

Analysis and Summary of Governor's FFY 12 Federal Block Grant Allocation Plans

Joint Hearing of Committees on Appropriations, Human Services, Public Health

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TABLE OF CONTENTS

	<i>Page #</i>
Introduction and Plan Highlights	2
Federal Budget Action	4
<i>SUMMARIES OF ALLOCATION PLANS</i>	
Substance Abuse Treatment	5
Community Mental Health Services Block Grant	7
Maternal and Child Health Services Block Grant	11
Preventive Health and Health Services Block Grant	15
Community Services Block Grant	18
Social Services Block Grant	21

INTRODUCTION

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

PLAN HIGHLIGHTS

Since Congress has yet to finalize FFY 12 appropriations for these programs, 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 11 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 \$
SAPTBG	0.0 %	-60.8 %	-5.5 %	(1,029,699)
CMHSBG	0.0 %	9.7 %	1.2 %	57,583
MCHBG	0.0 %	73.2 %	2.5 %	121,768
PHHSBG	0.0 %	-89.3 %	-29.9 %	(500,449)
CSBG	0.0 %	-45.6 %	-9.0 %	(910,562)
SSBG	-5.0 %	0.0 %	-5.0 %	(968,662)

Major recommended changes are described below; more detailed explanations begin on page 5.

Substance Abuse Prevention and Treatment Block Grant

The plan proposes FFY 12 funding that is \$42,837 more than prior year expenditures for Prevention Contracts, reflecting the pickup of support for research activities that were formerly funded via another federal grant that has terminated.

Other funding adjustments are not anticipated to impact services, given combined state and federal funding available to the Department of Mental Health and Addiction Services (DMHAS).

Community Mental Health Services Block Grant

Major proposals include enhanced funding to:

- Train clinical staff from statewide Extended Day Treatment programs to provide certain components from the Trauma-Focused Cognitive Behavioral Therapy curriculum;
- Implement a school-based approach to preventing youth with mental health problems from entering or proceeding further in the juvenile justice system;
- Improve performance in outpatient settings for children;
- Support one-time initiatives intended to improve community-based services to children under age 12;
- Develop Results-Based Accountability (RBA) and other performance improvement tools for Outpatient Clinics and Extended Day Treatment programs;
- Expand workforce training resources in higher education settings.

Maternal and Child Health Services Block Grant

Major proposals include:

- Restrict MCHSBG-funded Medical Home program to core service only. Previously authorized funding for expanded care coordination, extended services funds and respite care will be eliminated;
- Restore block grant funding for 4 positions that were temporarily split-funded with other federal grants;
- Conduct a media campaign to address racial/ethnic disparities in infant mortality;
- Enhance funding for training, educational materials and technical assistance.

Preventive Health and Health Services Block Grant

Recommended funding reflects a net reduction of block grant support for 3.9 full-time equivalent (FTE) positions, as follows:

Service Category	Position Change	Disposition
Cancer Program	-0.64 FTE Secretary	Federal Comprehensive Cancer grant will assume share of salary currently paid from PHHSBG
Cardiovascular Disease	-1.0 FTE Health Program Associate	To be reassigned to other departmental duties & funding sources
Emergency Medical Services	-1.0 FTE Secretary, -0.7 FTE Information Technology Analyst	No funding sources have been identified to continue these positions at this time
Local Health Departments	+0.45 FTE Epidemiologist 4	PHHSBG will assume share of salary currently paid from CDC Public Health Preparedness Agreement
Youth Violence/Suicide Prevention	-1.0 FTE Health Program Associate	To be reassigned to other departmental duties & funding sources

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 equivalent to their FFY 11 awards. Grants for discretionary programs are proposed to be \$169,011 more in aggregate (an increase of 84.0%) than in FFY 11. Program Support (Administration) funding is proposed to be approximately 3% of the 2012 grant, less than the maximum allowed under federal guidelines (5% of the CSBG).

Social Services Block Grant

SSBG funding that supports Transportation to Work for SAGA clients will be eliminated. Associated dollars, approximately \$360,000, will be transferred to support Case Management efforts.

All remaining service types have been programmed to receive a five percent reduction. The largest reductions will occur in the areas of Home Based Services (\$284,532) and Independent and Transitional Living Services (\$213,773). 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.

The plan contains contingency language stating that if additional funds become available, they will be carried over into FFY 2013 to mitigate any future federal reductions.

Note Regarding Salary Adjustments: Personal Services projections for the various block grants that support federally funded positions were developed prior to ratification of the SEBAC agreement. Thus, these allocation plans reflect increased salaries and related fringe benefit costs. Due to the SEBAC agreement, no salary increases will occur in SFY 2012 and 2013.

FEDERAL BUDGET ACTION

Final Congressional action has yet to be taken on FFY 12 appropriations for these grants. A continuing resolution is expected to be adopted to fund governmental operations beginning October 1, 2011.

A comparison of the President’s proposed 2012 funding totals with 2011 enacted amounts is presented below:

<i>In millions of \$</i>	FFY 11 Enacted	FFY 12 President	Difference
SAPTBG*	1,783	1,494	(289)
CMHSBG*	420	435	15
MCHBG*	656	654	(2)
PHHSBG*	80	0	(80)
CSBG*	679	350	(329)
SSBG	1,700	1,700	-

** as adjusted by mandated 2.0% across-the-board cut*

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT
FFY 2012 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 12 federal award that is equivalent to the FFY 11 allocation. Total funds available are projected to be 5.5% less in FFY 12, however, because projected carry forward dollars are significantly less than those available in FFY 11. See attached Table for further detail.

Contingency Plan: The plan states that “in the event that anticipated funding is reduced, DMHAS will review the performance of programs in terms of their utilization, quality and efficiency. Based on this review, reductions in the allocation would be assessed to prioritize those programs deemed most critical to public health and safety. ...Currently, DMHAS’s obligations depend, in part, on funding carried forward from previous years. Therefore, any funding increase will first be reviewed in light of sustaining the level of services currently procured via the annual ongoing award. Second, if the increase is significant ..., the department will review the unmet needs ... identified through its planning process and prioritize the allocation of additional Block Grant resources.”

Note: The proposed allocation plan assumes a carry forward of \$139,418 from FFY 12 into FFY 13.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT
FFY 2012 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 10 EXPENDED</u>	<u>FFY 11 ESTIMATED</u>	<u>FFY 12 PROPOSED</u>	<u>% CHANGE 12 vs. 11</u>	<u>\$ CHANGE 12 vs. 11</u>	
Community Treatment Services						
Grants to Private Agencies:						
Outpatient	2,909,792	2,895,704	2,885,991	-0.34%	(9,713)	[1]
Methadone Maintenance	2,089,538	2,099,454	2,058,091	-1.97%	(41,363)	[1]
SUBTOTAL	4,999,330	4,995,158	4,944,082	-1.02%	(51,076)	
Residential Treatment						
Grants to Private Agencies:						
Residential Detox	1,847,292	1,711,589	1,711,351	-0.01%	(238)	[1]
Residential Intensive	288,508	338,620	342,104	1.03%	3,484	
Residential Long Term Treatment	2,893,064	2,738,423	2,358,913	-13.86%	(379,510)	[1]
Shelter	711,280	696,435	696,435	0.00%	-	
SUBTOTAL	5,740,144	5,485,067	5,108,803	-6.86%	(376,264)	
Recovery Support Services						
Grants to Private Agencies:						
Case Management and Outreach	2,887,756	2,877,070	2,790,055	-3.02%	(87,015)	[1]
Vocational Rehabilitation	64,470	65,219	65,219	0.00%	-	
Ancillary Services	44,971	44,970	44,970	0.00%	-	
SUBTOTAL	2,997,197	2,987,259	2,900,244	-2.91%	(87,015)	
Prevention and Health Promotion						
Grants to Private Agencies:						
Primary Prevention	4,666,923	4,482,023	4,447,060	-0.78%	(34,963)	[1]
Prevention Contracts	107,486	-	42,837		42,837	[2]
SUBTOTAL	4,774,409	4,482,023	4,489,897	0.18%	7,874	
GRAND TOTAL	18,511,080	17,949,507	17,443,026	-2.82%	(506,481)	
SOURCE OF FUNDS						
SAPT Block Grant	17,071,088	16,919,808	16,919,808	0.00%	-	
Prior Year Carry Forward [3]	3,132,327	1,692,335	662,636	-60.84%	(1,029,699)	
TOTAL AVAILABLE	20,203,415	18,612,143	17,582,444	-5.53%	(1,029,699)	

[1] No reduction in services is anticipated, given combined state and federal funding available to DMHAS.

[2] Recommended amount will allow for completion of research activities that were formerly funded via another federal grant that has terminated.

[3] \$139,418 has been programmed to be carried forward into FFY 13.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT
FFY 2012 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 12 federal award that is equivalent to the FFY 11 allocation. Total funds available are projected to be 1.2% more in FFY 12, however, because projected carry forward dollars are greater than those available in FFY 11. See attached Table for further information.

Contingency Plan: The plan states that “should a reduction occur ..., a review of the programmatic utilization and service system needs would be undertaken. Based on that review, reductions ...would be assessed so as to protect the most critical and high-use programs.

...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.”

NOTE: The proposed allocation plan assumes a carry forward of \$30,878 from FFY 12 into FFY 13.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT
FFY 2012 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 10 EXPENDED</u>	<u>FFY 11 ESTIMATED</u>	<u>FFY 12 PROPOSED</u>	<u>% CHANGE 12 vs. 11</u>	<u>\$ CHANGE 12 vs. 11</u>	
Adult Mental Health Services						
Emergency Crisis	1,633,889	1,543,154	1,543,154	0.00%	-	
Outpatient Services	635,589	635,587	635,587	0.00%	-	
Residential Services/Supported Housing	108,514	108,514	108,514	0.00%	-	
Social Rehabilitation	146,626	146,626	146,626	0.00%	-	
Case Management	140,619	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	-	-100.00%	(104,648)	[1]
Consumer Peer Support/ Advocate in Community Mental Health Providers	-	-	104,648		104,648	[1]
Parenting Support/Parental Rights	52,324	52,324	52,324	0.00%	-	
Consumer Peer Support - Vocational Rehab.	44,265	52,324	52,324	0.00%	-	
Regional Mental Health Boards	48,920	48,920	48,920	0.00%	-	
TOTAL - ADULT	2,982,970	2,900,290	2,900,290	0.00%	-	
Children's Mental Health Services						
Respite for Families	412,934	425,995	425,995	0.00%	-	
Family Advocate Services	467,301	467,300	467,300	0.00%	-	
Youth Suicide Prevention/ Mental Health Promotion	42,764	50,000	50,000	0.00%	-	
CT Community KidCare Workforce Development/Training & Culturally Competent Care	16,250	50,000	65,000	30.00%	15,000	[2]
Extended Day Treatment: Model Development & Training	32,557	30,000	60,000	100.00%	30,000	[3]
Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative	412,297	-	-			
Trauma-Focused Cognitive Behavioral Therapy - Sustainability Activities	-	53,198	62,000	16.55%	8,802	[4]
Mental Health/Juvenile Justice Diversion	-	-	15,000		15,000	[5]
Outpatient Care: System Treatment and Improvement	-	72,890	378,426	419.17%	305,536	[6]
Best Practices Promotion & Program Evaluation	-	-	131,972		131,972	[7]

Outcomes: Performance Improvement and Results-Based Accountability	-	-	100,000		100,000	[8]
Workforce Development: Higher Education In-Home Curriculum Project	-	-	75,000		75,000	[9]
Other CT Community KidCare	7,478	20,000	20,000	0.00%	-	
SUBTOTAL - CHILDREN	1,391,581	1,169,383	1,850,693			
Refunds	(3,998)	-	-			
TOTAL - CHILDREN	1,387,583	1,169,383	1,850,693	58.26%	681,310	
GRAND TOTAL	4,370,553	4,069,673	4,750,983	16.74^o%	681,310	
<u>SOURCE OF FUNDS</u>						
CMHS Block Grant	4,233,212	4,127,256	4,127,256	0.00%	-	
Prior Year Carry Forward [10]	734,363	597,022	654,605	9.65%	57,583	
TOTAL AVAILABLE	4,967,575	4,724,278	4,781,861	1.22%	57,583	

[1] Realignment of funding between program categories reflects a change in venue of peer support services, which previously had been delivered in two hospitals' emergency departments (ED). Procedural and staffing changes in the ED's prompted the program's relocation to the same hospitals' mental health outpatient programs. In addition, the program has expanded to a third facility

[2] Increase does not reflect an expansion of services. The proposed funding level for FFY 12 is \$5,000 less than the originally approved FFY 11 amount (\$70,000) for this category. Actual FFY 11 provider payments fell below the approved amount due to: (a) the availability of \$15,683 in unspent funds from a prior year, and (b) not implementing a supplemental training activity, (originally budgeted at \$5,000) due to scheduling difficulties.

[3] Increase does not reflect an expansion of services. The proposed funding level for FFY 12 is equivalent to the originally approved FFY 11 amount for this category. Actual FFY 11 payments fell below this amount due to: (a) not contracting for a basic training course, instead relying upon already trained community provider staff to offer training to new hires at other private agencies at no cost, and (b) delays in developing a specific training curriculum.

[4] Increased funding will support training of clinical staff from statewide Extended Day Treatment programs to provide certain components from the Trauma-Focused Cognitive Behavioral Therapy curriculum.

[5] Newly recommended funding represents DCF's share of the costs of implementing a school-based approach to preventing youth with mental health problems (ages 10-19) from entering or proceeding further into the juvenile justice system. These dollars will be supplemented by \$100,000 from the Judicial Department's Court Support Services Division (CSSD). Program consultation has been provided to certain schools in Connecticut by the Child Health and Development Institute. Participant schools for the next round of consultations are currently being identified.

[6] Enhanced funding is intended to improve outpatient care system performance by focusing on family engagement and retention in care, data collection/reporting/analysis, and exploring evidence-based individual, family and group treatments for children with serious emotional disturbance. DCF is working with clinics to identify and select specific evidence-based models and methods of implementation.

[7] Recommended funding will support one-time initiatives intended to improve community-based services to children under age 12, through:

- identification and implementation of specific evidence-based practices for children 7-12 with disruptive behavioral disorders; and
- enhancing integration between community-based services and congregate care providers by adopting components of the National Building Bridges 4 Youth Initiative.

[8] Recommended funding will support the development of user-friendly data dashboards containing outcome measures, including: treatment completion, reduction of children's problem severity, and improvement in parent and worker ratings of child functionality. Initial development will focus on Outpatient Clinics and Extended Day Treatment Programs. Other community based services may be incorporated as resources allow.

[9] Recommended funding is intended to expand the number of graduate level faculty and programs prepared to deliver a graduate-level course entitled "Current Trends in Family Intervention: Evidence-Based and Promising Practice Models of In-Home Treatment" in Connecticut. This course teaches students fundamental concepts of evidence-based practice, the principles and practices of specific empirically supported in-home treatment models offered throughout Connecticut, and the core competencies that are shared across models.

[10] \$30,878 has been programmed to be carried forward into FFY 13.

MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY 2012 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 12 federal award that is equivalent to the FFY 11 level. Total funds available are projected to be 2.5% more in FFY 12, however, because projected carry forward dollars are greater than those available in FFY 11. See attached Table for further information.

Contingency Plan: The plan states that “in the event that anticipated funding is reduced ... the department will review the criticality and performance of these programs. Based on the review, reductions in the allocation(s) would be assessed so as to prioritize those programs deemed most critical to the public. Budget reductions would also be absorbed by not refilling vacant staff positions. In the event that anticipated funding is increased, the Department will review its 2010 five-year MCH Needs Assessment and its Strategic Plan for Reducing Low Birth Weight, and will prioritize funding based on the results of this assessment.”

MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY 2012 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 10 EXPENDED</u>	<u>FFY 11 ESTIMATED</u>	<u>FFY 12 PROPOSED</u>	<u>% CHANGE 12 vs. 11</u>	<u>\$ CHANGE 12 vs. 11</u>	
Maternal and Child Health Preventive & Primary Care						
Administration	1,516,921	1,515,996	1,819,007	20.0%	303,011	[1]
<i>Number of Positions</i>	14.00	13.80	14.25			
Grants:						
Perinatal Case Management	350,574	350,574	350,574	0.0%	-	
Healthy Start	200,000	200,000	200,000	0.0%	-	
Family Planning	20,083	20,083	20,083	0.0%	-	
Information and Referral	183,867	183,867	183,867	0.0%	-	
School Based Health Services	273,691	273,691	273,691	0.0%	-	
Perinatal Wellness	70,000	-	-			
Oral Health	5,000	5,787	5,000	-13.6%	(787)	
Genetics	27,900	27,900	27,900	0.0%	-	
Injury Prevention	40,000	30,000	30,000	0.0%	-	
Other	10,227	13,500	89,688	564.4%	76,188	[2]
Subtotal – Grants	1,181,342	1,105,402	1,180,803	6.8%	75,401	
TOTAL – Primary Care	2,698,263	2,621,398	2,999,810	14.4%	378,412	
Children with Special Health Care Needs (CSHCN)						
Administration	1,031,595	1,207,718	1,068,558	-11.5%	(139,160)	[3]
<i>Number of Positions</i>	12.65	13.75	13.00			
Grants:						
Medical Home Community Based Care Coordination Services	1,119,218	974,212	827,061	-15.1%	(147,151)	[4]
Family Planning	1,057	1,057	1,057	0.0%	-	
Genetics	3,100	3,100	3,100	0.0%	-	
Information and Referral	9,677	9,677	9,677	0.0%	-	
School Based Health Services	14,405	14,405	14,405	0.0%	-	
Other	33,197	-	57,917		57,917	[2]
Subtotal – Grants	1,180,654	1,002,451	913,217	-8.9%	(89,234)	
TOTAL – Children with Special Health Care Needs	2,212,249	2,210,169	1,981,775	-10.3%	(228,394)	
GRAND TOTAL	4,910,512	4,831,567	4,981,585	3.1%	150,018	
<i>Number of Positions</i>	26.65	27.55	27.25			
<u>SOURCE OF FUNDS</u>						
MCH Block Grant	4,748,137	4,693,379	4,693,379	0.0%	-	
Prior Year Carry Forward	450,581	166,438	288,206	73.2%	121,768	
TOTAL AVAILABLE	5,198,718	4,859,817	4,981,585	2.5%	121,768	

[1] Increase reflects: (a) Realignment of staff time associated with a 0.75 full-time-equivalent position from activities of the Children and Youth with Special Health Care Needs program to the Maternal and Child Health Preventive & Primary Care program; (b) restoring block grant funding for four positions (Nurse Consultant, Epidemiologist 4, Epidemiologist 3, Health Program Associate) that were temporality split-funded with other federal grants at originally designated levels; as well as (c) routine wage increases, and adjusted fringe benefits costs.

[2] One-time “Other” activities to be supported in FFY 12 include:

	Amount in \$
<u>ACTIVITY</u>	
CT State Laboratory - Newborn Screening Materials	8,000
Maternal and Child Health Educational Materials	20,500
Training with DCF to Prevent Shaken Baby Syndrome	5,000
Media Campaign to Address Racial/Ethnic Disparities in Infant Mortality	65,000
Trainings, Meetings and Technical Assistance for DPH Staff and Statewide Partners	32,105
Preconception Health Packets	17,000
<i>Total</i>	<i>147,605</i>
<u>FUNDING BY CATEGORY OF SERVICE</u>	
Maternal and Child Health/Preventive and Primary Care for Children	89,688
Children and Youth with Special Health Care Needs	57,917
<i>Total</i>	<i>147,605</i>

One-time “Other” activities supported in FFY 11 included

	Amount in \$
<u>ACTIVITY</u>	
State Laboratory Newborn Screening Materials	8,500
Training with DCF to Prevent Shaken Baby Syndrome	5,000
<i>Total</i>	<i>13,500</i>

[3] Decrease reflects realignment of staff time associated with 0.75 full-time-equivalent position from activities of the Children and Youth with Special Health Care Needs program to the Maternal and Child Health Preventive & Primary Care program.

[4] Reduction reflects restricting allocation to support Medical Home core services only. Funding for expanded care coordination, extended services funds (*see definitions below*) and respite care will be eliminated. The program contractor will assist families in attempting to find other sources of support for respite and extended services. However, the program is a payer of last resort and families served often do not qualify for other programs.

The number of families receiving respite services will be reduced statewide by approximately 260 families.

The reduction in expanded care coordination will potentially result in up to 300 fewer families being served. The exact number cannot be determined, as some care coordination activities will continue to be provided directly through primary care providers. The care coordination network areas that will be affected include Waterbury, Stamford and Hartford.

Previously authorized extended services will continue. New authorizations will depend upon available funds.

Definitions

“Expanded Care Coordination” refers to additional time that was allocated for care coordinators to perform tasks such as assessment, care planning, arranging home visits, family advocacy, linkage to specialists, linkage to community based resources, coordination of health financing resources, coordination with school based services, and family education. Care coordinators also worked directly with primary care providers with a focus on increasing practice capacity for care coordination. In FFYs 10 and 11, carry forward dollars were used to fund this additional time.

“Extended Services” are services deemed medically necessary and appropriate, and include durable medical equipment, pharmaceuticals, specialized nutritional formulas and other department-approved extended services/goods for families whose income is less than or equal to 300% of the federal poverty level and who are not eligible for the Medicaid or HUSKY programs.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2012 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 12 federal award that is equivalent to the FFY 11 allocation. Total funds available are projected to be 29.9% less in FFY 12, however, because projected carry forward dollars are significantly less than those available in FFY 11. See attached Tables for further information.

Contingency Plan: The plan states that "the Department..., with input from the PHHSBG Advisory Committee, is prepared to revise the FFY 2012 proposed budget, as needed.... Should an increase or reduction occur, the Department would review the recommendations of the Advisory Committee and modify the allocation. Savings due to vacant, budgeted positions, contractor refunds and other unexpended amounts will also be added to the carry forward reserve and used to offset any decrease in funding levels."

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2012 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 10 EXPENDED</u>	<u>FFY 11 ESTIMATED</u>	<u>FFY 12 PROPOSED</u>	<u>% CHANGE</u>	<u>\$ CHANGE 12 vs. 11</u>	
Administrative Support	750	1,500	1,000	-33.33%	(500)	[1]
Cancer Program	40,631	51,882	0	-100.00%	(51,882)	[2]
Cardiovascular Disease	345,735	346,984	220,000	-36.60%	(126,984)	[3]
Childhood Lead Poisoning Prevention/Laboratory	112,745	113,984	116,373	2.10%	2,389	[4]
Emergency Medical Services	209,021	212,807	0	-100.00%	(212,807)	[5]
Local Health Departments	490,544	486,883	552,218	13.42%	65,335	[6]
Rape Crisis Services	83,396	83,396	83,396	0.00%	-	
Surveillance and Data	37,861	39,965	41,449	3.71%	1,484	[7]
Intimate Partner Violence	76,920	76,920	76,920	0.00%	-	
Youth Violence/Suicide Prevention	185,735	197,786	80,600	-59.25%	(117,186)	[8]
GRAND TOTAL	1,583,338	1,612,107	1,171,955	-27.30%	(440,151)	
<i>FTEs Budgeted/Filled</i>	<i>6.70/5.59</i>	<i>6.70/5.59</i>	<i>1.70/1.70</i>			
<u>SOURCES OF FUNDS</u>						
TOTAL Block Grant	1,452,289	1,111,658	1,111,658	0.00%	-	
Prior Year Carry Forward	691,795	560,746	60,297	-89.25%	(500,449)	
TOTAL AVAILABLE	2,144,084	1,672,404	1,171,955	-29.92%	(500,449)	

[1] Funding supports the purchase of legal notices for a public hearing, a federal requirement, as well as office supplies related to block grant administration.

[2] Reduction reflects salary and fringe benefit costs saved by eliminating block grant funding for a Secretary. Effective 10/1/11, a share of this position's salary that was formerly supported by PHHSBG funds will be assumed by a combination of federal Comprehensive Cancer Program and state dollars. The use of increased General Fund dollars will be offset by decreasing another employee's time on state funding, resulting in a minor net savings to the state.

[3] Reduction reflects salary and fringe benefit costs saved by eliminating a Health Program Associate. The employee holding this position will be reassigned to other duties within the department, to be supported by other funding streams. Amounts set aside for contracts (\$10,000) and grants (\$210,000) are held constant.

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

[5] Reduction reflects salary and fringe benefit costs saved by eliminating a Secretary and Information Technology Analyst. The Secretary supports the renewal of Emergency Medical Services (EMS) licenses and

certifications, as well as the investigations process and several statewide EMS boards; processes staff travel authorizations and purchase ordering; and provides customer service to callers to the Office of Emergency Medical Services (OEMS).

The Information Technology Analyst is assigned to work on the roll-out of an online renewal system for EMS instructor certifications and instructor processing; as well as enhancements to the EMS certification and licensure database, which supports the roll-out of a new EMS scope of practice.

At this time there are no other federal funding sources available to support these positions; nor are state resources identified to continue them.

[6] Increase reflects:

(a) \$68,058 in additional funding to pickup 50% of the salary and fringe benefit costs associated with an Epidemiologist position (now supported by a federal Centers for Disease Control (CDC) Public Health Preparedness Cooperative Agreement). The Epidemiologist oversees the Office of Local Health Administration and CT's Health Alert Network; partially offset by

(b) a \$2,724 reduction in support for local health districts and departments. This reduction is expected to have minimal to no impact in light of recent changes in the configuration of health departments and districts statewide. Also, typically some local health departments and districts decline block grant funding, which is distributed on a formula basis.

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

[8] Reduction reflects salary and fringe benefit costs saved by eliminating a Health Program Associate. This position oversees state and local injury prevention initiatives, participating in meetings with injury related groups/coalitions; develops, monitors and writes reports on block grant-funded contracts; conducts community outreach and partnering with community entities; serves as lead for the interagency suicide prevention network; and develops injury fact sheets and other documents. The employee holding this position will be reassigned to other duties within the department, to be supported by other funding streams. Amounts set aside for Other Expenses (\$600) and grants (\$80,000) are held constant.

COMMUNITY SERVICES BLOCK GRANT
FFY 2012 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 12 federal award that is equivalent to the FFY 11 allocation. Total funds available are projected to be 9.0% less in FFY 12, however, because projected carry forward dollars are significantly less than those available in FFY 11. See attached Table for further detail.

Contingency Plan: The plan states that “in the event that anticipated funding is either increased or reduced, federal law ... specifies the proportion of funds allocated to Community Action Agencies, Discretionary Programs and Administration.” *See second paragraph above for federal allocation guidelines.*

COMMUNITY SERVICES BLOCK GRANT
FFY 2012 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 10 EXPENDED</u>	<u>FFY 11 ESTIMATED</u>	<u>FFY 12 PROPOSED</u>	<u>% CHANGE 12 vs. 11</u>	<u>\$ CHANGE 12 vs. 11</u>	
Grants to Eligible Entities	6,834,814	8,632,949	8,632,949	0.00%	-	[1]
Program Support	229,347	237,419	244,827	3.12%	7,408	[2]
<i>FTEs Supported</i>	1.4	1.4	1.4			
Grants for Discretionary Programs	565,417	201,098	370,109	84.04%	169,011	[3]
GRAND TOTAL	7,629,578	9,071,466	9,247,885	1.94%	176,419	
<u>SOURCES OF FUNDS</u>						
CSBG Block Grant	8,393,383	8,160,904	8,160,904	0.0%	-	
Carry Over from Prior	1,233,738	1,997,543	1,086,981	-45.58%	(910,562)	
TOTAL AVAILABLE	9,627,121	10,158,447	9,247,885	-8.96%	(910,562)	

[1] See page 11 of Allocation Plan for list of contractors and awards. The proposed FFY 12 grant to each eligible entity (the twelve community action agencies (CAA's) and the Connecticut Association for Community Action, Inc. (CAFCA)) is equivalent to the FFY 11 award.

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.

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

[2] Funding programmed for salary and fringe benefits increases will be reserved pending concerns over final funding levels. No salary increases will occur in SFYs 12 and 13, based upon the recent SEBAC agreement.

[3] The department proposes utilizing \$370,109 in FFY 12 funding for Discretionary Grants as follows:

Contractor	Purpose	FFY 12 Amount in \$
CAFCA	To provide training and technical services to strengthen Community Action Agencies by establishing "best practice" management standards, and assessing strengths and weaknesses through a process of agency self-assessment and peer review. Through this contract, DSS works closely with the Northeast Institute for Quality Community Action (NIQCA) to address concerns around CAA governance and financial responsibilities.	62,000
Brown Buckley Tucker	To conduct CSBG compliance monitoring of the twelve Community Action Agencies and CAFCA. Reviews will: (a) Assess agency compliance with applicable federal/state laws and regulations using a standardized monitoring tool;	45,000

	<p>(b) Identify risks and areas of regulatory non-compliance which could compromise a CAA, and thereby potentially disrupt service delivery and jeopardize an agency's certification status;</p> <p>(c) Identify corrective actions needed to mitigate identified risks and address compliance issues and concerns;</p> <p>(d) In collaboration with state officials, finalize a monitoring protocol and schedule which will include: A desk review of essential documents, On site fiscal, program and human resources audits, On site interviews; and</p> <p>(e) Prepare a Findings Report including recommendations for corrective action(s).</p>	
2012 Annual New England Fathering Conference	Annual educational event that brings together federal, state and local professionals, paraprofessionals, and parents from the six New England states and beyond, to share information and gain knowledge about the significant role fathers play in raising healthy, happy children.	5,000
To Be Determined	<p>Funding may be directed as follows:</p> <p>(a) Reserving funds to help address any potential reduction in funding for FFY 2012 that may occur as a result of potential restrictions on federal discretionary spending. If that occurs, much if not all of this allotment may be used to help cover gaps in funding to the CAA network; or</p> <p>(b) To support CAA network projects, such as technology updates, data warehouse upgrades, programmatic initiatives, and other similar projects.</p>	258,109
TOTAL		370,109

FFY 11 Discretionary Grant funding of \$201,098 was awarded to CAFCA, which in turn:

- (a) provided training and technical assistance to the CAA network through needs assessment;
- (b) provided oversight and support for the Northeast Institute for Quality Community Action, an evaluation initiative committed to promoting excellence in management through best practices standards, self-assessments/peer reviews and quality improvement;
- (c) provided specialized training in conjunction with Community Action Program Legal Services, Inc. (CAPLAW) for CAA executive directors, management information systems staff, planners and boards of directors ;
- (d) convened an annual conference and provided training at an annual CAFCA conference;
- (e) coordinated and convened meetings and appropriate workgroups, provided public presentations and advocacy;
- (f) coordinated, implemented and maintained expansions to data warehouse and provided access to DSS personnel;
- (g) coordinated Results-Oriented Management and Accountability (ROMA) training of each CAA's staff;
- (h) coordinated the continued implementation of ROMA information system in order to support continued integration of services and improved agency outcome reporting;
- (i) compiled and submitted annual reports to DSS for submission to the Department of Health and Human Services.

SOCIAL SERVICES BLOCK GRANT
FFY 2012 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 12 federal award that is projected to be \$968,662 (or 5.0%) less than the FFY 11 allocation. See attached Table for further detail.

Contingency Plan: The plan states that “in the event the state allocation is less than projected, allocations will be adjusted proportionately. In the event that additional funds become available, they will be carried over into FFY 2013 in order to mitigate any future federal reductions to ensure ongoing programmatic coverage.”

SOCIAL SERVICES BLOCK GRANT
FFY 2012 ALLOCATION PLAN DETAIL

<u>PROGRAM</u>	<u>FFY 10 EXPEND.</u>	<u>FFY 11 ESTIMATED</u>	<u>FFY 12 PROPOSED</u>	<u>% CHANGE</u> 12 vs. 11	<u>\$ CHANGE</u> 12 vs. 11	
Case Management Services	1,924,490	1,926,025	2,167,483	12.54%	241,458	
DSS	1,667,086	1,669,851	1,924,118	15.23%	254,267	[1]
DMHAS	257,404	256,174	243,365	-5.00%	(12,809)	
Counseling Services	384,087	394,177	374,468	-5.00%	(19,709)	
DSS	289,936	300,476	285,452	-5.00%	(15,024)	
DMHAS	94,151	93,701	89,016	-5.00%	(4,685)	
Family Planning Services	965,064	958,616	910,685	-5.00%	(47,931)	
DSS	963,220	958,616	910,685	-5.00%	(47,931)	
Home Based Services	5,316,257	5,690,644	5,406,112	-5.00%	(284,532)	
DSS	5,304,227	5,622,837	5,341,695	-5.00%	(281,142)	
BESB	12,030	67,807	64,417	-5.00%	(3,390)	
Independent & Transitional Living Services	4,447,789	4,275,470	4,061,697	-5.00%	(213,773)	
DSS	4,269,269	4,097,803	3,892,913	-5.00%	(204,890)	
DMHAS	178,520	177,667	168,784	-5.00%	(8,883)	
Information & Referral Services	28,917	15,996	0	-100.00%	(15,996)	
DMHAS	16,073	15,996	0	-100.00%	(15,996)	[2]
Protection & Advocacy	12,844	0	0			
Legal Services	774,234	757,930	720,033	-5.00%	(37,897)	
DSS	742,012	737,056	700,203	-5.00%	(36,853)	
Protection & Advocacy	32,222	20,874	19,830	-5.00%	(1,044)	
Protective Services for Adults	459,736	566,265	537,952	-5.00%	(28,313)	
DSS	253,605	243,760	231,572	-5.00%	(12,188)	
CDHI	117,014	210,599	200,069	-5.00%	(10,530)	
Protection & Advocacy	89,117	111,906	106,311	-5.00%	(5,595)	

	<u>FFY 10 EXPENDED</u>	<u>FFY 11 ESTIMATED</u>	<u>FFY 12 PROPOSED</u>	<u>% CHANGE 12 vs. 11</u>	<u>\$ CHANGE 12 vs. 11</u>	
Special Services for Persons with Developmental or Physical Disabilities or Persons with Visual or Auditory Impairments	2,883,740	2,820,574	2,679,545	-5.00%	(141,029)	
DDS	2,883,740	2,820,574	2,679,545	-5.00%	(141,029)	
Substance Abuse	1,494,391	1,487,248	1,428,082	-3.98%	(59,166)	
DMHAS	1,494,391	1,487,248	1,428,082	-3.98%	(59,166)	[3]
Transportation Services	354,444	364,121	8,156	-97.76%	(355,965)	
DSS	354,444	364,121	8,156	-97.76%	(355,965)	[4]
Other Services	58,996	116,180	110,371	-5.00%	(5,809)	
DSS [5]	58,996	56,968	54,120	-5.00%	(2,848)	
DDS,BESB,CDHI [6]	0	59,212	56,251	-5.00%	(2,961)	
GRAND TOTAL	19,092,145	19,373,246	18,404,584	-5.00%	(968,662)	
<u>SOURCE OF FUNDS</u>						
Social Services Block Grant	18,597,716	19,373,246	18,404,584	-5.00%	(968,662)	
Prior Year Carry Forward	494,429	-	-			
TOTAL AVAILABLE	19,092,145	19,373,246	18,404,584	-5.00%	(968,662)	

[1] Reflects the transfer of funding previously dedicated to Transportation to Work for SAGA clients to Case Management services. The adjusted aggregate amount has been subjected to a 5% reduction. See [4] below.

[2] Contractual services formerly reflected under "Information & Referral" are recommended to be reclassified under the "Substance Abuse" category to more appropriately reflect actual services provision. After accounting for the realignment of the \$15,996 award, the adjusted aggregate amount under the "Substance Abuse" category has been subjected to a 5% reduction.

[3] See footnote [2].

[4] Reflects termination of block grant funding for Transportation to Work services for SAGA clients. Remaining funding of \$8,156 will support a contract with the Borough of Naugatuck, which provides transportation to approximately 110 mentally challenged individuals to employment locations and medical appointments.

In FY 2011, \$364,121 in aggregate was spent on three Transportation to Work contracts (Eastern CT Workforce Investment Board, Northwest Regional Workforce Investment Board, Inc., and Workforce Alliance, Inc.). These organizations provided

transportation assistance to Temporary Family Assistance (TFA) and SAGA clients to work or attend skill training opportunities.

[5] Partial funding for a contract with New Opportunities, Inc., which provides client services such as goal planning, training and client monitoring.

[6] Funding supports employee salaries.