COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

ALLOCATION PLAN

FEDERAL FISCAL YEAR 2013

Departments of Mental Health and Addiction Services
And
Children and Families

August 15, 2012

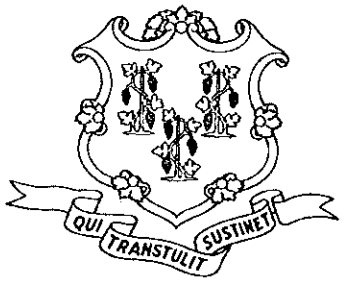

Table of Contents

		Page #
I.	Overview of the Community Mental Health Services Block Grant: Summary of Block Grant Purpose, Provisions and Proposed Changes	
A.	Purpose	1
B.	Major Use of Funds and Target Population	1 - 4
C.	Federal Allotment Process	4
D.	Estimated Federal Funding	4
E.	Estimated Expenditures and Proposed Allocations	5
F.	Proposed Allocation Changes From Last Year	5 - 6
G.	Contingency Plan	7
H.	State Allocation Planning Process	7 - 11
I.	Grant Provisions	11
II.	Tables of Budgets, Expenditures, Objectives and Activities	12
	Table A: Summary of Budgets and Federal Appropriations	13
	Table B1: CMHS BG Program Expenditures: Adult Services	14
	Table B2: CMHS BG Program Expenditures: Children Services	15
	Table C1: CMHS BG Adult Service Objectives & Activities	16 – 18
	Table C2: CMHS BG Children Service Objectives & Activities	19 – 21
III.	Allocations by Program Categories	
	Adult Services	22 - 23
	Children's Services	24 – 25

I. Overview of the Community Mental Health Services Block Grant

A. Purpose

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

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

The Community Mental Health Services Block Grant is developed within the context of Federal Public Law 102-321:

> To provide for the establishment and implementation of an organized community-based system of care for individuals with serious mental illnesses and children with serious emotional disturbance.

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

B. Major Use of Funds

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

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

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

a. services for individuals with serious mental illness (SMI) including identification of such individuals and assistance to such individuals in gaining access to essential services through the assignment of case managers;
b. identification and assessment of children and adolescents with a SED and provision of appropriate services to such individuals; and
c. 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 serious mental illness;
- persons with concomitant mental illness and mental retardation; and
- persons with mental illness who are HIV+ or living with AIDS.

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

The CMHS Block Grant also requires states to maintain expenditures for community mental health services at a level that is not less than the average level of such expenditures for the 2-year period preceding the fiscal year for which the State is applying for the Block Grant.

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

Target Population: Adult Mental Health Services

The CMHS Block Grant is intended to serve adults (ages 18 and older) with serious mentally 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, individuals who have a serious mental illness or serious mental illness with a co-occurring substance use disorder who are homeless, or at risk of homelessness, and individuals who are indigent, including those who are medically indigent.

Bi-annual Application Process:

Beginning with the FY 2012 CMHS Block Grant application, SAMHSA restructured the process to be a two-year cycle. In the first year, states are to develop a full application that speaks to the overall needs, service gaps and priorities including performance measures. In the second year (FY 2013) only budget information is required to explain the intended use of the annual appropriation.

The next full application will be for FY 2014 with a modified application due April 1, 2013.

Target Population: Children Mental Health Services

The CMHS BG is intended to serve children, birth to age 18, with Serious Emotional Disturbance (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:

Adult Mental Health Services

DMHAS is responsible for the administration of the adult mental health component of the CMHS Block Grant. The FFY 2013 CMHS Block Grant funds will be allocated to community-based mental health providers across the state. Funding is provided to these agencies to support the Department's goal of reducing the incidence and prevalence of adult mental health disorders and preventing unnecessary admissions to and residence in institutions. The CMHS Block Grant supports the state's efforts at developing a system of community-oriented, cost-effective mental health services that allow persons to be served in the least restrictive, most appropriate settings available. Services funded by the CMHS Block Grant are:

- Emergency/Crisis
- Outpatient/ Intensive Outpatient
- Residential Services
- Case Management
- Social Rehabilitation
- Family Education Training
- Parenting Support/Parental Rights
- Consumer Peer Advocates in Community Mental Health Providers
- Consumer Peer to Peer Support for Vocational Rehabilitation
- Administration of Regional Mental Health Planning Boards
- Outreach and Engagement to Young Adults

Children's Mental Health Services

DCF is responsible for the administration of the children's mental health component of the CMHS Block Grant. The FFY 2013 CMHS Block Grant funds will be allocated for community-based mental health service provision and mental health transformation activities in Connecticut for children and their families. Funding is 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 behavioral health care for children and their families. Services proposed for funding by the CMHS Block Grant during FFY 2013 are:

- Respite Services
- Family Advocate Services
- Youth Suicide Prevention & Mental Health Promotion
- Community System of Care (CT KidCare) - Workforce Development/Training and Culturally Competent Care
- Extended Day Treatment: Model Development and Training
- Trauma-Focused Cognitive Behavior Therapy - Sustainability Activities
- Mental Health/Juvenile Justice Diversion
- Outpatient Care- System and Treatment Improvement
- Outcomes: Performance Improvement
- Workforce Development: Higher Education In-Home Curriculum Project
- Other CT Community Kid Care Activities to facilitate broader, diversified consumer and family participation in overall system planning, delivery, and oversight.

C. Federal Allotment Process

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

D. Estimated Federal Funding

The FFY 2013 CMHS Block Grant Allocation Plan for Connecticut is based on an estimated federal funding of **$4,464,764** and may be subject to change when the final federal appropriation is authorized including any changes brought about by the Budget Control Act of 2011. The allocation plan is based on Connecticut's final FFY 2012 CMHS Block Grant award.

In the event that the anticipated funding is reduced, the DMHAS and DCF will review, in consultation with the State Mental Health Planning Council, the criticality and performance of these programs. Based on the review, reductions in the allocation would be assessed so as to prioritize those programs deemed most critical to the public. In the event that funding is

increased or decreased, DMHAS and DCF will review the priorities provided by the State Mental Health Planning Council and make appropriate allocation adjustments.

E. Estimated Expenditure and Proposed Allocations

Adult Services:

The total CMHS Block Grant funds available for expenditure in FFY 2013 is estimated to be **$3,403,680** including the estimated federal adult portion of the FY 2013 CMHS block grant allotment of **$3,125,335** and DMHAS carry over funds of **$278,345**.

Children Services:

Total CMHS Block Grant funds available for expenditure in FFY 2013 is estimated to be **$1,985,132** including the estimated children's portion of the FY 2013 CMHS block grant allotment of **$1,339,429** and the estimated carry over funds in the amount of **$645,703**.

F. Proposed Allocation Changes From Last Year

Adult Mental Health Services:

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

On February 27, 2012, DMHAS was informed that the FFY 2012 CMHS Block Grant appropriation for Connecticut had increased by $337,508. The DMHAS share of this increase was $236,256 or 70%, with the remainder allocated to children's service at DCF.

In FFY 2013, DMHAS has only one change in its allocation of CMHS Block Grant funds, namely Outreach and Engagement for Young Adults. This capacity building initiative is based upon the Adult Mental Health Planning Council's deliberations over the past six months regarding how the increased CMHS Block Funds should be allocated. Five draft proposals were considered by the Council and voted on as to the priority recommendation to be offered to the DMHAS Commissioner. The Council's priority recommendation is based upon the fact that rates of mental illness are the highest in young adults, ages 18-25 (30% for any form of mental illness and 7.3% for serious mental illness), yet young adults were found to have the lowest rate of use of mental health services at 11%. The issues of developmental stage of individuation, stigma/discrimination, risk of personal exposure, fear of bullying, hesitancy to engage in groups all contribute to reluctance to engage in services by young adults. This is also the age at which many major mental illnesses become evident or exacerbated. Services are often unavailable or not specific to the needs of this "transitional" demographic.

To address this issue, the Connecticut Adult Mental Health Planning Council recommended that the CMHS Block Grant funds be used to provide a technologically based approach to engaging youth and young adults in mental health services. This represents a unique opportunity to develop innovative approaches (e.g., social media) to encourage personal engagement in mental well-being at an earlier age thus avoiding more costly interventions later. Work is underway to develop deliverables and contract for services with the expectation that the project will start on October 1, 2012.

Children's Mental Health Services:

The CMHS Block Grant will continue to be used to enhance services and support activities to facilitate positive outcomes for children with complex behavioral health needs and their families, and to support efforts to transform mental health care in the state. The family-based services and several multi-year initiatives will continue to be funded at the same levels. These include: Respite Services; Family Advocate Services; Youth Suicide Prevention and Mental Health Promotion; CT Community KidCare (System of Care) Workforce Development/ Training; Extended Day Treatment Model Development/Training; Mental Health/Juvenile Justice Diversion; Workforce Development: Higher Education In-Home Curriculum Project; and Other CT Community KidCare.

For the FFY 2013 Allocation Plan, the allocations for three categories have changed. Trauma-Focused-Cognitive Behavior Therapy - Sustainability Activities has been increased to provide additional training, clinical consultation and related supports to sustain the delivery of the evidence-based treatment at 16 outpatient psychiatric clinics for children. This is necessary to address the significant challenges such as the complexity of cases and staff turnover. The category of Outpatient Care: System Treatment and Improvement allocation includes a carryover of $375,401 and an additional allocation of $112,401, totaling $487,801. Due to a delay in negotiating a Personal Service Agreement (PSA), the funds ($375,401) were not expended in FFY 2012 for dissemination of an evidence-based treatment for children and families at selected outpatient clinics, however, the PSA is now being executed and these funds have been carried over and will be expended for this same purpose during FFY 2013. Additionally, $112,401 has been allocated to continue to enhance the quality of clinical care through evidence-based treatment approaches. The selection of a treatment will be determined by the Outpatient Learning Community, which is comprised of outpatient providers, families, other state agencies, and advocacy groups. For the category of Outcomes: Performance Improvement, the 100,000 FFY 2012 allocation has been carried over to continue and complete the development/delivery of outcomes-based interactive dashboards to monitor the effectiveness of services delivered by multiple providers, services and programs. An additional $50,000 will be allocated to the state's vendor for the behavioral health information system to support the development of web services. A small amount of funds ($8,500) will be allocated to support outcomes reporting for the Global Appraisal of Needs (GAIN) Short Screen instrument, which is a standardized substance abuse/general mental health screening tool that has been implemented in outpatient settings. The screening tool identifies children/youth that might need further alcohol/drug assessment and/or treatment.

G. Contingency Plan

This allocation plan has been prepared under the assumption that the FFY 2013 CMHS Block Grant for Connecticut will be funded at **$4,464,764** and may be subject to change. Should a reduction occur in the FFY 2013 CMHS Block Grant award, a review of the programmatic utilization and service system needs would be undertaken. Based on that review, reductions in the funding would be assessed so as to protect the most critical and high-use programs. Any increases in funding will ensure that the current level of obligations can be maintained. Currently, CMHS Block Grant obligations depend in part on funding carried forward from previous years. Funding increases will first be used to sustain the level of services currently procured via the annual, ongoing award. If there were an increase beyond that needed to maintain current services, the State Mental Health Planning Council would be consulted on the proposed use of those resources.

H. State Allocation Planning Process

Adult Mental Health Services

The process of developing an Allocation Plan for the adult portion of the FFY 2013 CMHS Block Grant is based on DMHAS' regional and statewide advisory structure. This advisory structure consists of five Regional Mental Health Boards (RMHBs) and 23 Catchment Area Councils (CACs). The RMHBs are statutorily responsible for determining regional service priorities, evaluating existing services relative to service priorities, and finally, for making funding recommendations to the DMHAS Commissioner. As required by federal regulation, the Adult State Mental Health Planning Council (ASMHPC) reviews and comments on the draft CMHS State Plan and Application. The Council's membership consists of representatives from each of the five RMHBs, members of the Mental Health and Addiction Services State Board, advocacy organizations, consumers and families as well as mental health providers and state agencies.

DMHAS is committed to supporting a comprehensive, unified planning process across its operated and funded mental health and addiction services at local, regional and state levels. The purpose of this planning process is to develop an integrated and ongoing method to: 1) determine unmet mental health and substance abuse treatment and prevention needs; 2) gain broad stakeholder input on service priorities and needs, including persons in recovery, consumers, advocates, family members, providers and others; and 3) monitor ongoing efforts that result in better decision-making, service delivery, and policymaking.

In December 2001, DMHAS launched its priority setting initiative designed to engage and draw upon the existing and extensive planning, advisory and advocacy structures across the State. Fundamental to this process are RMHBs and Regional Action Councils (RACs) statutorily charged to determine local and regional needs and service gaps. Both of these entities, working collaboratively, facilitate a process in each of the five DMHAS service regions to assess the priority unmet service and recovery support needs across the mental health and addiction service systems. Since 2001, DMHAS has conducted its priority setting process five times (in even numbered years), the most recent being spring 2010. RMHBs

and RACs provide "updates" in the intervening years to inform DMHAS of progress made in addressing the identified unmet needs and to alert the department to any emerging issues.

In the 2004 priority process, a key informant mail questionnaire was added to the qualitative (focus groups, personal interviews, etc.) process. This was revised in 2010 for web-base application. Key informant constituency groups participating in the survey included providers, referral agencies (shelters, criminal justice officials, etc.), and local professionals (e.g. social workers). Additionally, the RACs and RMHBs utilized DMHAS service data, local needs assessments, and other planning documents as part of the local needs assessment. This process results in Regional Priority Reports across the behavioral health service continuum. These reports are presented to DMHAS staff at regional meetings, providing an opportunity for dialogue between the department and regional stakeholders. From the regional reports, a synthesized statewide priority report is created that examines cross regional priorities and solutions. The statewide report is shared and discussed with the Adult Mental Health Planning Council, the Mental Health and Addiction Services State Board and the Commissioner's executive group. DMHAS uses this report, along with other strategic documents, in its biennial budget development process.

In 2010, findings from the key informant surveys were shared with local/regional stakeholders (including consumers and family members) at focus groups, community forums or other venues. These discussions provided an opportunity to obtain additional and clarifying information on the service needs as identified through the survey as well as ones not identified. The following is a summary of preliminary findings regarding priority need areas:

Housing

Housing, which has been a high need area since 2002, continues to be a pressing concern in 2010. Affordable, safe housing for DMHAS consumers is severely limited in all regions and communities across the state, although it is felt more strongly in some than others. In most regions, lack of housing was identified as the greatest barrier to treatment and ongoing recovery from mental illness. All forms of housing were seen as needing additional resources but most particularly supportive and transitional housing were cited as having the greatest potential to move persons into recovery. While strides in affordable housing had been made for those homeless and having a mental illness, the state's economic downturn, beginning in 2008, has placed additional burdens on an already strained system.

Transportation

Transportation continues to be one of the greatest barriers to successful community integration and recovery. This need area, similar to housing, has been ranked in the top five priority areas for the last four needs assessments. Limited access to public transportation dictates where a consumer lives, works and socializes. Limited fixed route service and hours of operations greatly challenge consumers as to the life they live which those of us who have cars rarely think about. Limited or no weekend or evening bus service makes it impossible for consumers to attend support groups and/or social events or work at evening jobs. Travel

between towns can be difficult if those towns reside in separate transit districts. For those in rural or suburban areas, the lack of available public transportation is even worse, forcing some to move to urban centers to get needed services, find affordable housing or seek employment. In turn, the cities feel they are overburdened supporting the regions social service needs.

Service Infrastructure – Clinical Care

Providers clearly perceive some areas of DMHAS core services as limited in availability. Group Homes was seen by a vast majority of respondents as lacking with 74% saying that this service was available sometimes or not at all. A close second was DMHAS acute inpatient beds with 72% noting lack of availability followed by subacute beds at 69% and co-occurring inpatient beds at 66%. Availability of Young Adult Services (YAS) inpatient beds were seen as less available (62%) than YAS Community Teams (54%) although both of these services had relatively high "Don't Know" response rates (22% and 17% respectively). Assertive Community Treatment, at 60%, received a low availability rating which might be in response to DMHAS' recent efforts to validate this service based upon fidelity standards. Lastly, half of the respondents rated community general hospitals acute inpatient beds as sometimes available or not available.

Service Infrastructure – Support Services

A low availability rating for some support services reflects those service system barriers receiving a high rating (always/often a barrier). For instance, housing was seen as always or often a barrier to getting services and supervised apartments and supportive housing were both rated as having limited availability (70% and 58%, respectively). Transportation was the second highest rated barrier at 55% and 70% of survey respondents felt that transportation services were sometimes available or not available. Other support services with low availability included supported education (57%) and peer-to-peer services (54%), both relatively new services.

DMHAS is currently in the process of concluding its 2012 Priority Setting Process which will be fundamental to the development of the FFY 2014 CMHS Block Grant application.

Children's Mental Health Services

The Department of Children and Families (DCF) is responsible for administering the set aside for children's mental health services. DCF will allocate the FY 2013 CMHS Block Grant for the purpose of supporting services and activities that are to benefit children with serious emotional disturbances (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". 1

---

[1] *Developing An Integrated System for Financing and Delivering Public Behavioral Health Services For Children and Adults in Connecticut A Report to the Connecticut General Assembly Pursuant to Public Act 01-2 JSS Section 49 and Public Act 01-8 JSS*

Allocations and the service plan to the CMHS Block Grant are based upon input from and recommendations of the Children's Behavioral Health Advisory Committee (CBHAC). This committee serves as the Children's Mental Health Planning Council (CMHPC) for Connecticut. Representation on this council/committee includes at least 51% parents of children who have serious emotional disturbances, other State agencies, community providers, and DCF regional personnel and advocacy groups. In addition, one of the co-chairs for the CBHAC must be a parent of a child with SED. Contracted community services for children and youth are regularly reviewed and monitored by DCF through data collection, site visits and provider meetings to ensure the provision of effective, child and family-centered culturally competent care. The behavioral health information system, known as Programs and Services Data Collection and Reporting System (PSDCRS), is used to collect monthly data. At a minimum, regular reports are generated using these data to review utilization levels and service efficacy.

Competitive procurement processes (e.g., Requests For Proposals (RFP) and Requests For Applications (RFA)) typically include broad participation from DCF staff persons, parents of children with SED and other community members. This diversity of personnel supports multiple perspectives being represented to inform service award and final contracting. In particular, this multidisciplinary review process insures that the proposed program includes, but is not limited to, the following:

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

After a submitted application has been selected for funding, a contract detailing the aforementioned 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 contract renewal or modification.

Area Office and/or statewide meetings are convened with contractor(s) to monitor service provision, and discuss needed modifications related to service provision. Central Office Behavioral Health staff persons are heavily involved in contract monitoring with respect to the Department's behavioral health service programming. These efforts include addressing child-specific treatment planning and systems/resource issues. Central Office staff contract oversight activities are further enhanced through collaboration with DCF Area Office Regional Administrators, Office Directors, Systems Development and Clinical Support Managers, and Regional Resource Group staff, and the membership of the local System of Care Community Collaboratives and the Managed Service Systems.

The above-mentioned mechanisms and processes join to provide DCF with a broad and diverse array of stakeholder voices to inform program planning and allocation decisions. Moreover, through the monthly meetings of the CBHAC/CMHPC and quarterly joint meetings with the Adult Mental Health Planning Council, a regular and established forum to obtain community input regarding the children's behavioral health service system is in place.

I. Grant Provisions

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

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

Other limitations on funding allocation include:

- A state may use no more than 5 percent of the grant for administrative costs.
- For FFY 2008, not less than 10 percent of the CMHS Block Grant was to be used to increase funding for systems of integrated services for children. For subsequent fiscal years, the state will expend for such systems an amount equal to the amount expended by the State for FFY 2008.
- CMHS Block Grant funds can only be spent for community-based mental health services and not used for inpatient or institutional psychiatric treatment and/or care.

II. Tables

TABLE # and TITLE		PAGE #
Table A	Summary of Appropriations and Expenditures	13
Table B1	CMHS Block Grant Program Expenditures: Adult Services	14
Table B2	CMHS BG Program Expenditures: Children's Services	15
Table C1	Summary of Service Objectives and Activities: Adult Services	16 – 18
Table C2	Summary of Service Objectives and Activities: Children's Services	19 – 21

Table A

Community Mental Health Services Block Grant
Summary of Appropriations and Expenditures

PROGRAM CATEGORY	FFY '11 Expenditures	FFY '12 Estimated Expenditure	FFY '13 Proposed Expenditure
Adult Mental Health Services	$2,889,079	$2,900,290	$3,136,546
Children's Mental Health Services	$1,103,530	$1,372,095	$1,985,132
TOTAL BUDGETED	**$3,992,609**	**$4,272,385**	**$5,121,678**
SOURCE OF FUNDS			
Block Grant Award	$4,127,256	$4,464,764	$4,464,764
Adult Carry Forward From Previous Year	$53,300	$53,300	$278,345
Children's Forward From Previous Year	$543,722	$678,369	$645,703
TOTAL FUNDS AVAILABLE	**$4,724,278**	**$5,196,433**	**$5,388,812**

TABLE B1
Community Mental Health Services Block Grant
PROGRAM EXPENDITURES - ADULT SERVICES

Title of Program Category: **Adult Mental Health Services**	**FFY 11 Expenditure**	**FFY 12 Estimated Expenditure**	**FFY 13 Proposed Expenditure**
Number of Positions (FTE)*			
Personal Services*			
Fringe Benefits*			
Other Expenses*			
Equipment*			
Contracts*			
DMHAS Grants to: DMHAS Funded Private Agencies:			
Emergency Crisis	$1,533,912	$1,543,154	$1,543,154
Outpatient Services	$635,574	$635,587	$635,587
Residential Services/ Supported Housing	$108,501	$108,514	$108,514
Social Rehabilitation	$146,598	$146,626	$146,626
Case Management	$140,685	$140,617	$140,617
Family Education Training	$67,576	$67,576	$67,576
Consumer Peer Support in Emergency Dept General Hospital	$104,648	$0	$0
Consumer Peer Support in Psychiatric Outpatient General Hospital	$0	$104,648	$104,648
Parenting Support / Parental Rights	$52,324	$52,324	$52,324
Consumer Peer Support - Vocational Rehab.	$50,341	$52,324	$52,324
Regional Mental Health Boards	$48,920	$48,920	$48,920
Outreach and Engagement of Young Adults	$0	$0	$236,256
TOTAL EXPENDITURES	**$2,889,079**	**$2,900,290**	**$3,136,546**
	Sources of FFY 11 Allocations	**Sources of FFY 12 Allocations**	**Sources of FFY 13 Allocations**
Adult Carry Forward Funds	**$53,300**	**$53,300**	**$278,345**
Adult Federal Block Grant Funds	**$2,889,079**	**$3,125,335**	**$3,125,335**
TOTAL SOURCES OF FUNDS	**$2,942,379**	**$3,178,635**	**$3,403,680**

* Not able to identify these amounts specific to the Block Grant Funds since all funded programs receive state dollars as well as other income, as necessary, to cover all costs associated with the program. The Block Grant dollars do not fund any programs exclusively.

TABLE B2
Community Mental Health Services Block Grant
PROGRAM EXPENDITURES - CHILDREN'S SERVICES

Title of Program Category **Children Mental Health Services**	**FFY 11 Expenditure**	**FFY 12 Estimated Expenditure**	**FFY 13 Proposed Expenditure**
Number of Positions (FTE)*			
Personal Services*			
Fringe Benefits*			
Other Expenses*			
Equipment*			
Contracts*			
DCF Grants to: DCF Funded Private Agencies			
Respite for Families	$413,276	$425,995	$425,995
Family Advocate Services	$467,300	$467,300	$467,300
Youth Suicide Prevention/ Mental Health Promotion	$42,800	$50,000	$50,000
CT Community KidCare (System of Care) Workforce Development/Training & Culturally Competent Care	$52,456	$65,000	$65,000
Extended Day Treatment: Model Development and Training	$66,315	$60,000	$60,000
Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative	$48,775	0	0
Trauma-Focused Cognitive Behavior Therapy - Sustainability Activities		$62,000	$160,536
Mental Health/Juvenile Justice Diversion		$15,000	15,000
Outpatient Care: System Treatment and Improvement	$8,808	$3,025	$487,801
Best Practices Promotion and Program Evaluation		$131,972	0
Outcomes: Performance Improvement		0	$158,500
Workforce Development: Higher Education In-Home Curriculum Project		$75,000	$75,000
Other Connecticut Community KidCare	$3,800	$20,000	$20,000
TOTAL EXPENDITURES	**$1,103,530**	**$1,375,292**	**$1,985,132**
Refund Checks	**0**	**($3,197)**	**0**
TOTAL NET EXPENDITURES	**$1,103,530**	**$1,372,095**	**$1,985,132**
	Sources of FFY 11 Allocations	**Sources of FFY 12 Allocations**	**Sources of FFY 13 Allocations**
Children Carry Over Funds	$543,722	678,369	$645,703
Children Federal Block Grant Funds	$1,238,177	1,339,429	$1,339,429
TOTAL SOURCES OF FUNDS	**$1,781,899**	**2,017,798**	**$1,985,132**

* Not able to identify specific amounts to the BG Funds since all funded programs receive state dollars as well as other income, not exclusively Block Grant funds

Table C1

Summary of Adult Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 2012*
Emergency Crisis	To provide concentrated interventions to treat a rapidly deteriorating behavioral health condition, reduce the risk of harm to self or others, stabilize psychiatric symptoms, or behavioral and situational problems, and wherever possible to avert the need for hospitalization.	The program activities include assessment and evaluation, diagnosis, hospital prescreening, medication evaluation, and referral for continuing care if needed. Funds eight community agencies.	6,712 unduplicated adults
Outpatient/ Intensive Outpatient Services	A program in which mental health professionals evaluate, diagnose and treat individuals with serious psychiatric disabilities or families in regularly scheduled therapy visits and non-scheduled visits. Services may include psychological testing, long-term therapy, short-term therapy, group therapy or medication visits.	Services are provided in regularly scheduled sessions and include individual, group, family therapy, and psychiatric evaluation and medication management. Funds four community agencies.	5,505 unduplicated adults
Supported Residential and Supportive Housing Services	To foster the development of long-term solutions to the housing and service needs of families and individuals, coping with psychiatric disabilities.	Services consist of transitional and/or permanent housing subsidies with funding for supportive services. Funds one community agency.	97 unduplicated adults
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 prevocational skills. Prevocational activities will include temporary, transitional, or volunteer work assignments.	The program provides a range of therapeutic activities including diagnosis, individual or group therapy, rehabilitative services and access to psychiatric, medical, and laboratory services when appropriate. Funds one community agency.	198 unduplicated adults

***SFY 2012 is based on recent 12 months for which data is available (April 1, 2011 – March 31, 2012)**

Table C1 (Continued)

Summary of Adult Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 2012*
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. Funding four community agencies.	434 unduplicated adults
Family Education Training	To provide information about mental illness, treatment, support services and methods of accessing services for families of those afflicted with severe biological brain disorders.	Conduct a 12-week Family to Family (FTF) course teaching about mental illness, its treatment, coping skills and family-based self-help; Conduct a 10-week Providers Education Program teaching mental health education and consumer/ provider/family collaboration; Coordinate conferences and workshops; outreach and recruitment activities. Funds one advocacy community agency.	364 FTF attendees (unduplicated) 50 participants (unduplicated) 40 attendees to conferences
Consumer Peer Advocates in Community Mental Health Providers	To improve the quality of services and interactions experienced by individuals with psychiatric disabilities who seek crisis or outpatient treatment using trained consumers 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.	2,116 adults (duplicated) seen with mental health issues in Crisis Unit of Mental Health Center

Table C1 (Continued)

Summary of Adult Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 2012*
Parenting Support	To maximize opportunities for parents with psychiatric disabilities to	Services include early intervention	17 unduplicated

/Parental Rights	protect their parental rights, establish and/or maintain custody of their children, and sustain recovery.	assessments, support services, mentoring, preparation of temporary guardianship forms & legal assistance. Funds one community agency.	individuals
Consumer Peer Support - Vocational	To provide consumer-driven vocational support services for individuals with psychiatric disabilities. Through the use of trained mentors, provide opportunities that will result in: 1) the development and pursuit of vocational goals consistent with the individual's recovery; 2) assist with finding, obtaining, and maintaining stable employment; and, 3) the experience of an environment of understanding and respect, in which the individual is supported in their recovery.	These supports will foster peer-to-peer (consumer-to-consumer) assistance to transition individuals with psychiatric disabilities toward stable employment and economic self-sufficiency. Funds two community agencies.	43 unduplicated individuals
Regional Mental Health Boards	To support grass roots community participation and input on service needs identification, quality and enhancement of the service delivery system and promote effective, efficient and consumer responsive service functions through the Regional Mental Health Boards to the Adult State Mental Health Planning Council. The Adult State Mental Health Planning Council is mandated to oversee the CMHS PP BG by federal law and has delegated these responsibilities to the RMHBs.	Fund Regional Mental Health Boards for identifying needs, monitoring the quality of services, conducting formal evaluations, and special studies, which identify service gaps and deficiencies for CMHS BG mandated Adult State Mental Health Planning Council.	Not applicable
Outreach and Engagement to Young Adults (New Service for FY 2013)	This initiative will design or adopt an electronic outreach system in an age-appropriate manner using social media forms such as facebook, You-Tube, Skype, and phone apps that will provide information on mental well-being, mental illnesses, ways to access services if needed, address issues of stigma/discrimination, and provide a venue for young adults to connect with one another.	DMHAS is in the process of determining the most appropriate fiduciary to mange these funds and project deliverables.	Not yet implemented

Table C2

Summary of Children's Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 2012
Respite for Families	To provide temporary care in the home or community to children and adolescents with emotional and/or behavioral special needs, which supports relief to their caregivers. Such care is intended to maintain these children and youth in their homes and communities, and provide opportunities for age appropriate social and recreational activities.	DCF provides funds to six (6) community agencies for the provision of respite services for children and youth with complex behavioral health care needs.	177 children/families
Family Advocate Services	To support meaningful family involvement in the children's behavioral health system through a statewide family advocacy organization.	DCF provides funds to a consortium of diverse family advocacy organizations to support service and system development.	5,320 families
Youth Suicide Prevention & Mental Health Promotion	To promote programs, activities and strategies that prevents youth suicide and enhances positive mental health in children/youth.	DCF provides funds utilized by the CT Suicide Advisory Board and the Prevention Unit to contract for services and training related to youth suicide prevention and mental health promotion.	892 individuals
System of Care Workforce Development and Training & Culturally Competent Care	To enhance the provision of effective, child and family focused, strength-based, culturally competent community-based service provision through the System of Care approach.	DCF contracts with universities, community providers, consultants and purchases assessment assistance and/or evaluation tools/materials to support the provision of community-based care for children with behavioral health needs.	1,030 families were served by care coordinators
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.	1,109 children, adolescents and their families

Table C2 (Continued)

Summary of Children's Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012
Trauma-Focused Cognitive Behavior Therapy Sustainability Activities	To assure that traumatized children and their families receive specialized care to meet their needs, by supporting dissemination of an evidence-based treatment, Trauma-Focused Cognitive Behavior Therapy (TF-CBT) at sixteen outpatient psychiatric clinics for children.	DCF contracts with the Connecticut Center for Effective Practice to provide training, consultation and data collection and reporting for 16 child guidance clinics that deliver TF-CBT.	771 children, adolescents and families have been offered this trauma-specialty treatment.
Mental Health/Juvenile Justice Diversion	To prevent children and adolescents from entering the juvenile justice (jj) system by supporting schools in intervening earlier and more effectively with children/adolescents who exhibit mental health problems.	A joint DCF/CSSD initiative, a toolkit that summarizes best practices and the planning necessary to implement activities is being developed and disseminated electronically to every all school district. Alternatives to arrests and entering the jj system are highlights.	Not applicable.
Outpatient Care: System Treatment and Improvement Initiative	To establish an ongoing outpatient system and treatment improvement learning community through collaboration with key stakeholders.	DCF contracts with Dr. Mary McKay, Mt Sinai School of Medicine to deliver a Family Engagement Learning Collaborative, focused on enhancing engagement of children and families in outpatient mental health care.	22 outpatient psychiatric clinics for children and their family partners are participating in the learning collaborative.
Best Practices Promotion & Program Evaluation	To support consultation and technical assistance to identify best practices for specific populations and to evaluate existing models and services to improve the community-based service system.	Activities include education and training to support the needs of special populations, such as the True Colors Best Practice Conference for working with the Gay/Lesbian/Bi-sexual community.	Not applicable.
Outcomes: Performance Improvement	To monitor the effectiveness of community-based services and programs.	DCF contracts with an information systems vendor to provide user-friendly data dashboards to track system, provider & child/family outcomes, and another vendor to provide a comprehensive evidence-based screening tool (GAIN Short Form) for youth, ages 12 - 18 to more fully identify treatment needs.	Not applicable.

Table C2 (Continued)

Summary of Children's Service Objectives and Activities (continued)

Workforce Development: Higher Education In-Home Curriculum Project	To promote the development of a more informed and skilled workforce 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.	Trained 6 faculty representing 4 universities 62 students received Certificates of Completion
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 (e.g., coffee and light refreshments, meeting space for special events, etc.)	The CBHAC consists of 32 members, with regular attendance from members of the public.

III. Allocations by Program Category

For Adult Mental Health Services from DMHAS
Community Mental Health Performance Partnership Block Grant
List of Block Grant Funded Programs – FFY '12 Estimated Expenditures and FFY '13 Proposed Expenditures

Emergency Crisis	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Emergency Crisis	$1,543,154	$1,543,154
TOTAL	$1,543,154	$1,543,154
Outpatient Services	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Outpatient Services	$635,587	$635,587
TOTAL	$635,587	$635,587
Residential and Supportive Housing Services	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Residential and Supportive Housing Services	$108,514	$108,514
TOTAL	$108,514	$108,514
Case Management Services	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Case Management Services	$140,617	$140,617
TOTAL	$140,617	$140,617
Social Rehabilitation	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Social Rehabilitation	$146,626	$146,626
TOTAL	$146,626	$146,626
Family Education Training	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Family Education Training	$67,576	$67,576
TOTAL	$67,576	$67,576
Consumer Peer Advocates in Community Mental Health Providers	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Consumer Peer Advocates in Community Mental Health Providers	$104,648	$104,648
TOTAL	$104,648	$104,648

For Adult Mental Health Services from DMHAS
Community Mental Health Services Block Grant
List of Block Grant Funded Programs – FFY '12 Estimated Expenditures and FFY '13 Proposed Expenditures (Continued)

Parenting Support / Parental Rights	FFY 12 Estimated Expenditures (including carry over funds)	FFY 13 PROPOSED Expenditures (including carry over funds)
Parenting Support / Parental Rights	$52,324	$52,324
TOTAL	**$52,324**	**$52,324**
Consumer Peer Support - Vocational	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Consumer Peer Support - Vocational	$52,324	$52,324
TOTAL	**$52,324**	**$52,324**
Regional Mental Health Boards	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Regional Mental Health Boards	$48,920	$48,920
TOTAL	**$48,920**	**$48,920**
Outreach and Engagement of Young Adults	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Outreach and Engagement of Young Adults	$0	$236,256
TOTAL	**$0**	**$236,256**

For Children's Mental Health Services from DCF
Community Mental Health Services Block Grant
List of Block Grant Funded Programs - FFY '12 Estimated Expenditures and FFY '13 Proposed

Respite Programs	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Home-Based Respite Care	$425,995	$425,995
TOTAL	**$425,995**	**$425,995**
Family Advocacy Services	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
System Development and Direct Family Advocacy	$467,300	$467,300
TOTAL	**$467,300**	**$467,300**
Youth Suicide Prevention & Mental Health Promotion	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Training and Community Outreach and Services	$50,000	$50,000
TOTAL	**$50,000**	**$50,000**
System of Care (CT KidCare)	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Workforce development and training including focus on competent multicultural services for the system of care.	$65,000	$65,000
TOTAL	**$65,000**	**$65,000**
Extended Day Treatment: Model Development & Training	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Model development and training	$60,000	$60,000
TOTAL	**$60,000**	**$60,000**
Trauma Training	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Trauma-Focused Cognitive Behavior Therapy - Sustainability Activities	$62,000	$160,536
TOTAL	**$62,000**	**$160,536**
Juvenile Justice Diversion	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Mental Health/Juvenile Justice Diversion	$15,000	$15,000
TOTAL	**$15,000**	**$15,000**

Community Mental Health Services Block Grant
List of Block Grant Funded Programs - FFY '12 Estimated Expenditures and FFY '13 Proposed (continued)

Outpatient Care	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
System Treatment and Improvement	$3,025	$487,801
TOTAL	**$3,025**	**$487,801**
Quality of Care	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Best Practices Promotion and Program Evaluation	$131,972	$0
TOTAL	**$131,972**	**$0**
Behavioral Health Outcomes	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Performance Improvement	$0	$158,500
TOTAL	**$0**	**$158,500**
Workforce Development	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Higher Education In-Home Curriculum Project	$75,000	$75,000
TOTAL	**$75,000**	**$75,000**
Other CT Community KidCare Activities	**FFY 12 Estimated Expenditures (including carry over funds)**	**FFY 13 PROPOSED Expenditures (including carry over funds)**
Activities and related support to achieve the full participation of consumers and families in the system of care, including CBHAC	$20,000	$20,000
TOTAL	**$20,000**	**$20,000**