



**STATE OF CONNECTICUT**  
*DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES*  
*A Healthcare Service Agency*

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**Testimony by Thomas A. Kirk, Jr., Ph.D., Commissioner**  
**Department of Mental Health and Addiction Services**  
**Before the Appropriations, Human Services and Public Health Committees**  
**September 15, 2009**

**SAPT BLOCK GRANT HEARING**

Good afternoon, Senator Harp, Senator Doyle, Senator Harris, Representative Geragosian, Representative Walker, Representative Ritter, and distinguished members of the Appropriations, Human Services and Public Health Committees. I am Dr. Thomas A. Kirk, Jr., Commissioner of the health care agency known as the Department of Mental Health and Addiction Services. I am here before you today to present the department's federal fiscal year (FFY) 2010 Allocation Plan for the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

The Allocation Plan before you assumes a federal Block Grant of \$16,808,904. Actual funding for FFY 2010 will not be known until Congress passes its budget. This figure assumes level funding, based upon the final FFY 2009 federal appropriation.

We are including with this testimony an amendment to the allocation plan. This amendment reflects revised FFY 08 expenditures to accurately reflect additional expenditures of \$735,503. The amendment does not affect FFY 2010 proposed expenditures but will reduce the projected carryforward for 2009 and 2010.

Please keep in mind as you review this plan that it represents only a portion of DMHAS' spending for substance abuse prevention and treatment services. Most of the programs which are funded with federal Block Grant dollars also receive state funding. There is no reduction in the overall funding of addiction services or of any particular service. Any reductions contained in the FFY 2010 SAPT Allocation Plan are only the result of changes in funding allocation between the SAPT block grant and state funds. The state funding component is not reflected in the plan before you today.

Block Grant-funded activities include services for the treatment of alcohol and other drug addiction (such as detoxification, residential and outpatient rehabilitation), as well as prevention and education services. A major department goal is the creation of a more recovery-oriented system of care. First and foremost, movement to a recovery-oriented model requires re-conceptualizing clinical and rehabilitative care within a collaborative model. As part of this system change, it is particularly crucial to promote opportunities in the areas of independent living, employment, socialization, and community integration. The emphasis of a recovery-oriented system of care is to provide the supports needed for individuals to participate fully in community life.

This Allocation Plan is based upon our knowledge of the needs of persons who access our services and the approaches that are most effective in resolving those needs. In so doing, the plan serves to facilitate broader access to services and an integrated system of services for prevention and treatment that is person-centered. This thinking is central to all of DMHAS' efforts and is consistent with its recovery-oriented focus. In support of its recovery initiative DMHAS is in the process of strengthening vocational supports and promoting peer-to-peer services to persons in recovery.

DMHAS is aggressively moving forward to ensure that the resources available to address the service needs of our citizens are used wisely. This FFY 2010 SAPT Block Grant Allocation Plan is an important component of reaching our goals.

Thank you for the opportunity to testify before you today on the Substance Abuse Prevention and Treatment Block Grant. I would be happy to take any questions you may have at this time.