

# FFY 11 Federal Block Grant Allocation Plans

*September 22, 2010*

## **OFFICE OF FISCAL ANALYSIS**

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Pursuant to CGS Section 4-28b, the Governor has submitted for consideration proposed block grant allocation plans for the Maternal and Child Health Services Block Grant (MCHBG), the Preventive Health and Health Services Block Grant (PHHSBG), the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), the Community Mental Health Services Block Grant (CMHSBG), the Community Services Block Grant (CSBG), and the Social Services Block Grant (SSBG).

## PLAN HIGHLIGHTS

Since Congress has yet to finalize appropriations for these block grants, each plan is formulated based upon an assumed federal grant award and estimated carry forward funding. A summary of how these figures compare with FFY 10 amounts is presented in the following table.

<i>Change from prior federal fiscal year</i>	Assumed Change in Block Grant Award	Estimated Change in Funds Carried Forward	Overall Change in Available Funds	Amount of Change in \$
MCHBG	0.0 %	-63.0 %	-5.5 %	(284,143)
PHHSBG	0.0 %	-27.8 %	-9.0 %	(192,107)
SAPTBG	0.0 %	-36.1 %	-5.6 %	(1,129,486)
CMHSBG	0.0 %	-52.1 %	-7.7 %	(382,712)
CSBG	0.0 %	-56.5 %	-7.2 %	(696,451)
SSBG	-5.0 %	0.0 %	-5.0 %	(973,314)

Major changes are described below, while detailed explanations are provided beginning on page 6.

### Maternal and Child Health Services Block Grant

Major proposals include:

- adding administrative funding due primarily to the anticipated refill of three vacant positions;
- removing funding for one-time perinatal health projects not requiring support after 9/30/10;
- reducing support for training and resources related to child transportation safety issues;
- reducing Medical Home program funding, to reflect discontinuing one-time training activities and limiting support for other time limited efforts intended to enhance outreach and access to services for families of children and youth with special health care needs; and
- eliminating funding for various one-time initiatives and limiting support for similar activities in the coming year.

### Preventive Health and Health Services Block Grant

Minor adjustments are proposed to reflect routine salary adjustments, revised fringe benefits costs and other expenses needs. The plan also extends the specific program options available to local health departments to include chronic disease self management.

### Substance Abuse Prevention and Treatment Block Grant

The plan proposes FFY 11 funding that is \$251,067 less than FFY 10 expenditures for Prevention and Health Promotion, reflecting the discontinuation of support for a prevention program deemed not consistent with the federal Center for Substance Abuse Prevention's Strategic Prevention Framework, a comprehensive statewide public health approach to addressing substance abuse. Also, training and technical assistance services were absorbed by other DMHAS funded prevention providers, resulting in minimal loss of services.

Other major changes include \$30,666 less for Community Treatment Services, and \$37,133 more for Residential Treatment (as compared to FFY 10 estimated expenditures for these same service categories).

### Community Mental Health Services Block Grant

Major proposals include:

- eliminating block grant funding for adult vocational/employment opportunities due to a consolidation of support for this type of programming under the General Fund following a 2009 rebid of employment services;
- reducing funding to reflect the completion of various initial training efforts related to children's mental health, while continuing support for ongoing training to sustain or supplement already achieved outcomes;
- dedicating funding to a children's outpatient care pilot project, in hopes of partnering with private funding sources to implement a three year project targeting the five most common childhood mental health diagnoses that present in outpatient clinics;
- utilizing block grant dollars to fund a substance abuse assessment tool for children and their families; and
- reducing funding for best practices promotion concerning children's mental health, which will limit the scope of these services.

## Community Services Block Grant

Grants to eligible entities, including the twelve community action agencies (CAAs) and the Connecticut Association for Community Action (CAFCA), are proposed to be less than their FFY 10 awards by 2.2 %- 2.4 %. Grants for discretionary programs are proposed to be \$153,341 less in aggregate (a reduction of 26.8%) than in FFY 10. Program support funding is proposed to be the maximum allowed under federal guidelines (5% of the block grant), in part reflecting the intention to fill a vacant position.

## Social Services Block Grant

A five percent reduction has been programmed for each of the twelve service types supported by the block grant. It should be noted that the Allocation Plan contains contingency language stating that allocations for each service type will be adjusted proportionally if actual FFY 11 funding differs from this assumed amount. The largest reductions, in absolute terms, are for Home Based Services (\$285,899) and Independent and Transitional Living Services (\$214,800).

If no additional funding is received, up to five percent fewer clients may be served; operating hours may be reduced; clients may be placed on waitlists; fewer subcontractors may be utilized; or fewer referrals for services may be made. These potential impacts would be mitigated to the extent that contractors absorb the reductions by limiting administrative expenses.

A five percent reduction to Special Services for Persons with Developmental or Physical Disabilities or Persons with Visual or Auditory Impairments will mean \$141,706 fewer dollars for services to clients of the Department of Developmental Services (DDS). Since the General Fund Employment Opportunities and Day Services account has been reduced by \$9 million over the last two fiscal years, it will be necessary to reduce the number of people served, reduce payments to providers or a combination of both. DDS indicates that the portion of these funds that is allocated to administrative expenses will be directed toward direct services, mitigating the impact of the service reductions.

## FEDERAL BUDGET ACTION

As of September, the House had passed only two appropriations bills (Military/Veterans Affairs, Transportation/HUD), while the full Senate had not taken up any appropriations bills. Given this slow start, it is likely that a continuing resolution will need to be adopted to fund governmental operations beginning October 1, 2010.

A comparison of recently proposed **national** funding totals for the six block grants is presented below:

<i>In millions of \$</i>	FFY 10 Enacted	FFY 11 President	FFY 11 Senate Appropriations Committee
MCHBG	662	673	673
PHHSBG	102	102	102
SAPTBG	1,799	1,799	1,799
CMHSBG	421	421	421
CSBG	700	700	700
SSBG	1,700	1,700	1,700

A more detailed summary of each allocation plan follows on the indicated pages.

- *Maternal and Child Health Services Block Grant (MCHBG)* *Page 6*
- *Preventive Health and Health Services Block Grant (PHHSBG)* *Page 10*
- *Substance Abuse Prevention and Treatment Block Grant (SAPTBG)* *Page 12*
- *Community Mental Health Services Block Grant (CMHSBG)* *Page 14*
- *Community Services Block Grant (CSBG)* *Page 18*
- *Social Services Block Grant (SSBG)* *Page 21*

MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT  
FFY 2011 PROPOSED ALLOCATION PLAN  
Lead State Agency: Department of Public Health

Program Objective: Established by the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35), the Maternal and Child Health Services Block Grant unified funding for ten categorical grant programs related to maternal and child health, including programs for disabled children, rehabilitation services for the blind and disabled, children under age sixteen receiving Supplemental Security Income (SSI) benefits, lead-based paint poisoning prevention, sudden infant death syndrome and adolescent pregnancy.

Distribution of Funds: Funds available to states are allocated according to the proportions that existed when the original eight categorical grants were consolidated in 1981. Amounts appropriated above the level of fiscal year 1983 funding are allocated to states in proportion to the number of low income children in the state. States must use at least 30 percent of their allocation for primary and preventive services for children and adolescents and at least 30 percent for children with special health care needs. Up to 10 percent of the federal allotment may be used for administrative costs.

Matching Requirements: States must match every \$4 of federal funds with \$3 of state or local funds used for maternal and child health purposes.

Assumptions Used to Formulate Block Grant Plan: The Maternal and Child Health Services Block Grant Allocation Plan assumes an FFY 11 federal award that is equivalent to the FFY 10 level. Total funds available are projected to be 5.5% less in FFY 11, however, because projected carry forward dollars are significantly less than those available in FFY 10. See attached Table for further information.

MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT  
FFY 2011 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 09 EXPENDED</u>	<u>FFY 10 ESTIMATED</u>	<u>FFY 11 PROPOSED</u>	<u>% CHANGE 11 vs. 10</u>	<u>\$ CHANGE 11 vs. 10</u>	
<b>Maternal and Child Health Preventive &amp; Primary Care</b>						
Administration	1,536,346	1,421,015	1,548,862	9.00%	127,847	[1]
<i>Number of Positions</i>	14.00	12.80	13.50			
Grants:						
Perinatal Case Management	441,137	341,137	350,574	2.77%	9,437	[2]
Healthy Start	200,000	200,000	200,000	0.00%	-	
Family Planning	20,083	20,083	20,083	0.00%	-	
Information and Referral	183,867	183,867	183,867	0.00%	-	
School Based Health Services	273,691	273,691	273,691	0.00%	-	
Perinatal Health	18,527	70,000	-	-100.00%	(70,000)	[3]
Oral Health	37,000	5,000	5,787	15.74%	787	[4]
Injury Prevention	40,000	40,000	30,000	-25.00%	(10,000)	[5]
Other	157,091	132,143	13,500	-89.78%	(118,643)	[6]
Subtotal - Grants	1,371,396	1,265,921	1,077,502	-14.88%	(188,419)	
TOTAL - Primary Care	2,907,742	2,686,936	2,626,363	-2.25%	(60,572)	
<b>Children with Special Health Care Needs (CSHCN)</b>						
Administration	966,619	1,212,141	1,257,860	3.77%	45,719	[1]
<i>Number of Positions</i>	13.00	14.30	14.85			
Grants:						
Medical Home Community Based Care Coordination Services	908,818	1,086,079	974,212	-10.30%	(111,867)	[7]
Family Planning	1,057	1,057	1,057	0.00%	-	
Genetics	31,000	31,000	31,000	0.00%	-	
Information and Referral	9,677	9,677	9,677	0.00%	-	
School Based Health Services	14,405	14,405	14,405	0.00%	-	
Other	276,226	14,601	-	-100.00%	(14,601)	[6]
Subtotal - Grants	1,241,183	1,156,819	1,030,351	-10.93%	(126,468)	
TOTAL - Children with Special Health Care Needs	2,207,802	2,368,960	2,288,212	-3.41%	(80,749)	
<b>GRAND TOTAL</b>	5,115,544	5,055,896	4,914,575	-2.80%	(141,321)	
<i>Number of Positions</i>	27.00	27.10	28.35			
<u>SOURCE OF FUNDS</u>						
MCH Block Grant	4,748,137	4,748,137	4,748,137	0.00%	-	
Prior Year Carry Forward	533,846	450,581	166,438	-63.06%	(284,143)	
<b>TOTAL AVAILABLE</b>	5,281,983	5,198,718	4,914,575	-5.47%	(284,143)	

[1] Increase primarily reflects costs associated with the anticipated refill of three positions that became vacant in FFY 10. The positions include:

- Health Program Assistant – This position develops and manages contracts, reports and budgets related to program activities for school based health centers and community health centers; conducts site visits to oversee contractors’ activities and provide technical assistance as needed regarding service delivery; assists with preparing grant applications and other funding proposals; and assists with developing request for proposals and convening review panels.
- Consumer Information Representative – This position provides technical assistance to, and serves as an advocate for children and families with special health care needs; provides technical assistance to staff at community-based medical homes; responds to families’ requests for assistance with respect to eligibility and referrals for services; provides technical assistance to families and medical home staff on access to care coordination, extended service, respite programs, and referral/eligibility for available and needed services; investigates and responds to complaints concerning service availability; facilitates and coordinates training sessions and task force meetings for medical home staff; and maintains records and writes reports regarding program activities and performance measures.
- Health Program Assistant (at State Laboratory) – This position works with the Newborn Screening (NBS) Tracking Program, downloading NBS records into the Child Health Profile system; analyzing confirmed case statistics and contacting newborn intensive care units to request follow up specimens; identifying and following up on missing specimens; contacting hospitals or primary care providers when unsatisfactory specimens are received to ensure a repeat specimen is taken; providing follow-up on babies needing a specimen 90 days after being transfused; generating Sickle Cell Trait and other trait letters to mothers and primary care providers (average of 80 cases per month).

Other components of the proposed funding increase reflect routine wage increases, adjusted fringe benefits costs and assumption of certain activities formerly funded under via grants to private agencies under the “Other” category (such as staff trainings, meetings, educational materials).

[2] Increase reflects restoration of funding to originally approved FFY 10 level. Three contractors implementing the Case Management for Pregnant Women Program refunded dollars to the state in FFY 10.

[3] In FFY 10 funding under this category supported

- an award to Yale School of Medicine (\$50,000) to support education and training sessions for health care providers (obstetricians, pediatricians, social workers, nurses, psychologists and psychiatrists) around perinatal depression; and
- grants (\$20,000) to two sites to support infrastructure building for “CenteringPregnancy” programs. CenteringPregnancy is a group model of prenatal care that has demonstrated positive impacts on pregnancy outcomes. Once infrastructure (e.g., staff training, completing a certification process, space allocation...) is completed at a site, the program is intended to be self-sustaining.

Both of the above initiatives are funded through 9/30/10.

[4] Increase is being proposed since oral health was a priority need identified in the 2010 MCHBG Needs Assessment.

[5] Training and resources on child transportation safety issues are provided across the state through a contract with the Connecticut Children’s Medical Center (Safe Kids Connecticut). The proposed funding reduction will limit the number and/or scope of these trainings and associated resources.



[6] One-time “Other” activities supported in FFY 10 included

Activity	Amount in \$
<u>Maternal and Child Health/Preventive and Primary Care for Children</u>	
Conducting focus groups, completing consumer and provider surveys, and synthesizing findings from internal and external workgroups into a final document as part of the MCHBG Needs Assessment, required as part of the federal application submission for FFY 11 [a]	39,500
Media campaign (bus, print, radio) on influenza prevention, with particular focus on African American women of reproductive age	65,000
CT State Laboratory - newborn screening materials and staff training	10,000
Maternal and child health educational materials [b]	5,874
Maternal and child health training for state and local staff, including training concerning Healthy Start, shaken baby syndrome; a medical-dental conference; and training courses for Family Health Section (DPH) staff. [c]	11,789
Total	132,163
<u>Children and Youth with Special Health Care Needs</u>	
[a] See description above.	10,500
[b] See description above.	1,845
[c] See description above.	2,256
Total	14,601

[7] Proposed funding reduction reflects discontinuing training activities, and reduced support for activities intended to enhance outreach and access to services for families of children and youth with special health care needs. These activities were funded on a one-time basis with carry forward dollars in FFY 10.

The medical homes receiving technical assistance and care coordination through the CT Medical Home Initiative are geographically dispersed throughout the state. Five regional, community based networks are contracted to provide care coordinators to the medical homes; they may also enter into sub-contracts with individual medical homes to maintain the network. Funds are allocated based on the availability of funds and the regional populations. The size of participating practices varies greatly

34 medical homes participated in FFY 2009. Their regional distribution was as follows: South Central, 11; Northwest, 6; Southwest, 6; North Central, 6; and Eastern, 5.

In SFY 11, approximately 37 medical homes are expected to participate, with the following geographic distribution: South Central 12, Northwest 7, North Central 7, Southwest 6, and Eastern 5.

The numbers provided above include only those practices that have entered into a subcontract to provide care coordination and/or those where care coordinators are embedded, co-located, or working with practice staff on a routine basis. These totals do not count practices receiving support for only two or three CYSHCN.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT  
FFY 2011 PROPOSED ALLOCATION PLAN  
Lead State Agency: Department of Public Health

Program Objective: This program was created by the Omnibus Budget Reconciliation Act of 1981 to support state efforts formerly funded under categorical grant programs. States may fund any of 265 national health objectives available in the nation's Healthy People 2010 health improvement plan. The block grant is used to support clinical services, preventive screening, laboratory support, outbreak control, workforce training, public education, data surveillance, and program evaluation targeting such health problems as cardiovascular disease, cancer, diabetes, emergency medical services, injury and violence prevention, infectious disease, environmental health, community fluoridation and sex offenses.

Distribution of Funds: Allocations are based on the amounts of 1981 funds provided to the state for the original categorical health grants that were combined into the block grant. Additionally, a sex offense set-aside based on a state's population is required. No more than 5 percent of block grant funds may be used for administrative costs.

Assumptions Used to Formulate Block Grant Plan: The Preventive Health and Health Services Block Grant Allocation Plan assumes an FFY 11 federal award that is equivalent to the FFY 10 allocation. Total funds available are projected to be 9.0% less in FFY 11, however, because projected carry forward dollars are significantly less than those available in FFY 10. See attached Tables for further information.

NOTE: The proposed allocation plan assumes a carry forward of \$257,549 from FFY 11 into FFY 12.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT  
FFY 2011 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 09</u> <u>EXPENDED</u>	<u>FFY 10</u> <u>ESTIMATED</u>	<u>FFY 11</u> <u>PROPOSED</u>	<u>% CHANGE</u> <u>11 vs. 10</u>	<u>\$ CHANGE</u> <u>11 vs. 10</u>	
Administrative Support	594	1,500	1,500	0.00%	-	
Cancer Program	38,644	47,576	51,882	9.05%	4,306	[1]
Cardiovascular Disease	383,110	410,317	417,419	1.73%	7,102	[1]
Childhood Lead Poisoning Prevention/Laboratory	142,320	108,718	113,984	4.84%	5,266	[1]
Emergency Medical Services	200,364	198,802	212,807	7.04%	14,005	[1]
Local Health Departments	490,544	489,173	498,769	1.96%	9,596	[2]
Rape Crisis Services	83,396	83,396	83,396	0.00%	-	
Surveillance and Data	19,130	37,059	39,965	7.84%	2,906	[1]
Intimate Partner Violence	-	76,920	76,920	0.00%	-	[3]
Youth Violence/Suicide Prevention	150,315	190,936	197,786	3.59%	6,850	[1]
<b>GRAND TOTAL</b>	<b>1,508,416</b>	<b>1,644,397</b>	<b>1,694,428</b>	<b>3.04%</b>	<b>50,031</b>	
<i>FTEs Budgeted/Filled</i>	<i>7.70/6.09</i>	<i>6.70/5.59</i>	<i>6.70/5.59</i>			
<b>SOURCES OF FUNDS</b>						
TOTAL Block Grant	1,468,436	1,452,289	1,452,289	0.00%	-	
Prior Year Carry Forward	731,775	691,795	499,688	-27.77%	(192,107)	
<b>TOTAL AVAILABLE [4]</b>	<b>2,200,211</b>	<b>2,144,084</b>	<b>1,951,977</b>	<b>-8.96%</b>	<b>(192,107)</b>	

[1] Proposed increase reflects updated wages, fringe benefits costs and other operating expenses.

[2] The proposed funding level for FFY 11 is equivalent to the amount originally approved for FFY 09 and FFY 10 for this service category. Actual payments in those years fell below originally approved amounts, as approximately six local health departments choose to not participate. Funding is distributed on a formula basis.

The department proposes adding Chronic Disease Self Management as a new optional program for local health departments. The Stanford Chronic Disease Self Management Program is an evidence based health promotion effort designed to help people gain confidence in their ability to control their symptoms and how their health problems affect their lives. This program provides content that is germane to adults living with any chronic disease. It involves facilitated small group, highly interactive workshops of six weeks in length, meeting once a week.

[3] Lack of FFY 09 expenditure reflects delayed start-up; contract is now underway with York Correctional Institute to increase the number of incarcerated and soon-to-be released inmates who receive education and support about intimate partner violence.

[4] \$257,549 has been programmed to be carried forward into FFY 12.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT  
FFY 2011 PROPOSED ALLOCATION PLAN  
Lead State Agency: Department of Mental Health and Addiction Services

Program Objective: The substance abuse block grant, formerly funded through the alcohol, drug abuse, and mental health services (ADMS) block grant and authorized by the Public Health Service Act, Title XIX, provides formula grants to states for drug and alcohol abuse treatment. States must submit plans annually that confirm that the state is using funds according to the numerous set-aside requirements described in the law.

Distribution of Funds: Allotments to the states are based upon weighted population factors and, for equity purposes, a measure reflecting the differences that exist between the state involved and other states in the cost of providing authorized services.

Not less than 20 percent of the funds must be spent for programs for individuals who do not require treatment for substance abuse, but to educate and counsel such individuals and to provide for activities to reduce the risk of abuse by developing community-based strategies for prevention.

Between 2 - 5 percent of the funds must be dedicated to existing treatment programs to provide early HIV intervention services.

States shall expend not less than 10 percent of the increase in the grant relative to FFY 1992 to ensure the availability of treatment services designed for pregnant women and women with dependent children.

Assumptions Used to Formulate Block Grant Plan: The Substance Abuse Prevention and Treatment Block Grant Allocation Plan assumes an FFY 11 federal award that is equivalent to the FFY 10 allocation. Total funds available are projected to be 5.6% less in FFY 11, however, because projected carry forward dollars are significantly less than those available in FFY 10. See attached Table for further detail.

Note: The proposed allocation plan assumes a carry forward of \$1,124,422 from FFY 11 into FFY 12.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT  
FFY 2011 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 09 EXPENDED</u>	<u>FFY 10 ESTIMATED</u>	<u>FFY 11 PROPOSED</u>	<u>% CHANGE 11 vs. 10</u>	<u>\$ CHANGE 11 vs. 10</u>	
<b>Community Treatment Services</b>						
Grants to Private Agencies:						
Outpatient	2,956,216	2,924,825	2,895,704	-1.00%	(29,121)	
Methadone Maintenance	2,263,378	2,100,999	2,099,454	-0.07%	(1,545)	
<b>SUBTOTAL</b>	<b>5,219,594</b>	<b>5,025,824</b>	<b>4,995,158</b>	<b>-0.61%</b>	<b>(30,666)</b>	
<b>Residential Treatment</b>						
Grants to Private Agencies:						
Residential Detox	1,035,356	1,688,109	1,711,589	1.39%	23,480	
Residential Intensive	544,019	338,620	338,620	0.00%	-	
Residential Long Term Treatment	2,732,435	2,724,770	2,738,423	0.50%	13,653	
Shelter	637,073	696,435	696,435	0.00%	-	
<b>SUBTOTAL</b>	<b>4,948,883</b>	<b>5,447,934</b>	<b>5,485,067</b>	<b>0.68%</b>	<b>37,133</b>	
<b>Recovery Support Services</b>						
Grants to Private Agencies:						
Case Management and Outreach	2,792,642	2,876,303	2,877,070	0.03%	767	
Vocational Rehabilitation	67,826	65,219	65,219	0.00%	-	
Ancillary Services	44,969	44,970	44,970	0.00%	-	
<b>SUBTOTAL</b>	<b>2,905,437</b>	<b>2,986,492</b>	<b>2,987,259</b>	<b>0.03%</b>	<b>767</b>	
<b>Prevention and Health Promotion</b>						
Grants to Private Agencies:						
Primary Prevention	4,756,660	4,637,324	4,482,023	-3.35%	(155,301)	[1]
Prevention Contracts	95,482	103,000	-	-100.00%	(103,000)	[1]
<b>SUBTOTAL</b>	<b>4,852,142</b>	<b>4,740,324</b>	<b>4,482,023</b>	<b>-5.45%</b>	<b>(258,301)</b>	
<b>GRAND TOTAL</b>	<b>17,926,056</b>	<b>18,200,574</b>	<b>17,949,507</b>	<b>-1.38%</b>	<b>(251,067)</b>	
<u>SOURCE OF FUNDS</u>						
SAPT Block Grant	16,808,904	17,071,088	17,071,088	0.00%	-	
Prior Year Carry Forward [2]	4,249,479	3,132,327	2,002,841	-36.06%	(1,129,486)	
<b>TOTAL AVAILABLE</b>	<b>21,058,383</b>	<b>20,203,415</b>	<b>19,073,929</b>	<b>-5.59%</b>	<b>(1,129,486)</b>	

[1] Funding for a prevention program has been discontinued as it was deemed not consistent with the federal Center for Substance Abuse Prevention's Strategic Prevention Framework, a comprehensive statewide public health approach to addressing substance abuse. Training and technical assistance services were absorbed by other DMHAS funded prevention providers, resulting in minimal loss of services.

[2] \$1,124,422 has been programmed to be carried forward into FFY 12.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT  
FFY 2011 PROPOSED ALLOCATION PLAN  
Lead State Agencies: Department of Mental Health and Addiction Services  
Department of Children and Families

Program Objective: This program provides financial assistance to states to support community mental health services for adults with a serious mental illness and for children with a serious emotional disturbance. It also allows states to monitor progress in implementing a comprehensive community based mental health system, and provide technical assistance to assist in planning efforts.

Distribution of Funds: Allotments to states are based upon certain weighted population factors and total taxable resources except that no state will receive less than 20.6 percent of the amount the state received from allotments made in fiscal year 1992 under the Alcohol, Drug Abuse and Mental Health (ADMS) Block Grant. Up to 5 percent of grant funds may be used for administration. This program has no matching requirements, but does have maintenance of effort requirements.

Assumptions Used to Formulate Block Grant Plan: The Community Mental Health Services Block Grant Allocation Plan assumes an FFY 11 federal award that is equivalent to the FFY 10 allocation. Total funds available are projected to be 7.7% less in FFY 11, however, because projected carry forward dollars are significantly less than those available in FFY 10. See attached Table for further information.

NOTE: The proposed allocation plan assumes a carry forward of \$50,396 from FFY 11 into FFY 12.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT  
FFY 2011 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 09 EXPENDED</u>	<u>FFY 10 ESTIMATED</u>	<u>FFY 11 PROPOSED</u>	<u>% CHANGE 11 vs. 10</u>	<u>\$ CHANGE 11 vs. 10</u>	
<b>Adult Mental Health Services</b>						
Emergency Crisis	1,643,152	1,633,884	1,643,154	0.57%	9,270	[1]
Outpatient Services	635,587	635,587	635,587	0.00%	-	
Residential Services/Supportive Housing	156,312	108,514	108,514	0.00%	-	
Vocational/Employment Opportunities	33,137	8,284	-	-100.00%	(8,284)	[2]
Social Rehabilitation	146,624	122,317	146,626	19.87%	24,309	[1]
Case Management	140,611	140,617	140,617	0.00%	-	
Family Education Training	67,576	67,576	67,576	0.00%	-	
Consumer Peer Support in Emergency Dept. General Hospital	104,648	104,648	104,648	0.00%	-	
Parenting Support/Parental Rights	52,324	52,324	52,324	0.00%	-	
Consumer Peer Support - Vocational Rehab.	52,322	26,162	52,324	100.00%	26,162	[1]
Regional Mental Health Boards	48,920	48,920	48,920	0.00%	-	
TOTAL - ADULT	3,081,213	2,948,833	3,000,290	1.74%	51,457	
<b>Children's Mental Health Services</b>						
Respite for Families	425,422	425,995	425,995	0.00%	-	
Family Advocate Services	450,475	467,300	467,300	0.00%	-	
Youth Suicide Prevention/Mental Health Promotion	37,152	50,000	50,000	0.00%	-	
Multiculturalism Development & Enhancement	10,000	-	-			
CT Community KidCare Workforce Development/Training	43,333	-	-			
CT Community KidCare Workforce Development/Training & Culturally Competent Care	-	110,000	70,000	-36.36%	(40,000)	[3]
Extended Day Treatment: Model Development & Training	74,772	90,000	60,000	-33.33%	(30,000)	[4]
Dialectical Behavior Therapy Training	405,500	-	-			
Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative	110,818	435,000	-	-100.00%	(435,000)	[5]

Trauma-Focused Cognitive Behavioral Therapy – Sustainability Activities	-	-	53,198		53,198	[6]
Outpatient Care: System Treatment and Improvement Initiative	-	-	284,890		284,890	[7]
Co-occurring Screening & Assessment	-	-	40,000		40,000	[8]
Best Practices Promotion & Program Evaluation	-	72,794	62,794	-13.74%	(10,000)	[9]
Other CT Community KidCare	4,125	20,000	20,000	0.00%	-	
<b>SUBTOTAL – CHILDREN</b>	<b>1,561,597</b>	<b>1,671,089</b>	<b>1,534,177</b>	<b>-8.19%</b>	<b>(136,912)</b>	
Refunds	-	(3,998)	-	-100.00%	3,998	
<b>TOTAL – CHILDREN</b>	<b>1,561,597</b>	<b>1,667,091</b>	<b>1,534,177</b>	<b>-7.97%</b>	<b>(132,914)</b>	
<b>GRAND TOTAL</b>	<b>4,642,810</b>	<b>4,615,924</b>	<b>4,534,467</b>	<b>-1.76%</b>	<b>(81,457)</b>	
<b>SOURCE OF FUNDS</b>						
CMHS Block Grant	4,323,899	4,233,212	4,233,212	0.00%	-	
Prior Year Carry Forward [9]	1,053,274	734,363	351,651	-52.11%	(382,712)	
<b>TOTAL AVAILABLE</b>	<b>5,377,173</b>	<b>4,967,575</b>	<b>4,584,863</b>	<b>-7.70%</b>	<b>(382,712)</b>	

[1] Increase does not reflect an expansion of services. The proposed funding level for FFY 11 is equivalent to the amount originally approved for FFY 10 for this service category. Actual FFY 10 provider payments fell below original award amounts as the result of audit findings, as well as in response to a rebid of employment services.

[2] Reduction reflects the assumption of support for services by state funding. Following a rebid of employment/vocational services, employment services are now solely supported from the General Fund.

[3] Proposed reduction is consistent with a prior expectation that funding use would be time limited. Additionally, the department was recently awarded a one year extension of a federal Mental Health Transformation Grant, which will assist in supporting similar services.

[4] Proposed reduction is consistent with a prior expectation that dollars dedicated to this service category be phased down, as most of the initial training associated with the improvement of Extended Day Treatment services has been completed. Proposed funds are intended to support training of new staff who fill vacated positions, as well as the provision of booster and reinforcement training for already trained staff. Funding may also be utilized to implement new training activities that complement previous offerings.

[5] Funds expended under this category supported the collection, analysis and reporting of data necessary to sustain sixteen clinics that participated in three previous rounds of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) trainings conducted by The Connecticut Center for Effective Practice (of the Child Health and Development Institute of CT, or CHDI). As a result of this initiative:

- \* 194 outpatient clinicians, 36 supervisors, and 26 senior leaders have been trained across the state;
- \* 95% of all agency intakes are now screened for trauma exposure;
- \* Nearly 1,000 children and families have been engaged in TF-CBT to date; and
- \* Approximately 250 - 300 children receive TF-CBT each month.

Outcomes for the first 120 children who completed TF-CBT include:

- \* a 43% reduction in child-reported Post Traumatic Stress Disorder symptoms;
- \* a 52% reduction in child-reported depression symptoms; and
- \* a 50% reduction in parent-reported child depression symptoms.



[6] Proposed funding will be awarded to The Connecticut Center for Effective Practice of the CHDI. The contractor will sustain and advance the statewide dissemination of the evidence-based Trauma-Focused Cognitive Behavior Therapy specialty treatment. Services include monthly data collection and reports; monthly assessment scoring and database maintenance; web site maintenance; annual conference; introductory training for newly hired clinic staff; coordination and administrative supervision; and supplies.

[7] Expenditure of the proposed funding will depend, in part, on the department's success in securing additional funds from a private foundation, in partnership with an academic center/treatment model developer. If successful, DCF will pilot the implementation of an evidence-based outpatient treatment (known as Child Steps) that targets the five most common childhood mental health diagnoses that present in outpatient clinics. A three year project is envisioned, involving training and supervision of clinicians in treatment delivery. Outcomes will be compared to usual care.

If the department is not successful in securing private funding, it proposes to use these dollars to implement certain recommendations from a recent report, "Outpatient Treatment: Strengthening the Foundation," of the Child Health and Development Institute of CT.

[8] Proposed funding represents a portion of the department's cost of using the GAIN (Global Assessment of Individual Needs) substance abuse assessment tool. The GAIN has been promoted by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as a best practice in substance abuse assessment. DCF social workers utilize a shortened version of the GAIN in their assessment of family needs. DCF and DMHAS substance abuse providers use the GAIN as the standardized tool for assessing youth and adults seeking or referred for substance abuse treatment.

[9] Proposed reduction will limit the scope of best practices promotion/evaluation. The department has yet to obtain input from stakeholders about specific projects under consideration.

[10] \$50,396 has been programmed to be carried forward into FFY 12.

COMMUNITY SERVICES BLOCK GRANT  
FFY 2011 PROPOSED ALLOCATION PLAN  
Lead State Agency: Department of Social Services

Program Objective: This program, authorized under the Omnibus Budget Reconciliation Act of 1981 and the Community Services Block Grant Act provides formula grants to states for use in areas where poverty is most acute to help ameliorate the causes of poverty, coordinate governmental and non-governmental programs, and provide emergency services to the poor. Programs funded through this grant are as follows: community economic development, community services homeless program, community food and nutrition, demonstration partnership, national youth sports, farm worker assistance and training and technical assistance. The block grant replaced a federal program formerly operated through the Community Services Administration, which provided funds directly to local community action agencies and organizations that serve migrant or seasonal farm workers.

Per federal guidelines, 90 percent of CSBG funds is allocated to eligible grantees (Community Action Agencies(CAA)/ Programs (CAP), or Limited Purpose Agencies that performed the functions of a CAA in FFY 81 or their successors); up to 5 percent is retained for administrative use; and the remaining amount is allocated for training, technical assistance, statewide projects and innovative programs.

Distribution of Funds: Each state receives the same share of funds as its local agencies received in 1981 under the Economic Opportunity Act of 1964, except that no state may receive less than 0.5 percent of total appropriations.

Assumptions Used to Formulate Block Grant Plan: The Community Services Block Grant Allocation Plan assumes an FFY 11 federal award that is equivalent to the FFY 10 allocation. Total funds available are projected to be 7.2% less in FFY 11, however, because projected carry forward dollars are significantly less than those available in FFY 10. See attached Table for further detail.

COMMUNITY SERVICES BLOCK GRANT  
FFY 2011 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 09 EXPENDED</u>	<u>FFY 10 ESTIMATED</u>	<u>FFY 11 PROPOSED</u>	<u>% CHANGE 11 vs. 10</u>	<u>\$ CHANGE 11 vs. 10</u>	
Grants to Eligible Entities	7,158,108	8,283,259	8,091,332	-2.32%	(191,927)	[1]
Program Support	242,719	233,565	419,669	79.68%	186,104	[2]
<i>FTEs Supported</i>	1.4	1.4	2.45			
Grants for Discretionary Programs	197,413	573,010	419,669	-26.76%	(153,341)	[3]
<b>GRAND TOTAL</b>	7,598,240	9,089,834	8,930,670	-1.75%	(159,164)	
<u>SOURCES OF FUNDS</u>						
CSBG Block Grant	8,393,383	8,393,383	8,393,383	0.0%	-	
Carry Over from Prior Year	438,595	1,233,738	537,287	-56.45%	(696,451)	
<b>TOTAL AVAILABLE</b>	8,831,978	9,627,121	8,930,670	-7.23%	(696,451)	

[1] See page 10 of Allocation Plan for list of contractors and awards. The proposed grant to each eligible entity (the twelve community action agencies (CAA's) and the Connecticut Association for Community Action, Inc. (CAFCA)) is less than the FFY 10 award by 2.2% - 2.4%.

The grant distribution is based upon a formula. Each CAA receives a base amount that equals one-half of its FFY 1996 allocation. Remaining funds are allocated based on the proportionate number of individuals in each entity's service area who are at or below 125 % of federal poverty guidelines (2000 census data).

CAFCA provides training, support and coordination efforts on behalf of the twelve CAA's.

[2] Increase in part reflects costs associated with filling an existing vacant position. This expenditure category also includes a reserve for unanticipated personnel costs, as well as miscellaneous expenses for staff travel, attendance at conferences and staff training.

[3] Per federal requirements, all discretionary grants must be used to promote the goals of the CSBG program described on page 1 of the Allocation Plan.

The department proposes utilizing \$115,005 of the \$419,669 in FFY 11 to contract with CAFCA for training and technical assistance. The remaining funds (\$304,664) will be used for projects yet to be determined, that may include training, technical assistance, technology support, statewide projects and innovative programs. The department may also use these funds on a one-time basis to supplement projects experiencing a loss of funding.

In FFY 10 discretionary grant funding was awarded as shown on the following page.

**FFY 2010 DISCRETIONARY GRANTS**

Contractor	Purpose	FFY 10 Amount in \$
United Way of CT, Inc.	Section 8 (housing) website; contacting clients and performing follow up related to citizenship issues; processing calls related to Medicare Savings Plan transition (including ConnPACE clients), assisting ConnPACE clients with Medicare Part D issues	173,500
Thompson Ecumenical Council	Social and community services	75,000
Catherine's Place	Ancillary services at women's shelter	50,000
Friends of Westport Senior Center	Community-based regional transportation	25,000
Senior Resources; North Central Area Agency on Aging; Agency on Aging of South Central CT; Western CT Area Agency on Aging; Southwestern CT Area Agency on Aging	Assisting ConnPACE clients transitioning to Medicare Savings Plans	50,000 <i>(10,000 each)</i>
CT Coalition to End Homelessness	Simultaneous data count of the homeless in shelters, hospitals, streets, woods	5,000
CT Coalition to End Homelessness	Homelessness management information system	12,313
New England Fathering Conference	Participation/ attendance of DSS staff at 2010 conference	5,000
Office of Workforce Competitiveness	Supportive Housing - Reaching Home Campaign	5,000
TANF Emergency Fiduciary	Fiscal intermediary overseeing distribution of special ARRA (federal stimulus) TANF emergency contingency fund dollars	30,000
Catholic Charities of Fairfield County	Information & referral, counseling and substance abuse services	20,173
Connecticut Association for Community Action, Inc.	Training, technical assistance, results oriented management and accountability (ROMA) system implementation, Human Services Infrastructure (HSI) integration and systems support, and advocacy of child poverty agenda	122,024
<b>TOTAL</b>		<b>573,010</b>

SOCIAL SERVICES BLOCK GRANT  
FFY 2011 PROPOSED ALLOCATION PLAN  
Lead State Agency: Department of Social Services

Program Objective: This program, authorized under Title XX of the Social Security Act, is a mandatory entitlement program, which provides funds to states for a wide variety of social services such as child and adult day care, services for the prevention of child and adult abuse and neglect, independent living services, and other home-based services necessary for self-sufficiency. The primary stated purpose of the Social Services Block Grant is to encourage self-sufficiency and prevent and reduce dependency on public assistance.

Distribution of Funds: Funds are allocated to the States in proportion to their population. Matching funds are not required.

Assumptions Used to Formulate Block Grant Plan: The Social Services Block Grant Allocation Plan is based on an FFY 11 federal award that is projected to be \$973,314 (or 5 %) less than the FFY 10 allocation. See attached Table for further detail.

SOCIAL SERVICES BLOCK GRANT  
FFY 2011 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 09 EXPEND.</u> <u>[1]</u>	<u>FFY 10</u> <u>PROPOSED</u>	<u>FFY 10</u> <u>ESTIMATED</u>	<u>FFY 11</u> <u>PROPOSED</u>	<u>%</u> <u>CHANGE</u> 11 vs. 10	<u>\$</u> <u>CHANGE</u> 11 vs. 10	
<b>Case Management Services</b>	<b>1,978,476</b>	<b>1,935,275</b>	<b>1,935,275</b>	<b>1,838,513</b>	-5.00%	(96,762)	
DSS	1,712,643	1,677,871	1,677,871	1,593,979	-5.00%	(83,892)	
DMHAS	265,833	257,404	257,404	244,534	-5.00%	(12,870)	
<b>Counseling Services</b>	<b>434,526</b>	<b>396,070</b>	<b>396,070</b>	<b>376,266</b>	-5.00%	(19,804)	
DSS	337,292	301,919	301,919	286,823	-5.00%	(15,096)	
DMHAS	97,234	94,151	94,151	89,443	-5.00%	(4,708)	
<b>Family Planning Services</b>	<b>992,920</b>	<b>963,220</b>	<b>963,220</b>	<b>915,059</b>	-5.00%	(48,161)	
DSS	992,920	963,220	963,220	915,059	-5.00%	(48,161)	
<b>Home Based Services</b>	<b>6,783,840</b>	<b>5,881,280</b>	<b>5,717,974</b>	<b>5,432,075</b>	-5.00%	(285,899)	
DSS	6,756,234	5,813,147	5,649,841	5,367,349	-5.00%	(282,492)	[2]
BESB	27,606	68,133	68,133	64,726	-5.00%	(3,407)	
<b>Independent &amp; Transitional Living Services</b>	<b>4,127,858</b>	<b>4,296,003</b>	<b>4,296,003</b>	<b>4,081,203</b>	-5.00%	(214,800)	
DSS	3,943,492	4,117,483	4,117,483	3,911,609	-5.00%	(205,874)	
DMHAS	184,366	178,520	178,520	169,594	-5.00%	(8,926)	
<b>Information &amp; Referral Services</b>	<b>36,347</b>	<b>37,048</b>	<b>16,073</b>	<b>15,269</b>	-5.00%	(804)	
DMHAS	16,600	16,074	16,073	15,269	-5.00%	(804)	
Protection & Advocacy	19,747	20,974	0	0			[3]
<b>Legal Services</b>	<b>785,378</b>	<b>761,570</b>	<b>761,570</b>	<b>723,491</b>	-5.00%	(38,079)	
DSS	763,434	740,596	740,596	703,566	-5.00%	(37,030)	
Protection & Advocacy	21,944	20,974	20,974	19,925	-5.00%	(1,049)	
<b>Protective Services for Adults</b>	<b>563,536</b>	<b>548,010</b>	<b>568,984</b>	<b>540,535</b>	-5.00%	(28,449)	
DSS	280,050	244,931	244,931	232,684	-5.00%	(12,247)	
CDHI	185,376	211,610	211,610	201,030	-5.00%	(10,580)	
Protection & Advocacy	98,110	91,469	112,443	106,821	-5.00%	(5,622)	[3]

	<u>FFY 09 EXPENDED</u>	<u>FFY 10 PROPOSED</u>	<u>FFY 10 ESTIMATED</u>	<u>FFY 11 PROPOSED</u>	<u>% CHANGE 11 vs. 10</u>	<u>\$ CHANGE 11 vs. 10</u>
<b>Special Services for Persons with Developmental or Physical Disabilities or Persons with Visual or Auditory Impairments</b>	<b>2,898,187</b>	<b>2,834,120</b>	<b>2,834,120</b>	<b>2,692,414</b>	-5.00%	(141,706)
DDS	2,898,187	2,834,120	2,834,120	2,692,414	-5.00%	(141,706)
<b>Substance Abuse</b>	<b>1,543,331</b>	<b>1,494,391</b>	<b>1,494,391</b>	<b>1,419,671</b>	-5.00%	(74,720)
DMHAS	1,543,331	1,494,391	1,494,391	1,419,671	-5.00%	(74,720)
<b>Transportation Services</b>	<b>404,468</b>	<b>365,869</b>	<b>365,869</b>	<b>347,576</b>	-5.00%	(18,293)
DSS	404,468	365,869	365,869	347,576	-5.00%	(18,293)
<b>Other Services</b>	<b>94,117</b>	<b>116,738</b>	<b>116,738</b>	<b>110,901</b>	-5.00%	(5,837)
DSS	59,117	57,242	57,242	54,380	-5.00%	(2,862)
DDS,BESB,CDHI	35,000	59,496	59,496	56,521	-5.00%	(2,975)
<b>GRAND TOTAL</b>	<b>20,642,984</b>	<b>19,629,594</b>	<b>19,466,287</b>	<b>18,492,973</b>	<b>-5.00%</b>	<b>(973,314)</b>
<u>SOURCE OF FUNDS</u>						
Social Services Block Grant	19,135,164	19,629,594	19,466,287	18,492,973	-5.00%	(973,314)
Prior Year Carry Forward	1,507,820	0	0	0		
<b>TOTAL AVAILABLE</b>	<b>20,642,984</b>	<b>19,629,594</b>	<b>19,466,287</b>	<b>18,492,973</b>	<b>-5.00%</b>	<b>(973,314)</b>

[1] As of 9/17/10; expenditure figures in Allocation Plan are based upon an earlier estimate.

[2] Home based services funding was reduced in FFY 10 from the amount originally approved due to actual block grant funding being \$163,307 less than originally anticipated. As a result, new clients were put on waiting lists for various home based services (e.g. meals on wheels, homemaker services...) and fewer current clients are referred for additional services.

[3] FFY 10 expenditures of \$20,974 were reclassified from the Information & Referral Services category to the Protective Services for Adults category at the request of the Office of Protection and Advocacy (OPA) to allow for continued funding of an Abuse Investigator. This position is responsible for monitoring the protective service plans developed by the OPA to assist in protecting the health, safety and well-being of persons with intellectual disabilities.