



## STATE PREVENTION SYSTEM

### Structure and Organization

The Department of Mental Health and Addiction Services (DMHAS) was formed in July 1995 by a merger of the Addiction Services Division of the Department of Public Health and Addiction Services, and the Department of Mental Health. Alcohol, tobacco, and other drug (ATOD) prevention services are placed under the Division of Prevention/Intervention within the DMHAS.

Connecticut's prevention concepts embrace a basic public health model, incorporate a systems approach, and reflect a paradigm of empowering local communities to actively participate in substance abuse prevention throughout the State. The DMHAS substance abuse prevention service system is organized to ensure that Connecticut youth, families, workplaces, schools and communities have access to high quality and effective prevention programs. DMHAS' prevention service system is comprised of five major components: (1) six Statewide Service Delivery Agents that undergird and support prevention programs statewide, known as the Prevention Infrastructure; (2) ten Research Diffusion Projects aimed at testing prevention strategies with specific populations; (3) 120 Local Prevention Councils providing primary prevention strategies; (4) two statewide Robert Wood Johnson Foundation Coalitions addressing tobacco and alcohol issues among underaged youth; and (5) three children of substance abuser projects serving high risk youth and their families.

DMHAS' prevention infrastructure includes the following six statewide delivery agencies:

- **Regional Action Councils (RACs)** – These are 13 public/private sub-regional planning and action councils that take responsibility for the planning development and coordination of substance abuse services within 13 of the 15 regions.
- **The CENTER** – The CENTER is a training resource that delivers training and technical assistance to substance abuse and mental health providers.
- **The Connecticut Clearinghouse** – The Connecticut Clearinghouse is a comprehensive information resource center that makes available thousands of books, tapes, and printed reports. It also provides electronic access to information on substance abuse.
- **Drugs Don't Work!** – This is a statewide organization of government and business leaders designed to change the attitudes and behaviors of Connecticut youth and adults towards substance use and increase the state's capacity to deliver prevention programs through its School, Campus, Workplace and Media partnerships.
- **Connecticut Institute for Cultural Literacy and Wellness** – This is a statewide coalition dedicated to promoting culturally and linguistically proficient services regarding the prevention of alcohol, tobacco and other drugs and other related problems among African Origin and Latino populations.
- **Connecticut Assets Network** – This represents a network of individuals that promote the integration and successful use of strength-based strategies to build healthy communities and youth.

These six entities contribute to a model of prevention that seeks to educate and empower individuals in order to integrate State ATOD prevention activities within their communities and ensure access to all citizens.

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Other elements of the DMHAS Prevention System are described below:

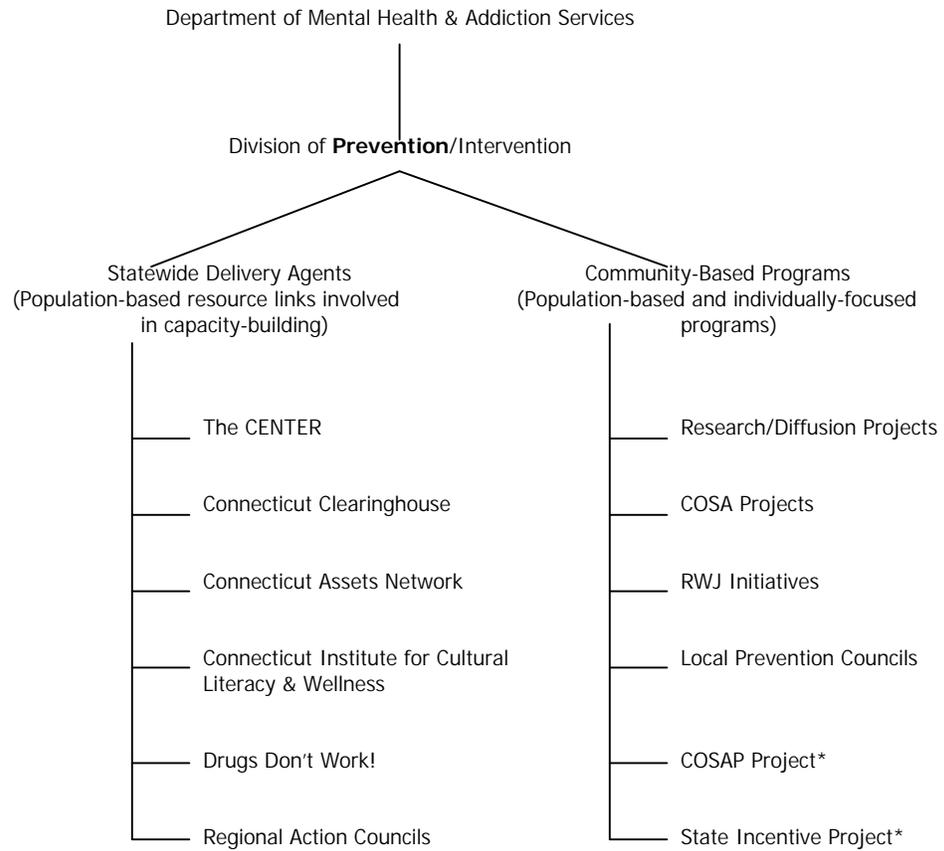
- **Research/Diffusion Projects** – The Research/Diffusion Initiative was created to apply the innovations developed from Research and Demonstration Programs to new and different populations. The ten funded projects under this initiative are aimed at utilizing multiple prevention strategies and other national research-based best practices with specific populations on a regional basis. The Pacific Institute for Research and Evaluation (PIRE) recently completed the first year's assessment of the Diffusion Projects. PIRE has made recommendations that will assist DMHAS and the Research/Diffusion Projects in achieving increased success in the "up-scaling" process of specific programs. DMHAS will be reviewing these recommendations and will incorporate them in future plans.
- **Local Prevention Councils** – This initiative supports 120 local, municipal-based alcohol, tobacco, and other drug (ATOD) abuse prevention councils. The intent of this program is to facilitate the development of ATOD abuse prevention initiatives at the local level with the support of Chief Elected Officials. The specific goals of the initiative are to increase public awareness of ATOD prevention and stimulate the development and implementation of local prevention activities, primarily focused on youth.
- **Robert Wood Johnson Initiatives** – DMHAS provides in-kind support and funding dollars to two statewide coalitions: 1) The Connecticut Coalition To Stop Underage Drinking which is focused on reducing underage access and use of alcohol; and 2) The Mobilize Against Tobacco for Children's Health (MATCH) Coalition whose goal is to reduce underage access to tobacco products and use among Connecticut's youth. DMHAS has refocused a portion of the efforts of its Prevention Infrastructure, Prevention Diffusion Programs and LPC programs to support the work of these two important coalitions.
- **Children of Substance Abusers (COSA)** – Three COSA projects were established to provide prevention services to the children of clients in the DMHAS-funded substance abuse treatment system. These services include psycho-educational groups, life skills groups and support services. The COSA projects utilize alternative activities to engage and retain children in the program.

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### Organizational Chart



\* Federal initiatives that are not Block Grant-funded.

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**FUNDING AND RESOURCES**

Year (FFY)	State Funding	SAPT Funding	20% Set-aside
1993	\$2,285,304	\$13,855,083	\$2,791,252
1994	2,521,956	13,855,083	2,813,745
1995	3,030,305	13,401,696	2,671,128*

\*Although the amount reported by the State is less than the 20%, subsequent review by State Auditors has shown that the prevention set-aside was met.

**Allocation of Funds**

CSAP Strategy	FFY 1993	FFY 1994	FFY 1995
Information Dissemination	\$723,045	\$630,323	\$847,835
Education	1,254,230	1,088,990	368,607
Alternatives	113,433	388,921	392,983
Problem Identification and Referral	0	0	27,612
Environmental	91,664	63,023	209,499
Community-based Process	599,553	608,376	265,413
Other*	9,327	34,112	559,179

\*The State attributed expenditures in the "Other" category to Resource Development activities.

Resource Spending*	FFY 1993	FFY 1994	FFY 1995
Planning, Coordination, and Needs Assessment	\$134,246	\$94,434	\$82,345
Quality Assurance	0	0	0
Training (post-employment)	876,750	370,000	476,834
Education (pre-employment)	0	0	0
Program Development	306,648	347,374	0
Research and Evaluation	0	0	0
Information Systems	0	0	0

\* Some expenditures fell outside the set-aside.

**Substate entities receiving set-aside funds for prevention service delivery**

- 13 Regional Action Councils
- 120 local prevention councils
- 169 towns
- 5 statewide delivery agents
- 2 statewide coalitions
- 15 community-based agents

**Average amount of grant/contract:**

- FFY 1993 - \$35,360
- FFY 1994 - \$18,663
- FFY 1995 - \$16,630

**Per-capita 20% set-aside spending (population):**

- FFY 1993 - \$0.85
- FFY 1994 - \$0.86
- FFY 1995 - \$0.64

**Staff/Volunteers designated and supported by set-aside funding and level:**

- FFY 1993 -
  - State: 3 FTE/0 Volunteers
  - Regional: 32.8 FTE\*/0 Volunteers
  - Local: N/A\*\*
- FFY 1994 -
  - State: 4 FTE/0 Volunteers
  - Regional: 32.8 FTE\*/0 Volunteers
  - Local: N/A
- FFY 1995 -
  - State: 4.5 FTE/0 Volunteers
  - Regional: 32.8 FTE\*/0 Volunteers
  - Local: N/A

\*See Endnotes

\*\*N/A=Information not available from State.

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## PROGRAMS AND SERVICES

### Definition of Prevention:

Prevention, as defined by the audience being addressed, falls into three categories. "**Universal** programs reach the general population (e.g., all students in a school). **Selective** programs target groups at risk or subsets of the general population (e.g., children of drug users, poor school achievers). **Indicated** programs are designed for people who are already experimenting with drugs or who exhibit other risk-related behaviors."\* Although agencies have used a variety of prevention models, including asset building, public health, social development, and deficit-focusing in developing their programs, the activities may be employed in more than one such model.

\*Definition developed by the National Institute on Drug Abuse.

### Does the State have prevention plan?

Connecticut currently has the *Framework for a Statewide, Comprehensive Alcohol and Other Drug Abuse Prevention System*. The State is in the process of developing a Coordinated Interagency Statewide Prevention Plan through the Alcohol and Drug Policy Council (a non-partisan, legislatively-mandated body). This plan will be submitted to the Governor and General Assembly for approval in February 1999.

### Target populations for prevention services:

- Minority youth
- Public housing residents
- Children/adult children of substance abusers

### Total Number served:

- FFY 1993 – N/A\*
- FFY 1994 – N/A
- FFY 1995 – 800,000

\*Data not available from State.

### Programs funded:

Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Information dissemination	1/8,394	1/10,221	1/7,000	Statewide delivery agents; community-based programs
Community-based programs*	15/29,662	15/27,572	15/31,768	Children of Substance Abusers; Local Prevention Councils; Research/Diffusion Projects
Local prevention councils	120/169 Towns	120/169 Towns	120/169 Towns	Municipal Prevention Councils; Youth Service Bureaus; Local Substance Abuse Task Forces

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Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Research/Diffusion projects	0/0	0/0	11/2,319	Natural Helpers Program; Curriculum Infusion Program; Social Contracting & Action Research; Asset Building; Inter-generational programs

\*State- and Block Grant-funded programs.

## DATA COLLECTION ACTIVITIES

### Results currently available on prevention programs funded by the 20% set-aside (including needs assessments and data collection):

DMHAS collects process data (documentation of program activities via quarterly process reports) and outcome data (short-term program effects via "results mapping"). DMHAS also collects information on the number of individuals served through a quarterly reporting process.

"Results mapping" is a new addition to the evaluator's tools, serving as a needed bridge between process and outcome evaluation approaches. Results mapping focuses on interim client outcomes that are catalyzed by program staff actions, actions which can lead to the attainment of longer-term outcomes. A mapping system is used to document the key steps taken to produce these results. A scoring system is used to rate each result in terms of its immediate and potential longer-term impact on clients. These scores reflect how much, and how well, clients have been helped toward achieving longer-term outcomes. Analysis of such mapping data helps pinpoint the program's relative successes and shortfalls. It also suggests the types of program adjustments that are needed to catalyze more and higher-level interim results and thus contribute to greater or faster progress toward longer-term outcomes.

Other data collection activities, funded outside the realm of the 20% prevention set-aside, are discussed in the Endnotes.

## **SUPPORT SERVICES**

### **Training and Technical Assistance:**

One of the agencies under DMHAS, The CENTER, serves as a comprehensive training center for professionals and volunteers in substance abuse prevention, intervention, community mobilization, and treatment. The CENTER relies on a small staff of internal trainers, as well as a cadre of external consultants who possess statewide expertise in the substance abuse field. Other members of the DMHAS Prevention Infrastructure (e.g., Regional Action Councils, Connecticut Clearinghouse) all support statewide and community prevention action through training and technical assistance designed to infuse new technologies and best practices. Specific examples of the training and technical assistance offered by Connecticut's prevention infrastructure are provided in the Endnotes section of this profile.

### **Certification Activities:**

Connecticut utilizes an independent State Certification Board for substance abuse prevention professionals. The purpose of the certification is three-fold:

- To establish and recognize basic standards for professional competence
- To establish the credibility of the prevention profession
- To provide standards for the evaluation of persons seeking employment in the prevention field

Two levels of certification exist:

- Certified Prevention Professionals (CPP) – available for degreed and non-degreed persons meeting certain education training and experience requirements
- Associate Prevention Professional (APP) – requires no degree and is intended for prevention workers who are relatively new to the field

### **Endnotes**

The DMHAS Division of Prevention/Intervention also oversees two recent Federal initiatives that are not Block Grant-funded:

- **State Incentive Project (SIP)** – The SIP has a two-fold purpose: 1) Coordinate and/or redirect all substance abuse prevention funding within the state; and 2) Develop a comprehensive statewide strategy aimed at reducing drug use by youth ages 12-17 years, through the implementation of promising community-based prevention efforts derived from sound scientific research findings. Eighty-five percent of the funding will support approximately 15-25 community-based programs statewide.

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- **Children of Substance Abusing Parents (COSAP) Project** – DMHAS has received a \$1,266,079 award from CSAP's Division of Knowledge Development and Evaluation (DKDE) for a three-year collaborative initiative with the state's Department of Children and Families, aimed to better serve children of substance abusing parents. The overall purpose of this program is to generate new empirical knowledge about what prevention models and associated services are most effective for enhancing the protective factors for COSAPs and minimizing the risk factors for their developing substance abuse and/or other behavioral, emotional, social, cognitive, and physical problems as a result of their parents' substance abuse.

For Federal Fiscal Years (FFY) 1993-1995, the State of Connecticut itemized its regional FTEs who were funded (wholly or partially) by the SAPT Block Grant 20% set-aside as follows:

Regional Action Councils	7.25	FTE
Research and Demonstration Projects	15.4	FTE
The CENTER	4.75	FTE
Drugs Don't Work!	1.0	FTE
Assets Network	1.4	FTE
Institute for Cultural Literacy And Wellness	3.0	FTE
Total		
	32.8	FTE

According to the State's 1996 Federal Block Grant Application, DMHAS submitted a proposal in response to CSAP RFP# 277-95-1032, *State Prevention Needs Assessment: Alcohol and Other Drugs*. The State proposed a project designed to incorporate a family of studies which would "identify the availability of substance abuse prevention services . . . , the need for such services and therefore the gap in services." This initiative was funded (outside the realm of the 20% prevention set-aside) , and included:

- An adult prevention needs assessment, sampling a representative portion of Connecticut's population 18 and older on prevention-related needs.
- School surveys measuring the in-school population's use of tobacco, alcohol, and other illicit drugs, as well as risk and protective factors affecting this population's lifestyle choices.
- A community resources assessment, surveying both traditional and non-traditional programs providing substance abuse prevention services targeted to children and adolescents
- A social indicators model, using risk and protective factor theory to build a conceptual framework upon which social indicator data will be collected/analyzed from a wide array of domains associated with ATOD problems.

Each of these studies is described below.

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### Adult prevention needs assessment

An existing risk factor module was included in the screening interview instrument of the Adult Household Survey, which was conducted under the Center for Substance Abuse Treatment's (CSAT) Treatment Needs Assessment. Through this process, a comprehensive set of prevention needs assessment data on a representative sample of Connecticut's population aged 18 and older was gathered. Primary research objectives of this study were:

- To assess the prevalence of risk factors of substance abuse in Connecticut's adult population
- To investigate the sociodemographic correlates of substance use and risk factors for substance use within that population.

Prevalence estimates for substance use and the associated risk factors (including personal, family, and socioenvironmental characteristics) were generated for subgroups of respondents based on gender, age, race/ethnic background, socioeconomic status, and geographic residence.

### School surveys

In 1997, DMHAS conducted a representative sample of approximately 15,000 students in grades 5 through 12 to measure youth use of alcohol, tobacco, and other drugs (ATOD), as well as risk and protective factors affecting this population's lifestyle choices. The information gathered was to be used to monitor statewide and regional trends in substance use behavior and attitudes. In addition, information was collected on adolescents' knowledge, perceptions, and use of available prevention programs. Particular attention has been paid to modifying previous school surveys which lacked questions regarding risk and protective factors. Building upon the conceptual model and measures developed by Calatano and Hawkins (1992), researchers at the University of Connecticut Health Center (UCHC) developed an instrument which would permit a better understanding of those factors that lead to alcohol or drug involvement, or those factors that protect individuals from ATOD involvement. The State expects that these prevalence data will be essential to determining local substance prevention needs.

Another school survey, conducted in 1995 as part of CSAT's funded needs assessment project, also represented a collaboration between DMHAS and UConn – ARC. *The Adolescent Substance Abuse Treatment Needs Assessment: The 1995 Adolescent Alcohol and Drug Use School Survey* included a statewide survey of ATOD use in a random sample of 3,995 7<sup>th</sup> to 12<sup>th</sup> graders in public schools throughout the State. The study's objectives included:

- An estimation of the prevalence of ATOD use in Connecticut's school population, and the problems associated with substance use.
- An analysis of changing trends in adolescent substance abuse since 1989.
- An identification of sociodemographic characteristics of adolescents with histories of ATOD abuse.
- An estimation of the number of adolescents requiring services, which would assist State and regional planning for treatment and prevention services.

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### Community Resources Assessment

This leading-edge study (also conducted by UCHC) will pilot-test a comprehensive assessment of traditional and non-traditional programs providing prevention services targeted to children and adolescents. Inventories of prevention resources are being compiled for each of the communities participating in the school surveys (described above). Information collected through the telephone interviewing process will include:

- Description of services provided
- Number of clients served
- Agency service capacity
- Funding sources and proportion of agency budget for prevention services
- Risk and protective factors addressed by the program
- Referrals and linkages with other resources
- Perceived prevention needs

Data gathered from the seven in-depth community resource assessments will form the basis for a classification system by which all service entities will be categorized. Using this process, DMHAS will be able to match prevention needs (via the school surveys) to existing resources (via the Community Resources Assessment) in an effort to identify gaps in services, improve coordination of prevention services, and enhance accountability of prevention delivery systems. Additionally, this pilot will give DMHAS (and other States) a clearer understanding of how to match needs and services while providing State, regional, and local planners a tool by which to assess the adequacy of prevention services.

### Social indicators model

Utilizing risk and protective factor theory as a conceptual framework, social indicator data are being collected for years 1992, 1994, and 1996, and are being analyzed from a wide array of domains associated with ATOD problems. This project, which builds upon an earlier CSAT indicators database, will collect information from all 169 cities and towns in Connecticut, and will identify statewide and regional patterns and trends in ATOD-related health status. The model's objectives are:

- To monitor the conditions within the State that are known to be associated with ATOD-related problems.
- To help predict where in the State future ATOD problems are likely to arise.
- To inform program planners.

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Examples of training and technical assistance offered by the DMHAS prevention infrastructure, that is funded (wholly or partially) by the 20% SAPT set-aside, include the following:

- Grant-writing
- Coalition-building
- Student Assistance Programs
- Drug Free Workplaces
- Drug Free Campuses
- Advocacy & Social Policy  
Change related to underage  
access to alcohol, tobacco, and  
other drugs
- Asset Mapping
- Introduction to Prevention
- Becoming Culturally Competent
- Outcome-Based Prevention  
Evaluation
- Basics of Evaluation
- Exploring Ethics in the  
Prevention Field: 2001
- Marketing Prevention
- Community Mobilization: The  
Basics
- Management of Volunteers
- Conducting Psychoeducational  
Groups
- Clinical Preventive Services
- Tobacco-Use Prevention Among  
Adolescents
- Foundations of Prevention
- Utilization and Recruitment of  
Volunteers: Making Effective  
Use of Youth
- Steps to Successful Mentoring
- Leading Curricular-Based  
Groups
- Prevention, Addiction and  
Recovery
- Dynamics of Family Addiction
- Results Mapping
- Prevention Certification: The  
Application Process
- Resiliency in Action: What Is It  
and How Can We Use It?
- Parent Involvement
- High-Impact Planning: Training  
for Making Visions into Realities
- Practical Application for Results  
Mapping
- Comprehensive Prevention  
Strategies
- Street Work with High-Risk  
Youth
- Culture as a Protective Factor
- Transitions: Acting and  
Reacting to Change
- Positive Emotion Promotion
- Enhancing Communication Skills  
for Health Professionals
- Stress Reduction: Reducing  
Burnout
- Best Practices & Promising  
Approaches in SA Prevention
- Pharmacology for Prevention  
Professionals
- Serving the Invisible Minority
- Guarding the Children's Fire:  
Prevention of Child  
Maltreatment
- Moving Beyond Sensitivity:  
Cultural Competency &  
Substance Abuse
- Preparing for the Future of  
Prevention
- Working as a Manager of a  
Prevention Program