



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

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**Testimony by Patricia A. Rehmer, MSN, Commissioner**  
**Department of Mental Health & Addiction Services**  
**Before the Appropriations, Human Services and**  
**Public Health Committees**  
**September 25, 2013**

**CMHS BLOCK GRANT HEARING**

Good morning, Senator Harp, Senator Slossberg, Senator Gerratana, Representative Walker, Representative Abercrombie, Representative Johnson and distinguished members of the Appropriations, Human Services and Public Health Committees. I am Pat Rehmer, Commissioner of the Department of Mental Health and Addiction Services. I am here today to present the Allocation Plan for the Community Mental Health Services Block Grant for federal fiscal year (FFY) 2014.

The document before you describes the Block Grant contribution to the overall funding of mental health services for adults and children. The Allocation Plan contains proposed expenditures and services for FFY 2014. I would like to highlight the following items for the adults with psychiatric disabilities that are served by these dollars:

- A. **Emergency/Crisis Services** are available 24 hours a day, seven days a week.
- B. **Outpatient Clinical Services** are provided to improve or maintain the psychological or social functioning of adults with the most serious mental illnesses.
- C. **Residential Services** offer a variety of housing opportunities, including supported and supervised apartments.
- D. **Employment Opportunities** consist of specialized, work-related services and supports which enable persons with a psychiatric disability to participate in a competitive labor market.
- E. **Case Management Services** assist persons we serve by ensuring that they are actively linked to all the services they need in order to remain in the community. Enhanced emphasis is placed on addressing the homeless population through these services.

- F. **Social Rehabilitation Programs** assist with daily living skills, improving peoples' interpersonal skills, and maintaining their lives.

A total of 24 programs are currently offered through 17 agencies to adults who are indigent and challenged with chronic mental illness. These services are essential and need to be continued, as they support persons who have been discharged into the community and are consistent with our emphasis on providing a recovery system of care. By "recovery system of care" we mean one in which individuals are provided the supports needed to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Also, DMHAS continues to support project initiatives with FFY 2014 CMHS Block Grant funds including:

- (1) Programs within community-based general hospitals which support the rights of persons who are mentally ill;
- (2) Parental support and parental rights for families of those with mental illness;
- (3) Residential and/or case management services; and
- (4) Enhanced consumer vocational/employment support services.

While this funding represents less than one percent of the total DMHAS budget, considerable attention was given to the Allocation Plan in order that it be supportive of the direction given to us by the Adult State Behavioral Health Planning Council and other advisory bodies.

The Allocation Plan before you assumes a federal Block Grant of \$4,215,125. This figure reflects a decrease of about \$250,000 from the previous allocation plan funding. Actual funding for FFY 2014 will not be known until Congress passes its budget.

Of the estimated FFY 2014 CMHS Block Grant appropriation, \$2,950,587 is allocated to adult mental health services and thirty (30) percent or \$1,264,538 is allocated to the Department of Children and Families (DCF). DCF will address their portion of the Block Grant separately.

It should be noted that the President's budget plan includes two new set-asides. The first is a three-percent set-aside to assist states as they transition to the first year of the Affordable Care Act (ACA) by assisting providers with outreach, enrollment, and billing of eligible individuals into health insurance programs. The second is a five-percent set-aside for promotion of evidence-based prevention and treatment approaches. Should the President's budget plan be approved as is by Congress, implementation of these set-asides would result in changes to this allocation plan.

Thank you for the opportunity to testify before you today on the Community Mental Health Services' Block Grant. I would be happy to take any questions you may have at this time or I could do so following the Department of Children and Families' presentation, if that would be more convenient.