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NASADAD

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS

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CONNECTICUT

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately $20 million. Connecticut's FY 2007 SAPT Block Grant allocation is $16.8 million.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. Connecticut reports the following treatment outcomes for State Fiscal Year 2006:

- From admission to discharge, there was a 25.3% increase in full or part time employment
- From admission to discharge, there was a 33.1% decrease in homelessness
- At discharge, 74.4% of clients reported no alcohol use in the last 30 days
- At discharge, 65.9% of clients reported no drug use in the last 30 days

Family Treatment

In addition to services women can receive at co-ed treatment facilities, Connecticut funds 16 facilities across the State that offer gender specific specialty programs that most often permit a woman to bring at least one of her children into the facility. Each year, these facilities provide care to over 450 women and children with outpatient, residential and methadone maintenance services. Beyond treatment for substance abuse, these facilities offer specialty services such as HIV/AIDS testing, transportation assistance, access to primary health care, prenatal, delivery, and post-partum care, family support services and others.

Prevention Services

Approximately 78,300 individuals received services from Connecticut's SAPT Block Grant prevention set-aside. The set-aside represents 39% of Connecticut's prevention budget. Prevention efforts have been successful in Connecticut in reducing the percentages of persons engaging in high-risk behaviors. Some examples include:

- After an increase in marijuana use throughout the 1990s, the 2002 GPIY Student Survey found that use of alcohol and other drugs among middle and high school students had decreased. In particular,
  - alcohol use among 7th-8th graders decreased 13.5%
  - alcohol use among 9th and 10th graders decreased 7.3%
  - inhalant use among 7th-8th graders decreased 2.4%
  - inhalant use among 9th-10th graders decreased 3.7%
- Data on cigarette smoking show a six-year decline among individuals 12 and older. The most recent statistics on tobacco use among Connecticut's youth show that 12% of 7-8th graders and 22% of 9-10th graders are current cigarette smokers, down from 41.7% and 59.8% respectively since 1997.

Connecticut Quick Facts

Treatment Admissions

- 18,309 clients served in FY 2006 (SAPT Funded Programs only)
- **Primary drug reported at admission:**

Heroin	39.9%
Alcohol	31.8%
Marijuana/Hashish	8.5%
Cocaine	5.0%
Crack	6.6%
Other Opiates	3.6%

- **Age:**

18-21	8.3%
22-24	9.7%
25-29	13.4%
30-39	28.9%
40-49	28.9%
50-59	8.1%
60-64	0.7%
65 and Up	1.0%

- **Race:**

White	59.1%
Black	18.1%
Asian	0.5%
Amer.Ind./ Alaskan Native	0.7%
Native Hawaiian/ Pacific Is.	1.2%
Other	20.4%

- **Ethnicity:**

Non-Hispanic	57.3%
Puerto Rican	12.2%
Mexican	2.0%
Other Hispanic	7.2%
Unknown	13.3%

- **Gender:**

Male	69.8%
Female	30.0%

Treatment Gap

- In 2004, it was estimated that 7.6% (190,000) adults were in need of treatment, with about 20% receiving it.

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability

Prevention: Prevention providers are held to program standards of service for all participants and provide a set of expectations for excellence in prevention programming. Areas addressed by the standards include human relationships, program planning, activities, safety and health, settings, program implementation, evaluation, and program administration. Additionally, providers are required to submit monthly data on services provided. Prevention staff conduct quarterly telephone meetings to assess progress in programming and conduct site visits annually to validate activities, assess continuing agency capacity, determine technical assistance needs, and substantiate eligibility for continued funding.

Under-performing prevention programs are given an opportunity to refocus efforts based on assessments of communities and the capacity and willingness to implement interventions. These programs are put on corrective action where specific activities and timelines are identified to improve performance. Unsuccessful completion of a corrective action plan results in a discontinuation of funds.

Treatment: Connecticut uses a number of Performance Measures developed and monitored by the department's Quality Division for each contracted service. Performance report cards will be eventually developed and shared with contractors. "Enhanced" rates are being considered as a possible incentive for providers delivering certain evidenced based or high quality services.

Presently, reports are used to evaluate numbers of clients served and the quality of data that is being submitted. On-site visits are conducted with providers when the State has reason to further verify or investigate providers' data reports. DMHAS requests Corrective Action Plans from providers when areas of concern are noted during on-site reviews or upon data review. DMHAS regional teams and/or the quality unit monitor compliance with these plans. Failure to comply places a program under special review status and can result in an adjustment to their contract.

A Solid Economic Investment

According to the National Institute on Drug Abuse (NIDA) and the Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was $328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the county regain their lives and families.

Using data from the Connecticut Department of Correction and the Connecticut Department of Mental Health and Addiction Services (DMHAS), Connecticut compared the cost-effectiveness of four tiers (levels) of substance abuse treatment programs for a sample of 831 offenders who were released during SFY1996/1997. The benefits to the State of Connecticut correctional system alone, measured in terms of the costs of avoided re-incarcerations, were from 1.8 to 5.7 times the cost of implementing the programs, ranging from $20,098 (Tier Four) to $37,605 (Tier Two).

A 2003 Biennial report to the legislature found the following:

- The net return on investment in Tier programs ranged from $5,780 for Tier 1 to $38,487 for Tier 3.
- Completion of Tier programs resulted in greater reductions in re-arrest rates, and persisted over a longer period of time. At 18 months, 57% of non-attendees had been re-arrested, compared to 29% of those who completed any Tier.

A DMHAS study released in 2004 regarding the impact of treatment on employment of 3,000 persons found the following:

- Persons in recovery increased their wages from $815 to $1,624 (almost 100%) from admission to one year post treatment.
- Those receiving vocational or educational services while in treatment experienced a 263% increase in quarterly wages two years after treatment compared to a gain of 115% increase for those not receiving similar services.

NASADAD

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