COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT ALLOCATION PLAN

FEDERAL FISCAL YEAR 2020

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

AND DEPARTMENT OF CHILDREN AND FAMILIES

STATE OF CONNECTICUT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

FFY 2020 ALLOCATION PLAN
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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 Block Grant (CMHSBG). The Connecticut Department of Mental Health and Addiction Services (DMHAS) is designated as the principal state agency for the allocation and administration of the CMHSBG within the state of Connecticut.

The CMHSBG 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 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 CMHSBG 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 CMHSBG 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 CMHSBG 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 SMI, 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 CMHSBG requires states to set aside a certain proportion of funds, based on Federal Fiscal Year (FFY) 1994 CMHSBG 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 percentage of funds exceeds the federal requirement. In addition, as of February 2016, SAMHSA requires states to set-aside 10% of their CMHSBG funding for early serious mental illness (ESMI).

The CMHSBG 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 state fiscal year (SFY) 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' calculation 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:

Starting with the FFY 2012 CMHSBG application, SAMHSA restructured the process on a two-year cycle. In the first year of the current cycle (FFY 2020), states were to develop a full application that addressed overall needs, service gaps and priorities, including performance measures. In the second year (FFY 2021), only budget information is required to explain the intended use of the annual appropriation.

Target Population: Adult Mental Health Services

The CMHSBG 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, those with SMI or SMI and a co-occurring substance use disorder who are homeless or at risk of homelessness, and individuals who are indigent, including the medically indigent.

Major Use of Funds:

DMHAS is responsible for the administration of the adult mental health component of the CMHSBG. The FFY 2020 CMHSBG funds will be allocated to community-based mental health providers across the state. Funding is provided to these facilities to support the Department's goal of reducing the incidence and prevalence of adult mental health disorders and preventing unnecessary admissions to institutions. The CMHSBG supports the state's efforts to develop a system of community-oriented, cost-effective mental

health services that allow persons to be served in the least-restrictive and most appropriate settings available. Services funded by the CMHSBG are:

- Emergency Crisis
- Outpatient/Intensive Outpatient
- Residential Services/Supportive Housing
- Social Rehabilitation
- Supported Employment/Vocational Rehabilitation
- Case Management
- Family Education/Training
- Consumer Peer Support Services in Community Mental Health Provider Settings
- Parenting Support/Parental Rights
- Peer to Peer Support for Vocational Rehabilitation
- Administration of Regional Behavioral Health Action Organizations (formerly Regional Mental Health Boards)
- Early Serious Mental Illness (ESMI)/ First Episode Psychosis (FEP) 10% Set-Aside

Target Population: Children's Mental Health Services

The CMHSBG 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 CMHSBG. The FFY 2020 CMHSBG 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 the 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 CMHSBG during FFY 2020 are:

- Respite Care for Families
- FAVOR Statewide Family Organization - 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
- Early Serious Mental Illness (ESMI)/ First Episode Psychosis (FEP) 10% Set-Aside
- Outpatient Care: System and Treatment Improvement
- Best Practices Promotion and Program Evaluation
- Outcomes: Performance Improvement and Data Dashboard Development

- Workforce Development: Higher Education In-Home Curriculum Project
- Other Connecticut Community KidCare
- Emergency Crisis

C. Federal Allotment Process

The allotment of the CMHSBG 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

This allocation plan is based on the funding level proposed in the President's budget of $6,760,070 for the FFY 2020 CMHSBG which is $70,000 more than last year's actual allocation. Last year's allocation plan was based on the President's proposed amount of $5,208,078 for FFY 2019. The final actual CMHSBG amount awarded to the state by Congress, however, was $6,690,546, nearly $1.5 million more than proposed. The final federal appropriation for FFY 2020, when authorized, could be other than as projected herein. There was also an unanticipated mid-year allocation in the amount of $141,000, designated for technical assistance expenditures only, which must be expended within the current federal fiscal year.

E. Total Available and Estimated Expenditures

Adult Mental Health Services: The total adult portion of the CMHSBG available for expenditure in FFY 2020 is estimated to be $6,198,657, which includes $4,732,049 of the CMHSBG allotment and $1,466,608 in DMHAS carry forward funds. DMHAS strives for stable funding for service providers while maintaining some carry forward for unanticipated block grant funding modifications. As a result, $5,557,398 is the planned expenditure total for FFY 2020.

Children's Mental Health Services: The total children's portion of the CMHSBG available for expenditure in FFY 2020 is estimated to be $3,345,608, which includes $2,028,021 of the CMHSBG allotment and $1,317,587 in DCF carry forward funds. Planned expenditures for FFY 2020 of $3,086,453 will afford DCF the opportunity to address service and program needs should an unanticipated reduction in block grant funding occur.

F. Proposed Changes from Last Year

Adult Mental Health Services:
The FY 2020 plan proposes increases in the following three categories compared to estimated FFY 19 levels:

- $480,000 (35.2% increase) for emergency crisis services to re-design and enhance the system for improved access

-$525,000 (85.7% increase) for residential services/supportive housing to assist in the process of successfully and appropriately discharging patients from inpatient psychiatric institutions to community-based residential services and supports

- $32,727 (45.1% increase) for family education and training to provide supportive measures to young adults entering treatment

Additionally, the FFY 2019 plan included a one-time allocation of $50,000 to assist the Regional Mental Health Board and Regional Action Councils in the transition and integration process of becoming the RBHAOs. The FFY 2020 plan does not include this one-time expenditure, resulting in a small decrease that is not anticipated to change the current level of services provided.

DMHAS has been aligning with SAMHSA's expressed priority to fund otherwise non-reimbursable services. However, given that attaining and maintaining insurance coverage is a challenge for many behavioral health clients, DMHAS recognizes that a certain percentage of the population it serves will either never be insured or will be inconsistently insured. In consequence, DMHAS continues to utilize a small amount of block grant funds for services to those who may not be insured.

The block grant expenditure plan is intended to maintain and enhance the overall capacity of the adult mental health service system. 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 which is not reflected in the allocation plan.

Children's Mental Health Services: The CMHSBG will continue to be used to enhance services and support activities to facilitate positive outcomes for children with complex behavioral health needs (SED) and their families, and to support efforts to transform mental health care in the state.

Respite Care for Families ($450,000)
Funding is proposed to be maintained at $450,000. This program will continue to provide statewide access to families seeking respite care. The Department has integrated this service into the nine existing Care Coordination programs.

FAVOR, the Statewide Family Organization-Family Peer Support Specialists ($720,000)
Funding is proposed to be increased by $135,000 as compared to last year's proposed amount. This will allow for two FTE Family Peer Support Specialists to be added, and support the work of the HOPE Family Learning Collaborative that endeavors to recruit, train, guide and mentor family champions who are interested in developing their leadership and peer support skills. The proposed allocation will also support a Family and Youth Engagement Specialist to engage and assist in recruiting families and youth to participate in the HOPE Collaborative.

Youth Suicide Prevention/Mental Health Promotion ($225,000)
Unfortunately, suicide rates in Connecticut and across the country continue to increase. Funding is proposed to be increased by $25,000 as compared to last year to help support an increase in call volume from Connecticut residents to the national suicide prevention hotline (routed to United Way crisis line) and to support a Connecticut Suicide Prevention conference. Additionally, funding will continue to support the purchase and dissemination of suicide prevention materials; 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 the Department of Public Health and DMHAS; and suicide prevention activities consistent with the federal Garrett Lee Smith Memorial Act.

CT Community KidCare: Workforce Development/Training and Culturally Competent Care ($80,000)
Funding is proposed to be maintained at last year's proposed level. This allocation 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 Collaborative' s aim is to assist these providers in enabling families involved with the behavioral health system to create family-specific solutions using formal and informal supports.

Extended Day Treatment: Model Development and Training ($40,000)
Funding remains the same as last year and will continue to support training and consultation services that are provided to the statewide network of Extended Day Treatment (EDT) providers. This will allow the EDT providers to receive training and support in utilizing the Life is Good Kids Foundation "Playmaker" curriculum, which enables childcare professionals to help children heal from early childhood trauma.

Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside ($423,453)
This category of funding is increased over last year's level because of the increased grant award from SAMHSA, which raises the required 10% set-aside. DCF will continue to fund a full-time Intensive Case Manager and a Peer Support Specialist with lived experience at Beacon Health Options to identify youth and young adults with any diagnosis related to psychotic episodes. Beacon conducts outreach and support activities to increase referrals to Yale's Specialized Treatment Early in Psychosis (STEP) and the Institute of Living's (IOLs) STEP-like program. Beacon Health Options will continue to work closely with Yale's STEP and Clinical High Risk Psychosis (CHRP) programs to provide orientation sessions of STEP and CHRP to behavioral health providers participating in the two learning collaboratives.

Outpatient Care: System and Treatment Improvement ($183,000)
Funding is proposed to be maintained at last year's originally proposed amount. Services will continue to be focused on improving outcomes for youth served by outpatient providers, improving direct linkages to schools to meet student mental health needs and continued implementation of best and evidence based practices (i.e. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Programs (MATCH-ADTC), Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Cognitive Behavior Intervention for Trauma in Schools (CBITS)). Additionally, this allocation will support enhancements in the areas of provider data input, data analysis and implementing quality outcome measures.

Best Practices Promotion and Program Evaluation ($250,000)
The proposed allocation for this item remains the same as originally proposed last year. The funding will continue to promote the work and tasks recommended within the Children's Behavioral Health Plan (PA 13-178), including: implementation of national standards for culturally and linguistically appropriate services (CLAS), fiscal analysis, data integration, and internal school self-assessment using the national School Health Assessment and Performance Evaluation (SHAPE) system. Funding will also support the development of ongoing linkages between behavioral health and primary care providers.

Outcomes: Performance Improvement and Data Dashboard Development ($200,000)
Funding is proposed to be reduced by $10,000 as compared to last year's proposed amount. The proposed allocation will allow for the continuation of data reporting enhancements to meet federally required outcome measures, provide ongoing support for the collection of expanded outcome measures, and further development of automated reporting. These efforts involve a continued focus on automation of Results

Based Accountability (RBA) report cards and other outcomes reports via DCF's Provider Information Exchange (PIE) data system.

Workforce Development: Higher Education In-Home Curriculum Project ($75,000)
Funding is proposed to remain unchanged. This allocation supports the education and recruitment of undergraduate and graduate students to serve in both the Intensive In-Home service array and the Substance Use Treatment service array.

Other Connecticut Community KidCare ($65,000)
Funding for this line item is proposed to be increased by $45,000 as compared to last year's proposed level to support expenses associated with the facilitation of the 25 Community Collaboratives. The remaining allocation will continue to support oral and written translation services that assist in training families and providers. This includes, but is not be limited to, "Wraparound" training sessions provided throughout the year. The two-day "Utilizing Wraparound" basic training 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 ($375,000)
Proposed funding for this line item has been increased from last year's proposed amount in order to address the continued large increase in call volume for Mobile Crisis. The proposed $300,000 in additional funding will be used to increase the number of Crisis Call Specialists to handle the additional call volume. The remaining funding will assist Beacon Health Options in conducting preliminary work aimed at the development of a behavioral health linkage system that would allow Mobile Crisis clinicians to schedule appointments directly with behavioral health providers.

G. Contingency Plan

This allocation plan was prepared under the assumption that the FFY 2020 CMHSBG for Connecticut will be funded at the level in the President's proposed budget of $6,760,070 and may be subject to change. In the event that anticipated funding is reduced, DMHAS and DCF will review the performance of programs in terms of their utilization, quality and efficiency. Based on this review, reductions in the allocation would be assessed to prioritize those programs deemed most critical to public health and safety.

An unanticipated funding increase will first be reviewed in light of sustaining the level of services currently procured via the annual, ongoing award. Second, if the increase is significant and allows for expansion of DMHAS and DCF service capacity, the departments will review the unmet needs for community mental health services identified through their internal and external planning processes and prioritize the allocation of additional block grant resources.

In accordance with section 4-28b of the Connecticut General Statutes, after recommended allocations have been approved or modified, any proposed transfer to or from any specific allocation of a sum or sums of over fifty thousand dollars or ten per cent of any such specific allocation, whichever is less, shall be submitted by the Governor to the speaker and the president pro tempore and approved, modified or rejected by the committees. Notification of all transfers made shall be sent to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the

budgets of state agencies and to the committee or committees of cognizance, through the Office of Fiscal Analysis.

H. State Allocation Planning Process

Adult Mental Health Services

The five Regional Behavioral Health Action Organizations (RBHAOs), which came into existence March 1, 2018 and replaced the former Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs), have been working with the DMHAS Block Grant State Planner, the DMHAS Prevention and Health Promotion Unit Director, and the University of Connecticut Health Center State Epidemiological Outcomes Workgroup (SEOW)/Center for Prevention Evaluation and Statistics (CPES) to transition to an integrated priority setting process inclusive of block grant requirements, prevention initiatives, community readiness assessments, and other data into a single unified process. Conducting annual evaluations of the DMHAS service system and identifying regional behavioral health and prevention priorities will continue to be an expectation of the RBHAOs.

For 2018, each RBHAO reviewed their respective regions and identified safe affordable housing and transportation as ongoing concerns for behavioral health clients. The opioid crisis and fears related to budget deficits were overarching concerns. The number one priority statewide was access to outpatient treatment, including medication management. There is a nation-wide shortage of psychiatrists and many of those who in practice do not accept Medicaid. Effective strategies in response to the lack of accessibility to outpatient services include: Community Care Teams (CCTs), in which local service providers sharing common clients coordinate their efforts to optimize outcomes and keep clients effectively engaged at lower levels of care and out of higher and more expensive levels of care; same day access (treatment on demand); and ongoing efforts to hire psychiatrists and Advanced Practice Registered Nurses (APRNs). Strengths of the DMHAS system identified by the priority setting process include: commitment to recovery supports; integration efforts (mental health and substance use as well as behavioral and physical health); training opportunities; trauma-informed services; and the establishment of statewide learning collaboratives on a variety of topics.

The Connecticut School Health Survey, also known as the Youth Risk Behavior Survey (YRBS), surveys students in grades 9 – 12 on a variety of health related topics. Nearly 1 in 5 students were bullied at school and nearly 1 in 6 students were victimized by electronic bullying. Suicidal thoughts and attempts are also noted.

Connecticut Youth Risk Behavior Survey (YRBS) 2017
Selected items and percentage responses for past year

Bullied on school property	18.9%
Electronically bullied	15.8%
Seriously considered attempting suicide	13.5%
Attempted suicide one or more times	8.0%

Data from the National Survey on Drug Use and Health (NSDUH) was also examined for Connecticut. Statistics on a range of mental health concerns is found below:

Adults Reporting Past Year Mental Health Measures in Connecticut (percentages) – 2016-2017 NSDUH Compared to 2017 NSDUH Estimates - United States

	United States	Connecticut
Serious Mental Illness	4.5%	4.2%
Any Mental Illness	18.9%	18.2%
Received Mental Health Services	14.8%	16.6%
Had Serious Thoughts of Suicide	4.3%	4.1%
Major Depressive Episode	7.1%	7.0%

These data indicate that Connecticut residents enjoy better mental health than the nation at large in terms of fewer mental health conditions/symptoms and better access to mental health services.

Children's Mental Health Services:

DCF is responsible for administering children's mental health services. The Department will allocate the FFY 2020 CMHSBG 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 that are planned for the CMHSBG are based upon input from and recommendations of the Children's Behavioral Health Advisory Council (CBHAC). This committee serves as the Children's Mental Health Planning Council (CMHPC) for Connecticut. A majority of the membership of this council is made up 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-chairpersons of 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:

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.

The services are appropriate and accessible to the population, and consistent with the needs and objectives of the State Mental Health Plan.

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).

The service will be administered in a manner that is responsive to a mechanism for routine reporting of data to DCF.

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 contract management staff regularly analyze, distribute, and use these data to implement service planning and/or engage in contract renewal or modifications. 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 active contract management with respect to the Department's behavioral health 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 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, regular and established forums to obtain community input regarding the children's behavioral health service system are 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
- 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
- Not less than 10% of the CMHSBG is to be used for services for children, based on 1994 expenditures
- CMHSBG funds may only be spent for community-based mental health services and not used for inpatient or institutional psychiatric treatment and/or care
- Ten percent of the total CMHSBG award must be designated for evidence based strategies to respond to Early Serious Mental Illness (ESMI) including First Episode Psychosis (FEP)
- While not a formal limitation, SAMHSA has indicated that block grant funds should not be used for services that are otherwise reimbursable

II. Tables

Table A
Community Mental Health Services Block Grant
Recommended Allocations

Program Category	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change from FFY 19 to FFY 20
Adult Mental Health Services	$4,332,953	$4,569,671	$5,557,398	21.6%
Children's Mental Health Services	$1,484,098	$2,287,453	$3,086,453	34.9%
TOTAL	$5,817,051	$6,857,124	$8,643,851	26.1%
Source of Funds				
Block Grant	$7,206,251	$6,690,546	$6,760,070	1.0%
Carry forward from previous year	$1,561,573	$2,950,773	$2,784,195	-5.6%
TOTAL FUNDS AVAILABLE	$8,767,824	$9,641,319	$9,544,265	-1.0%

Table B1
Community Mental Health Services Block Grant
Program Expenditures – Adult Services

Adult Mental Health Services	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change from FFY 19 to FFY 20
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
DMHAS Grants to DMHAS funded private agencies				
Emergency Crisis	$1,315,006	$1,363,005	$1,843,005	35.2%
Outpatient Services/Intensive Outpatient	$454,531	$433,527	$433,527	0.0%
Residential Services/Supportive Housing	$456,947	$612,717	$1,137,717	85.7%
Social Rehabilitation	$146,626	$145,044	$145,044	0.0%
Supported Employment/Vocational Rehabilitation	$469,844	$507,453	$507,453	0.0%
Case Management	$229,036	$237,155	$237,155	0.0%
Family Education/Training	$65,745	$72,576	$105,303	45.1%
Consumer Peer Support Services in Community Mental Health Provider Setting	$105,303	$104,648	$104,648	0.0%
Parenting Support/Parental Rights	$49,709	$49,708	$49,708	0.0%
Peer to Peer Support for Vocational Rehabilitation	$64,577	$52,852	$52,852	0.0%
Administration of Regional Behavioral Health Action Organizations (formerly Regional Mental Health Boards)	$243,225	$467,051	$417,051	-10.7%
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% set-aside	$732,404	$523,935	$523,935	0.0%
TOTAL EXPENDITURES	**$4,332,953**	**$4,569,671**	**$5,557,398**	**21.6%**
	Sources of FFY 18 Allocations	**Sources of FFY 19 Allocations**	**Sources of FFY 20 Allocations**	**Percentage change FFY 19 to FFY 20**
Federal Block Grant Funds	$5,014,766	$4,683,382	$4,732,049	1.0%
Carry Forward Funds	$671,084	$1,352,897	$1,466,608	8.4%
TOTAL FUNDS AVAILABLE	$5,685,850	$6,036,279	$6,198,657	2.7%

Table B2
Community Mental Health Services Block Grant
Program Expenditures – Children's Services

Children's Mental Health Services	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change from FFY 19 to FFY 20
Number of Positions (FTE)				
Personal Services				
Contracts				
DCF Grants to DCF funded private agencies				
Respite Care for Families	$386,041	$450,000	$450,000	0.0%
FAVOR Statewide Family Organization - Family Peer Support Services	$513,884	$520,000	$720,000	38.5%
Youth Suicide Prevention/Mental Health Promotion	$87,465	$200,000	$225,000	12.5%
CT Community KidCare: Workforce Development/Training and Culturally Competent Care	$64,866	$65,000	$80,000	23.1%
Extended Day Treatment: Model Development and Training	$0	$40,000	$40,000	0.0%
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% set-aside	$225,465	$328,453	$423,453	28.9%
Serious Mental Illness and Juvenile Justice Diversion	$33,699	$0	$0	0.0%
Outpatient Care: System and Treatment Improvement	$124,052	$137,000	$183,000	33.6%
Best Practices Promotion and Program Evaluation	$73,399	$186,000	$250,000	34.4%
Outcomes: Performance Improvement and Data Dashboard Development	$0	$271,000	$200,000	-26.2%
Workforce Development: Higher Education In-Home Curriculum Project	$43,918	$75,000	$75,000	0.0%
Other Connecticut Community KidCare	$11,035	$15,000	$65,000	333.3%
Emergency Crisis	$0	$0	$375,000	
Refunds	($79,726)			
TOTAL EXPENDITURES	$1,484,098	$2,287,453	$3,086,453	34.9%
	Sources of FFY 18 Allocations	**Sources of FFY 19 Allocations**	**Sources of FFY 20 Allocations**	**Percentage change FFY 19 to FFY 20**
Children Carry forward funds	$890,489	$1,597,876	$1,317,587	-17.5%
Children Federal Block Grant Funds	$2,191,485	$2,007,164	$2,028,021	1.0%
TOTAL FUNDS AVAILABLE	$3,081,974	$3,605,040	$3,345,608	-7.2%

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Adult Services				
Emergency Crisis	To provide concentrated interventions to treat a rapidly deteriorating behavioral health condition, reduce risk of harm to self or others, stabilize psychiatric symptoms or behavioral and situational problems, and wherever possible to avert the need for hospitalization.	Program activities include assessment and evaluation, diagnosis, hospital prescreening, medication evaluation, and referral for continuing care if needed. Respite services provide an opportunity for individuals to be stabilized as an alternative to hospitalization.	2,257	Number of unduplicated clients served = 2,257 Percent evaluated within 1.5 hours of request for services = 68% (goal = 75%)
Outpatient/ Intensive Outpatient	A program in which mental health professionals evaluate, diagnose, and treat persons 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.	4,516	Number of unduplicated clients served = 4,516 Percent of clients with maintained or improved functioning as measured by GAF score = 54% (goal = 75%) Percent of clients completing treatment = 45% (goal = 50%)
Residential Services/ Supportive Housing	To foster development of long-term solutions to the housing and service needs of families/ individuals coping with psychiatric disability.	Services consist of transitional and/or permanent housing subsidies with funding for supportive services.	41	Number of unduplicated clients served = 41 Percent of clients in stable housing = 89% (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 18	Performance Measures
Adult Services				
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.	201	Number of unduplicated clients served = 201
Supported Employment/ Vocational Rehabilitation	To assist persons with finding and keeping jobs that take into account their personal strengths and motivation.	Providing rapid job search and attainment, along with ongoing vocational assessment, individualized support, and benefits counseling consistent with the SAMHSA Individual Placement and Support (IPS) supported employment model.	3,687	Number of unduplicated clients served = 3,687 Percent employed 43% (goal = 35%)
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.	815	Number of unduplicated clients served = 815 Percent participating in social support services = 71% (goal = 60%)

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Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Adult Services				
Family Education/ Training	To provide information about mental illness, treatment, support services and methods of accessing services for families of those with mental health conditions.	Conduct a 12-week Family to Family (FTF) course teaching about mental illness, its treatment, coping skills and family-based self-help; conduct a 1-day Perspectives presentation meant to offer an alternative way of collaborating among providers, families and persons with a diagnosis; coordinate support groups; outreach and recruitment activities. Peer Support Groups ongoing, regularly scheduled, moderated peer support meetings serving those affected by mental illness.	FTF: 321	FTF: 19 classes and 321 attendees Perspectives: 9 presentations and 161 attendees Family Support Groups: 61 State conference: 1 event with 100 registrations Warm line: average of 43 calls/month Website visits: average of 2,200/month
Consumer Peer Support Services in Community Mental Health Provider Setting	To improve the quality of services and interactions experienced by those with psychiatric disabilities who seek crisis or outpatient treatment using trained, consumer, on-call, peer advocates as liaisons.	Assist individuals in understanding providers' policies and procedures; assure that individuals' rights are respected; assist with addressing family and staff. Funds 1 community agency.	29	Recovery Support Specialists = 29 Warm line operators = 4 Interns = 4 Continuum sites = 12 Contracted sites = 5
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.	42	Number of unduplicated clients served = 42 Percent participating in social support services = 71% (goal = 60%)

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Community Mental Health Services Block Grant
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Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Adult Services				
Peer to Peer Support for Vocational Rehabilitation	To provide opportunities to develop/pursue vocational goals consistent with recovery; assist with finding, obtaining, and maintaining stable employment; and experience respect and understanding, with mentorship and support.	These supports will foster peer-to-peer (consumer-to-consumer) assistance to transition individuals with psychiatric disabilities toward stable employment and economic self-sufficiency.	36	Number of unduplicated clients served = 36 Percent of clients employed = 43% (goal = 35%)
Administration of Regional Behavioral Health Action Organizations (formerly Regional Mental Health Boards and Regional Action Councils)	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 Regional Behavioral Health Action Organizations (RBHAOs) and 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 RBHAOs.	Fund RBHAOs for identifying needs, monitoring the quality of services, conducting system evaluations and reviews, which identify service gaps and deficiencies for CMHS Block Grant mandated Council.	N/A	N/A
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% set-aside	To prevent early serious mental illness in young persons from becoming chronic by providing targeted outreach and engagement, individual and group psychotherapy, medication management, family education and support, and educational and vocational development opportunities.	The Potential Program at the Institute of Living/Hartford Hospital and the STEP Program at Connecticut Mental Health Center/Yale University for persons 16 – 26 years old in an effort to reduce the chronicity and severity of their psychosis and improve their adaptive functioning.	113	IOL/Hartford Hospital unduplicated clients = 51 Yale University/Connecticut Mental Health Center unduplicated clients = 62

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Community Mental Health Services Block Grant
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Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Children's Services				
Respite Care for Families	To provide temporary support and care to parents/caregivers enrolled in care coordination. Respite care maintains youth in their homes and communities, and provides opportunities for age-appropriate social and recreational activities.	DCF provides funds to community agencies for the provision of respite services to care coordination enrolled families for children/youth with complex behavioral health needs.	337 youth served, while 227 of their siblings also benefited from the program through supportive participation	90% of family members surveyed "agreed or strongly agreed" that they received the help they wanted for their child. Over 94% agreed they were satisfied with services their family received via the program. 75% met their treatment goal.
FAVOR Statewide Family Organization – Family Peer Support Services	To support meaningful family involvement in the children's behavioral health system through a statewide family advocacy organization.	DCF provides funds to FAVOR to support service and system development from a family and youth lived experience perspective.	1,236 families received peer support services 4,560 families met with the Family System Managers 2,888 families attended support groups	For all survey categories: - access, - convenience, - cultural sensitivity, - treatment planning, - outcomes, - social functioning, - family satisfaction. 98% of respondents "agreed" or "strongly agreed" that their interaction with Peer Support Specialists resulted in positive outcomes and satisfaction.

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Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Children's Services				
Youth Suicide Prevention/ Mental Health Promotion	To promote programs, activities, and strategies that prevent youth suicide and enhance positive mental health in children and youth. DCF funds materials and promotes Emergency Mobile Psychiatric Services and 211 suicide prevention.	DCF provides funds utilized by the CT Suicide Advisory Board (chaired by DCF and DMHAS) to contract for services and training related to youth suicide prevention and mental health promotion.	894 trained in suicide prevention activities 82,563 marketing materials distributed	Over 85% of all those trained rated the training as satisfactory or higher and said that the training achieved the objective of giving them more confidence in responding to someone who may be a suicide risk.
CT Community KidCare: Workforce Development/ Training and 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.	402 families trained 11 agencies trained 472 individual agency participants	95% responded positively on training evaluations.
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.	1,039 children and adolescents	70% of families met treatment goals.

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Community Mental Health Services Block Grant
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Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Children's Services				
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% set-aside	To utilize Medicaid claims data and other appropriate available data to identify, refer, and follow-up on youth and young adult Medicaid members ages 16-26 who have experienced a First Episode Psychosis (FEP). Any youth or young adult identified as having experienced an FEP will be eligible for referral to appropriate treatment services as well as coordinating care involving assessment, planning, linkage, support and advocacy to assist these individuals in gaining access to needed medical, social, educational or other services.	Beacon Health Options, through the First Episode Psychosis Intensive Care Manager (FEP-ICM), will provide early identification of FEP, rapid referral to evidence-based and appropriate services, and effective engagement and coordination of care, which are all essential to pre-empting the functional deterioration common in psychotic disorders. The FEP-ICM is an independently licensed behavioral health clinician employed by Beacon Health Options who will be responsible for managing and coordinating the care of individuals who are experiencing a first or early episode psychosis. The FEP-ICM will be activated when individuals with FEP are identified.	112 youth were identified 2,095 contacts were made with youth, families, and community 100% of those who were identified received supports	100% of youth and young adult members ages 16 – 26 with a First Episode Psychosis were identified for FEP-ICM services using the Medicaid claims data algorithm, for the purpose of improving the opportunities for recovery. 100% of all youth identified were referred for services. 100% of those who refused services were informed of the benefits available to them.

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Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Children's Services				
Serious Mental Illness and Juvenile Justice Diversion	To assist students with diagnosable behavioral health conditions, who may also have experienced an incarceration or other school interruption, with credit recovery using the DCF Virtual Academy.	Provided 96 hours of support over 6 months to the youth served. The DCF Virtual Academy, under the oversight of Unified School District #2, utilizes on-line instruction to help high school students recover and complete credits for graduation.	5 youth served	2 completed some credit recovery and 1 worked towards completing their GED.
Outpatient Care: System and Treatment Improvement	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 of Connecticut 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 2,104 children and families	MATCH started enrollment in June 2014, with 4 agencies in place. 70% of children seen are eligible for MATCH-ADTC. To date there are 22 agencies trained, including 179 clinicians in FFY 2018.

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Service Category	Objective	Grantor/Agency Activity	Number Served FFY 18	Performance Measures
Children's Services				
Best Practices Promotion and Program Evaluation	To 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).	DCF contracted with: CT Children's Medical Center (CCMC) Injury Prevention Center for network of care analysis; KJMB Solutions, Inc. (KJMB) for development of data dashboards by race and ethnicity for CLAS; and Beacon Health Options for fiscal mapping.	CCMC: 2 webinars on enhancing integrated care focused on education about Mobile Crisis Services (EMPS) facilitated by the CT Chapter of the American Academy of Pediatrics will be implemented. These webinars provide pediatricians with continuing medical education credits. Both webinars' attendance exceeded 100 pediatricians. Developed a Maintenance of Certification continuous improvement module on behavioral health integration for pediatric primary care. Beacon Health Options completed the fiscal mapping processes and assisted in gathering the necessary fiscal data from 11 other state agencies.	CCMC: staff met with 6 selected pediatric practices to specifically address communications issues between pediatric offices, mental health providers and schools. Also, webinars were made available to both pediatricians and school nurses to educated them on the role of and many benefits of using Mobile Crisis. Beacon Health Options: Completed fiscal map as contracted; developed financial mapping worksheets and tools to help subcommittee members evaluate the financial map and developed the financial mapping data visualizations using a predetermined conceptual model.

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Children's Services				
Outcomes: Performance Improvement and Data Dashboard Development	Continued support to KJMB Inc. for the upgrading of the DCF Provider Information Exchange (PIE).	Support federally required client level data reporting enhancements, as well as expand the outcome measures collected via DCF's Provider Information Exchange (PIE) data system.	KJMB: Changes made to federal Uniform Reporting System tables as required to allow for automation. CMHSBG mapping table completed. Continued work on automation of Results Based Accountability (RBA) report cards for PIE programs.	Changes to PIE were funded in FFY 18 but deliverables were completed in FFY 19. KJMB: Automation of RBA reports.
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.	34 faculty trained 132 students received certificates of completion	132 graduate students completed certification. 34 guest presentations and 13 family guest presentations completed.

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Children's Services				
Other Connecticut Community KidCare	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.	CBHAC has 25 members (13 parents/ consumers and 12 state agencies/ providers) plus regular attendance by members of the public	Translation provided in all monthly CBHAC meetings.