

Department of Mental Health and Addiction Services Responses 2026 Appropriations Subcommittee Work Session

1. WHAT IS THE BED CAPACITY AT WHITING FORENSIC HOSPITAL AND PATIENT AVERAGE LENGTH OF STAY (ALOS)?

Whiting Forensic Hospital is licensed by the Department of Public Health, is Joint Commissioner accredited, and is Connecticut’s only maximum-security forensic hospital. The hospital specializes in providing inpatient services to individuals involved in the criminal justice system and consists of 91 maximum security beds and 138 enhanced security beds for a total of 229 beds. Services are provided to individuals who are admitted under the following categories: (1) Psychiatric Security Review Board commitment; (2) criminal court order for restoration of competency to stand trial; (3) civil commitment (voluntary or involuntary); or (4) transfer from the Department of Correction (during period of incarceration or at end of sentence).

DMHAS separates WFH beds by three program types:

Table 1. Whiting Forensic Hospital Bed Capacity and ALOS Based on Program Type

Program	Description	Bed Capacity	Average Length of Stay for Admissions Beginning 5/1/2018*
Competency Restoration	Competency restoration	76	198.2
Whiting Forensic Long-Term Units	High-risk offenders requiring immediate, structured, and focused intervention to manage violent, impulsive, or sexually dangerous behaviors	35	1407.4
Dutcher Community Reintegration Units	More comprehensive, long-term, and holistic approach that covers a broader range of needs (criminogenic, social, educational, vocational) over an extended period	118	1693.8

*This represents the period of time in which Whiting Forensic Division separated from CT Valley Hospital, becoming its own facility.

2. PROVIDE A LIST OF DMHAS LOCAL MENTAL HEALTH AUTHORITIES (LMHAS), INCLUDING NAME AND LOCATION.

DMHAS manages a network of 13 local mental health authorities (LMHAs), six of which are operated by state employees and seven of which are funded by DMHAS and administered by private, non-profit organizations. LMHAs are Joint Commission accredited, community-based centers that serve the behavioral health needs of individuals who may not otherwise receive the quality treatment they need and deserve. Each town in Connecticut is attributed to a single LMHA catchment area, which offers a wide range of therapeutic programs and crisis intervention services. Table 2 below gives an overview of the names and locations of the 13 LMHAs. **Please see Addendum 1 for a state map of LMHAs.**

Table 2. Names and Location of LMHAs, Specifying State-Operated vs. Private Non-Profit

STATE-OPERATED LMHAS	PRIVATE NON-PROFIT LMHAS
<ol style="list-style-type: none"> 1. Southwest CT Mental Health System - 2 locations <ol style="list-style-type: none"> a. F.S. Dubois Center (<i>Stamford</i>) b. Greater Bridgeport Community Mental Health Center (<i>Bridgeport</i>) 2. CT Mental Health Center (<i>New Haven</i>) 3. River Valley Services (<i>Middletown</i>) 4. Southeastern Mental Health Authority (<i>Norwich</i>) 5. Capitol Region Mental Health Center (<i>Hartford</i>) 6. Western CT Mental Health Network – 3 locations <ol style="list-style-type: none"> a. <i>Torrington Area</i> b. <i>Waterbury Area</i> c. <i>Danbury Area</i> 	<ol style="list-style-type: none"> 1. BHCare – 2 locations <ol style="list-style-type: none"> A. BHCare Valley Offices (<i>Ansonia</i>) B. BHCare Shoreline Offices (<i>Branford</i>) 2. Bridges (<i>Milford</i>) 3. Rushford Center (<i>Meriden</i>) 4. United Services, Inc. (<i>Dayville</i>) 5. Community Health Resources (CHR) – 2 locations <ol style="list-style-type: none"> A. <i>CHR Manchester</i> B. <i>CHR Enfield</i> 6. Intercommunity (<i>East Hartford</i>) 7. Community Mental Health Affiliates (<i>New Britain</i>)

3. PROVIDE INFORMATION ON HOW YOUTH ARE REFERRED TO AND SERVED BY DMHAS.

The Department of Mental Health and Addiction Services (DMHAS) statewide Young Adult Services (YAS) program was established to facilitate the successful transition of young adults from the Department of Children & Families (DCF) to the adult mental health system and facilitate acquisition of the necessary skills for adulthood.

DMHAS YAS currently has MOAs with the Department of Children and Families (DCF), Carelon, and Court Support Services Division (CSSD) to facilitate early engagement, referral, assessment, and transition planning for youth and young adults as early as age 16. Other referral sources include Department of Corrections (DOC), school systems, hospitals, community providers, and self-referrals through the DMHAS Local Mental Health Authorities (LMHAs).

- *For DCF/Carelon/CSSD involved youth:* A DCF/Carelon/CSSD worker will submit a referral packet to their respective Central Office when the client is age 16; the referral will be forwarded to the DMHAS OOC Statewide Young Adult Services Division for eligibility determination. Once an individual is deemed eligible for YAS, a Behavioral Health Clinical Supervisor from the Office of the Commissioner YAS team will conduct a clinical interview with the young adult to initiate the assessment, engagement, and transition planning process. This includes the development of a Transition Action Plan (TAP) with the young person and all involved stakeholders to facilitate a smooth transition to services needed.
- *For Non DCF/Carelon/CSSD involved youth:* Often referred to as a “front door referral”, a young person seeking services can contact the Local Mental Health Authority (LMHA) in their respective area to request an intake appointment. The LMHA will then determine eligibility for YAS. Often young people are assisted by guardians, parents, or other natural supports in this process when they are nearing age 18.

For context, the current population served by YAS includes the most acute, high-risk cohort of young adults in the state between the ages of 18 and 25, and does not represent all young adults served by the DMHAS system. In FY 2025, YAS served 1323 young adults in state, 295 of which were served in in-state community-based state-operated and private non-profit residential programs.

4. PROVIDE EXPANDED DETAIL ON THE OTHER EXPENSES (OE) LINE ITEM.

Table 3: OE Descriptions & FY 2027 Projected Amounts

ACCOUNT #	DESCRIPTION	2027 Projected
54050	Food And Beverages	6,706,834
53363	Premises Security Guards	3,739,238
53331	Electricity	3,520,143
53402	Premises Repair/Maint Supplies	1,959,511
53401	Premises Repair/Maint Services	1,565,013
55308	LT-Premises Lease/Rental Expense	1,413,610
53011	Motor Vehicle Rental	1,275,079
55901	Capitalized SBITA	1,216,666
52512	Equipment Lease/Rental-Other	990,872
53362	Premises Security Services	980,850
53390	Premises Cleaning Supplies	961,776
53338	Natural Gas	941,122
54140	Medical Supplies	774,116
53820	Cellular Communication Svcs	702,103
53450	Premises Waste/Trash Services	667,098
54060	General Office Supplies	480,017
53718	Software as a Service (SaaS)	469,738
55302	LT-Office Equip Lease/Rental	469,356

ACCOUNT #	DESCRIPTION	2027 Projected
54020	Clothing & Footwear	430,545
51730	Laundry Services	401,453
53335	Sewer	369,055
52710	Board & Care of Clients	333,776
53343	Steam	317,343
54160	Personal Hygiene Supplies	312,861
51970	Temporary Services	306,029
53870	Loc/Long Distance Telecomm Sv	293,388
52000	Translation & Interpretation	281,563
54120	Maint Supplies-Non Premises	281,377
53340	Oil #2	267,943
53760	IT Software Maint & Support	262,438
53311	Premises Rent Expense	253,517
54750	Payments To Inmates/Clients	233,549
54100	Laundry & Cleaning Supplies	228,697
53020	Motor Vehicle Fuel - Gasoline	192,277
53380	Premises Cleaning Services	180,711
53755	IT Software Licenses/Rental	180,475

ACCOUNT #	DESCRIPTION	2027 Projected
54150	Minor Equipment - Controllable	169,415
53403	Premises Grounds Maintenance	150,763
51750	Licenses	142,426
53015	Motor Veh Parts-Repair & Maint	137,874
53348	Diesel-Generator	132,153
54148	Short-term, Non-Capital SBITA	128,343
54149	Long-term, Non-Capital SBITA	123,720
59999	All Other	113,607
51620	Fees And Permits	108,396
54151	Minor Equip-Non-Controllable	107,571
53364	Premises Fire Protection	102,946
53740	IT Hardware Maint & Support	99,299
52541	Other Equip Mnt/Rep-Contract	98,076
54080	Kitchen & Dining Supplies	97,778
51780	Membership Dues	97,129
54040	Drugs & Pharmaceuticals	89,571
52511	Office Equipment Lease/Rental	86,547

5. PROVIDE AN EXPLANATION OF EACH LINE ITEM, WHO IT SERVES, AND PERFORMANCE METRICS.

Table 4 provides a description of each SID and includes performance metrics, if applicable.

Table 4: SID Descriptions and Applicable Performance Metrics

SID Name/Description/Populations Served	Performance Metrics (if applicable)
<p>Housing Supports and Services (SID 12035) The Housing Supports and Services programs provide street outreach and case management services to persons experiencing homelessness who are potential participants in permanent supportive housing program (PSH). Contracted provider activities include providing case management; assisting with housing searches; connecting consumers to employment, Social Security benefits, and behavioral health services providers; mediating between landlord and tenants; verifying consumer eligibility; coordinating services and benefits through referrals; encouraging and supporting the use of community services and providing education on how to access and utilize available services to function independently; and assisting consumers in maintaining permanent housing.</p>	<p><u>For Fiscal Year 2025:</u> Number of Private, Non-Profit Organizations Contracted to Provide PSH: 48 Number of Heads of Households that Received PSH Services: 3,300 Average Annual Cost of PSH per Individual: \$9,000-\$10,000 Persons in PSH that Remain in Housing: 98%</p>
<p>Behavioral Health Recovery Services (SID 12220) This program funds non-Medicaid covered behavioral health services and supports to Medicaid Husky D individuals including basic needs wraparound services to individuals without financial assistance. Additionally, this account funds the Administrative Services Organizations (ASO) for both the Behavioral Health Partnership and the SUD 1115 Medicaid demonstration waiver. To date, the SUD 1115 ASO provided training to over 2,700 personnel in SUD treatment programs at private providers and has supported 610 individuals to complete the two-day intensive in-person ASAM trainings.</p>	<p><u>For Fiscal Year 2025:</u> Individuals served: 4,118</p>
<p>Employment Opportunities (SID 16070) The Employment Opportunities program assists persons with mental health disorders or co-occurring mental health and substance use disorders to successfully engage in community-based employment through the provision of specialized work-related services such as career development activities, on-the-job support, and job-related support including job clubs. DMHAS requires the evidence-based Individual Placement & Support (IPS) model to be used by private providers contracted for this service.</p>	<p><u>For Fiscal Year 2025:</u> Supported Employment Individuals Served: 3,164 Supported Employment Individuals Employed: 42% (DMHAS Performance Target = 35%)</p>

SID Name/Description/Populations Served	Performance Metrics (if applicable)
<p>Home and Community Based Services (SID 12444) This funding is available to move clients with psychiatric disabilities from nursing homes and long-term care facilities to the community. Examples of community services supported by this program include case management, respite care, and supportive housing.</p>	<p><u>For Waiver Year Ending March 2025:</u> Number of Individuals Served: 576</p>
<p>Managed Service System (SID 12157) The Managed Service System program assists in establishing a coordinated system of community-based behavioral health services. Examples of services supported in this program include emergency/crisis services, assertive community treatment, and behavioral health homes. Services are provided by contracted private, non-profit provider services as well as staff at DMHAS state-operated Local Mental Health Authorities (LMHAs).</p>	<p><u>For Fiscal Year 2025:</u> Mobile Crisis Individuals Served: 7,922 Evaluation Completed within 1.5 Hours: 75% Evaluation Completed in Community: 77% Follow-up Service within 48 Hours: 89% Assertive Community Treatment Individuals Served: 727 Assertive Community Treatment Individuals in Stable Living Situation: 86% Assertive Community Treatment Individuals with Social Support: 72% Behavioral Health Homes Individuals Enrolled: 7,598 Behavioral Health Service Hours: 160,691 Behavioral Health Home Number of Services: 258,029</p>
<p>Traumatic Brain Injury Community Services (SID 12256) The Traumatic Brain Injury Community Services program provides specialized services for individuals including assessment, consultation, case management and residential support services which are closely linked to the neuropsychiatric services at CT Valley Hospital and in coordination with the Acquired Brain Injury services of the Department of Social Services. Services are provided by contracted private, non-profit provider services as well as DMHAS staff. The program focus includes Community Integration Services (CIS) and Community Living Support Subsidies for the DMHAS ABI clients on the DSS ABI Waiver; Community Residences providing 24/7 services to high acuity individuals; and Training and Education for administrative and direct care staff, community providers, individuals with brain injuries and family members.</p>	<p><u>For Fiscal Year 2025:</u> Number of Individuals Followed by Community Integration Services: 307 Number of Individuals that Received Community Living Support Services: 21 Number of Community Residences: 6 Number of Individuals Living in Community Residences: 23</p>

SID Name/Description/Populations Served	Performance Metrics (if applicable)
<p>Medicaid Adult Rehabilitation Program (SID 12298) This account funds Medicaid claims expenditures billed by contracted Mental Health Group Home providers under the adult Medicaid Rehabilitation Option for adults.</p>	<p><u>For Fiscal Year 2025:</u> <i>MH Group Homes Individuals Served: 196</i> <i>MH Group Homes Individuals with Social Support: 87%</i></p>
<p>Young Adult Services (SID 12250) The DMHAS statewide Young Adult Services (YAS) program was established to facilitate the successful transition of young adults from the Department of Children & Families (DCF) to the adult mental health system and facilitate acquisition of the necessary skills for adulthood. DMHAS collaborates with DCF, Carelon, and CSSD to facilitate early engagement, referral, assessment, and transition planning for youth and young adults as early as age 16. Other referral sources include Department of Correction (DOC), school systems, hospitals, community providers, and self-referrals through the DMHAS Local Mental Health Authorities (LMHAs). Services include treatment in community based specialized residential programs, supervised apartments, and supported housing, as well as outpatient and recovery support services such as behavioral planning, case management, psychiatric and clinical services, medication management, educational and vocational support, coaching, peer support, and perinatal support services for pregnant and parenting young adults. YAS also funds a 17-bed inpatient unit at CVH. In addition, there are out-of-state contracted private non-profit residential sites providing specialized services not available in CT.</p>	<p><u>For Fiscal Year 2025:</u> <i>Individuals Served: 1,323</i> <i>Individuals Served in Residential Programs: 295</i> <i>Individuals in Stable Housing: 70%</i> <i>Individuals Employed or In School: 50%</i></p>
<p>Discharge and Diversion Services (SID 12330) This account supports hospitalized individuals with mental illness who no longer require inpatient level of care to transition to community placements. Private provider organizations are contracted to deliver enhanced community-based clinical and non-clinical services and supports in order to maintain quality community residence including MH intensive residential, supervised housing, and community living skills.</p>	<p><u>For Fiscal Year 2025:</u> <i>MH Intensive Residential Individuals Served: 467</i> <i>MH Intensive Residential Improved/Maintained Functioning: 53%</i> <i>MH Supervised Housing Individuals Served: 781</i> <i>MH Supervised Housing Individuals with Social Support: 86%</i> <i>MH Supervised Housing Individuals in Stable Living Situation: 96%</i></p>

SID Name/Description/Populations Served	Performance Metrics (if applicable)
<p>Forensic Services (SID 12601) The Forensic Services program provides community services to individuals with psychiatric disabilities, co-occurring disorders, and substance use disorders involved with the criminal justice system. These services are offered statewide to identify, diagnose, refer into treatment and monitor defendants with behavioral health treatment needs, thus reducing the need for incarceration and facilitating access to treatment. These funds support an array of services at both contracted private providers and state-operated LMHA staff including case management, residential placements, and jail diversion.</p>	<p><u>For Fiscal Year 2025:</u> <i>Forensic Programming Individuals Served: 11,000</i> <i>Pre-Trial Programming Individuals Served: 5,500</i> <i>Jail Diversion Individuals Served: 2,172</i> <i>Competency or other Court-Ordered Evaluations: 629</i> <i>RE-Entry Case Management Individuals Served: 388</i></p>
<p>Grants for Substance Abuse Services (SID 16003) The Grants for Substance Abuse Services program provides grants to private provider organizations for the provision of substance use disorder services including withdrawal management, residential treatment and rehabilitation services, and outpatient services.</p>	<p><u>For Fiscal Year 2025:</u> <i>Withdrawal Management Individuals Served: 5,810</i> <i>SUD Residential Individuals Served: 5,235</i> <i>SUD Abstinence/ Reduced Use: 78%</i> <i>SUD Residential Improved/Maintained Functioning: 83%</i> <i>SUD Outpatient Individuals Served: 15,743</i></p>

SID Name/Description/Populations Served	Performance Metrics (if applicable)
<p>Mental Health Service Grants (SID 16053) The Mental Health Service Grants program provides grants to private provider organizations for the provision of mental health services including community support programs, supervised housing, residential support, social rehabilitation, outpatient, and case management.</p>	<p><u>For Fiscal Year 2025:</u> Community Support Programs Individuals Served: 1,345 Community Support Programs Individuals in Stable Living Situation: 89% Community Support Programs Individuals with Social Support: 82% MH Residential Support Individuals Served: 542 MH Residential Support Individuals with Social Support: 87% MH Residential Support Individuals in Stable Living Situation: 95% Social Rehabilitation Individuals Served: 5,733 MH Outpatient Individuals Served: 32,222 MH Case Management Individuals Served: 1,149 MH Case Management Individuals with Social Support: 73% MH Case Management Individuals in Stable Living Situation: 77%</p>
<p>Nursing Home Screening (SID 12247) DMHAS collaborates with DSS to implement the Pre-Admission Screening and Resident Review (PAS/RR) of the Omnibus Budget Reconciliation Act of 1987 – Nursing Home Reform Act (OBRA '87). DSS contracts with a vendor to coordinate the PAS/RR process for the state and these funds partially support the contract.</p>	<p><u>For Fiscal Year 2025:</u> Nursing Home Screenings: 3,127</p>

The following line items support contracted placements, mandated legal services, medication costs, and longstanding institutional partnerships. These line items represent capacity-based, entitlement-driven, or court-ordered obligations rather than programmatic initiatives with variable outputs, and therefore do not have applicable performance indicators.

<p>Nursing Home Contract (SID 12541) The objective of the Nursing Home Contract is to provide nursing home level of care for individuals referred by the Department of Mental Health and Addiction Services and/or the Connecticut Department of Corrections. The state provides funds to private organizations for nursing home level of care. These funds support two placements for individuals without insurance coverage.</p>
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Katie Blair House (SID 12600)

The Katie Blair House program provides funding to a private provider for case management services. The provider requested to end their contract with the Department at the beginning of the current fiscal year.

Behavioral Health Medications (SID 12289)

Behavioral Health Medications funds the cost of medications, primarily for inpatient clients served in our state-operated hospitals. A small amount of funds supports unentitled individuals in non-inpatient services.

Legal Services (SID 12196)

Legal Services supports the Connecticut Legal Rights Project. Per the 1989 consent order, the purpose of the program is to ensure that DMHAS clients, particularly those in inpatient facilities, have effective access to the system of justice by providing them with independent advocates and attorneys to protect and enforce their rights and entitlements.

Connecticut Mental Health Center (CMHC) (SID 12199)

CMHC, established in 1966, is the LMHA that serves the Greater New Haven community. It also operates as a teaching and training institution in partnership with Yale University, serving as a primary and secondary placement site for psychiatry residents, and advanced fellows as well as psychology interns, nursing students, social work interns and a variety of other students aspiring to become the next generation of health service providers. This SID supports the partnership.

6. WHAT IS THE DETAIL FOR LEGISLATIVELY DIRECTED GRANTS IMPACTED IN THE DMHAS BUDGET?

REDUCTION	FY 2027
Reduce Funding for Legislatively Directed Funds by 20 Percent	(\$150,000)

Table 5. Detail for Legislatively Directed Funds in DMHAS with Proposed Reduction of 20%

Recipient	Description of Line Item	FY 24	FY 25	FY 26	FY 27	20% Reduction
Artreach Norwich	Community engagement through the art, entertainment, education and reduction of stigma & stereotypes surrounding mental illness while achieving sustainable recovery			350,000	350,000	(70,000)
Clifford Beers	Family mental health support services through a trauma-informed integrated model of care (<i>New Haven</i>)			100,000	100,000	(20,000)
Pathfinders*	Recovery community program for individuals age 18 and over (<i>Manchester</i>)	150,000	150,000	300,000	300,000	(60,000)
				Total Reduction		(150,000)
Homes for the Brave**	Housing Supports & Services			200,000	200,000	

*The 20% reduction from Pathfinders includes taking 20% of \$150,000 in legislatively directed funds from the FY 24-25 biennial budget that annualized in the FY 26-27 biennial budget, as well as new funding of \$150,000 included in the FY 26-27 biennial budget (total of \$300,000 annually in FY 26 and FY 27). As a result of legislatively directed fund additions over the last four years, Pathfinders now gets an additional \$300,000 annually.

**Aggregate funding for legislatively directed funds is reduced in the Governor’s budget 20% across-the-board, with exceptions: FQHCs, Housing, and Juvenile Justice. As Homes for the Brave is identified as a “housing” area, it was exempt from this reduction.

7. WHAT IS FURTHER DETAIL ON THE OFA WRITE-UP “ADJUST FUNDING TO REFLECT CURRENT REQUIREMENTS”?

Adjust Funding to Reflect Current Requirements

Behavioral Health Recovery Services	287,000
Behavioral Health Medications	1,300,000
Home and Community Based Services	690,000
Forensic Services	1,900,000
Total - General Fund	4,177,000

Governor

Provide funding of \$4,177,000 in FY 27 to reflect anticipated expenditure requirements. This includes annualizing the FY 26 shortfall in Behavioral Health Medications, wage increases for providers under the Mental Health waiver, and increased competency restoration costs (including treatment, education, and case management services).

The explanations below detail the changes included in this OFA description.

SID Name	BASELINE ADJUSTMENT	FY 2027
Behavioral Health Recovery Services	Support Increased Costs of the Behavioral Health Partnership (BHP) Administrative Services Organization (ASO)	\$287,000

The Connecticut Behavioral Health Partnership (CT BHP) is a partnership among the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services (DMHAS). Carelon Behavioral Health Connecticut (Carelon BH CT) continues to serve as the behavioral health Administrative Services Organization (ASO) for the CT BHP and managed behavioral healthcare for more than 1.1 million HUSKY Health members.

Following negotiations, the contract with Carelon, BHP’s ASO was amended and extended through 12/31/2027. The \$287,000 represents DMHAS’ portion of the new contractual amount.

SID Name	BASELINE ADJUSTMENT	FY 2027
Behavioral Health Medications	Annualize Projected FY 2026 Deficiency in Behavioral Health Medications - <i>annualizes funding to support increased costs of psychotropic medications (injectables); increased number of high acuity individuals; and anticipated increase in uninsured individuals.</i>	\$1,300,000

DMHAS has experienced significant growth in pharmaceutical costs over the past three years. This line item annualizes the projected FY 2026 deficiency, driven by higher medication prices, increased patient acuity, and greater utilization of long-acting injectable treatments.

The benefits of a long acting injectable (LAI) include the following:

- Increased medication adherence resulting in clinical improvement of the patient. This can lead to a reduction in the length of hospitalization.
- Reduced risk of symptom relapse, therefore reducing the risk of psychiatric hospitalizations.
- Reduced risk of relapse leading to improved quality of life and reduced burden on the caregiver.

SID Name	BASELINE ADJUSTMENT	FY 2027
Home and Community Based Services	Provide Funding to Support Wage Increases for Waiver Providers	\$690,000

This budget adjustment funds rate increases for home health aides and low-wage workers under the Medicaid home and community-based services waivers. The biennial budget included an agreement and funding, under DSS, to support a 4.9% rate increase for home health aides and low-wage workers under the Medicaid home and community-based services waivers. The budget did not, however, include funding under DMHAS to support this rate increase for recovery assistants under the Mental Health waiver.

SID Name	BASELINE ADJUSTMENT	FY 2027
Forensic Services	Support Increased Competency Restoration Costs - Provides funding to respond to increase in outpatient competency referrals, in the least restrictive setting, stemming from PA 24-137.	\$1,900,000

Competency to stand trial is a constitutional requirement that ensures a defendant understands the charges against them and the court process and can meaningfully assist their attorney in their own defense. In Connecticut, if competency is questioned, the court orders an evaluation conducted by DMHAS clinicians. If a person is found not competent, the court then determines, based on clinical recommendations, whether they are likely to be restored and, if so, whether restoration should occur in an inpatient or outpatient setting. Competency restoration services are designed to address the barriers preventing someone from participating in their case, through court-focused education and behavioral health treatment such as medication management, therapy, and skill-building supports. In recent years, and particularly over the past year, the number of court-ordered outpatient restoration referrals has increased significantly, driving the need for additional funding to meet this growing demand. Much of this increase is attributed to a new law passed in 2024, that codified that if the defendant is charged only with a misdemeanor(s) the court shall presume that outpatient treatment is the least restrictive placement appropriate, unless the court has good cause to find otherwise (C.G.S § 54-56d(i)).

Following these events, the number of individuals ordered to DMHAS for outpatient competency restoration in 2025 nearly tripled from the averages seen from 2013 to 2024 and now make up almost 20% of all total referrals (previously 7%).

8. FURTHER EXPLAIN THE BUDGET OPTION RELATED TO CHES AND THE TRANSITION TO DMHAS PERMANENT SUPPORTIVE HOUSING.

Please see **Addendum 2**, which includes a fact sheet by the Departments of Social Services, Mental Health and Addiction Services, and Housing on this transition.

9. PROVIDE AN UPDATE ON THE MILITARY SUPPORT PROGRAM (MSP), INCLUDING THE NUMBER OF STAFF, NUMBERS OF CLIENTS SERVED, AND DEMOGRAPHICS.

Background. The Military Support Program (MSP) is a DMHAS initiative that provides confidential behavioral health and case management services to Connecticut National Guard members, veterans, and their families through a centralized call center and embedded clinicians located within Guard units statewide. The program screens and triages individuals for care, links them to community-based behavioral health and supportive services (including housing, employment, benefits, and legal assistance), and funds short-term outpatient treatment for those who are uninsured or reluctant to use military insurance due to confidentiality concerns. MSP clinicians also conduct outreach, training, and crisis response in collaboration with Guard leadership and the Behavioral Health Team. Recent enhancements include a Community Specialist focused on engaging female service members and veterans, as well as the development of a contracted outpatient provider network to expand access to timely, specialized care.

Updated Metrics.

Staff. The MSP Embedded Clinicians Program has 23 embedded clinicians. These clinicians currently serve 27 Guard Units. The MSP outpatient provider network currently has 19 clinicians who see clients in person or via telehealth.

Update on Individuals Served.

- Engagement with Female Veterans. As of 7/01/23 new funding has been added to the program to provide MSP with an additional MSP Community Specialist that has a priority focus on identifying and engaging with female veterans and active-duty service members through community outreach and engaging women with a military connection. This position identifies individuals who need outpatient treatment beyond the scope of what is available through the Military Support Program (MSP) benefit. This position links clients to clinical services, the Veterans Administration and other veteran services for Military ID, funeral benefits, and discharge upgrades, as well as community resources for legal assistance, housing supports, medical issues, financial assistance, and childcare. In FY 2025, this program served 57 women, and in FY 2026 (YTD through Quarter 2) it served 41.
- Call Center. All referrals that come in through the MSP Call Center are assigned an MSP Community Clinician, an MSP female veteran focused Community Specialist, or an MSP Community Case Manager. A core function of these positions is to assist these clients in accessing Outpatient Treatment through their own insurance or at no-cost through MSP. In FY 2025, the Call Center generated 98 short-term case management clients (59 clients received clinical referrals, and 39 clients received case management assistance.) In FY 2026 (YTD), the Call Center generated 78 case management assignments (28 clinical referrals, and 50 clients received case management assistance).
- Outpatient Treatment. The MSP outpatient provider network in FY25, which was re-established in 2023, and currently has 19 clinicians who see clients in person or via telehealth. In FY25 the CT DMHAS MSP authorized 423 units (sessions) of outpatient treatment for 43 clients. So far in this

fiscal year FY26 the CT DMHAS MSP has authorized 136 units of outpatient treatment for 15 clients.

- Embedded Clinicians. In FY 2025, embedded clinicians attended 305 National Guard drills and had 533 individual sessions. In FY 2026, (YTD) these clinicians attended 104 drills and had 208 individual sessions with CT NG soldiers during or after scheduled drills.
- Outreach and Training Activities. There has been an increase in demand for MSP to conduct outreach and training activities. In FY25 MSP did a total of 69 community outreaches and trainings to 1,764 male and female civilian and military members and in FY 26(YTD through Quarter 2) 166 outreaches to 4,307 civilians and military members.

10. PROVIDE DETAIL ON SERVICES PROVIDED TO JUSTICE-INVOLVED INDIVIDUALS, RELATED FUNDING, AND DMHAS OVERSIGHT.

The Division of Forensic Services implements and coordinates specialized evaluation and treatment services for individuals with serious mental illness and/or substance use disorders who become involved in the criminal justice system. The division’s goals are to promote individuals’ recovery, to prevent or limit criminal justice system involvement, to promote public safety, and to coordinate activities with other state and private agencies. Services within the Division span the continuum of the criminal justice system, from pre-booking to incarceration and return to the community, including but not limited to; Jail Diversion Services, Office of Forensic Evaluations, Residential Services, Discharge Planning from Department of Corrections, Transitional Case Management, Pre-Trial Intervention Program, and Psychiatric Security Review Board (PSRB) Conditional Release Unit.

Table 6. Breakdown of Forensic Services Line Item in SFY 2026

Contract Scope	SFY26 Amount
Staff-Related Costs	\$3,059,358
Case Management Services: Forensic	\$1,141,059
Crisis Respite Services	\$109,508
Jail Diversion Services	\$2,093,841
Life Coaching	\$113,182
Mental Health Day Reporting Center	\$635,027
Mobile Emergency Crisis Services	\$25,804
Outpatient Clinical Services: Mental Health Standard	\$144,796
Residential Services: Intensive Mental Health	\$46,668
Residential Support	\$384,240
Supervised Housing	\$126,157
Transitional Residential Services	\$557,718
Yale Staffing Contract	\$2,820,139
Other	\$412,203
Grand Total	\$11,669,700

11. PROVIDE DETAIL ON THE SUD WAIVER RESERVE FUNDS UTILIZED BY DMHAS.

BASELINE ADJUSTMENT	FY 2027
Transfer Funding to Reflect Program Requirements Related to the Substance Use Disorder Waiver <i>Matches current practice under existing MOA with DSS</i>	\$10,750,000

The substance use disorder (SUD) demonstration waiver enables federal reimbursement for SUD services for individuals that would ordinarily not be covered under federal rules. The additional revenue is to be reinvested to strengthen the SUD service system by ensuring a complete array of services is available. This allows Medicaid members with opioid use disorder and other SUDs to receive medically necessary treatment services in the most appropriate setting. While DSS, DMHAS, DCF, DOC, and the Judicial Branch have worked collaboratively to identify the needs in each agency, it was anticipated that, as the program continues to roll out, funding would need to be reallocated. To address this, the Substance Use Disorder Waiver Reserve account was established in DSS for any additional revenue generated that is not already allocated to the participating agencies. This adjustment reflects the transfer of funding from this account to address agency requirements.

Below are the most updated DMHAS Proposals for Reinvestment for SFY 2027. Please note that this plan continues to evolve.

Table 7. DMHAS Proposal for SUD 1115 Waiver Reinvestment for SFY 2027

DMHAS Proposals for Reinvestment			Project Description
Action	Service	SFY27 Funding	
Expand	Sober houses expansion beyond HUSKY D	\$100,000	Funding expands coverage for placements at DMHAS Supported Recovery Houses (Sober Houses) to all HUSKY types.
Right-Size	Increase sober house rate	\$750,000	Funding Increases daily rate for placements at DMHAS Supported Recovery Houses (Sober Houses) from \$26.35 to \$32.00 per day.
New	Medical Recovery House Beds (12 beds)	\$875,000	Funding will establish a 12-bed medically oriented recovery house for individuals experiencing substance use disorders and complex medical needs in an effort to avoid unneeded placements in higher levels of care e.g. skilled nursing facilities, respite.
Sustain	Access Behavioral Health for Moms (SUD/MH) - Consultation to healthcare providers for guidance in treating perinatal patients SUD/MH diagnoses	\$850,000	Funding will continue Access Behavioral Health for Moms Program past the end of ARPA funding on 10/1/2025. This program offers psychiatric expertise and consultation to medical providers treating perinatal individuals presenting with substance use and/or mental health concerns.
Reestablish & Expand	Cornell Scott Hill - Therapeutic Shelters	\$759,720	Funding will help establish the Recovery & Wellness Center (RWC), a new 31,000 sq foot facility offering a continuum of substance and mental health services including integrated primary care and short-term therapeutic shelter services (52 beds).

DMHAS Proposals for Reinvestment			Project Description
Action	Service	SFY27 Funding	
Adjust	DMHAS contract dollars increase for existing SUD providers: based on increased Medicaid rates (3.1, 3.3, 3.5) (2 Tiers)	\$436,798	Funding will be utilized to provide parity between Medicaid rate increases and annual expenditures for contracted residential substance use treatment providers participating in the 1115 SUD Demonstration. These expenditures provide funding for services that are non-Medicaid reimbursable and to cover treatment expenses for non-Medicaid populations in these facilities.
Reestablish	Res Tx expansion grants/non-Medicaid Phase 1 (DMHAS) - 100 beds	\$2,000,000	Funding will be utilized to provide residential substance use treatment services for non-Medicaid members for new or expanding programs participating in the 1115 SUD Demonstration.
Expand	Access Line/Transportation Expansion	\$1,100,000	Funding expands capacity at the Access Line Program, a call center that assists the public in accessing substance use treatment resources, including transportation through contracted agencies to withdrawal management and SUD residential programming. The call center receives 3500+ calls/month and requests for transportation are increasing.
Expand	SUD Employment (to make statewide)	\$2,000,000	Funding increases access to employment services for individuals experiencing substance use disorders statewide by implementing services in DMHAS Regions 1, 3 and 5. Currently, services are only in Regions 2 and 4.
Expand	Add a 12-bed recovery house	\$480,000	Funding will establish a 12-bed recovery house for individuals experiencing substance use disorders in an effort to avoid unneeded placements in higher levels of care.
Adjust	Increase recovery house funding per bed	\$538,000	Increase current annual funding per bed from \$40,000 to \$45,000.
	Pending Projects	\$860,482	
Total		\$10,750,000	

12. PROVIDE DETAIL ON CANNABIS FUNDS UTILIZED BY DMHAS.

Table 8 outlines the Cannabis funding and expenditures since FY 2022. Detailed descriptions of line item expenditures follow the table.

Table 8. Cannabis Funds

FUNDING	FY22	FY23	FY24	FY25	FY26	FY27
Startup Appropriation in SID 10020 - General	\$255,000	-	-	-	-	-
Fringe Benefits SID 12244 - Cannabis	-	-	\$221,000	\$221,000	\$221,000	\$221,000
Cannabis Prevention Fund SID 12673 - Cannabis	-	\$2,050,000	\$2,137,000	\$3,142,398	\$3,144,268	\$3,144,268
TOTAL	\$255,000	\$2,050,000	\$2,358,000	\$3,363,398	\$3,365,268	\$3,365,268
EXPENDITURES	FY22	FY23	FY24	FY25	FY26 Projected	FY27 Projected
Staff Salaries, Training	-	-	\$239,657	\$288,255	\$297,773	\$297,773
Fringe	-	-	-	\$166,431	\$175,941	\$175,941
Consultant	\$3,045	-	-	-	-	-
RBHAOs	-	-	\$570,000	\$1,250,000	\$1,250,000	\$1,250,000
Education and Awareness Campaign	\$250,000	\$2,050,000	\$1,387,252	\$1,500,000	\$1,500,000	\$1,250,000
Safe Storage & Cannabis Retailer Education	-	-	\$9,850	\$122,119	\$141,554	\$309,949
International Cannabis Policy Study (ICPS)	-	-	\$24,960	-	-	\$50,000
TOTAL	\$253,045	\$2,050,000	\$2,231,719	\$3,326,805	\$3,365,268	\$3,333,663

Detailed Descriptions of Line Item Expenditures in Table 8:

Staff Salaries, Training

These staff perform specialized duties in the area of planning, development, coordination, and administration of primary prevention program operations for cannabis include supporting community-based prevention programs through education, training, technical assistance, and evaluation.

These roles manage community-level grants for youth cannabis prevention and regional contracts with RBHAOs. Additionally, staff administer the following:

- Manage the statewide “Be in the Know” campaign,
- Conduct the Annual Cannabis Landscape Analysis to check for illegal products and coordinating cannabis inspections with other state agencies. The Lead Special Investigator is a crucial role in investigating youth access to illegal cannabis. This role is involved in fostering and enhancing partnerships with police departments, state agencies and community coalitions to identify businesses out of compliance with state laws. These referrals led to multiple multi-agency inspections where illegal cannabis products were seized.
- Manage the evaluation of the cannabis prevention programming, oversight to mini-grants to community coalitions, oversight of the International Cannabis Policy Study – CT survey.
- Coordinate the Juul Settlement Fund contractors by providing programmatic oversight, directing resources, and implementation of evidence-based strategies.

Consultant (Completed in SFY 22)

This consultant was hired to advise the Alcohol and Drug Policy Council (ADPC) Prevention subcommittee in selecting a vendor to launch a series of media campaigns to create an awareness of the new cannabis legislation and to develop a report to recommend stringent policies and programs that protect youth and young adults against cannabis use. This was a 15-month contract when adult use cannabis was legalized.

RBHAOs

Effective community engagement is crucial for addressing cannabis use. Through Regional Behavioral Health Action Organization (RBHAO) coordination and local partnerships, the program implements cannabis prevention and intervention strategies across Connecticut. A Coordinator with cannabis subject matter expertise has been hired at each RBHAO, ensuring that cannabis prevention efforts are tailored to the unique needs of each region. Each RBHAO is responsible for the implementation of (2) multi-year grants to local coalitions within their DMHAS region (10 in total), supporting evidence-based cannabis prevention strategies and community-driven processes that specifically target youth under 21.

Education and Awareness Campaign

Developed in November 2021, *Be in the Know CT* is the statewide cannabis public education campaign providing objective, research-based information on cannabis laws, the effects of cannabis, and practical solutions and resources to help mitigate potential harmful effects of cannabis use. The website can be found at <https://beintheknowct.org>. The campaign is designed to reach youth, parents and trusted adults, pregnant and breast/chest feeding individuals, as well as the general public, and offers messaging tailored to different populations. Furthermore, the campaign has created and disseminated cannabis health

information and safe storage materials for use by community organizations such as local prevention councils, youth-focused organizations, and medical providers such as OB/GYNs.

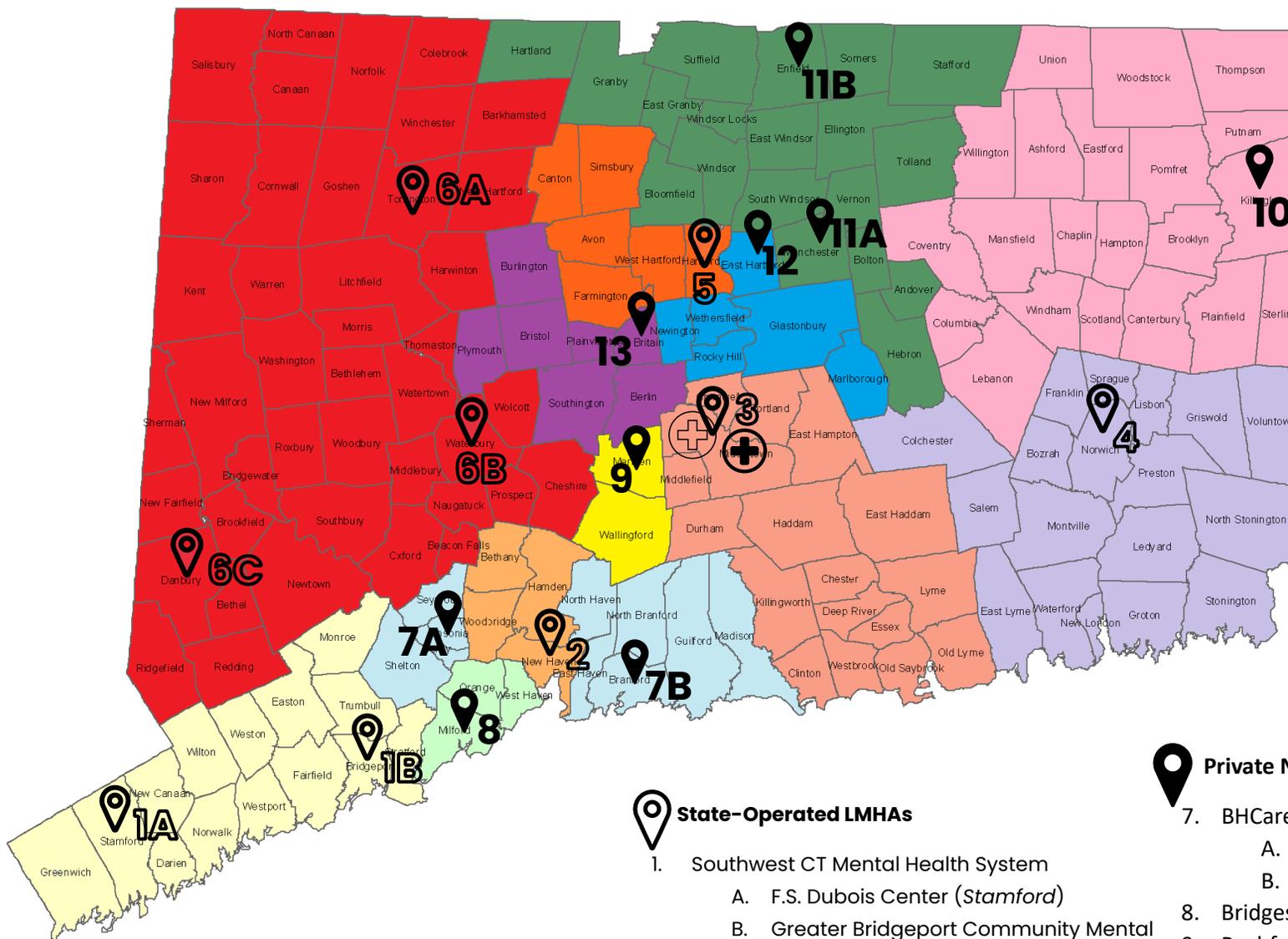
Safe Storage & Cannabis Retailer Education

A critical element of the initiative is the implementation of a cannabis retailer education and compliance program. This ensures that cannabis retailers comply with state laws and regulations, promoting public safety and reducing potential harm.

- A landscape analysis has been piloted to develop retailer education to ensure that cannabis retailers understand their responsibilities. (Completed by DMHAS Cannabis Staff)
- A compliance inspection protocol has been established to guide regular inspections and ensure adherence to state regulations. DMHAS provides retailer information to DCP to actively enforce laws against illegal cannabis sales.
- The program also partners with other regulatory agencies, such as the Department of Consumer Protection (DCP), Department of Revenue Services (DRS), and law enforcement, to address public safety concerns and enforce compliance.
- Safe Storage is a proven strategy to prevention accidental cannabis ingestion. Cannabis safe storage lock bags are provided to at-risk individuals including to parenting adults. Safe storage addresses accidental ingestion to children under the age of six.

International Cannabis Policy Study

The International Cannabis Policy Study (ICPS) is a project designed to evaluate the impact of cannabis policies at the national and provincial/state levels. The ICPS Project consists of annual, population-based surveys conducted in 6 countries including Canada and the United States (since 2018). ICPS provides valuable insights to the impacts of cannabis legalization around policies, population-level data, public perception, among other insights. Information from ICPS will support current prevention programming and will help tailor prevention efforts to address Connecticut resident's needs be better informed on health and safety of responsible cannabis use.



DMHAS Local Mental Health Authority (LMHA) System

Each town in CT is attributed to a single LMHA catchment area, as shown in the colored areas of the map. While there are 13 parent LMHAs, some entities have more than one location, as noted in the map and the key.

State-Operated Hospitals



Whiting Forensic Hospital



CT Valley Hospital

State-Operated LMHAs

1. Southwest CT Mental Health System
 - A. F.S. Dubois Center (*Stamford*)
 - B. Greater Bridgeport Community Mental Health Center (*Bridgeport*)
2. CT Mental Health Center (*New Haven*)
3. River Valley Services (*Middletown*)
4. Southeastern Mental Health Authority (*Norwich*)
5. Capitol Region Mental Health Center (*Hartford*)
6. Western CT Mental Health Network
 - A. Torrington Area
 - B. Waterbury Area
 - C. Danbury Area



Private Non-Profit LMHAs

7. BHCare
 - A. BHCare Valley Offices (*Ansonia*)
 - B. BHCare Shoreline Offices (*Branford*)
8. Bridges (*Milford*)
9. Rushford Center (*Meriden*)
10. United Services, Inc. (*Dayville*)
11. Community Health Resources (CHR)
 - A. CHR Manchester
 - B. CHR Enfield
12. Intercommunity (*East Hartford*)
13. Community Mental Health Affiliates (*New Britain*)

State Recommendation:

Transition current CHES participants with housing subsidies to successful, evidence-based Permanent Supportive Housing (PSH) program at DMHAS.

HIGHLIGHTS OF PERMANENT SUPPORTIVE HOUSING

- **National Housing Expertise, Local Reach.** Statewide access to a robust network of over 50 providers with specialized engagement skills, promoting client choice.
- **Maximizing Every Dollar Using a Sustainable Model.** Flexible, person-centered services supported by stable state funding while leveraging federal reimbursement through Targeted Case Management (TCM), ensuring providers have the tools and resources they need to serve this vulnerable, high-need population.
- **Proven Stability, Measurable Impact.** A long-standing, evidence-based program serving ~3,500 people annually, with 99% retaining housing over two years – ensuring reliable support for participants and providers even amid federal uncertainty.
- **Cost-Effective.** The annual per participant cost for services in CT’s PSH program is approximately \$10,000 (less than \$850/month) plus an additional \$12,500 in rental subsidies. Studies demonstrate that PSH tenants have fewer emergency department visits, psychiatric hospitalizations, withdrawal management

What about the potential to utilize other Medicaid authorities to explore housing-related programs?

After an in-depth exploration, including a landscape analysis of other states and attending national convenings led by housing and Medicaid experts, the state believes we have exhausted all other feasible Medicaid authority options at this time.

- *1915(i) – not recommended.* The current CHES program has had multiple challenges utilizing this authority, including complex case management requirements and strict Medicaid program rules. This has resulted in difficulty engaging or sustaining a statewide provider network with sufficient capacity, a provider billing model that could not be sustained operationally, and an inability to cap program enrollment despite the lack of available housing subsidies. Any reforms to the model would require significant state resources to make it fiscally viable to providers, and other programmatic obstacles would still remain.
- *1915(c) (HCBS waiver) – not recommended.* The menu of services provided under this authority are not an optimal, or appropriate, fit for the target population. In general, 1915(c) waivers are limited to individuals who otherwise meet an institutional level of care like a nursing home or hospital.
- *1115 waiver – not recommended.* There has been no indication on the federal level that health-related social needs (HRSN) would be approved by the current administration. In addition, previous guidance for eligible billable services included significant drawbacks such as short-term limits on housing subsidies (only 6 months), which is antithetical to the “permanent” nature of CT’s current PSH program.
- *Potential new authorities – not recommended.* The state does not have the fiscal or staffing resources to design and implement a new housing support program at this time, especially given the federal landscape and forthcoming reductions to overall Medicaid eligibility.

How does the PSH model currently maximize federal revenue through TCM?

Over the last three fiscal years, the PSH model has allowed the state to receive almost \$7.5 million in additional revenue through billing for targeted case management services. With the addition of the CHES participants with subsidies to the PSH program, it is projected that the state may receive an additional \$250,000 or more in revenue.

What are the next steps?

With the expiration of the 1915(i) authority in August 2026, it is crucial to begin communication with current recipients of CHES to inform them of the impending program closure and the transition to PSH where applicable. DSS and DMHAS will closely collaborate to determine the final number of participants eligible to transition (approximately 100), as well as the transfer of the \$10,000 per participant from DSS to DMHAS necessary to provide the supportive services under PSH.

Background and FAQs

- **What are the challenges with CHES?** Challenges experienced in the implementation of CHES include: enormous volume of applications; lack of CHES supportive housing providers; housing voucher demand significantly outpacing supply; lack of affordable housing stock; and restrictive CMS requirements. In addition, CHES providers reported staffing issues and challenges in maintaining contacts with participants due to their living inconsistency and overall poor housing market.
- **How many providers offer services under CHES?** The program started with eight supportive housing providers but four withdrew from the program, leaving only four providers: CRT, MHCT, NLHHC, and TVCCA. CRT stopped taking new referrals in November 2023 and MHCT stopped taking new referrals in June 2023.
- **What was the service utilization of CHES last year?** Although a total of 1,078 participants were enrolled in CHES in calendar year 2025, only 171 participants received billable services from CHES providers. This low service utilization rate appears to be driven by limited service capacity and program constraints as 456 participants lacked assigned providers, 292 cases were closed or recommended for closure, and care planning and pre-tenancy services were largely not provided because housing vouchers were not available.
- **Is CHES currently operating within federal guidelines?** The Medicaid state plan requires statewide coverage of services. Due to the loss of providers, CHES is unable to meet this requirement.
- **What would it cost for CHES to provide coverage under the state plan?** To provide ongoing coverage under the state plan, the state would need to make a significant investment as shown in the table below.

	FY 2027	Annualized
DSS Costs		
Medicaid services 140 current participants	\$1,400,000	\$1,484,000
Medicaid services for additional participants	500,000	6,466,000
Carelon costs - 12 FTEs	896,250	1,900,050
Additional FTEs - 3 program staff	290,405	580,810
Billing agent costs	1,100,000	4,400,000
Total	\$4,186,655	\$14,830,860
DOH Costs		
Additional 610 housing vouchers	\$0	\$7,612,800
Total Costs	\$4,186,655	\$22,443,660

- **Does DMHAS’ permanent supportive housing program offer the same services as CHES?** PSH offers more expansive services than CHES, as state dollars allow flexibility for services that may not meet the threshold of “medically necessary” under Medicaid, but are essential to engaging this population. The state proposes funding any individual with a current rental subsidy engaged in CHES services that wants to receive services from DMHAS be transitioned to the PSH program. All program participants would have a mental health, substance use, or co-occurring condition.
- **What services will CHES participants without a housing subsidy lose?** Active CHES participants who do not have a housing subsidy will not have access to their pre-tenancy supports but, in the absence of a housing subsidy, these services are much less effective.
- **Which CHES recipients will have an opportunity to be moved to PSH?** The Governor’s budget proposes \$1.0 million in DMHAS to allow CHES recipients with a current rental subsidy to move to PSH. After in-depth site visits with all four providers, we believe this number to be up to 100. If these individuals choose to receive services from DMHAS, the agency will be able to serve them in PSH with the proposed budget adjustment.
- **Will transferring people from CHES to PSH require new funding?** With the proposed decrease of \$375,000 in DSS’ Medicaid account (state share) and an increase of \$1.0 million in DMHAS’ budget, partially offset by an increase in Federal Grants revenue of \$250,000, there is a net cost of \$375,000. This is a nominal amount compared to the FY 2027 cost of \$4.2 million that DSS is projecting would be required to continue the program under the existing Medicaid state plan authority and ensure compliance with federal rules.