



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

DANNEL P. MALLOY  
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, Ph.D.  
COMMISSIONER

**Testimony by Miriam Delphin-Rittmon, PhD, Commissioner**  
**Department of Mental Health and Addiction Services**  
**Before the Appropriations, Human Services and**  
**Public Health Committees**  
**August 31, 2016**

**CMHS Block Grant Hearing**

Good morning Chairpersons, Senators Bye, Moore and Gerratana; Representatives Walker, Abercrombie and Ritter, and distinguished members of the Appropriations, Human Services, and Public Health Committees. I am Miriam Delphin-Rittmon, Commissioner of the Department of Mental Health and Addiction Services (DMHAS). I am here before you today to present the Allocation Plan for the Community Mental Health Services (CMHS) Block Grant for federal fiscal year 2017 (FFY17).

The CMHS Block Grant is intended to fund mental health services for children and adults. As a result, the Department of Mental Health and Addiction Services (DMHAS) has historically shared 30% of its CMHS funding with the Department of Children and Families (DCF). The CMHS allocation plan for FFY 17 is based on estimated federal funds totaling \$5,237,154, the same amount as last year, of which \$3,666,008 is designated for DMHAS and \$1,571,146 is designated for DCF. These amounts are subject to change when the final appropriation is authorized. I will speak to the DMHAS portion of the funds and DCF will present their plan separately.

Please note, the state funding component for mental health services is not reflected in the allocation plan. While funding from the CMHS block grant represents less than 1% of DMHAS' total budget, it nevertheless provides an opportunity to incorporate priorities identified by the State Behavioral Health Planning Council and other advisory bodies. These federal funds allow us to supplement our state general fund dollars.

I would like to highlight the following services made available to adults with psychiatric disabilities that are supported by CMHS block grant dollars. The allocation plan reflects maintenance of previous levels of funding for all of these services:

- 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** which are intended to assist clients to live independently in the community and include respite programs, residential supports, and homeless outreach.

- D. **Employment Opportunities** consist of specialized, work-related services and supports which enable persons with psychiatric disabilities to participate in a competitive labor market.
- E. **Case Management** services actively link individuals to all programming and supports needed in order to remain in the community. Enhanced emphasis is placed on engaging the homeless population through these services.
- F. **Social Rehabilitation Programs** assist with daily living skills, supporting improvement of interpersonal skills and increasing involvement in positive activities in the community.

The CMHS block grant has emphasized the importance of early intervention for individuals struggling with early onset psychosis. SAMHSA requires states to set-aside 10% of mental health block grant funds for early psychosis services. The allocation plan increases the set aside for this intervention from 5% to 10% to meet this requirement. While the funding is modest, Connecticut was fortunate that two programs already existed in the state and could be enhanced with these funds. These two programs, one at the Institute of Living/Hartford Hospital and the other, the STEP Program at Connecticut Mental Health Center/Yale University utilize multidisciplinary teams to provide outreach and engagement, individual and group psychotherapy, medication management, educational and vocational development opportunities, and family education and support to persons age 16 to 26 in an effort to reduce the chronicity and severity of their psychosis and improve their adaptive functioning.

The plan decreases funding for Outreach and Engagement of Young Adults and Mental Health First Aid, but does not reflect a decrease in services. The reductions to these programs are due to one-time expenditures for these short term completed projects.

Thank you for the opportunity to testify before you today. 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 preferable.