities) serve medically indigent individuals. In addition, the needs of family members are incorporated into overall treatment program designs. Specialty programs (e.g., age-appropriate, cultural, and gender specific) are available and serve committed youth, women, and persons of color.

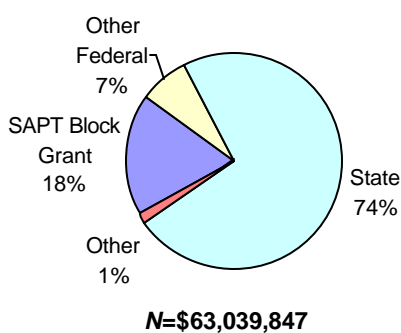
The treatment system has many accomplishments, such as the following: enacted legislation mandating substance abuse parity for group and individual health insurance; developed, in cooperation with other State agencies, a common data bank for maintaining State substance abuse data; expanded the Jail Re-interview program to enhance the utilization of community-based treatment resources; and changed the State mandatory minimum sentencing statutes giving judges greater discretion for sentencing non-violent drug offenses.

Treatment Funding and Expenditures

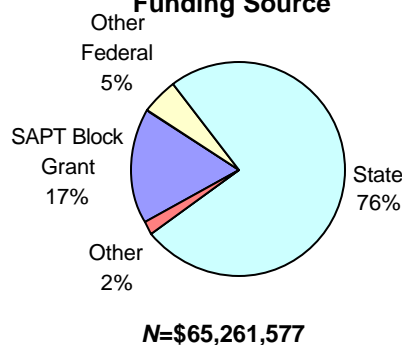
The majority of funding for treatment and rehabilitation for FYs 2000 through FY 2003 came from the State. During this time period, the amount contributed by the State increased, both in dollar amount (from \$46.1 to \$49.3 million) and in proportion of total funding (from 74 to 76 percent). Funding from the Block Grant remained fairly stable during this time period, while funding from other Federal sources decreased.

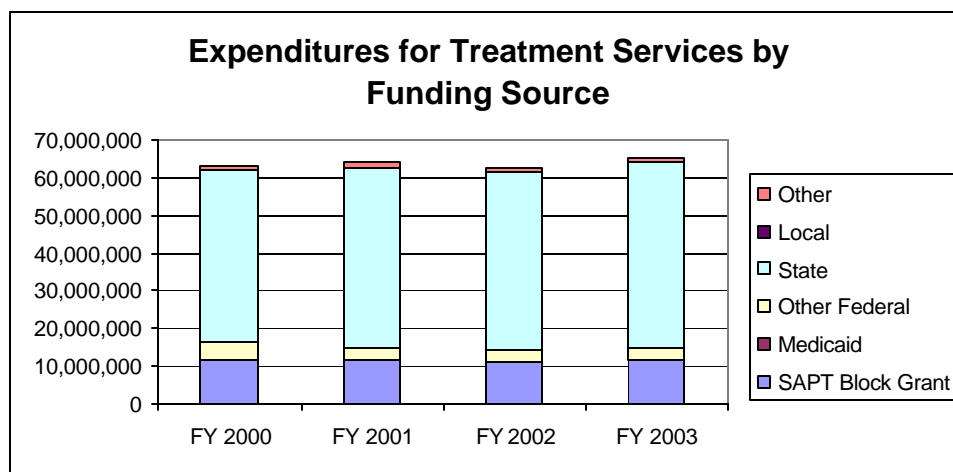
The Block Grant funding per capita for treatment and rehabilitation services in Connecticut declined slightly, from \$3.41 in FY 2000 to \$3.28 in FY 2003.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	11,635,099	18	11,446,829	18	11,176,506	18	11,418,255	17
Medicaid	0	0	0	0	0	0	0	0
Other Federal	4,550,375	7	3,527,927	6	2,993,489	5	3,391,433	5
State	46,065,224	73	47,470,775	74	47,423,081	76	49,250,158	75
Local	0	0	0	0	0	0	0	0
Other	789,149	1	1,678,764	3	1,201,731	2	1,201,731	2
Total*	63,039,847	100	64,124,295	100	62,794,807	100	65,261,577	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Connecticut's SAPT Block Grant application indicates that nearly 36,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=35,905)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	1,299	1,203	5
Free-standing residential	3,864	7,698	11
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	400	454	2
Short-term residential	913	1,541	2
Long-term residential	848	2,031	2
Ambulatory (Outpatient)			
Outpatient (methadone)	0	3,015	1
Outpatient (non-methadone)	4,393	4,615	58
Intensive outpatient	1,041	1,715	1
Detoxification (outpatient)	117	676	0
Total	12,875	22,948	82

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 44,000 admissions (where at least one substance is known), of which more than 8,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	8,206	18.9
Alcohol in combination with other drugs	35,803	19.1
Total	44,009	19.0

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 80,000 persons aged 12 and older (2.8 percent of Connecticut's population) needed, but did not receive, treatment for illicit drug use in Connecticut.

Treatment Gap by Age Group

Measure	2002–2003			
	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.44	5.24	18.16	4.90
Needing but not receiving treatment for illicit drug use	2.81	5.05	8.19	1.73

SOURCE: National Survey on Drug Use and Health; 2002–2003; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Connecticut maintains five Health and Human Services Delivery Areas (HHSDAs) to plan prevention and treatment services. Regional planning and coordination infrastructure is strengthened by Regional Action Councils (RACs). These subregional organizations consist of public-private partnerships charged with program development and coordination.

The Connecticut Alcohol and Drug Policy Council (ADPC), a legislatively mandated public/private stakeholder body, developed the Statewide Interagency Substance Abuse Plan (SISAP) to guide Connecticut's prevention and treatment service delivery system. The SISAP identifies strategies for developing and implementing a comprehensive, statewide multi-agency blueprint for substance abuse prevention, treatment, and enforcement.

Prevention and treatment needs assessment data are obtained from multiple sources: (1) the Adult Household Survey that provides prevalence estimates; (2) a survey of all prevention providers to identify priority populations, service gaps, and barriers; (3) a DMHAS survey of regional providers and RACs; (4) an assessment of current data infrastructure; (5) a study on the need for treatment among probationers; and (6) an analysis of administrative client-level treatment data.

Evaluation

The State supports and conducts evaluations of its prevention and treatment activities and programs. The prevention evaluation design, conducted by the University of Connecticut Health Center, focuses on documenting activities and accomplishments of the Governor's Prevention Initiative for Youth. In addition, the evaluation assesses State-, regional-, and community-level changes in the prevention delivery system that strengthens the use of science-based strategies. Treatment evaluation activities include conducting surveys and examining pre-existing data, such as the Connecticut Youth Tobacco Survey 2000 and the Social Indicators Data: Connecticut's 169 Towns.

The DMHAS Health Care Systems and Quality Management and Improvement units are responsible for monitoring the performance of behavioral health treatment programs that receive both grant and fee-for-service funding from the Department. These units work directly with private, nonprofit substance abuse treatment providers primarily through Regional Teams located across the State.

Primary mechanisms for performance monitoring include a minimum of biannual analyses of provider data, onsite reviews, and consumer satisfaction surveys. Contracted agencies that are found to have deficiencies in any of the above areas are considered to be "under review" and are requested to submit corrective action plans. These plans are reviewed and monitored until satisfactory compliance is achieved.

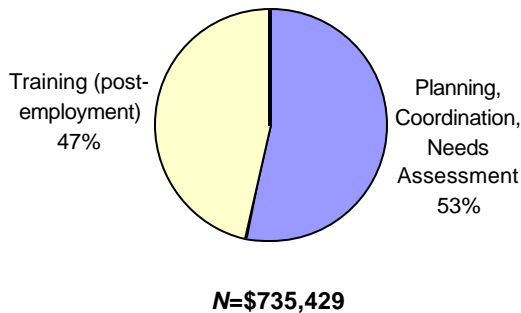
Training and Assistance

The DMHAS Training Collaborative provides training on prevention and treatment issues. The prevention training courses are based on an annual provider survey, and follow performance and certification requirements. In addition, the Multicultural Leadership Institute provides training on multicultural issues, and the Connecticut Assets Network provides training on youth and community asset building. With respect to treatment, the DMHAS Education and Training Division, collaborates with the Wheeler Clinic to provide training on co-occurring and substance use disorders and other areas of treatment. Also, DMHAS implemented a Recovery Institute that provides a range of evidence-preferred practice courses.

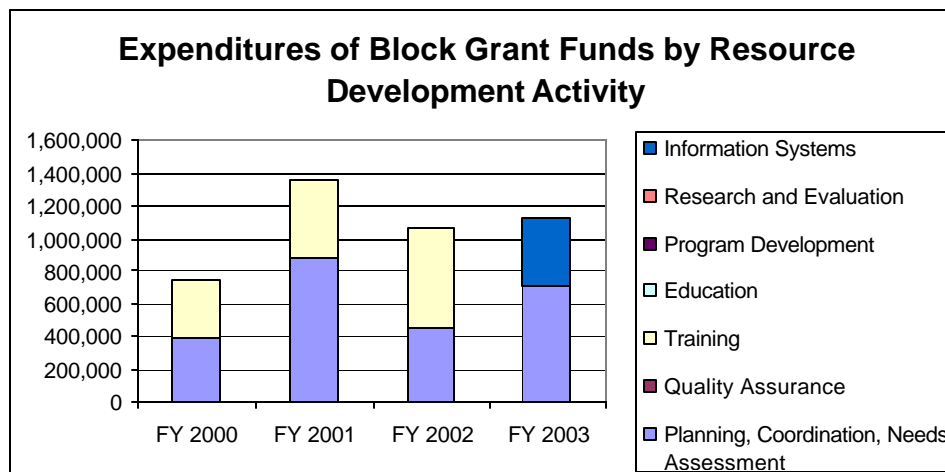
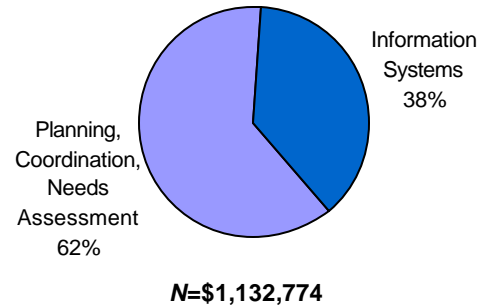
Expenditures of Block Grant Funds for Resource Development Activities

Connecticut spent over \$1.1 million on prevention-related resource development activities with SAPT Block Grant funds in FY 2003. Planning, coordination, and needs assessment activities account for the bulk of those funds (62 percent). Since FY 2000, planning, coordination and needs assessment and training activities have been flip-flopping as Connecticut’s number-one and number-two priorities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	391,767	53	873,536	64	445,369	42	703,582	62
Quality Assurance	0	0	0	0	0	0	0	0
Training	343,662	47	482,060	36	621,229	58	0	0
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	429,192	38
Total*	735,429	100	1,355,596	100	1,066,598	100	1,132,774	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$5.5 million in 25 discretionary grants to entities in Connecticut during FY 2004. The largest single award of funds was for a State Prevention Framework State Incentive Grant (SPF SIG) (\$2.3 million), which is intended to develop and enhance State prevention infrastructure.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Award	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	20	1,740,003
Drug Free Communities Mentoring	1	49,437
HIV/AIDS Cohort 3 Series	1	348,679
SPF SIG	1	2,350,965
State Incentive Cooperative Agreement	1	750,000
Total for Prevention	25	5,531,440

SOURCE www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$12 million in 13 discretionary funds to Connecticut. The largest single source of funds was the Access to Recovery (ATR) grant that provides new resources to expand treatment capacity, encourage client choice, and strengthen recovery support services.

Center for Substance Abuse Treatment Discretionary Awards in for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Effective Adolescent Treatment	3	680,001
Recovery Community Support – Recovery	1	350,000
State Data Infrastructure	1	100,000
Strengthening Communities – Youth	1	750,000
Targeted Capacity – HIV/AIDS	5	2,253,587
TCE Innovative Treatment	1	500,000
Total for Treatment	13	12,225,311

SOURCE: www.samhsa.gov