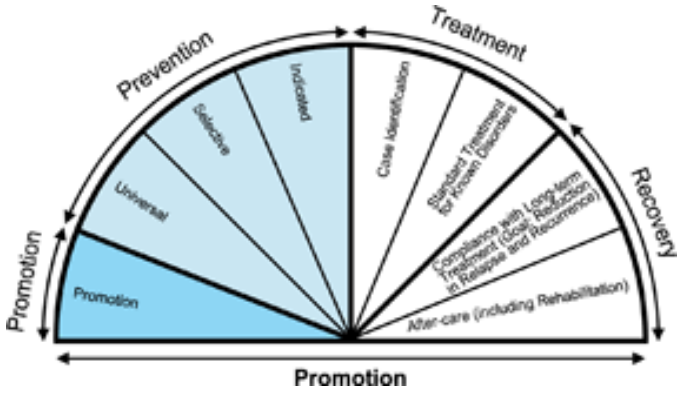
Infobrief: Funding to Communities for Prevention & Promotion

Background: In CT, the designated structure for substance misuse prevention at the community level is the Local Prevention Council (LPC), funded by DMHAS. LPCs consist of 12 required stakeholder groups collaborating to identify local issues and to develop and implement plans to address those issues. (See "local problems require local solutions" graph on right.)

According to the behavioral health continuum (see graphic below), prevention work begins with mental health promotion and then includes universal, selective, and targeted prevention efforts for different populations, as well as coordination with and referral to treatment and recovery efforts. The work is approached through a public health model requiring seven types of strategies that create community change: gather & provide data; provide education; provide support; address access; address consequences; improve physical design; improve policies and enforcement.

LPCs originally were tasked with substance misuse prevention. Later DMHAS added suicide prevention and problem gambling awareness to the LPC's sphere of responsibility. **In other words, LPCs are tasked by the state with implementing a full public health program. However, the state's total funding to communities for prevention/promotion consists of:**



- The annual LPC grant, which ranges from $2000 to $10,000, depending on the size of the community, and never varies. Due to the small amount, DMHAS requires the grant to focus on addressing underage vaping. Only 15% of the LPC grant–a few hundred dollars–can be used as an administrative fee, with the assumption that most of the work is done through donated time.
- The State Opioid Response (SOR) mini-grant, which provides $5000 per year per community, and can support opioid and suicide related work. Because this mini-grant has very specific deliverables to manage, many LPCs do not apply for it.

How prevention funding works: Funding for the prevention coalitions comes from the federal substance abuse block grant and is administered by DMHAS via the Regional Behavioral Health Action Organizations (RBHAOs). The RBHAOs pass these grants through to the LPCs in their region using an application process. Any member agency of a town's LPC can apply for the funds allocated to that community, but the application must have the approval of the Chief Elected Official (or designee). Many LPC grant recipients are nonprofits due to their expertise in behavioral health; some are school districts, foundations, or town departments.

In the four towns collaborating on this legislative forum, the grantees are all nonprofits: ADAP in Weston; Positive Directions in Norwalk and Westport; Wilton Youth Council in Wilton. These four towns show the

significant differences in prevention work done by these towns due to the lack of funding to support the human resources needed to carry out the work. Specifically:

- The Weston LPC, like other small towns, is eligible to receive an LPC grant of about $2000 per year. An LPC with this level of funding may only be able to do a single postcard mailing or host a speaker each year. Weston chooses not to apply for the SOR due to lack of capacity to manage its deliverables.
- Wilton & Westport each receive both the LPC and SOR grants, for around $10,000 total per year. However, Westport Human Services additionally provides $15K in ARPA funds to Positive Directions-The Center for Prevention & Counseling for prevention leadership and coordination, as well as providing significant time from the town's director of the Youth Services Bureau (YSB)* to co-chair the coalition. As a result, Westport can conduct youth surveys, supervise interns, carry out environmental scans, and do more focused prevention work, including providing education to older adults.
- Norwalk receives the LPC and SOR grants, which total almost $14K per year. The coalition also has a five-year Drug-Free Communities (DFC) grant from CDC ($125,000/year). The City has also provided two separate ARPA grants to support coalition initiatives (teen support groups and Teen Nights Out). With greater funding, Norwalk has staff time to lead and coordinate multiple initiatives involving schools, community, and nonprofits and integrating mental health and substance misuse work. The LPC has been able to develop new programs and resources. However, the extra funding is all time-limited.

*Some CT towns have Youth Services Bureaus (YSBs), which provide related services to youth and can be a resource to the LPC. However, YSB staff time is split between a variety of initiatives such as positive youth development, juvenile justice, and case management, and they lack expertise in prevention and mental health.

The Issue: As a result of extremely low funding, communities are very limited in their ability to do much in the way of substance use prevention, let alone mental health promotion–despite the importance of these issues. They are additionally hampered in working across the lifespan. There is a critical need for a funded staff position to provide subject matter expertise and to allow for continuous outreach to stakeholders and volunteers; building of relationships and coalition capacity; leadership, coordination, and follow-up for meetings and initiatives; data collection and reporting; training; resource development; work with the youth coalition; oversight of volunteers and interns where available; maintenance of website and social media; grant writing to seek additional funding; and more.

Policy Solutions for Consideration:

1. Ensure that appropriate funding from the opioid & vape settlement funds & the cannabis Prevention & Recovery Services Fund are allocated directly to communities on a sustainable basis, building the funding into DMHAS's existing LPC grant program. The LPC funding mechanism is an established grant application program administered by the RBHAOs.
2. Allocate $100,000 per year per LPC specifically for a Full-Time Equivalent position who can provide subject matter expertise, leadership and coordination of mental health promotion, substance misuse prevention, and suicide prevention in each community on a permanent basis.
3. Avoid substance- or age-specific deliverables, providing the FTE coalition coordinator and the coalition the needed flexibility to address local concerns.