

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

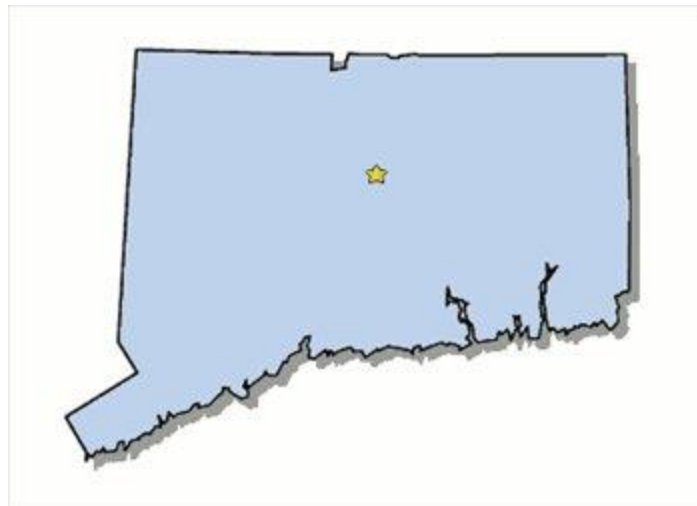
ALLOCATION PLAN

FEDERAL FISCAL YEAR 2017

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

AND

DEPARTMENT OF CHILDREN AND FAMILIES



August 2016

**STATE OF CONNECTICUT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT**

**FFY 2017 ALLOCATION PLAN
TABLE OF CONTENTS**

	Page
I. Overview of the CMHS Block Grant	
A. Purpose	3
B. Major Use of Funds	3 - 6
C. Federal Allotment Process	6
D. Estimated Federal Funding	6
E. Total Available and Estimated Expenditures	6
F. Proposed Changes from Last Year	6 - 9
G. Contingency Plan	9 - 10
H. State Allocation Planning Process	10 - 12
I. Grant Provisions	12 - 13
II. Tables	14
Table A: Recommended Allocations	15
Table B1: Program Expenditures – Adult Services	16
Table B2: Program Expenditures – Children’s Services	17
Table C: Summary of Service Objectives and Activities	18 - 26
III. Proposed Expenditures by Program Categories	
For Adult Mental Health Services from DMHAS	27 - 29
List of Block Grant Funded Programs –	
FFY 2016 Estimated Expenditures	
FFY 2017 Proposed Expenditures	
For Children’s Mental Health Services from DCF	30 - 32
List of Block Grant Funded Programs –	
FFY 2016 Estimated Expenditures	
FFY 2017 Proposed Expenditures	

1. Overview of the Community Mental Health Services Block Grant

A. Purpose

The United States Department of Health and Human Services (DHHS), through its Substance Abuse and Mental Health Services Administration (SAMHSA), manages the Community Mental Health Services (CMHS) Block Grant. The Connecticut Department of Mental Health and Addiction Services (DMHAS) is designated as the principal state agency for the allocation and administration of the CMHS Block Grant within the State of Connecticut.

The CMHS Block Grant is designed to provide grants to states to carry out a state's mental health plan, to evaluate programs and to plan, administer and educate on matters related to providing services under the plan. Funds can be used for grants to community mental health centers for services for adults with serious mental illnesses (SMI) and children with serious emotional disturbances (SED) and their families. Services for identifiable populations, which are currently underserved, and coordination of mental health and health care services within health care centers are also eligible.

The CMHS Block Grant is developed within the context of Federal Public Law 102-321, *"to provide for the establishment and implementation of an organized community-based system of care for individuals with serious mental illness and children with serious emotional disturbance."*

The major purpose of the CMHS Block Grant is to support the above mission through the allocation of Block Grant funds for the provision of mental health services.

B. Major Use of Funds

The Block Grant supports grants to local community-based mental health agencies throughout the state. Services that are eligible for CMHS Block Grant funds are:

- Services principally to individuals residing in a defined geographic area, for example, regions and districts designated as service areas
- Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility
- Twenty-four hour emergency care services
- Day treatment or other partial hospitalization services or psychosocial rehabilitation services
- Screening for individuals being considered for admission to state mental health facilities to determine the appropriateness of such an admission

Additionally, Block Grant funds may be used in accordance with the identification of need and the availability of funds for:

- Services for individuals with SMI, including identification of such individuals and assistance to such individuals in gaining access to essential services through the assignment of case managers

- Identification and assessment of children and adolescents with SED and provision of appropriate services to such individuals
- Identification and assessment of persons who are within specified diagnostic groups including:
 - Persons with traumatic brain injury or other organic brain syndromes
 - Geriatric patients with SMI
 - Persons with concomitant mental illness and intellectual disabilities
 - Persons with mental illness who are HIV+ or living with AIDS

The CMHS Block Grant requires states to set aside a certain proportion of funds, based on Federal Fiscal Year (FFY) 2008 CMHS Block Grant expenditures, for serving children with SED. Historically, Connecticut has allocated 30% of the appropriated Block Grant funds to the Department of Children and Families (DCF) for this purpose. This percent of funds exceeds the federal requirement. In addition, as of FFY 2014, SAMHSA requires states to set-aside 5% of their CMHS funding for early intervention with psychosis.

The CMHS Block Grant also requires states to maintain expenditures for community mental health services at a level that is not less than the average level of such expenditures for the two-year period preceding the fiscal year for which the state is applying for the grant. In FY 2014, funding was reallocated from DMHAS to the Department of Social Services (DSS) as part of the Affordable Care Act and Medicaid expansion. As a result, in order to demonstrate the state's commitment to community mental health services, DMHAS must provide DSS claims data for mental health services on an annual basis as part of DMHAS' calculations to demonstrate compliance with maintenance of expenditures to SAMHSA.

There are a number of activities or services that may **not** be supported with CMHS Block Grant funds. These include: 1) provision of inpatient services; 2) cash payments to intended recipients of health services; 3) purchase or improvement of land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility, or 4) purchase of major medical equipment.

Bi-Annual Application Process:

Beginning with the FFY 2012 CMHS Block Grant application, SAMHSA restructured the process as a two-year cycle. In the first year (FFY 2016), states were to develop a full application that addressed overall needs, services gaps and priorities, including performance measures. In the second year (FFY 2017), only budget information is required to explain the intended use of the annual appropriation.

Target Population: Adult Mental Health Services

The CMHS Block Grant is intended to serve adults (age 18 and older) with SMI, young adults transitioning out of the children's mental health system who have major mental illnesses and who will enter the adult mental health system, individuals at risk of hospitalization, individuals who have SMI or SMI with a co-occurring substance use disorder who are homeless, or at risk of homelessness and individuals who are indigent, including those who are medically indigent.

Major Use of Funds:

DMHAS is responsible for the administration of the adult mental health component of the CMHS Block Grant. The FFY 2017 CMHS Block Grant funds will be allocated to community-based mental health providers across the state. Funding is provided to these agencies to support the Department's goal of reducing the incidence and prevalence of adult mental health disorders and preventing unnecessary admissions to and residence in institutions. The CMHS Block Grant supports the state's efforts at developing a system of community-oriented, cost-effective mental health services that allow persons to be served in the least restrictive, most appropriate settings available. Services funded by the CMHS Block Grant are:

- Emergency Crisis
- Outpatient/Intensive Outpatient Residential Services
- Social Rehabilitation
- Case Management
- Family Education/Training
- Consumer Peer Support Services in Community Mental Health Provider Settings
- Parenting Support/Parental Rights
- Consumer Peer to Peer Support for Vocational Rehabilitation
- Administration of Regional Mental Health Planning Boards
- SMI/SED Early Psychosis 10% Set-Aside

Target Population: Children's Mental Health Services

The CMHS Block Grant is intended to serve children, birth to age 18, with SED who are at risk of being, or have already been, separated from their family and/or community for the primary purpose of receiving mental health or related services.

Major Use of Funds:

DCF is responsible for the administration of the children's mental health component of the CMHS Block Grant. The FFY 2017 CMHS Block Grant funds will be allocated for community-based mental health service provision and mental health transformation activities. Funded initiatives will also be consistent with and related to Connecticut Public Act 13-178, which called for development of a "comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues of children."

Funding is also provided to support DCF's goal of reducing the incidence and prevalence of children's mental health disorders and aiding in the Department's efforts to positively transform the delivery of mental health care for all children and their families. Services proposed for funding by the CMHS Block Grant during FFY 2017 are:

- Respite Care Services
- FAVOR Family Peer Support Services
- Youth Suicide Prevention/Mental Health Promotion
- CT Community KidCare Workforce Development-Training and Culturally Competent Care

- Extended Day Treatment - Model Development and Training
- SMI/SED Early Psychosis 10% Set-Aside
- Mental Health/Juvenile Justice Diversion
- Outpatient Care-System and Treatment Improvement through Evidence-Based Programming
- Best Practice Promotion and Program Evaluation
- Outcomes: Performance Improvement and Data Dashboard Development
- Workforce Development: Higher Education In-Home Curriculum Project
- Other CT Community KidCare
- Emergency Crisis

C. Federal Allotment Process

The allotment of the CMHS Block Grant to states is determined by three factors: the Population at Risk, the Cost of Services Index, and the Fiscal Capacity Index. The Population at Risk represents the relative risk of mental health problems in a state. The Cost of Services Index represents the relative cost of providing mental health treatment services in a state. The Fiscal Capacity Index represents the relative ability of the state to pay for mental health related services. The product of these factors establishes the need for a given state.

D. Estimated Federal Funding

The proposed FFY 2017 CMHS Block Grant Allocation Plan for Connecticut is based on estimated FFY 2017 federal funding of \$5,237,154 and may be subject to change when the final federal appropriation is authorized.

In the event that the anticipated funding is reduced, DMHAS and DCF will review, in consultation with the State Behavioral Health Planning Council, the criticality and performance of these programs. Based on the review, reductions in the allocation would be assessed to prioritize those programs deemed most critical to the public. In the event that funding is increased or decreased, DMHAS and DCF will review the priorities provided by the State Behavioral Health Planning Council and make appropriate allocation adjustments.

E. Total Available and Estimated Expenditures

Adult Mental Health Services: The adult portion of the CMHS Block Grant available for expenditure in FFY 2017 is estimated to be \$3,666,008.

Children's Mental Health Services: The children's portion of the CMHS Block Grant available for expenditure in FFY 2017 is estimated to be \$2,434,122, including the estimated children's portion of the FFY 2017 CMHS Block Grant allotment of \$1,571,146 and DCF carryover funds of \$862,976.

F. Proposed Changes from Last Year

Adult Mental Health Services: All areas of the Block Grant remain level funded with three exceptions.

- *SMI/SED Early Psychosis 10% Set-Aside:* In February 2016, SAMHSA notified states that the 5% set-aside for treatment of early psychosis must be increased to 10%. After reviewing possible options and consulting with DCF, DMHAS Young Adult Services (YAS) and others, the decision was made to add the additional funds to the two programs that were currently receiving funds for this set-aside. The program at the Institute of Living/Hartford Hospital and the STEP Program at Connecticut Mental Health Center/Yale University utilize multidisciplinary teams to provide outreach and engagement, individual and group psychotherapy, medication management, educational and vocational development opportunities, and family education and support to persons 16 to 26 in an effort to reduce the chronicity and severity of their psychosis and improve their adaptive functioning.
- *Outreach and Engagement of Young Adults* was a project that provided short-term funding for the development and early maintenance costs associated with a website targeting young adults with mental health issues (TurningPointCT.org). The website is operational and the short-term funding for this project has ended.
- *Mental Health First Aid (MHFA)* was a one-time expenditure in last year's allocation plan as a means to educate the public to both recognize and respond to common behavioral health issues, as well as a strategy for reducing stigma. The short-term funding planned for this project has ended.

The entire Block Grant expenditure plan is intended to maintain and enhance the overall capacity of the adult mental health service system. Consistent emphasis is placed on emergency crisis, case management, residential supports and outpatient/intensive outpatient services aimed at providing the basis for a sustained recovery in the community. Additionally, the CMHS Block Grant funds are used to promote service system improvements in identified key areas such as peer-to-peer supports, transitioning youth, early intervention for those with emerging psychosis, and mental health public awareness and education.

The Allocation Plan only represents a portion of DMHAS spending for mental health services. Most of the programs which are funded with federal Block Grant dollars also receive state funding. There is no increase or decrease in the funding of these mental health services. Any increase or decrease reflected in this Allocation Plan is only the result of changes in funding allocation between the CMHS Block Grant (reflected in the Allocation Plan) and state funds (not reflected in the Allocation Plan).

Children's Mental Health Services: The CMHS Block Grant will continue to be used to enhance services and support activities to facilitate positive outcomes for children with complex behavioral health needs and their families, and to support efforts to transform mental health care in the state. Many of last year's program enhancements were not realized due to multiple variables and associated funding is carried over to allow them to be fulfilled in FFY 2017.

Respite Care for Families (\$450,000)

An increase in funding, in the amount of \$85,000 as compared to the estimated FFY 2016 expenditure amount, is proposed to expand access across the state for families seeking respite care. The Department is integrating this service into the nine existing Care Coordination programs.

FAVOR Statewide Family Organization-Family Peer Support Specialists (\$537,300)

Funding will be maintained at the amount approved in last year's allocation plan to continue support for the ongoing development of a training and certification program for recruiting and preparing volunteer family leaders to support other families who have children with behavioral health care needs. The certified volunteer family leaders are available to support families on waiting lists for family peer specialist services.

Youth Suicide Prevention (\$96,400)

Funding will be maintained at the FFY 16 estimated expenditure level. This will support: purchase and dissemination of suicide prevention materials; training activities; activities related to the *State of Connecticut Suicide Prevention Plan 2020*; collaborative efforts to develop a regional tracking and response system; a Zero Suicide initiative in collaboration with DMHAS; and suicide prevention activities consistent with the federal Garrett Lee Smith Memorial Act.

CT Community KidCare Workforce Development-Training Culturally Competent Care (\$140,000)

Funding is proposed to be maintained at the prior year's allocation amount. \$75,000 will be utilized to assist in the development and ongoing support of a Family Learning Collaborative. This allocation is the result of a formal recommendation of the *Children's Behavioral Health Advisory Committee* to the DCF Commissioner. The purpose of the Family Learning Collaborative is to assist in preparing families who are consumers of the child and family service system to "have a seat at the table," and to have a stronger voice and say in developing and improving the behavioral health service array. \$65,000 will be utilized to support continuing efforts by the WrapCT Learning Collaborative to offer coaching and training to community-based behavioral health providers who work with non-DCF involved families. The WrapCT Learning Collaboratives' aim is to assist these providers in enabling families involved in the behavioral health system to create family-specific solutions using formal and informal supports.

Extended Day Treatment (\$35,000)

Funding is proposed to be reduced for training and consultation services provided to the statewide network of Extended Day Treatment (EDT) providers. This reflects the fact that the actual costs incurred for these activities in the last few years have consistently been less than allocated amounts.

SMI/SED Early Psychosis 10% Set Aside (\$157,115)

The proposed FFY 2017 allocation has been increased to reflect SAMHSA's doubling of the required SMI/SED Early Psychosis set-aside from 5% to 10% of the total award. Additionally, SAMHSA has modified the approved list of first psychosis interventions that may be supported with set-aside funds. Connecticut's previously approved use of set-aside dollars for Cognitive Behavioral Intervention Trauma in Schools (CBITS) programming is no longer consistent with the revised SAMHSA set-aside guidelines. Thus, DCF will discontinue use of CMHS Block Grant dollars for CBITS programming.

DCF and DMHAS have collaborated and received approval of Connecticut's plan to meet the revised federal set-aside criteria. DCF will fund a full-time outreach worker/case-finder position at Beacon Health Options, at \$100,000. This individual will identify youth and young adults with any diagnosis related to early psychotic episodes, and conduct outreach and support activities to

increase the enrollment at two treatment sites for which DMHAS has received federal approval. The two locations are Yale's *Specialized Treatment Early in Psychosis (STEP)* and the Institute of Living's (IOLs) *STEP-like* program. DCF will transfer the remaining \$57,115 of this required set-aside to DMHAS to support these treatment programs.

Mental Health Juvenile Justice Diversion (\$134,334)

Funding is proposed to be increased by \$84,334 as compared to the adopted FFY 2016 allocation. A new Hartford-based Virtual Academy Therapeutic Tutoring program will conduct outreach and tutoring, and connect youth with Serious Emotional Disturbance (SED) to the DCF Virtual Academy. The students, who may or may not be involved in the juvenile justice system, are frequently suspended, expelled or miss a large number of school days. This tutoring and education support program will offer these youth an opportunity to receive extra support to meet their educational needs, either through the DCF Virtual Academy or by reconnecting with their local educational authority.

Outpatient Care: System Treatment and Improvement (\$254,000)

Funding is proposed to be increased by \$78,000 as compared to last year's allocation. An allocation of \$96,000 for Access Mental Health remains the same. Access Mental Health provides child and adolescent psychiatric consultation to primary care physicians who are prescribing psychotropic medications. The remaining \$158,000 will provide for ongoing support and technical assistance for additional cohorts of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct (MATCH-ADTC) initiative.

Best Practice Promotion and Program Evaluation (\$183,000)

\$200,000 was allocated in FFY 2016 for work on tasks recommended within the Children's Behavioral Health Plan (PA 13-178), including: fiscal analysis, data integration, Network of Care system analysis, and implementation of national standards for culturally and linguistically appropriate services (CLAS). Due to delayed start-up, only approximately \$17,000 was expended. DCF proposes that \$183,000 be allocated in FFY 2017 to complete this work.

Outcomes: Performance Improvement and Data Dashboard Development (\$110,000)

Last year's allocation of \$103,000 enabled much, but not all, of the recent federally required client level data reporting enhancements to be completed and contributed to the development of the outcome measures collected via DCF's Provider Information Exchange (PIE) data system. This year's proposed allocation will allow for completion of the data reporting enhancements to meet the federally required outcome measures, and continue support for the collection of expanded outcome measures via PIE.

Workforce Development Higher Education In-Home Curriculum Project (\$63,750)

Funding is proposed at a slight decrease as compared to the FFY 2016 allocation plan. This allocation supports the education and recruitment of graduate students to serve in the Intensive In-Home service array.

Other Connecticut Community KidCare (\$20,000)

Funding is maintained at the FFY 2016 approved level to provide continued support for translation services and training opportunities for families and providers. This would include, but not be limited to, wraparound training sessions provided throughout the year. The two-day "Utilizing Wraparound" is the basic training that is offered most frequently, but an additional

twelve modules – half and full day - are also offered as needed to enhance the basic training. Additionally, DCF supports training sessions for providers and families related to trauma and behavioral health support in the event of local disasters.

Emergency Crisis (\$114,167)

Funding is proposed to be increased by \$50,000 as compared to FFY 2016 estimated expenditures. The additional \$50,000 will allow for continued partial support of a position within the Connecticut Children's Medical Center's (CCMC) Center for Care Coordination. This position provides care coordination services for children and youth having both behavioral health and medical needs. The balance of funding, \$64,167 will be dedicated to continuing efforts to develop standards of practice aimed at reducing trauma to Manchester's children who have been exposed to an arrest. Block Grant funding will be utilized to provide technical assistance, clinical consultation, logistical and coordinating support for this initiative.

G. Contingency Plan

This Allocation Plan was prepared under the assumption that the FFY 2017 CMHS Block Grant for Connecticut will be funded at the level of \$5,237,154 and may be subject to change. Should a reduction occur in the FFY 2017 CMHS Block Grant award, a review of the programmatic utilization and service system needs would be undertaken. Based on that review, reductions in the funding would be assessed so as to protect the most critical and high-use programs. Any increases in funding will ensure that the current level of obligations can be maintained. Currently, CMHS Block Grant obligations depend in part on funding carried forward from previous years. Funding increases will first be used to sustain the level of service currently procured via the annual, ongoing award. If there were an increase beyond that needed to maintain current services, the State Behavioral Health Planning Council would be consulted on the proposed use of those resources.

H. State Allocation Planning Process

Adult Mental Health Services:

The process of developing an Allocation Plan for the adult portion of the FFY 2017 CMHS Block Grant is based on DMHAS' regional and statewide advisory structure. This advisory structure consists of five Regional Mental Health Boards (RMHBs) and 23 Catchment Area Councils (CACs). The RMHBs are statutorily responsible for determining regional service priorities, evaluating existing services relative to service priorities, and finally, for making recommendations to the DMHAS Commissioner. As required by federal regulation, the Adult State Behavioral Health Planning Council reviews and comments on the draft CMHS State Application and plan. The Council's membership consists of representatives from each of the five RMHBs, members of the Mental Health and Addiction Services State Board, advocacy organizations, consumers and families, mental health providers as well as state agencies.

DMHAS is committed to supporting a comprehensive, unified planning process across its operated and funded mental health and addiction services at local, regional and state levels. The purpose of this planning process is to develop an integrated and ongoing method to: 1) determine unmet mental health and substance abuse treatment and prevention needs; 2) gain broad stakeholder input on service priorities and needs, including persons in recovery,

consumers, advocates, family members, providers and others; and 3) monitor ongoing efforts that result in better decision-making, service delivery and policy-making.

DMHAS' priority setting initiative, designed to engage and draw upon existing and extensive planning, advisory and advocacy structures across the state, was launched in December 2001. Fundamental to this process are RMHBs and Regional Action Councils (RACs) which are statutorily charged to determine local and regional needs and service gaps. Both of these entities, working collaboratively, facilitate a process in each of the five DMHAS service regions to assess the priority unmet service and recovery support needs across the mental health and addiction service systems. Both quantitative and qualitative data are collected, including an online provider survey of service system strengths, gaps, needs and suggested improvements; regional data profiles of DMHAS clients; and multiple focus groups of key stakeholders such as consumers/persons in recovery, family members, providers, referral agencies, law enforcement, etc. Each region creates a Regional Priority Report across the behavioral health continuum. These reports are presented to DMHAS leadership at regional meetings, providing an opportunity for dialogue between the Department and regional stakeholders. From the regional reports, a synthesized statewide priority report is created that examine cross-regional priorities and solutions. The Statewide Report is shared and discussed with the Adult State Behavioral Health Planning Council and the DMHAS Commissioner.

Since inception, DMHAS has conducted its priority setting process every other year (in even-numbered years) since 2006. The 2014 report can be viewed at: <http://www.ct.gov/dmhas/lib/dmhas/eqmi/priorityservices.pdf>. RMHBs and RACs provide "updates" in the intervening (odd-numbered year) to inform DMHAS of progress made in addressing the identified unmet needs and to alert the Department to any emerging issues.

DMHAS also provides representation and collaborates in data sharing with the *State Epidemiological Outcomes Workgroup (SEOW)* chaired by University of Connecticut researchers. Representatives from across states agencies meet to share information, identify data gaps, and discuss ways to link datasets to maximize their usefulness and better address needs of Connecticut citizens.

Child Mental Health Services:

DCF is responsible for administering children's mental health services. DCF will allocate the FFY 2017 CMHS Block Grant for the purpose of supporting services and activities that are to benefit children with SED and complex behavioral health needs and their families. These funds are used to support community-based service provision, with a focus on "enhanced access to a more complete and effective system of community-based behavioral health services and supports, and to improve individual outcomes."

The allocations and services planned for the CMHS Block Grant are based upon input from and recommendations of the Children's Behavioral Health Advisory Council (CBHAC). This committee serves as the Children' Mental Health Planning Council (CMHPC) for Connecticut. Representation of this council is made up of a majority of parents of children with SED with participation from other states agencies, community providers, and DCF regional personnel and advocacy groups. In addition, one of the co-chairs for the CBHAC must be a parent of a child with SED.

Contracted community services for children and youth are regularly reviewed and monitored by DCF through data collection, site visits and provider meetings to ensure the provision of effective, child and family-centered, culturally competent care. DCF's behavioral health information system, known as the Program Information Exchange or PIE, is used to collect monthly data. At a minimum, regular reports, including Results Based Accountability (RBA) report cards, are generated using these data to review utilization levels and service efficacy. Competitive procurement processes (e.g., Requests for Proposals (RFPs) and Requests for Applications (RFAs)) include broad participation from DCF staff, parents of children with SED and other community members. This diversity allows for multiple perspectives to be represented to inform service award and final contracting. In particular, this multidisciplinary review process ensures that the proposed program adheres to the following standards:

1. The services to be provided are clearly described and conform to the components and expectations set forth in the procurement instrument (e.g., RFP) and include, as pertinent, active membership in the System of Care-Community Collaborative by the applicant agency.
2. The services are appropriate and accessible to the population, and consistent with the needs and objectives of the State Mental Health Plan.
3. The numbers of clients to be served is indicated and supported by inclusion of relevant community demographic information (e.g., socio-economic, geographic, ethnic, racial and linguistic considerations).
4. The service will be administered in a manner that is responsive to a mechanism for routine reporting of data to DCF.
5. Performance measures and outcomes are included with a defined mechanism for routine reporting of data to DCF.

After a submitted application has been selected for funding, a contract is established. Thereafter, the contractor provides program data and fiscal reports/information related to the activities performed in meeting the contract's terms, objectives and service outcomes. Standard provider contract data includes variables pertaining to client demographics, service provision, and outcome values. DCF program managers regularly analyze, distribute, and use these data to implement service planning and/or engage in contract renewal or modification. Local geographic areas and/or statewide meetings are convened with contractors to monitor service provision and discuss needed modifications related to service provision. The agency's Central Office behavioral health staff are heavily involved in contract monitoring with respect to the Department's behavioral health service programming. These efforts include addressing child-specific treatment planning and systems/resource issues. Central Office staff's contract oversight activities are further enhanced through collaboration with DCF Regional Administrators, Office Directors, Systems Development and Clinical Directors, Regional Resource Group staff, and the membership of the local System of Care-Community Collaborative and members of local networks of care.

The above mentioned mechanisms and processes join to provide DCF with a broad and diverse array of stakeholder voices to inform program planning and allocation decisions. Moreover,

through the monthly meetings of the CBHAC/CMHPC and quarterly joint meetings with the Adult Behavioral Health Planning Council, a regular and established forum to obtain community input regarding the children's behavioral health service system is in place.

I. Grant Provisions

The Secretary of DHHS may make a grant under Section 1911 Formula Grants to States if:

- The state involved submits to the Secretary a plan providing comprehensive community mental health services to adults with SMI and to children with SED;
- The plan meets the specified criteria; and
- The Secretary approves the plan

Other limitations on funding allocations include:

- A state may use no more than 5% of the grant for administrative costs
- For FFY 2008, not less than 10% of the CMHS Block Grant was to be used to increase funding for systems of integrated services for children. For subsequent fiscal years, the state will expend for such systems an amount equal to the amount expended by the state for FFY 2008.
- CMHS Block Grant funds can only be spent for community-based mental health services and not used for inpatient or institutional psychiatric treatment and/or care.
- In February 2016, states were notified that the set-aside amount to support "evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders" would be increased to 10% of their total CMHS Block Grant funding amount.

II. Tables

TABLE # and TITLE	PAGE #
Table A: Recommended Allocations	15
Table B1: CMHS Block Grant Program Expenditures: Adult Services	16
Table B2: CMHS Block Grant Program Expenditures: Children's Services	17
Table C: Summary of Service Objectives and Activities	18 - 26

Table A

Community Mental Health Services Block Grant

Recommended Allocations

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Adult Mental Health Services	\$3,368,669	\$3,666,008	\$3,666,008	0.00%
Children's Mental Health Services	\$1,553,750	\$1,704,085	\$2,295,066	34.68%
TOTAL	\$4,922,419	\$5,370,093	\$5,961,074	11.01%
Source of Funds				
Block Grant	\$4,812,384	\$5,237,154	\$5,237,154	0.00%
Carry forward from previous year	\$1,105,950	\$995,915	\$862,976	-13.35%
TOTAL FUNDS AVAILABLE	\$5,918,334	\$6,233,069	\$6,100,130	-2.13%

Table B1

Community Mental Health Services Block Grant

Program Expenditures – Adult Services

Adult Mental Health Services	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
DMHAS Grants to DMHAS Funded Private Agencies				
Emergency Crisis	\$1,706,368	\$1,706,368	\$1,706,368	0.00%
Outpatient Services	\$561,838	\$561,838	\$561,838	0.00%
Residential Services/Supported Housing	\$136,155	\$136,155	\$136,155	0.00%
Social Rehabilitation	\$146,196	\$146,196	\$146,196	0.00%
Case Management	\$174,174	\$174,174	\$174,174	0.00%
Family Education/Training	\$50,682	\$50,682	\$50,682	0.00%
Consumer Peer Support in Psychiatric Outpatient/General Hospital	\$104,648	\$104,648	\$104,648	0.00%
Parenting Support/Parental Rights	\$52,324	\$52,324	\$52,324	0.00%
Consumer Peer Support - Vocational Rehabilitation	\$52,324	\$52,324	\$52,324	0.00%
Regional Mental Health Boards	\$61,150	\$61,150	\$61,150	0.00%
Outreach & Engagement of Young Adults	\$70,000	\$70,000	\$0	-100.00%
SMI/SED Early Psychosis 10% Set- Aside	\$252,810	\$550,149	\$620,149	12.72%
TOTAL EXPENDITURES	\$3,368,669	\$3,666,008	\$3,666,008	0.00%
	Sources of FFY 15 Allocations	Sources of FFY 16 Allocations	Sources of FFY 17 Allocations	Percentage change FFY 16 to FFY 17
Carry Forward Funds	\$0	\$0	\$0	0.00%
Federal Block Grant Funds	\$3,368,669	\$3,666,008	\$3,666,008	0.00%
TOTAL FUNDS AVAILABLE	\$3,368,669	\$3,666,008	\$3,666,008	0.00%

Table B2

**Community Mental Health Services Block Grant
Program Expenditures – Children’s Services**

Children’s Mental Health Services	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE)				
Personal Services				
Contracts				
DCF Grant to DCF Funded Private Agencies				
Respite Care for Families	\$351,050	\$365,000	\$450,000	23.29%
FAVOR Family Peer Support Specialists	\$466,659	\$537,000	\$537,300	0.06%
Youth Suicide Prevention/Mental Health Promotion	\$77,376	\$96,400	\$96,400	0.00%
CT Community KidCare (System of Care) Workforce Development/Training & Culturally Competent Care	\$140,089	\$140,000	\$140,000	0.00%
Extended Day Treatment: Model Development & Training	\$33,846	\$38,000	\$35,000	-7.89%
Evidence-based programs for early psychosis SMI/SED 5% set-aside	\$72,186	\$72,186	\$157,115	117.65%
Mental Health /Juvenile Justice Diversion	\$0	\$16,666	\$134,334	706.04%
Outpatient Care: System Treatment and Improvement	\$221,735	\$176,000	\$254,000	44.32%
Best Practices Promotion & Program Evaluation	\$110,125	\$16,666	\$183,000	998.04%
Outcomes; Performance Improvement Data Dashboard Development	\$0	\$103,000	\$110,000	6.80%
Workforce Development: Higher Education In-Home Curriculum Project	\$59,241	\$61,000	\$63,750	4.51%
Other CT Community KidCare	\$13,362	\$18,000	\$20,000	11.11%
Emergency Crisis	\$0	\$64,167	\$114,167	77.92%
Ohio Scales Outcomes	\$8,081	\$0	\$0	0.00%
TOTAL EXPENDITURES	\$1,553,750	\$1,704,085	\$2,295,066	34.68%
	Sources of FFY 15 Allocations	Sources of FFY 16 Allocations	Sources of FFY 17 Allocations	Percentage change FFY 16 to FFY 17
Children Carry Over Funds	\$1,105,950	\$995,915	\$862,976	-13.35%
Children Federal Block Grant Funds	\$1,443,715	\$1,571,146	\$1,571,146	0.00%
TOTAL SOURCES OF FUNDS	\$2,549,665	\$2,567,061	\$2,434,122	-5.18%

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
Emergency Crisis	To provide concentrated interventions to treat a rapidly deteriorating behavioral health condition, reduce risk of harm to self of others, stabilize psychiatric symptoms or behavioral and situational problems, and wherever possible to avert the need for hospitalization.	The program activities include assessment and evaluation, diagnosis, hospital prescreening, medication evaluation, and referral for continuing care if needed. Funds 8 community agencies.	3,233	Number of unduplicated clients served = 3,233 Percent evaluated within 1.5 hours of request for services = 69% (goal = 80%)
Outpatient/ Intensive Outpatient	A program in which mental health professionals evaluate, diagnose, and treat individuals with serious psychiatric disabilities or families in regularly scheduled therapy visits and non-scheduled visits. Services may include psychological testing, long-term therapy, short-term therapy or medication visits.	Services are provided in regularly scheduled sessions and include individual, group, family therapy and psychiatric evaluation and medication management. Funds 5 community agencies.	5,114	Number of unduplicated clients served = 5,114 Percent of clients with maintained or improved functioning as measured by GAF score = 37% (goal = 75%) Percent of clients completing treatment = 39% (goal = 50%)
Supported Residential and Supportive Housing Services	To foster the development of long-term solutions to the housing and service needs of families and individuals coping with psychiatric disabilities.	Services consist of transitional and/or permanent housing subsidies with funding for supportive services. Funds 1 community agency.	63	Number of unduplicated clients served = 63 Percent of clients in stable housing = 91% (goal = 85%)

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
Social Rehabilitation	To provide a long-term supportive, flexible therapeutic milieu to enhance a range of activities, including daily living skills, interpersonal skill building, life management skills, and pre-vocational skills (temporary, transitional or voluntary work assignments).	The program provides a range of therapeutic activities including diagnosis, individual or group therapy, rehabilitative services and access to psychiatric, medical and laboratory services when appropriate. Funds 1 community agency.	215	Number of unduplicated clients served = 215
Case Management	To assist persons with severe and persistent mental illness through community outreach, to obtain necessary clinical, medical, social, educational, rehabilitative, and vocational or other services in order to achieve optimal quality of life and community living.	Services may include intake and assessment, individual service planning and supports, intensive case management services, counseling, medication monitoring and evaluation. Services are intensive and range from less frequency and duration to daily assistance. Funds 4 community agencies.	178	Number of unduplicated clients served = 178 Percent participating in social support services = 92% (goal = 90%)

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

20

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
Parenting Support/Parental Rights	To maximize opportunities for parents with psychiatric disabilities to protect their parental rights, establish and/or maintain custody of their children, and sustain recovery.	Services include early intervention assessments, support services, mentoring, preparation of temporary guardianship forms, and legal assistance. Funds 1 community agency.	58	Number of unduplicated clients served = 58 Percent participating in social support services = 90% (goal = 60%)
Consumer Peer Support – Vocational	To provide consumer-driven vocational support services for individuals with psychiatric disabilities. Through the use of trained mentors, provide opportunities that will result in: 1) the development and pursuit of vocational goals consistent with the individual's recovery; 2) assist with finding, obtaining, and maintaining stable employment; and 3) the experience of an environment of understanding and respect, in which the individual is supported in their recovery.	These supports will foster peer-to-peer (consumer-to-consumer) assistance to transition individuals with psychiatric disabilities toward stable employment and economic self-sufficiency. Funds 2 community agencies.	42	Number of unduplicated clients served = 42 Percent of clients employed = 62% (goal = 35%)

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
Regional Mental Health Boards	To support grass roots community participation and input on service needs identification, quality and enhancement of the service delivery system and promote effective, efficient and consumer responsive service functions through the RMHBs to the Adult State Behavioral Health Planning Council. The Council is mandated to oversee the CMHS BG by federal law and has delegated these responsibilities to the RMHBs.	Fund RMHB for identifying needs, monitoring the quality of services, conducting formal evaluations, and special studies, which identify service gaps and deficiencies for CMHS BG mandated Council.	NA	NA
Respite for Families	To provide temporary care in the home or community to children/youth with emotional and/or behavioral special needs, which supports relief to their caregivers. Such care is intended to maintain these children/youth in their homes and communities, and provide opportunities for age-appropriate social and recreational activities. DCF has terminated 5 respite contracts and is instead embedding funds in 9 Care Coordination contracts.	DCF provided funds to 5 community agencies for the provision of respite services for children/youth with complex behavioral health needs	151 families	<p>96% of family members surveyed “agreed/strongly agreed” that they received help they wanted for their child.</p> <p>The majority agreed that their child’s overall functioning had improved and they were satisfied with the services their family received via the program.</p> <p>62% met their treatment goal.</p>

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
FAVOR Statewide Family Organization	To support meaningful family involvement in the children’s behavioral health system through a statewide family advocacy organization.	DCF provides funds to a consortium of diverse family advocacy organizations to support service and system development.	579 families received peer support services. 5,749 families met with the Family System Manager	In every survey category (access/convenience, culturally sensitive treatment planning, youth outcomes, youth social functioning, and family satisfaction), respondents “agreed” that their interaction with Family Advocacy resulted in positive outcomes and satisfaction.
Youth Suicide Prevention & Mental Health Promotion	To promote programs, activities, and strategies that prevent youth suicide and enhance positive mental health in children/ Youth. DCF funds materials and promotes EMPS and 211 suicide prevention.	DCF provides funds utilized by the CT Suicide Advisory Board and the Department’s Prevention Unit to contract for services and training related to youth suicide prevention and mental health promotion.	1,025 trained in suicide prevention activities	
System of Care Workforce Development and Training Culturally Competent Care	To enhance the provision of effective, child and family-focused, strengths-based, culturally-competent, community-based service provision through the System of Care approach.	DCF contracts with community providers, universities, and consultants; purchases assessment/evaluation materials/tools to support the provision of community-based care for children with behavioral health needs; trains agencies in CLAS standards; and promotes development of a health equity plan.	1,281 families	12 agencies trained 96 individual participants 85% of parents responded positively on training evaluations.

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
Extended Day Treatment: Model Development and Training	To support the development of a statewide, standardized, multi-faceted model of care to provide behavioral health treatment and rehabilitative supports for children and adolescents who experience a range of complex psychiatric disorders and their families.	DCF contracts with specialty vendors to deliver expert training and other supports such as trauma-focused clinical interventions, evidence-based family engagement protocols, and therapeutic recreation interventions to support the delivery of effective treatments for children with behavioral health needs and their families.	1,099 children and adolescents	65% of families meeting treatment goals
SMI/SED Early Psychosis 10% set-aside: CBITS	Training for clinical staff to implement Cognitive Behavioral Therapy in Schools (CBITS) to address trauma in young children.	The model developers provided initial and booster training to CT clinicians and oversaw the development of the CBITS Learning Collaborative contracts for trainers	Training, consultation and support to local provider agencies, school systems, and school-based health centers to disseminate CBITS across Connecticut. Training began in 2015.	By 2017 it is anticipated that up to 60 school-based clinicians will be trained to deliver the CBITS model. Currently 17 schools offer CBITS through school based services.

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

SMI/SED Early Psychosis 10% set-aside: Program Services	To engage young persons as early as possible after an initial episode of psychosis in an array of outpatient services designed to maximize adaptive functioning and minimize the severity and chronicity of their mental health condition.	Multidisciplinary team approach providing outreach and engagement, individual and group therapy, medication management, educational and vocational development opportunities, and family education and support services. Funds 2 programs.	77 clients	Number of unduplicated clients served: 77
Trauma-Focused Cognitive Behavioral Therapy Sustainability Activities	To assure that traumatized children and their families receive specialized care to meet their needs by supporting dissemination of an evidence-based treatment: Trauma-Focused Cognitive Behavior Therapy (TF-CBT).	DCF contract with the CT Center for Effective Practice to provide training, consultation, and data collection and reporting for 26 child guidance clinics that deliver TF-CBT.	1,351 children received TF-CBT	787 clinicians have been trained to date 51% of cases indicate reliable decrease in PTSD symptoms 75.5% “very satisfied” and 19.9% “mostly satisfied” on caregiver satisfaction

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
Outpatient Care: System Treatment and Improvement Initiative	To improve the mental health, well-being, and functioning of children with SED and their caregivers by sustaining and expanding availability of and access to evidence-based interventions and treatments at outpatient clinics.	DCF contracts with the Child Health and Development Institute to serve as the coordinating center to disseminate and sustain evidence-based treatment, such as Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct Disorders (MATCH-ADTC).	MATCH has been provided to 509 children and families	MATCH started enrollment 6.23.14 with 4 agencies in place. 70% of children seen are eligible for MATCH-ADTC. There will be 22 agencies when MATCH is fully disseminated in FY 18. To date there are 10 agencies trained including 75 clinicians.
Best Practices and Program Evaluation	Creation of a system wide agency plan to address the Behavioral Health needs of Connecticut's children.	Contractor assisted DCF in implementation of the Behavioral Health plan and provided consultation and technical assistance to DCF to develop and implement an effective behavioral health system for children and families. These efforts assisted in uniting the goals and provisions of PA 13-178 with the goals of other DCF grants and priorities.	Plan completed	Contract completed in June 2015.

Table C

Community Mental Health Services Block Grant Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 15	Performance Measures
Workforce Development: Higher Education In-Home Curriculum Project	To promote the development of a more informed and skilled work- force who have interest and solid preparation to enter positions within evidence-based in-home treatment programs.	DCF contracts with Wheeler Clinic to expand the pool of faculty and programs credentialed to teach evidence-based and promising practice models of in-home treatment by training university faculty to deliver the curriculum.	28 faculty trained; 166 students received certificates of completion	166 graduate students completed certification 38 guest presentations and 11 family guest presentations (including 4 youth) as speakers for all programs offering the course
Ohio Scale Study	Expert consultation to analyze Ohio Scales outcomes data statewide, regionally, and by provider agency for the following: Outpatient Psychiatric Clinics for Children; Extended Day Treatment; and Functional Family Therapy.	DCF contracted with Yale Consultation Center.	Recommendations for performance benchmarks and future studies; presentations to DCF and provider agencies	Study completed in FY 15.
Other CT Community KidCare Activities	To support participation by families and stakeholders in the System of Care, including the Children's Behavioral Health Advisory Committee (CBHAC). This is a means to facilitate broader constituent involvement in planning activities related to the provision of children's mental health services in Connecticut.	Funding is made available to assist with the functioning and charge of the CBHAC, covering modest ancillary costs associated with meetings and special events.	The CBHAC has 32 members (22 parents/ consumers and 10 state agencies/ providers) plus regular attendance by members of the public	NA

IV. Proposed Expenditures by Program Category

**For Adult Mental Health Services from DMHAS
Community Mental Health Performance Partnerships
List of Block Grant Funded Programs**

	FFY 15 Actual Expenditures (including carry forward funds)	FFY 16 Estimated Expenditures (including carry forward funds)	FFY 17 PROPOSED Expenditures (including carry forward funds)
Emergency Crisis			
Emergency Crisis	\$1,706,368	\$1,706,368	\$1,706,368
TOTAL	\$1,706,368	\$1,706,368	\$1,706,368
Outpatient Services			
Outpatient Services	\$561,838	\$561,838	\$561,838
TOTAL	\$561,838	\$561,838	\$561,838
Residential and Supportive Housing Services			
Residential and Supportive Housing Services	\$136,155	\$136,155	\$136,155
TOTAL	\$136,155	\$136,155	\$136,155
Social Rehabilitation			
Social Rehabilitation	\$146,196	\$146,196	\$146,196
TOTAL	\$146,196	\$146,196	\$146,196
Case Management Services			
Case Management Services	\$174,174	\$174,174	\$174,174
TOTAL	\$174,174	\$174,174	\$174,174
Family Education Training			
Family Education Training	\$50,682	\$50,682	\$50,682
TOTAL	\$50,682	\$50,682	\$50,682
Consumer Peer Support in Psychiatric Outpatient General Hospital			
Consumer Peer Support in Psychiatric Outpatient General Hospital	\$104,648	\$104,648	\$104,648
TOTAL	\$104,648	\$104,648	\$104,648
Parenting Support/Parental Rights			
Parenting Support/Parental Rights	\$52,324	\$52,324	\$52,324
TOTAL	\$52,324	\$52,324	\$52,324

	FFY 15 Actual Expenditures (including carry forward funds)	FFY 16 Estimated Expenditures (including carry forward funds)	FFY 17 PROPOSED Expenditures (including carry forward funds)
Consumer Peer Support - Vocational			
Consumer Peer Support – Vocational	\$52,324	\$52,324	\$52,324
TOTAL	\$52,324	\$52,324	\$52,324
Regional Mental Health Boards			
Regional Mental Health Boards	\$61,150	\$61,150	\$61,150
TOTAL	\$61,150	\$61,150	\$61,150
Outreach and Engagement of Young Adults			
Outreach and Engagement of Young Adults	\$70,000	\$70,000	\$0
TOTAL	\$70,000	\$70,000	\$0
SMI/SED Early Psychosis 10% Set Aside			
First Episode Psychosis	\$252,810	\$550,149	\$620,149
TOTAL	\$252,810	\$550,149	\$620,149

**For Children's Mental Health Services from DCF
Community Mental Health Block Grant
List of Block Grant Funded Programs**

	FFY 15 Actual Expenditures (including carry forward funds)	FFY 16 Estimated Expenditures (including carry forward funds)	FFY 17 PROPOSED Expenditures (including carry forward funds)
Respite Programs			
Home-Based Respite Care	\$351,050	\$365,000	\$450,000
TOTAL	\$351,050	\$365,000	\$450,000
FAVOR Family Peer Support Specialist Development and Direct Family Advocacy			
Development and Direct Family Advocacy	\$466,659	\$537,000	\$537,300
TOTAL	\$466,659	\$537,000	\$537,300
Youth Suicide Prevention & Mental Health Promotion			
Training & Community Outreach & Services	\$77,376	\$96,400	\$96,400
TOTAL	\$77,376	\$96,400	\$96,400
System of Care (CT KidCare)			
Workforce Development and Training including focus on competent multicultural services and learning collaborative for family members	\$140,089	\$140,000	\$140,000
TOTAL	\$140,089	\$140,000	\$140,000
Extended Day Treatment: Model Development and Training			
Model Development and Training	\$33,846	\$38,000	\$35,000
TOTAL	\$33,846	\$38,000	\$35,000
SMI/SED Early Psychosis 10% Set-Aside			
Outreach/Support	\$72,186	\$72,186	\$157,115
TOTAL	\$72,186	\$72,186	\$157,115
Mental Health Juvenile Justice Diversion			
Mental Health/Juvenile Justice Diversion	\$0	\$16,666	\$134,334
TOTAL	\$0	\$16,666	\$134,334
Outpatient Care			
System Treatment and Improvement	\$221,735	\$176,000	\$254,000
TOTAL	\$221,735	\$176,000	\$254,000

Quality of Care			
Best Practices Promotion and Program Evaluation	\$110,125	\$16,666	\$183,000
TOTAL	\$110,125	\$16,666	\$183,000
Behavioral Health Outcomes			
Performance Improvement & Dashboard Development	\$0	\$103,000	\$110,000
TOTAL	\$0	\$103,000	\$110,000
Workforce Development			
Higher Education In-Home Curriculum Project	\$59,241	\$61,000	\$63,750
TOTAL	\$59,241	\$61,000	\$63,750
Other Connecticut Community KidCare Activities			
Activities and related support to achieve the full participation of consumers and families in the System of Care, including CBHAC	\$13,362	\$18,000	\$20,000
TOTAL	\$13,362	\$18,000	\$20,000
Emergency Crisis			
Reducing Trauma Exposure	\$0	\$64,167	\$114,167
TOTAL	\$0	\$64,167	\$114,167
Outcome Study			
Ohio Scales	\$8,081	\$0	\$0
TOTAL	\$8,081	\$0	\$0