



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

Memorandum:

To: Members of the Program Review and Investigations Committee

From: Commissioner Patricia Rehmer, DMHAS

Date: June 29, 2012

Subject: Maximizing federal revenue

Sen. Fonfara, Rep Rowe and distinguished members of the Program Review and Investigations Committee, thank you for the opportunity to comment in writing on your study regarding maximizing federal revenues.

This memo provides you with the Department of Mental Health and Addiction Services' (DMHAS) perspective regarding discretionary federal dollars and the competitive grant system. We are focusing on this aspect of our federal grants because our block grant dollars for substance abuse and mental health services are formula grants set by the federal government—states have little control over how those dollars are allocated. We also work collaboratively with DSS, DPH, DCF and other state agencies on exploring ways to expand federal matching dollars for behavioral health services. In some instances those opportunities are administered by the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, or other federal agencies, which require that the State Medicaid Agency or the State Public Health Agency be the lead applicant.

DMHAS, as you can see by the chart attached to this memo, has been very successful in obtaining federal discretionary dollars. Over the last 2 years, we have brought in over \$68 million in new federal funding to enhance our service system. These dollars were all awarded through a competitive process. We have taken an aggressive approach to go after federal dollars, where appropriate, for the people we serve and the state as a whole. We hired an individual that specializes in grant writing and have worked collaboratively with other state agencies, behavioral health providers, academic institutions, and research organizations to put forth what we consider to be high quality grant applications.

While we believe that we have done a good job in bringing new dollars to CT, there are some issues that we believe the Committee members should consider before it finalizes its report.

DMHAS, based on application eligibility and criteria, is not eligible to go after every federal grant that is available for behavioral health services. Some grants have criteria that we do not meet, some of the dollars proposed to be awarded are not sufficient to cover the services and requirements of the proposed grant, and some grants may obligate the state to fund services once the grant funding has ended leaving individuals who have been served by these grant dollars without access to the services. We believe that all of these factors need to be considered when any agency is applying for discretionary grants. In addition, because of our successes there are times when we apply for a grant and may have received an outstanding review of our application but given our excellent track record, the federal agencies have indicated to us that they have decided to give another state the opportunity to get the dollars. These are all things that should be taken into consideration by the Committee as they evaluate the state's "performance" in obtaining federal revenue.

Thank you for the opportunity to submit testimony to the Committee.

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS)
FEDERALLY FUNDED INITIATIVES (Competitive Discretionary Grants)
Active Grants 2010 through 2012**

PROJECT TITLE/BRIEF SUMMARY	COLLABORATIVE PARTNERS	SOURCE OF FUNDING	PROJECT DATES/ DOLLAR AMOUNT
<p>The Connecticut Screening, Brief Intervention and Referral to Treatment Program (CT SBIRT Program) is being implemented across 10 community health center sites statewide to increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder.</p>	<p>STATE: DMHAS, Dept. of Social Services, University of CT Health Center COMMUNITIES: Community Health Center Association of CT, 10 Community Health Centers and Substance Abuse Treatment Providers</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT)</p>	<p>September 2011-September 2016 (5-Year Grant) TOTAL BUDGET: \$8.3M</p>
<p>The CT Campus Suicide Prevention Initiative (CCSPI) will bring evidence-based, suicide prevention and mental health promotion policies, practices and programs to scale at institutions of higher education statewide for students up to age 24. The CCSPI is a collaborative partnership among True Colors, Multicultural Leadership Institute (MLI), United Way of CT/2-1-1 (UW), Wheeler Clinic, and the Veteran CT Healthcare System (VACT). Connecticut was awarded a total of \$1.4 million by the federal Center for Mental Health Services (CMHS) to cover a three-year project period.</p>	<p>STATE: DMHAS, the Department of Children and Families (DCF), the Department of Public Health (DPH), Higher Education (DHE), and Veterans Affairs (DVA), and the CT State University (CSU) System, the CT Community College System, the University of CT Health Center COMMUNITIES: True Colors, Multicultural Leadership Institute (MLI), United Way of CT/2-1-1 (UW), Wheeler Clinic</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)</p>	<p>September 2011-September 2014 (3-Year Grant) TOTAL BUDGET: \$1.4M</p>
<p>The Connecticut Tobacco Enforcement Program offers as an opportunity to enhance current efforts to prevent tobacco use among minors across the state by decreasing the number of merchants that sell tobacco products to them.</p>	<p>STATE: DMHAS and Dept. of Consumer Protection</p>	<p>U.S. Food and Drug Administration (FDA)</p>	<p>September 2011-September 2014 (3-Year Grant) TOTAL BUDGET: \$1.9M</p>

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<p>CT Mental Health Transformation (MHT) Grant The primary purpose of the CT MHT Grant is to expand and enhance supportive housing services for adults with mental health disorders in New Haven, with emphasis on integrated use of supportive housing, trauma-informed care, primary health care, employment, and peer support services. (SID 22420)</p>	<p>STATE: DMHAS, Dept. of Social Services, University of CT School of Social Work COMMUNITIES: New Haven Housing Authority, New Haven Supportive Housing Providers</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)</p>	<p>September 2010-September 2015 (5-Year Grant) TOTAL BUDGET: \$3.7M</p>
<p>CT Access to Recovery (ATR) III Program The primary purpose of the CT ATR Program is to increase the capacity to provide genuine individual choice among a comprehensive array of clinical treatment and recovery services and provider options, including faith and peer-based options, and increase the overall clinical treatment and recovery support services capacity for individuals with substance use disorders. (SID 22421)</p>	<p>STATE: DMHAS, Dept. of Correction, Dept. of Children and Families, Judicial Branch-Court Support Services Division COMMUNITIES: Clinical and Recovery Support Providers, including Faith- and Peer-based Providers</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT)</p>	<p>September 2010-September 2014 (4-Year Grant) TOTAL BUDGET: \$12.8M</p>
<p>CT Mental Health Data Infrastructure Grant The primary purpose of the CT MH DIG is to continue enhancements to the DMHAS and DCF data systems, in compliance with federal MH block grant reporting requirements. (SID 22419)</p>	<p>STATE: DMHAS, DCF and the University of CT School of Social Work</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)</p>	<p>September 2010-September 2013 (3-Year Grant) TOTAL BUDGET: \$390,000</p>

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<p>CT Partnerships for Success (PFS) The primary purpose of the PFS grant is to 1) achieve a quantifiable decline in statewide substance abuse rates, and 2) demonstrate a capacity to reduce substance abuse problems and achieve specific performance targets and program level outcomes. (SID 22362)</p>	<p>STATE: DMHAS, Departments of Children/Families, Social Services, Education, Developmental Disabilities, and the Judicial Branch and the University of CT Health Center (UCHC) COMMUNITY: Statewide Community Providers</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP)</p>	<p>September 2009-September 2014 (5-Year Grant) TOTAL BUDGET: \$11.5M</p>
<p>CT Diversion & Trauma Recovery for Veterans The primary purpose of the CT Diversion & Trauma Recovery for Veterans Program is to implement a comprehensive continuum of trauma-integrated diversion programming for veterans with PTSD/trauma-related disorders who are involved in the criminal justice system. (SID 22302)</p>	<p>STATE: DMHAS, CT Dept. of Veteran Affairs, VA CT Healthcare System, Dept. of Correction, Dept. of Social Services, and the Judicial Branch FEDERAL: VA CT Healthcare System</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)</p>	<p>September 2008-September 2013 (5-Year Grant) TOTAL BUDGET: \$2,062,500</p>
<p>CT Alternative to Restraints/Seclusion (ARS) Initiative The primary purpose of the CT ARS Initiative is to develop and implement a comprehensive strategy to reduce, and ultimately eliminate, use of restraint and seclusion among young adults, ages 18-25, with serious mental illnesses. (SID 22194)</p>	<p>STATE PARTNERS: DMHAS' CT Valley Hospital, Young Adult Services (YAS), and Evaluation, Quality Management and Improvement (EQMI)</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)</p>	<p>September 2007-September 2010 (3-Year Grant) Administered under a no-cost extension TOTAL BUDGET: \$642,000</p>

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PROJECT TITLE/BRIEF SUMMARY	COLLABORATIVE PARTNERS	SOURCE OF FUNDING	PROJECT DATES/ DOLLAR AMOUNT
<p>CT Mental Health Transformation State Incentive Grant (MHT SIG) The primary purpose of the MHT SIG is to successfully transform mental health and other systems to offer CT's citizens an array of accessible services and supports that are culturally responsive and person- and family-centered and have as their primary aim promotion of the person/family's resilience, recovery, and inclusion in community life. (SID 21969)</p>	<p>STATE: DMHAS, Departments of Children/Families, Correction, Higher Education, Information Technology, Insurance, Labor, Developmental Disabilities, Public Health, Social Services, Veteran Affairs, and Education, and Office of Policy and the Judicial Branch COMMUNITY: Statewide community agencies and Yale</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)</p>	<p>September 2005-September 2010 (5-Year Grant) Administered under a no-cost extension TOTAL BUDGET: \$13,650,000</p>
<p>CT Strategic Prevention Framework (SPF) The primary purpose of the SPF is to support an array of activities leading to a solid foundation for delivering and sustaining effective substance abuse and/or mental health prevention services. (SID 21831)</p>	<p>STATE: DMHAS, Departments of Children/Families, Social Services, Education, Developmental Disabilities, and the Judicial Branch and the University of CT Health Center (UCHC) COMMUNITY: Statewide Community Providers</p>	<p>Substance Abuse Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP)</p>	<p>September 2004-September 2009 (5-Year Grant) Currently administering under a no-cost extension TOTAL BUDGET: \$11,754,825</p>
		TOTAL FUNDS	\$68,099,325.00