COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT ALLOCATION PLAN

FEDERAL FISCAL YEAR 2024

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

AND DEPARTMENT OF CHILDREN AND FAMILIES

August 28, 2023

STATE OF CONNECTICUT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

FFY 2022 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 (HHS), 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 implement comprehensive community mental health services to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Funds can be used for grants to government entities and non-profit organizations for services to adults with SMI and children with SED and their families. Also eligible are services for identifiable underserved populations, and coordination of mental health and health care services in health care centers.

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 funding 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 with SED, older adults with SMI, 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 of 10%. Additionally, as of February 2016, SAMHSA requires states to set-aside 10% of their CMHSBG funding for early serious mental illness (ESMI) and first episode psychosis (FEP). As of April 2021, SAMHSA requires states to set-aside 5% of their CMHSBG funding for crisis services.

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. DMHAS utilizes DSS claims data for mental health services on an annual basis as part of the calculation to demonstrate compliance with maintenance of expenditures requirements to SAMHSA.

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

Biennial Application Process:

Starting with the FFY 2012 CMHSBG application, SAMHSA restructured the application process on a two-year cycle. In this first full even year of the two-year cycle, states are to develop a full application that addresses overall needs, service gaps and priorities, including performance measures. In the second odd year of the two-year cycle, 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 serious mental illness (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 co-occurring substance use disorder who are homeless or at risk of homelessness, older adults with SMI, 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 2024 CMHSBG funds will be allocated to community-based mental health providers across the state. Funding will be allocated 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 proposed for funding by the CMHSBG during FFY 2024 are:

- Emergency Crisis Response and Prevention (required minimum 5% set aside)
- Outpatient/Intensive Outpatient
- Residential Services/Transitional 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 (RBHAOs)
- Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) (required minimum 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 2024 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 2024 are:

- Respite Care for Families
- FAVOR Statewide Family Organization-Family Peer Support Specialists
- Youth Suicide Prevention/Mental Health Promotion
- Extended Day Treatment: Model Development and Training
- Early Serious Mental Illness (ESMI)/First Episode Psychosis (required minimum 5% 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 (required minimum 10% set- aside)

C. Federal Allotment Process

The allotment of the CMHSBG to states is determined by three factors, as outlined in federal statute: The Population at Risk Index, the Cost of Services Index, and the Fiscal Capacity Index:

1) The Population at Risk Index represents the relative risk of mental health problems in a state.
2) The Cost of Services Index represents the relative cost of providing mental health treatment services in a state.
3) The Fiscal Capacity Index represents the relative ability of the state to pay for mental health related services.

The product of these three factors determines the need for a given state.

D. Estimated Federal Funding

The FFY 2024 CMHSBG Allocation Plan is based on the funding level of the FFY 2023 CMHSBG award ($9,786,104). Historically, the allocation plan for the CMHSBG is based on the President's proposed budget for the upcoming federal fiscal year, with the anticipated funding level remaining relatively stable year-over-year. However, the President's proposed budget for FFY 2024 includes an unprecedented 60% increase to Connecticut's CMHSBG award ($16,424,865). A similar proposal by the president to dramatically increase the CMHSBG in last year's budget failed to be enacted. The United States Congress will not vote on the President's proposed FFY 2024 budget until later in FFY 2024. Therefore, this Allocation Plan has been based on the FFY 2023 CMHSBG funding level and contingencies have been contemplated should the final amount be significantly changed.

E. Total Available and Estimated Expenditures

Adult Mental Health Services: The total adult portion of the CMHSBG available for expenditure in FFY 2024 is estimated to be $8,046,792, which includes $6,850,273 of the CMHSBG allotment and$1,196,519 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, $6,067,889 is the planned expenditure total for FFY 2024.

Children's Mental Health Services: The total children's portion of the CMHSBG available for expenditure in FFY 2024 is $3,773,455, which includes $2,935,831 of the CMHBG allotment and $837,624 in DCF carry

forward funds. Planned expenditures for FFY 2024 of $3,726,786 will afford DCF the opportunity to address service and program needs.

F. Proposed Changes from Last Year

Adult Mental Health Services:

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.

Funding for Emergency Crisis Response and Prevention is being increased by $120,833 to support implementation of new suicide prevention initiatives across the state, including the national Governor's challenge to prevent suicide among Service Members, Veterans, and their Families.

Funding for Outpatient Services/Intensive Outpatient is being increased by $100,000 to provide training and consultation to staff from state operated and non-profit community mental health clinics throughout the state regarding treatment for co-occurring mental health and substance-use disorders.

Funding for Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) is being increased by $187,500 to implement a new statewide FEP consultation line that will provide clinical consultation and support to staff from state operated and private non-profit clinics throughout the state who are caring for individuals experiencing a first-episode psychosis.

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. As a result of the pandemic and the continuation of needs, DCF proposed to submit the same proposed overall budget as last year.

Respite Care for Families ($360,000)
Funding is proposed to be reduced by $90,000. This amount is reflective of actual program expenditures, taking into account annual unspent funds. 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. For example, Care Coordination programs can access credentialed services for families such as in-home psychoeducational supports or mentoring services. Additionally, day care, camp and recreational programs can be accessed to provide parents with respite.

FAVOR Statewide Family Organization-Family Peer Support Specialists ($945,000)
Funding is proposed to be increased by $225,000. This allocation will allow for the addition of two Family Peer Support Specialists and additional funds to help support increased staffing costs, particularly healthcare benefits. This increase of two staff would allow for the ability to serve up to an additional 140 families per year.

Youth Suicide Prevention/Mental Health Promotion ($225,000)

Funding is proposed to be maintained at $225,000. This allocation will continue to support suicide prevention efforts across the state. As the state and nation continue to emerge from the pandemic there is growing concern among both mental health and suicide prevention experts about rising mental health needs and suicide attempts and deaths. This allocation will continue to support evidence-based suicide prevention trainings and practices. Some examples include: Question Persuade Refer (QPR), Applied Suicide Intervention Skills (ASIST), Zero Suicide initiative activities, the promotion of the 1 Word 1 Voice 1 Life campaign which supports work with 988, and the development and implementation of mental health plans for school-age children through the use of the Gizmo's Pawesome Guide to Mental Health book and curriculum.

CT Community KidCare: Workforce Development/Training and Culturally Competent Care ($65,000)
Funding is proposed to be maintained at $65,000. This allocation will be utilized to maintain the ongoing efforts of the WrapCT Learning Collaborative to offer coaching and training to community-based behavioral health providers. 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 is proposed to be maintained at $40,000 to ensure training and consultation services 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)
Funding is proposed to be maintained at $423,453. DCF will continue to fund a full-time outreach Intensive Case Manager position at Carelon (formerly known as Beacon Health Options). This individual will identify youth and young adults with any diagnosis related to early psychotic episodes and conduct outreach and support activities to increase 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) POTENTIAL program, which is similar to STEP. Additionally, this funding will support the ongoing FEP Learning Collaborative for Yale's STEP and Clinical High-Risk Psychosis (CHRP) programs to provide orientation and training in STEP and CHRP services to interested behavioral health providers.

Outpatient Care: System and Treatment Improvement ($333,333)
Funding is proposed to be increased by $150,333. The increase represents support for the Urban Trauma Initiative performance improvement activities. This provides specialized training, supervision and supports to providers implementing a clinical model responsive to the needs of youth exposed to violence and other traumatic experience in the state's largest urban settings. Standard Outpatient performance improvement activities will also 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; Trauma-Focused Cognitive Behavior Therapy; and Cognitive Behavior Intervention for Trauma in Schools). Additionally, this allocation will support enhancements in the areas of provider data, data analysis, and implementing quality outcome measures.

Best Practices Promotion and Program Evaluation ($375,000)
Funding is proposed to be increased by $300,000. This increase enables the continuation of programs that had been supported by temporary COVID-related resources. This allows continued support of activities related to the

implementation of the CT Behavioral Health Plan Implementation. These activities include the evaluation and promotion of best practices in Intermediate Levels of Care, Data Integration and Reporting, and in Workforce Development. As it relates to Intermediate Levels of Care, the activities will continue to facilitate the evaluation of the current crisis continuum and it's response to crisis. The additional funding also provides support for workforce development activities related to the implementation of best practices in the treatment of First Episode Psychosis (FEP), and provides a forum to identify strategies to improve recruitment, retention, and quality of the workforce in Children's Behavioral Health. The funding will also continue to promote the work and tasks recommended within the Children's Behavioral Health Plan (PA 13-178), specifically the implementation and expansion of internal school self-assessments using the national School Health Assessment and Performance Evaluation (SHAPE) system. There will also be opportunities to collaborate with the newly developed Transforming Children's Behavioral Health Policy and Oversight Committee (PA 23-90) to ensure that the system is being informed by all stakeholders.

Outcomes: Performance Improvement and Data Dashboard Development ($50,000)
Funding is proposed to be maintained at $50,000. The proposed allocation will allow for the continuation of required data reporting, data enhancements that are required to meet federal outcome measures, ongoing support for the collection of expanded federal outcome measures, and further development of automated reporting.

Workforce Development: Higher Education In-Home Curriculum Project ($65,000)
Funding is proposed to be maintained at $65,000. This allocation supports the education and recruitment of undergraduate and graduate students to serve in the Intensive In-Home service array and the Substance Use treatment array. This funding is consistent with funding allocations made in prior years and will facilitate the program's operation at its intended capacity.

Other Connecticut Community KidCare ($45,000)
Funding is proposed to be maintained at $45,000. This funding will provide for continued support of oral and written translation services and training opportunities for families and providers. This includes but is not 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 are also offered, in half and full-day sessions, 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. Community collaboratives and regional suicide advisory boards will continue to be eligible to receive minimal stipends for the support of these community meetings.

Emergency Crisis ($800,000)
Funding is proposed to be maintained at $800,000. This funding will continue to be utilized to maintain the costs associated with the increased call volume to the statewide Mobile Crisis and Suicide Prevention Call Center. Additionally, this allocation will be expanded to support 5 newly created ***Regional Suicide Advisory Boards*** (***RSABs)*** within the DMHAS-funded Regional Behavioral Health Action Organizations (RBHAOs). The RBHAOs function as part of the CT statewide Suicide Advisory Board (CTSAB) and are the regional infrastructure to responding to and preventing youth contagion effects of potential additional suicides. The RSABs are strategic community partners who work across the behavioral healthcare continuum. Each RBHAO is responsible for a range of planning, education, and advocacy of behavioral health needs and services for children and adults.

G. Contingency Plan

As stated previously, this allocation plan was prepared assuming that the FFY 2024 CMHSBG for Connecticut will be the same as the FFY 2023 CMHSBG amount: $9,786,104. In the event that the FFY 2024 federal award amount is less than $9,786,104, DMHAS and DCF will review their programs for utilization, quality and efficiency. Based on this review, reductions in the allocations would be assessed to prioritize those programs deemed most critical to public health and safety.

Any funding beyond the assumed $9,786,104 will first be distributed to sustain the level of services currently procured through the annual, ongoing award. If the increase is significant and allows for expansion of DMHAS and DCF service capacity, the departments will review the unmet needs identified through their internal and external planning processes and prioritize the allocation of the additional block grant resources. The departments would also review any recently enacted legislation to determine if any require funding to implement.

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, notification of such transfers 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 allocations and services that are planned for the CMHSBG are based upon input from and feedback of the Adult Behavioral Health Planning Council (BHPC). The BHPC is a federally required body which reviews and provides feedback on a state's plan and application for the CMHSBG. In Connecticut, this council is made up of individuals with lived experience in Connecticut's behavioral health system and their family members, community providers, advocacy agencies, state agency representatives, and leadership from the state's Regional Behavioral Health Action Organizations (RBHAOs).

The RBHAOs, which replaced the former Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs), are charged with identifying strengths, needs, and gaps in mental health, substance use, and problem gambling services across the lifespan. The regional priority setting process conducted by the RBHAOs is condensed into a statewide priority setting report by the University of Connecticut Health Center's Center for Prevention Evaluation and Statistics (CPES) and is intended to inform the allocation of the CMHSBG. During the 2022/2023 regional priority setting process, suicide was identified as the top Mental Health issue in two out of five DMHAS regions, with the other two top issues identified as anxiety and depression.

In addition to regional priority setting, DMHAS conducts ongoing analysis of the treatment system through its internal data management information system – the *Enterprise Data Warehouse (EDW).* It is comprised of the Web Infrastructure for Treatment Services (WITS) for state-operated services and the DMHAS Data Performance DDaP system for DMHAS-funded services. These systems contain information on all licensed and state-operated mental health services providers within the state. Client data obtained at admission, during the course of treatment, and at discharge are analyzed to determine shifts in mental health treatment patterns by demographics, geographic areas, client outcomes, and service system performance. Provider and program level data are made available quarterly on the Department's website in a "report card" format. These reports can be found at: EQMI-Provider Quality

Reports Info (ct.gov). Additionally, statewide data from the system is organized into an Annual Statistical Report, which is available for the most recent state fiscal year (2022) at: https://portal.ct.gov/-/media/DMHAS/EQMI/AnnualReports/DMHAS-Annual-Statistical-Report-FY22.pdf.

Connecticut Mental Health data is also compared to regional and national data to identify potential emerging needs and service gaps in Connecticut. DMHAS utilizes various national data sets to identify state, regional, and national differences, including SAMHSA's National Survey on Drug Use and Health (NSDUH), Treatment Episode Data Set (TEDS), National Survey of Substance Abuse Treatment Services (N-SSATS), and SAMHSA's Behavioral Health Barometer. Identification of any significant divergence between Connecticut's mental health data and that of the region and nation, will also serve to inform the allocation plan for the CMHSBG. As the table below reflects, estimates of adult SMI and young adult SMI in Connecticut (target populations for CMHSBG) are slightly lower than regional and national estimates. Rates of SMI in the young adult population are estimated to be roughly twice that of the general adult population.

Comparison of Connecticut to Regional and National Estimates[1]

	Connecticut	Region	Nation
Adults (18+) with past year SMI	4.31%	4.62%	5.55%
Young adults (18-25) with past year SMI	9.97%	10.31%	11.42%

The DMHAS Research Division, through a unique arrangement with the University of Connecticut, has investigated issues of policy concern in behavioral health and conducted extensive program evaluation studies. Additional academic partners have included Yale University, Dartmouth College, Brandeis University, Duke University, Mount Sinai and others. Research and inquiry have encompassed areas such as supportive housing, criminal justice diversion, co-occurring mental health and substance use disorders, recovery-oriented approaches, trauma-informed care, the needs of veterans, the concerns of young adults, cost analyses, and implementation science. The results inform decision-makers at both local and national levels about the effectiveness of treatment, prevention, and community-based interventions.

Children's Mental Health Services:

DCF is responsible for administering children's mental health services. DCF will allocate the FFY 2024 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. 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. One of the co-chairpersons for the CBHAC must be a parent of a child with SED. Additionally, recommendations come from members and activities associated with the Children's Behavioral Health Plan Implementation Advisory Board and allocations

[1] SAMHSA National Survey on Drug Use and Health: Model Based Estimates (2021)

are coordinated with that body's priorities.

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. 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 program managers 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 Children's Behavioral Health Community Service System 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, 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 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:

- States must obligate and expend each year's CMHSBG allocation within two federal fiscal years.
- States must maintain aggregate state expenditures for authorized activities that are no less than the average level of expenditures for the preceding two state fiscal years.
- States 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 used for community-based mental health services and not for inpatient or institutional psychiatric treatment and/or care.
- At least 5% of the total CMHSBG award must be designated for crisis services.
- At least 10% 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 22 Expenditures	FFY 23 Estimated Expenditures	FFY 24 Proposed Expenditures	Percentage Change from FFY 23 to FFY 24
Adult Mental Health Services	5,184,841	$5,659,553	$6,067,889	7.21%
Children's Mental Health Services	$2,474,253	$3,013,188	$3,726,786	23.68%
TOTAL	**$7,659,094**	**$8,672,741**	**$9,794,675**	**30.9%**
Source of Funds				
Block Grant	$8,419,191	$9,786,104	$9,786,104	0.00%
Prior Year Carry Forward Adjustment	($1,109,886)			
Carry forward from previous year	$1,270,216	$920,427	$2,033,790	120.96%*
TOTAL FUNDS AVAILABLE	**$8,579,521**	**$10,706,531**	**$11,819,893**	**10.4%**

*DMHAS is retaining a larger carry forward in FFY 2024 compared to previous years, in order to prepare for the end of various federal grants that were received during the Pandemic. DMHAS is assessing how carry forward funds may be able to be used to sustain specific programs and services that are currently funded through these pandemic related grants.

Table B1
Community Mental Health Services Block Grant
Program Expenditure - Adult Services

Adult Mental Health Services	FFY 22 Expenditures	FFY 23 Estimated Expenditures	FFY 24 Proposed Expenditures	Percentage Change from FFY 23 to FFY 24
Number of Positions (FTE)				
Personal Services				
Contracts				
DMHAS Grants to DMHAS funded private agencies				
Emergency Crisis Response and Prevention	$2,106,939	$2,165,637	$2,286,470	5.6%
Outpatient Services/Intensive Outpatient	$407,530	$433,524	$533,524	23.1%
Residential Services/Supportive Housing	$519,416	$825,247	$825,248	0.0%
Social Rehabilitation	$134,044	$145,044	$145,044	0.0%
Supported Employment/Vocational Rehabilitation	$454,694	$499,206	$499,206	0.0%
Case Management	$222,196	$237,154	$237,154	0.0%
Family Education/Training	$112,980	$120,824	$120,824	0.0%
Consumer Peer Support Services in Community Mental Health Provider Settings	$97,821	$104,648	$104,648	0.0%
Parenting Support/Parental Rights	$45,315	$49,708	$49,708	0.0%
Peer to Peer Support for Vocational Rehabilitation	$46,841	$52,850	$52,852	0.0%
Administration of Regional Behavioral Health Action Organizations (formerly Regional Mental Health Boards)	$199,454	$209,451	$209,451	0.0%
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% set-aside	$837,611	$816,260	$1,003,760	23.0%
TOTAL EXPENDITURES	**$5,184,841**	**$5,659,553**	**$6,067,889**	**7.2%**
	Sources of FFY 22 Allocations	**Sources of FFY 23 Allocations**	**Sources of FFY 24 Allocations**	**Percentage Change FFY 23 to FFY 24**
Federal Block Grant Funds	$5,893,469	$6,850,273	$6,850,273	0.0%
Prior Year Carry forward Adjustment	($1,109,886)			
Carry forward funds	$407,057	$5,799	$1,196,519	20533%*
TOTAL FUNDS AVAILABLE	**$5,190,640**	**$6,856,072**	**$8,046,792**	**17.4%**

*DMHAS is retaining a larger carry forward in FFY 24 compared to previous years, to prepare for the end of various federal grants that were received during the Pandemic. DMHAS is assessing how carry forward funds may be able to be used to sustain specific programs and services that are currently funded through these pandemic related grants.

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

Children's Mental Health Services	FFY 22 Expenditures	FFY 23 Estimated Expenditures	FFY 24 Proposed Expenditures	Percentage Change from FFY 23 to FFY 24
Number of Positions (FTE)				
Personal Services				
Contracts				
DCF Grants to DCF funded private agencies				
Respite Care for Families	$456,000	$450,000	$360,000	-20.0%
FAVOR Family Peer Specialists	$722,451	$720,000	$945,000	31.3%
Youth Suicide Prevention/Mental Health Promotion	$155,647	$156,000	$225,000	44.2%
CT Community KidCare	$65,000	$65,000	$65,000	0.0%
Extended Day Treatment	$24,002	$24,000	$40,000	66.7%
ESMI/FEP 10% Set Aside	$376,859	$383,703	$423,453	10.4%
Outpatient Services/Intensive Outpatient	$155,872	$183,000	$333,333	82.1%
Quality of Care	$26,485	$76,485	$375,000	390.3%
Behavioral Health Outcomes	$46,410	$47,000	$50,000	6.4%
Workforce Development	$27,529	$65,000	$65,000	0.0%
Other Connecticut Community KidCare	$42,998	$43,000	$45,000	4.7%
Emergency Crisis	$375,000	$800,000	$800,000	0.0%
TOTAL EXPENDITURES	**$2,474,253**	**$3,013,188**	**$3,726,786**	**23.7%**
	Sources of FFY 22 Allocations	**Sources of FFY 23 Allocations**	**Sources of FFY 24 Allocations**	**Percentage change FFY 23 to FFY 24**
Children Federal Block Grant Funds	$2,525,722	$2,935,831	$2,935,831	0.0%
Children Carry forward funds	$863,158	$914,628	$837,271	-8.5%
TOTAL FUNDS AVAILABLE	**$3,388,880**	**$3,850,459**	**$3,773,102**	**-2.0%**

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	Performance Measures
Adult Services				
Emergency Crisis Response and Prevention	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 crisis call center and mobile crisis response, including assessment and evaluation, diagnosis, hospital pre-screening, medication evaluation, and referral for continuing care if needed. Respite services provide an opportunity for individuals to be stabilized as an alternative to hospitalization.	8,330	Number of unduplicated clients served = 8,330 Percent evaluated within 1.5 hours of request for services = 85% (goal = 75%)
Outpatient/ Intensive Outpatient	A program in which mental health professionals evaluate, diagnose, and treat persons with serious mental illness 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.	30,187	Number of unduplicated clients served = 30,187 Percent of clients completing treatment = 42% (goal = 50%)
Residential Services/ Transitional Housing	To foster development of long-term solutions to the housing and service needs of families/individuals with serious mental illness.	Services consist of intensive supportive services combined with transitional or residential housing.	364	Number of unduplicated clients served = 364 Percent of clients completing treatment = 74% (goal = 75%)

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	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.	5,676	Number of unduplicated clients served = 5,676
Supported Employment/ Vocational Rehabilitation	To assist persons with serious mental illness in 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.	2,878	Number of unduplicated clients served = 2,878 Percent employed = 62% (goal = 35%)
Case Management	To assist persons with serious 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.	11,703	Number of unduplicated clients served = 11,703 Percent reporting supportive social interactions = 90% (goal = 60%)

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	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 8-week Family to Family (FTF) course on mental illness, treatment, coping skills, and family-based self-help; offer Family Support Groups and peer-led support groups for those with lived experience of a mental health condition; offer peer-led presentations on recovery given to people with mental health conditions, family members and professionals.	FTF: 219 Support Group: 6,078 Peer-Led presentation: 630	FTF = 13 classes with 219 graduates Support groups = 842 individual family, peer, and young adult online Support Groups Peer-led presentations = 48 presentations with 630 attendees
Consumer Peer Support Services in Community Mental Health Provider Settings	To improve the quality of services and interactions experienced by those with serious mental illness 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 one community agency.	RSS Services: 32 Warm line calls: 5,536	Consumer apprenticeships: 26 Consumer initiative grant recipients: 26 Recovery Support Specialists = 19 Warm line operators = 5 Interns = 10
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, legal assistance, mentoring, and preparation of legal guardianship forms. Funds 1 community agency.	12	Number of unduplicated clients served = 12 Percent reporting supportive social interactions = 83% (goal =60%)

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	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 serious mental illness toward stable employment and economic self-sufficiency.	17	Number of unduplicated clients served = 17 Percent of clients employed = 59% (goal = 35%)
Administration of Regional Behavioral Health Action Organizations (RBHAOs)	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 Behavioral Health Planning Council. The Council is mandated to oversee the CMHSBG 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.	NA	NA

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	Performance Measures
Adult Services				
Early Serious Mental Illness (ESMI)/ First Episode Psychosis (FEP) 10% Set-Aside	To respond to early serious mental illness and first-episode psychosis among young adults and prevent the development of chronic serious mental illness, especially schizophrenia spectrum disorders.	Funding supports two programs: The Potential Program at the Institute of Living/ Hartford Hospital and the STEP Program at Connecticut Mental Health Center/Yale University. Services include targeted outreach and engagement, individual and group psychotherapy, medication management, family education and support, and education and vocational development opportunities.	206	IOL/Hartford Hospital unduplicated clients = 93; admissions = 53 Yale University/ Connecticut Mental Health Center unduplicated clients = 114; admissions = 48

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	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.	A total of 303 youth were provided respite services.	66% of families received the help that they needed 67% of families were satisfied with the services they received 75% of families met their treatment goals
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.	686 families were served by Family Peer Support Specialists. 31 new family members began participating in "system-level" meetings.	89% of families reported satisfaction with services as demonstrated by their Youth Satisfaction Surveys-Family (YSS-F) 31% of parents demonstrated a measurable reduction in the stress indexes from intake to discharge 92% of children were maintained in the home of their parents at the conclusion of Family Peer Support intervention

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	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 2-1-1 suicide prevention.	DCF provides funds utilized by the CT Suicide Advisory Board (chaired by DMHAS and DCF) to contract for services and training related to youth suicide prevention and mental health promotion.	419 individuals were trained in Mental Health First Aid (MHFA). An additional 20 individuals were trained in Youth MHFA. 135 individuals were trained in QPR (Question, Persuade and Refer). 52 individuals were trained in Train the Trainer for QPR. 9 individuals were trained in ASIST (Applied Suicide Intervention Skills Training) 320 web requests for suicide prevention materials and 447 web requests for Gizmo books were fulfilled.	90% of individuals reported a satisfactory or higher overall rating and reported feeling more confident in responding to someone who may be at risk for suicide.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	Performance Measures
Children's Services				
CT Community KidCare: Workforce Development/ Training and Culturally Competent Care	The Wrap CT Learning Collaborative's aim is to assist community-based providers in enabling families involved with the behavioral health system to create family-specific solutions to using formal and informal supports.	DCF contracts with a Performance Improvement Center to provide coaching and training to community-based behavioral health providers.	A total of 447 Care Coordinator staff trained to assume role of provider trainers in the Wraparound Practice Model. 37 individualized consultation to Care Coordination contractors and their sub-contractors were offered as well	Survey results showed 66% received the help they needed 67% were satisfied with the services they received 75% met treatment goals
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.	A total of 753 children and adolescents participated in the EDT program. A total of 40 childcare workers and clinicians were trained to administer the Project Joy Foundational curriculum. An additional 13 EDT staff attended Booster Trainings to ensure fidelity and advance the delivery of the model.	A total of 71% of families met treatment goals.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	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 12 – 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.	The count of FEP episodes is **161** The count of FEP episodes with contact is **161** Percent contacted is **100%** Count of total contact activity is **1,457**.	**100%** of youth and young adult members ages 12 – 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.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	Performance Measures
Children's Services				
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 Child Health and Development Institute of Connecticut (CHDI) 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).	A total of 512 children received MATCH-ADTC 21 new clinical staff were trained to deliver MATCH-ADTC 21 agencies were trained	93% of caregivers and 88% of children reported moderate or above satisfaction with treatment.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	Performance Measures
Children's Services				
Best Practices Promotion and Program Evaluation	To improve student-mental health services and continue implementation of national standards for culturally and linguistically appropriate services (CLAS).	DCF contracted with CHDI for implementing School Health Assessment and Performance Evaluation (SHAPE) training, and Beacon Health Options for CLAS training.	CHDI held 9 SHAPE overview webinar presentations; 100 schools and 47 school districts had been engaged in SHAPE. CHDI Project Coordinator conducted over 425 outreach and technical assistance activities during the reporting period via phone, email, virtually and in person. The State Mental Health Profile assessment was completed in the SHAPE system during the reporting period. 253 Professionals were trained in Social Determinants of Health; CLAS Standards, Implicit Bias & DEI training Additionally, 13 learning community meetings were held with 146 participants	Work completed.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	Performance Measures
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.	Annual production of URS tables and hospital re-admission data. Continued development of Results-Based Accountability (RBA) reports and related functionality. Continued enhancements to the Evidence-based Practice Tracker functionality	Work completed.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 22	Performance Measures
Children's Services				
Workforce Development: Higher Education In-Home Curriculum Project	To promote the development of a more informed and skilled workforce with 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.	Total number of masters level graduate students receiving Current Trends certificate of course completion 420.	Guest speakers arranged: 35 (including 8 presentations by families),
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: 11 are parents/caregivers /community members; 14 are providers/state department representatives, with regular attendance by the public at CBHAC meetings.	Live-virtual verbal translation provided in all monthly CBHAC meetings as well as written translation of all monthly meeting agendas and minutes.

III. Allocations by Program Category

For Adult Mental Health Services from DMHAS
Community Mental Health Services

	FFY 22 ACTUAL Expenditures (including carry forward funds)	FFY 23 ESTIMATED Expenditures (including carry forward funds)	FFY 24 PROPOSED Expenditures (including carry forward funds)
Emergency Crisis Response and Prevention			
Stabilization/respite to avert hospitalization	$2,106,939	$2,165,637	$2,286,470
TOTAL	**$2,106,939**	**$2,165,637**	**$2,286,470**
Outpatient Services/Intensive Outpatient			
Evaluation, diagnosis and treatment	$407,530	$433,524	$533,524
TOTAL	**$407,530**	**$433,524**	**$533,524**
Residential Services/Supportive Housing			
Housing subsidies/supportive services	$519,416	$825,247	$825,248
TOTAL	$519,416	$825,247	$825,248
Social Rehabilitation			
Enhance person/life skills	$134,044	$145,044	$145,044
TOTAL	**$134,044**	**$145,044**	**$145,044**
Supported Employment/Vocational Rehabilitation			
Skill building and employment support	$454,694	$499,206	$499,206
TOTAL	**$454,694**	**$499,206**	**$499,206**
Case Management Services			
Community outreach services	$222,196	$237,154	$237,154
TOTAL	**$222,196**	**$237,154**	**$237,154**
Family Education/Training			
NAMI-CT assists families	$112,980	$120,824	$120,824
TOTAL	**$112,980**	**$120,824**	**$120,824**
Consumer Peer Support Services in Community Mental Health Provider Setting			
Peers help patients navigate the system	$97,821	$104,648	$104,648
TOTAL	**$97,821**	**$104,648**	**$104,648**

Parenting Support/Parental Rights			
Assists parents with mental health issues	$49,708	$45,315	$49,708
TOTAL	**$49,708**	**$45,315**	**$49,708**
Peer to Peer Support for Vocational Rehabilitation			
Peers assist patients seeking employment	$46,841	$52,850	$52,852
TOTAL	**$46,841**	**$52,850**	**$52,852**
Administration of Regional Behavioral Health Action Organizations			
Former Regional Mental Health Boards and Regional Action Councils	$199,454	$209,451	$209,451
TOTAL	**$199,454**	**$209,451**	**$209,451**
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside			
Serves 16 – 26 year old individuals experiencing FEP	$837,611	$816,260	$1,003,760
TOTAL	**$837,611**	**$816,260**	**$1,003,760**

For Children's Mental Health Services from DCF
Community Mental Health Services

	FFY 22 ACTUAL Expenditures (including carry forward funds)	FFY 23 ESTIMATED Expenditures (including carry forward funds)	FFY 24 PROPOSED Expenditures (including carry forward funds)
Respite Care for Families			
Home-based respite care	$456,000	$450,000	$360,000
TOTAL	**$456,000**	**$450,000**	**$360,000**
FAVOR Statewide Family Organization-Family Peer Support Services			
Develop and direct family advocacy	$722,451	$720,000	$945,000
TOTAL	**$722,451**	**$720,000**	**$945,000**
Youth Suicide Prevention/Mental Health Promotion			
Training/community outreach & services	$155,647	$156,000	$225,000
TOTAL	**$155,647**	**$156,000**	**$225,000**
CT Community KidCare			
Workforce development & training; focus on competent multicultural services and learning collaborative for family members	$65,000	$65,000	$65,000
TOTAL	**$65,000**	**$65,000**	**$65,000**
Extended Day Treatment			
Model development and training	$24,002	$24,000	$40,000
TOTAL	**$24,002**	**$24,000**	**$40,000**
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-aside			
Outreach/support	$376,859	$383,703	$423,453
TOTAL	**$376,859**	**$383,703**	**$423,453**
Outpatient Services/Intensive Outpatient			
Outpatient care: system treatment and improvement	$155,872	$183,000	$333,333
TOTAL	**$155,872**	**$183,000**	**$333,333**
Quality of Care			
Best practices promotion and program evaluation	$26,485	$76,485	$375,000
TOTAL	**$26,485**	**$76,485**	**$375,000**

Behavioral Health Outcomes			
Performance improvement and data dashboard development	$46,410	$47,000	$50,000
TOTAL	**$46,410**	**$47,000**	**$50,000**
Workforce Development			
Higher education in-home curriculum project	$27,529	$65,000	$65,000
TOTAL	**$27,529**	**$65,000**	**$65,000**
Other Connecticut Community KidCare			
Activities and related support to achieve full participation of consumers/families in the system of care, including CBHAC	$42,998	$43,000	$45,000
TOTAL	**$42,998**	**$43,000**	**$45,000**
Emergency Crisis			
Mobile crisis	$375,000	$800,000	$800,000
Total	**$375,000**	**$800,000**	**$800,000**