

**COMMUNITY MENTAL HEALTH SERVICES  
BLOCK GRANT ALLOCATION PLAN**

**FEDERAL FISCAL YEAR 2021**



**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
AND DEPARTMENT OF CHILDREN AND FAMILIES**

**July 15, 2020**

**STATE OF CONNECTICUT  
COMMUNITY MENTAL HEALTH SERVICES  
BLOCK GRANT**

**FFY 2021 ALLOCATION PLAN  
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## **1. Overview of the Community Mental Health Services Block Grant**

### **A. Purpose**

The United States Department of Health and Human Services (HHS), through its Substance Abuse and Mental Health Services Administration (SAMHSA), manages the Community Mental Health Services Block Grant (CMHSBG). The Connecticut Department of Mental Health and Addiction Services (DMHAS) is designated as the principal state agency for the allocation and administration of the CMHSBG within the state of Connecticut.

The CMHSBG is designed to provide grants to states to carry out a state's mental health plan, to evaluate programs and to plan, administer and educate on matters related to providing services under the plan. Funds can be used for grants to community mental health centers for adults with serious mental illnesses (SMI) and children with serious emotional disturbances (SED) and their families. Services for identifiable populations, which are currently underserved, and coordination of mental health and health care services within health care centers are also eligible.

The CMHSBG is developed within the context of Federal Public Law 102-321, *"to provide for the establishment and implementation of an organized community-based system of care for individuals with serious mental illness and children with serious emotional disturbance."*

The major purpose of the CMHSBG is to support the above mission through the allocation of Block Grant funds for the provision of mental health services.

### **B. Major Use of Funds**

The Block Grant supports grants to local community-based mental health agencies throughout the state. Services that are eligible for CMHSBG funds are:

- Services principally to individuals residing in a defined geographic area, for example, regions and districts designated as service areas
- Outpatient services, including specialized outpatient services for children, the elderly, individuals with SMI, and residents of the service area who have been discharged from inpatient treatment at a mental health facility
- Twenty-four-hour emergency care services
- Day treatment or other partial hospitalization services or psychosocial rehabilitation services
- Screening for individuals being considered for admission to state mental health facilities to determine the appropriateness of such an admission

Additionally, Block Grant funds may be used in accordance with the identification of need and the availability of funds for:

- Services for individuals with SMI, including identification of such individuals and assistance to such individuals in gaining access to essential services through the assignment of case managers
- Identification and assessment of children and adolescents with SED and provision of appropriate services to such individuals
- Identification and assessment of persons who are within specified diagnostic groups including:

- Persons with traumatic brain injury or other organic brain syndromes
- Geriatric patients with SMI
- Persons with concomitant mental illness and intellectual disabilities
- Persons with mental illness who are HIV+ or living with AIDS

The CMHSBG requires states to set aside a certain proportion of funds, based on Federal Fiscal Year (FFY) 1994 CMHSBG expenditures, for serving children with SED. Historically, Connecticut has allocated 30% of the appropriated block grant funds to the Department of Children and Families (DCF) for this purpose. This percentage of funds exceeds the federal requirement of 10%. In addition, as of February 2016, SAMHSA requires states to set-aside 10% of their CMHSBG funding for early serious mental illness (ESMI).

The CMHSBG also requires states to maintain expenditures for community mental health services at a level that is not less than the average level of such expenditures for the two-year period preceding the fiscal year for which the state is applying for the grant. In state fiscal year (SFY) 2014, funding was reallocated from DMHAS to the Department of Social Services (DSS) as part of the Affordable Care Act and Medicaid expansion. DMHAS utilizes DSS claims data for mental health services on an annual basis as part of DMHAS' calculation to demonstrate compliance with maintenance of expenditures to SAMHSA.

There are a number of activities or services that may **not** be supported with CMHS Block Grant funds. These include: 1) provision of inpatient services; 2) cash payments to intended recipients of health services; 3) purchase or improvement of land; purchase, construct or permanently improve (other than minor remodeling) any building or other facility; or 4) purchase of major medical equipment.

**Bi-Annual Application Process:**

Starting with the FFY 2012 CMHSBG application, SAMHSA restructured the process on a two-year cycle. In the first year of the current cycle (FFY 2020), states were to develop a full application that addressed overall needs, service gaps and priorities, including performance measures. In the second year (FFY2021), only budget information is required to explain the intended use of the annual appropriation.

**Target Population: Adult Mental Health Services:**

The CMHSBG is intended to serve adults (age 18 and older) with SMI, young adults transitioning out of the children's mental health system who have major mental illnesses and who will enter the adult mental health system, individuals at risk of hospitalization, those with SMI or SMI and co-occurring substance use disorder who are homeless or at risk of homelessness, and individuals who are indigent, including the medically indigent.

**Major Use of Funds:**

DMHAS is responsible for the administration of the adult mental health component of the CMHSBG. The FFY 2021 CMHSBG funds will be allocated to community-based mental health providers across the state. Funding is provided to these facilities to support the Department's goal of reducing the incidence and prevalence of adult mental health disorders and preventing unnecessary admissions to institutions. The CMHSBG supports the state's efforts to develop a system of community-oriented, cost-effective mental

health services that allow persons to be served in the least-restrictive and most appropriate settings available. Services funded by the CMHSBG are:

- Emergency Crisis
- Outpatient/Intensive Outpatient
- Residential Services/Supportive Housing
- Social Rehabilitation
- Supported Employment/Vocational Rehabilitation
- Case Management
- Family Education/Training
- Consumer Peer Support Services in Community Mental Health Provider Settings
- Parenting Support/Parental Rights
- Peer to Peer Support for Vocational Rehabilitation
- Administration of Regional Behavioral Health Action Organizations (RBHAOs)
- Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside

### **Target Population: Children’s Mental Health Services**

The CMHSBG is intended to serve children, birth to age 18, with SED who are at risk of being, or have already been, separated from their family and/or community for the primary purpose of receiving mental health or related services.

### **Major Use of Funds:**

The Department of Children and Families (DCF) is responsible for the administration of the children’s mental health component of the CMHSBG. The FFY 2021 CMHSBG will be allocated for community-based mental health service provision and mental health transformation activities. Funded initiatives will also be consistent with and related to Connecticut Public Act 13-178, which called for the development of a “comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues of children.”

Funding is also provided to support DCF’s goal of reducing the incidence and prevalence of children’s mental health disorders and aiding in the Department’s efforts to positively transform the delivery of mental health care for all children and their families. Services proposed for funding by the CMHSBG during FFY 2021 include:

- Respite Care for Families
- FAVOR Statewide Family Organization – Family Peer Support Services
- Youth Suicide Prevention/Mental Health Promotion
- CT Community KidCare: Workforce Development/Training and Culturally Competent Care
- Extended Day Treatment: Model Development and Training
- Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside
- Outpatient Care: System and Treatment Improvement
- Best Practices Promotion and Program Evaluation
- Outcomes: Performance Improvement and Data Dashboard Development
- Workforce Development: Higher Education In-Home Curriculum Project
- Other Connecticut Community KidCare
- Emergency Crisis

### **C. Federal Allotment Process**

The allotment of the CMHSBG to states is determined by three factors: the Population at Risk, the Cost of Services Index, and the Fiscal Capacity Index. The Population at Risk represents the relative risk of mental health problems in a state. The Cost of Services Index represents the relative cost of providing mental health treatment services in a state. The Fiscal Capacity Index represents the relative ability of the state to pay for mental health related services. The product of these factors establishes the need for a given state.

### **D. Estimated Federal Funding**

The allocation plan for FFY 2021 is based on the funding level proposed in the President's budget of \$6,972,575 which is \$211,483 more than last year's actual enacted allocation \$6,761,092. The FFY 2020 allocation plan was based on the President's proposed amount of \$6,760,070 which was only \$1,022 less than the final actual CMHSBG amount awarded to the state by Congress. The final federal appropriation for FFY 2021, when authorized, could be other than as projected herein.

### **E. Total Available and Estimated Expenditures**

Adult Mental Health Services: The total adult portion of the CMHSBG available for expenditure in FFY 2021 is estimated to be \$5,889,338, which includes \$4,880,802 of the MHBG allotment and \$1,008,536 in DMHAS carry forward funds. DMHAS strives for stable funding for service providers while maintaining some carry forward for unanticipated block grant funding modifications. As a result, \$5,728,395 is the planned expenditure total for FFY 2021.

Children's Mental Health Services: The total children's portion of the CMHSBG available for expenditure in FFY 2021 is estimated to be \$2,992,826, which includes \$2,091,773 of the MHBG allotment and \$901,053 in DCF carry forward funds. Planned expenditures for FFY 2021 of \$2,796,453 will afford DCF the opportunity to address service and program needs should an unanticipated reduction in block grant funding occur.

### **F. Proposed Changes from Last Year**

Adult Mental Health Services:

Additional funds proposed in the President's budget will be allocated to the Emergency Crisis category to support the new crisis call center which will enhance both responding to the increased volume of calls to the Suicide Prevention Line as well as triage and management of behavioral health crises statewide. The proposed increase for this service is \$683,232.

The increase in funding for Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) of \$14,804 reflects the 10% set-aside requirement for these services which increased along with the proposed increase in the President's proposed budget for the CMHSBG.

DMHAS has been aligning with SAMHSA's expressed priority to fund otherwise non-reimbursable services. However, given that attaining and maintaining insurance coverage is a challenge for many behavioral health clients, DMHAS recognizes that a certain percentage of the population it serves will

either never be insured or will be inconsistently insured. In consequence, DMHAS continues to utilize a small amount of block grant funds for services to those who may not be insured.

All other line items have minor adjustments that are not anticipated to change the current level of services provided.

The block grant expenditure plan is intended to maintain and enhance the overall capacity of the adult mental health service system. The allocation plan only represents a portion of DMHAS spending for mental health services. Most of the programs which are funded with federal block grant dollars also receive state funding which is not reflected in the allocation plan.

Children's Mental Health Services: The CMHSBG will continue to be used to enhance services and support activities to facilitate positive outcomes for children with complex behavioral health needs (SED) and their families, and to support efforts to transform mental health care in the state.

**Respite Care for Families (\$450,000)**

Funding is proposed to be maintained at \$450,000. This program will continue to provide statewide access to families seeking respite care. The Department has integrated this service into the nine existing Care Coordination programs.

**FAVOR Statewide Family Organization-Family Peer Support Specialists (\$720,000)**

Funding is proposed to be maintained at \$720,000, the approved allocation last year. This will allow for continued support for three FTEs: two Family Peer Support Specialists and the statewide Family and Youth Engagement Specialist.

**Youth Suicide Prevention/Mental Health Promotion (\$225,000)**

Funding is proposed to be maintained at \$225,000. This allocation will continue to support suicide prevention efforts across the state. As a result of COVID-19 there is growing concern among both mental health and suicide prevention experts about rising mental health needs and suicide attempts and deaths. This allocation will continue to support evidence-based suicide prevention trainings and practices. Some examples include: Question Persuade Refer (QPR), Applied Suicide Intervention Skills (ASIST), Zero Suicide initiative activities, the promotion of the 1 Word 1 Voice 1 Life campaign, and the development and implementation of mental health plans for school age children through the use of the Gizmo's Pawesome Guide to Mental Health book and curriculum.

**CT Community KidCare: Workforce Development/Training and Culturally Competent Care (\$65,000)**

Funding is proposed to be decreased by \$15,000 as compared to last year's approved allocation. The \$15,000 was originally added two years ago, but has been unused. This \$65,000 allocation will be utilized to maintain the ongoing efforts of the WrapCT Learning Collaborative to offer coaching and training to community-based behavioral health providers. The WrapCT Learning Collaborative's aim is to assist these providers in enabling families involved with the behavioral health system to create family-specific solutions using formal and informal supports.

**Extended Day Treatment: Model Development and Training (\$40,000)**

Funding is proposed to be maintained at \$40,000 to ensure training and consultation services are provided to the statewide network of Extended Day Treatment (EDT) providers. This will allow the EDT providers to receive training and support in utilizing the Life is Good Kids Foundation "Playmaker" curriculum, which enables childcare professionals to help children heal from early childhood trauma.

**Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside (\$423,453)**

Funding is proposed to be maintained at \$423,453. DCF will continue to fund a full-time outreach Intensive Case Manager position at Beacon Health Options. This individual will identify youth and young adults with any diagnosis related to early psychotic episodes and conduct outreach and support activities to increase the enrollment at two treatment sites for which DMHAS has received federal approval. The two locations are Yale’s Specialized Treatment Early in Psychosis (STEP) and the Institute of Living’s (IOLs) STEP-like program. Additionally, Beacon Health Options will also work closely with Yale’s STEP and Clinical High-Risk Psychosis (CHRP) programs to provide an orientation of STEP and CHRP services to interested behavioral health providers.

**Outpatient Care: System and Treatment Improvement (\$183,000)**

Funding is proposed to be maintained at \$183,000. Services will continue to be focused on improving outcomes for youth served by outpatient providers, improving direct linkages to schools to meet student mental health needs and continued implementation of best and evidence based practices (i.e. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Programs; Trauma-Focused Cognitive Behavior Therapy; and Cognitive Behavior Intervention for Trauma in Schools). Additionally, this allocation will support enhancements in the areas of provider data, data analysis and implementing quality outcome measures.

**Best Practices Promotion and Program Evaluation (\$230,000)**

Funding, decreased by \$20,000 as compared to last year’s approved allocation, is proposed to continue to promote the work and tasks recommended within the Children’s Behavioral Health Plan (PA 13-178), including: implementation of national standards for culturally and linguistically appropriate services (CLAS), fiscal analysis, suicide prevention in schools, and internal school self-assessment using the national School Health Assessment and Performance Evaluation (SHAPE) system. Funding will also promote the development of ongoing linkages between behavioral health and primary care providers. Finally, training for agencies and clinicians interested in developing competency in identifying and treating children with early psychosis or those at risk for developing early psychosis will be supported.

**Outcomes: Performance Improvement and Data Dashboard Development (\$50,000)**

Funding is proposed to be decreased by \$150,000 as compared to last year’s approved allocation. The proposed decrease is a result of the Department only supporting general maintenance and required SAMHSA data improvements in the Provider Information Exchange (PIE) behavioral health data system. The proposed allocation will allow for the continuation of required data reporting, data enhancements that are required to meet federal outcome measures, ongoing support for the collection of expanded federal outcome measures, and further development of automated reporting.

**Workforce Development: Higher Education In-Home Curriculum Project (\$65,000)**

Funding is proposed to be decreased by \$10,000 as compared to last year’s approved allocation. This allocation supports the education and recruitment of undergraduate and graduate students to serve in the Intensive In-Home service array and the Substance Use treatment array. This funding is consistent with funding allocations made in prior years and will facilitate the program’s operation at its intended capacity.

**Other Connecticut Community KidCare (\$45,000)**

Funding is proposed to be decreased by \$20,000 as compared to last year’s approved allocation. This funding will provide for continued support of oral and written translation services and training



opportunities for families and providers. This includes, but is not be limited to, “Wraparound” training sessions provided throughout the year. The two-day “Utilizing Wraparound” basic training is offered most frequently, but an additional twelve modules – half and full day - are also offered as needed to enhance the basic training. Additionally, DCF supports training sessions for providers and families related to trauma and behavioral health support in the event of local disasters. Community collaboratives and regional suicide advisory boards will continue to be eligible to receive minimal stipends for the support of these community meetings.

### **Emergency Crisis (\$300,000)**

Funding is proposed to be reduced by \$75,000 as compared to last year’s approved allocation. This funding will be utilized to maintain the costs associated with the increased call volume to the statewide Mobile Crisis and Suicide Prevention Call Center. The decrease of \$75,000 is made possible because several competing priorities prevented last year’s approved allocation to be fully executed and preliminary exploratory work to be completed.

### **G. Contingency Plan**

This allocation plan was prepared under the assumption that the FFY 2021 CMHSBG for Connecticut will be funded at the level in the President’s proposed budget of \$6,972,575 and may be subject to change. In the event that anticipated funding is reduced, DMHAS and DCF 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.

An unanticipated 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 and allows for expansion of DMHAS and DCF service capacity, the departments will review the unmet needs for community mental health services identified through their internal and external planning processes and prioritize the allocation of additional block grant resources.

In accordance with section 4-28b of the Connecticut General Statutes, after recommended allocations have been approved or modified, any proposed transfer to or from any specific allocation of a sum or sums of over fifty thousand dollars or ten per cent of any such specific allocation, whichever is less, shall be submitted by the Governor to the speaker and the president pro tempore and approved, modified or rejected by the committees. Notification of all transfers made shall be sent to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and to the committee or committees of cognizance, through the Office of Fiscal Analysis.

### **H. State Allocation Planning Process**

#### Adult Mental Health Services

The Regional Behavioral Health Action Organizations (RBHAOs), which replaced the former Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs), were charged with identifying strengths, needs and gaps in mental health, substance use and problem gambling services across the lifespan. The regional priority setting process conducted by the RBHAOs was condensed into a statewide priority setting report by the University of Connecticut Health Center’s Center for Prevention Evaluation

and Statistics (CPES) in September 2019. Mental Health issues were top priorities in 4 of the 5 DMHAS regions, with specific focus on anxiety and suicidal ideation in young people, which is further examined below.

SAMHSA’s *National Survey of Drug Use and Health (NSDUH) – 2017: Behavioral Health Barometer: Connecticut, Volume 5*, published in 2019, compares Connecticut data with regional and national data. As the table below reflects, estimates of adult SMI in Connecticut are lower than regional and national estimates, but higher for Connecticut’s young adults (18 – 25). For past year serious suicidal thoughts, estimates for both adults and young adults in Connecticut are below regional and national estimates, but young adult estimates are at least twice what they are for adults.

**Comparison of Connecticut to Regional and National Estimates**

	<b>Connecticut</b>	<b>Region</b>	<b>Nation</b>
Adults with past year SMI	3.4%	4.7%	4.2%
Young adults with past year SMI	6.2%	6.1%	5.5%
Adults with past year serious suicidal thoughts	3.2%	4.2%	4.1%
Young adults with past year serious suicidal thoughts	8.2%	8.6%	8.5%

Children’s Mental Health Services:

DCF is responsible for administering children’s mental health services. DCF will allocate the FFY 2021 CMHS Block Grant for the purpose of supporting services and activities that are to benefit children with SED and complex behavioral health needs and their families. These funds are used to support community-based service provision, with a focus on “enhanced access to a more complete and effective system of community-based behavioral health services and supports, and to improve individual outcomes.”

The allocations and services that are planned for the CMHS Block Grant are based upon input from and recommendations of the Children’s Behavioral Health Advisory Council (CBHAC). This committee serves as the Children’s Mental Health Planning Council (CMHPC) for Connecticut. A majority of the membership of this council is made up of parents of children with SED with participation from other states agencies, community providers, and DCF regional personnel and advocacy groups. In addition, one of the co-chairpersons for the CBHAC must be a parent of a child with SED.

Contracted community services for children and youth are regularly reviewed and monitored by DCF through data collection, site visits and provider meetings to ensure the provision of effective, child and family-centered, culturally competent care. DCF’s behavioral health information system, known as the Program Information Exchange or PIE, is used to collect monthly data. At a minimum, regular reports, including Results Based Accountability (RBA) report cards, are generated using these data to review utilization levels and service efficacy. Competitive procurement processes (e.g., Requests for Proposals (RFPs) and Requests for Applications (RFAs)) include broad participation from DCF staff, parents of children with SED and other community members. This diversity allows for multiple perspectives to be represented to inform service award and final contracting. This multidisciplinary review process ensures that the proposed program adheres to the following standards:

- The services to be provided are clearly described and conform to the components and expectations set forth in the procurement instrument (e.g., RFP) and include, as pertinent, active membership in the System of Care-Community Collaborative by the applicant agency.
- The services are appropriate and accessible to the population, and consistent with the needs and objectives of the State Mental Health Plan.
- The numbers of clients to be served is indicated and supported by inclusion of relevant community demographic information (e.g., socio-economic, geographic, ethnic, racial, and linguistic considerations).
- The service will be administered in a manner that is responsive to a mechanism for routine reporting of data to DCF.
- Performance measures and outcomes are included with a defined mechanism for routine reporting of data to DCF.

After a submitted application has been selected for funding, a contract is established. Thereafter, the contractor provides program data and fiscal reports/information related to the activities performed in meeting the contract's terms, objectives, and service outcomes. Standard provider contract data includes variables pertaining to client demographics, service provision, and outcome values. DCF program supervisors regularly analyze, distribute, and use these data to implement service planning and/or engage in contract renewal or modifications. Local geographic areas and/or statewide meetings are convened with contractors to monitor service provision and discuss needed modifications related to service provision. The agency's Central Office behavioral health staff are heavily involved in active contract management with respect to the Department's behavioral health programming. These efforts include addressing child-specific treatment planning and systems/resource issues. Central Office staff's contract oversight activities are further enhanced through collaboration with DCF Regional Administrators, Office Directors, Systems Development and Clinical Directors, Regional Resource Group staff, and the membership of the local System of Care-Community Collaborative and members of local networks of care.

The above-mentioned mechanisms and processes provide DCF with a broad and diverse array of stakeholder voices to inform program planning and allocation decisions. Moreover, through the monthly meetings of the CBHAC and quarterly joint meetings with the Adult Behavioral Health Planning Council, a regular and established forum to obtain community input regarding the children's behavioral health service system is in place.

## **I. Grant Provisions**

The Secretary of DHHS may make a grant under Section 1911 Formula Grants to states if:

- The state involved submits to the Secretary a plan providing comprehensive community mental health services to adults with SMI and to children with SED
- The plan meets the specified criteria
- The Secretary approves the plan

Other limitations on funding allocations include:

- A state may use no more than 5% of the grant for administrative costs
- Not less than 10% of the MHBG is to be used for services for children, based on 1994 expenditures

- MHBG funds may only be spent for community-based mental health services and not used for inpatient or institutional psychiatric treatment and/or care
- Ten percent of the total MHBG award must be designated for evidence-based strategies to respond to Early Serious Mental Illness (ESMI) including First Episode Psychosis (FEP)
- While not a formal limitation, SAMHSA has indicated that block grant funds should not be used for services that are otherwise reimbursable

## II. Tables

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**Table A**  
**Community Mental Health Services Block Grant**  
**Recommended Allocations**

<b>Program Category</b>	<b>FFY 19 Expenditures</b>	<b>FFY 20 Estimated Expenditures</b>	<b>FFY 21 Proposed Expenditures</b>	<b>Percentage Change from FFY 20 to FFY 21</b>
<b>Adult Mental Health Services</b>	\$4,199,852	\$5,030,359	\$5,728,395	13.9%
<b>Children’s Mental Health Services</b>	\$2,046,766	\$2,725,899	\$2,796,453	2.6%
<b>TOTAL</b>	\$6,246,618	\$7,756,258	\$8,524,848	9.9%
<b>Source of Funds</b>				
<b>Block Grant</b>	\$6,690,546	\$6,761,092	\$6,972,575	3.1%
<b>Carry forward from previous year</b>	\$2,460,827	\$2,904,755	\$1,909,589	-34.3%
<b>TOTAL FUNDS AVAILABLE</b>	\$9,151,373	\$9,665,847	\$8,882,164	-8.1%

**Table B1**  
**Community Mental Health Services Block Grant**  
**Program Expenditures – Adult Services**

<b>Adult Mental Health Services</b>	<b>FFY 19 Expenditures</b>	<b>FFY 20 Estimated Expenditures</b>	<b>FFY 21 Proposed Expenditures</b>	<b>Percentage Change from FFY 20 to FFY 21</b>
Number of Positions (FTE)				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
<b>DMHAS Grants to DMHAS funded private agencies</b>				
Emergency Crisis	\$1,342,083	\$1,422,064	\$2,105,296	48.0%
Outpatient Services/Intensive Outpatient	\$433,527	\$433,525	\$433,525	0%
Residential Services/Supported Housing	\$405,891	\$1,115,041	\$1,115,041	0%
Social Rehabilitation	\$95,908	\$145,044	\$145,044	0%
Supported Employment/Vocational Rehabilitation	\$529,767	\$471,837	\$471,837	0%
Case Management	\$237,155	\$237,155	\$237,155	0%
Family Education/Training	\$67,576	\$105,303	\$105,303	0%
Consumer Peer Support Services in Community Mental Health Provider Setting	\$104,648	\$104,648	\$104,648	0%
Parenting Support/Parental Rights	\$49,708	\$49,708	\$49,708	0%
Peer to Peer Support for Vocational Rehabilitation	\$52,234	\$52,851	\$52,851	0%
Administration of Regional Behavioral Health Action Organizations (formerly Regional Mental Health Boards)	\$417,051	\$418,906	\$418,906	0%
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% set-aside	\$464,304	\$474,277	\$489,081	3.1%
<b>TOTAL EXPENDITURES</b>	<b>\$4,199,852</b>	<b>\$5,030,359</b>	<b>\$5,728,395</b>	<b>13.9%</b>
	<b>Sources of FFY 19 Allocations</b>	<b>Sources of FFY 20 Allocations</b>	<b>Sources of FFY 21 Allocations</b>	<b>Percentage change FFY 20 to FFY 21</b>
<b>Federal Block Grant Funds</b>	\$4,643,032	\$4,732,764	\$4,880,802	3.1%
<b>Carry forward funds</b>	\$862,951	\$1,306,131	\$1,008,536	-22.8%
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$5,505,983</b>	<b>\$6,038,895</b>	<b>\$5,889,338</b>	<b>-2.5%</b>

**Table B2**  
**Community Mental Health Services Block Grant**  
**Program Expenditures – Children’s Services**

<b>Children’s Mental Health Services</b>	<b>FFY 19 Expenditures</b>	<b>FFY 20 Estimated Expenditures</b>	<b>FFY 21 Proposed Expenditures</b>	<b>Percentage Change from FFY 20 to FFY 21</b>
Number of Positions (FTE)				
Personal Services				
Contracts				
<b>DCF Grants to DCF funded private agencies</b>				
Respite Care for Families	\$461,112	\$450,000	\$450,000	0.0%
FAVOR Family Peer Specialists	\$519,450	\$569,446	\$720,000	26.4%
Youth Suicide Prevention/Mental Health Promotion	\$209,103	\$225,000	\$225,000	0.0%
CT Community KidCare (System of Care) Workforce Development/Training & Culturally Competent Care	\$65,000	\$65,000	\$65,000	0.0%
Extended Day Treatment: Model Development and Training	\$29,364	\$40,000	\$40,000	0.0%
SMI/SED 10% Set Aside	\$308,399	\$423,453	\$423,453	0.0%
Outpatient Care: System Treatment and Improvement	\$158,068	\$183,000	\$183,000	0.0%
Best Practices Promotion and Program Evaluation	\$98,802	\$250,000	\$230,000	-8.0%
Outcomes: Performance Improvement Data Dashboard Development	\$191,420	\$100,000	\$50,000	-50.0%
Workforce Development: Higher Education In-Home Curriculum Project	\$79,040	\$75,000	\$65,000	-13.3%
Other Connecticut Community KidCare	\$6,734	\$45,000	\$45,000	0.0%
Emergency Crisis	\$0	\$300,000	\$300,000	0.0%
Refund	-\$79,726			
<b>TOTAL EXPENDITURES</b>	<b>\$2,046,766</b>	<b>\$2,725,899</b>	<b>\$2,796,453</b>	<b>2.6%</b>
	<b>Sources of FFY 19 Allocations</b>	<b>Sources of FFY 20 Allocations</b>	<b>Sources of FFY 21 Allocations</b>	<b>Percentage change FFY 20 to FFY 21</b>
<b>Children Federal Block Grant Funds</b>	\$2,047,514	\$2,028,328	\$2,091,773	3.1%
<b>Children Carry forward funds</b>	\$1,597,876	\$1,598,624	\$901,053	-43.6%
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$3,645,390</b>	<b>\$3,626,952</b>	<b>\$2,992,826</b>	<b>-17.5%</b>



**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 19</b>	<b>Performance Measures</b>
<b>Adult Services</b>				
<b>Emergency Crisis</b>	To provide concentrated interventions to treat a rapidly deteriorating behavioral health condition, reduce risk of harm to self or others, stabilize psychiatric symptoms or behavioral and situational problems, and wherever possible, to avert the need for hospitalization.	Program activities include assessment and evaluation, diagnosis, hospital pre-screening, medication evaluation, and referral for continuing care if needed. Respite services provide an opportunity for individuals to be stabilized as an alternative to hospitalization.	1,502	Number of unduplicated clients served = 1,502  Percent evaluated within 1.5 hours of request for services = 69% (goal = 75%)
<b>Outpatient/ Intensive Outpatient</b>	A program in which mental health professionals evaluate, diagnose, and treat persons with serious psychiatric disabilities or families in regularly scheduled therapy visits and non-scheduled visits. Services may include psychological testing, long-term therapy, short-term therapy or medication visits.	Services are provided in regularly scheduled sessions and include individual, group, family therapy and psychiatric evaluation and medication management.	4,626	Number of unduplicated clients served = 4,626 Percent of clients with maintained or improved functioning as measured by GAF score = 93% (goal = 75%) Percent of clients completing treatment = 75% (goal = 50%)
<b>Residential Services/ Supported Housing</b>	To foster development of long-term solutions to the housing and service needs of families/individuals coping with psychiatric disability.	Services consist of transitional and/or permanent housing subsidies with funding for supportive services.	36	Number of unduplicated clients served = 36 Percent of clients in stable housing = 96% (goal = 85%)

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Adult Services</b>				
<b>Social Rehabilitation</b>	To provide a long-term supportive, flexible therapeutic milieu to enhance a range of activities, including daily living skills, interpersonal skill building, life management skills, and pre-vocational skills (temporary, transitional or voluntary work assignments).	The program provides a range of therapeutic activities including diagnosis, individual or group therapy, rehabilitative services and access to psychiatric, medical and laboratory services when appropriate.	211	Number of unduplicated clients served = 211
<b>Supported Employment/ Vocational Rehabilitation</b>	To assist persons with finding and keeping jobs that take into account their personal strengths and motivation.	Providing rapid job search and attainment, along with ongoing vocational assessment, individualized support, and benefits counseling consistent with the SAMHSA Individual Placement and Support (IPS) supported employment model.	3,749	Number of unduplicated clients served = 3,749  Percent employed = 42% (goal = 35%)
<b>Case Management</b>	To assist persons with severe and persistent mental illness through community outreach to obtain necessary clinical, medical, social, educational, rehabilitative, and vocational or other services in order to achieve optimal quality of life and community living.	Services may include intake and assessment, individual service planning and supports, intensive case management services, counseling, medication monitoring and evaluation. Services are intensive and range from less frequency and duration to daily assistance.	500	Number of unduplicated clients served = 500  Percent reporting supportive social interactions = 61% (goal = 60%)

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Adult Services</b>				
<b>Family Education/ Training</b>	To provide information about mental illness, treatment, support services and methods of accessing services for families of those with mental health conditions.	Conduct 8-week Family to Family (FTF) course on mental illness, treatment, coping skills, and family-based self-help; conduct Basics training for parents of minors with mental illness; conduct Homefront training for families of service members/veterans with mental illness; offer In Our Own Voice peer-led support groups and Ending the Silence support groups for those with lived experience and their families.	FTF: 313	FTF = 19 classes with 313 attendees  Provider education courses = 13 with 226 attendees  Family support groups = 42  Support groups = 71  State conference = 1 event with 200 participants
<b>Consumer Peer Support Services in Community Mental Health Provider Settings</b>	To improve the quality of services and interactions experienced by those with psychiatric disabilities who seek crisis or outpatient treatment using trained, consumer, on-call peer advocates as liaisons.	Assist individuals in understanding providers' policies and procedures; assure that individuals' rights are respected; assist with addressing family and staff. Funds 1 community agency.	40	Recovery Support Specialists = 40 Warm line operators = 6 Interns = 6 Continuum sites = 16 Contracted sites = 7
<b>Parenting Support/ Parental Rights</b>	To maximize opportunities for parents with psychiatric disabilities to protect their parental rights, establish and/or maintain custody of their children, and sustain recovery.	Services include early intervention assessments, support services, legal assistance, mentoring, and preparation of legal guardianship forms. Funds 1 community agency.	17	Number of unduplicated clients served = 17 Percent reporting supportive social interactions = 61% (goal =60%)

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Adult Services</b>				
<b>Peer to Peer Support for Vocational Rehabilitation</b>	To provide opportunities to develop/pursue vocational goals consistent with recovery; assist with finding, obtaining, and maintaining stable employment; and experience respect and understanding with mentorship and support.	These supports will foster peer-to-peer (consumer-to-consumer) assistance to transition individuals with psychiatric disabilities toward stable employment and economic self-sufficiency.	44	Number of unduplicated clients served = 44  Percent of client employed = 42% (goal = 35%)
<b>Administration of Regional Behavioral Health Action Organizations (RBHAs)</b>	To support grass roots community participation and input on service needs identification, quality and enhancement of the service delivery system, and promote effective, efficient, and consumer responsive service functions through the Regional Behavioral Health Action Organizations (RBHAs) and the Adult Behavioral Health Planning Council. The Council is mandated to oversee the CMHSBG by federal law and has delegated these responsibilities to the RBHAs.	Fund RBHAs for identifying needs, monitoring the quality of services, conducting system evaluations and reviews, which identify service gaps and deficiencies for CMHS Block Grant mandated Council.	NA	NA

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Adult Services</b>				
<b>Early Serious Mental Illness (ESMI)/ First Episode Psychosis (FEP)</b> <b>10% Set-Aside</b>	To prevent early serious mental illness in young persons from becoming chronic by providing targeted outreach and engagement, individual and group psychotherapy, medication management, family education and support, and education and vocational development opportunities.	The Potential Program at the Institute of Living/ Hartford Hospital and the STEP Program at Connecticut Mental Health Center/Yale University for persons 16 – 26 years old in an effort to reduce the chronicity and severity of their psychosis and improve their adaptive functioning.	89	IOL/Hartford Hospital current unduplicated clients = 39; admissions = 43  Yale University/ Connecticut Mental Health Center current unduplicated clients = 50; admissions - 45

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 19</b>	<b>Performance Measures</b>
<b>Children's Services</b>				
<b>Respite Care for Families</b>	To provide temporary support and care to parents/ caregivers enrolled in care coordination. Respite care maintains youth in their homes and communities and provides opportunities for age-appropriate social and recreational activities.	DCF provides funds to community agencies for the provision of respite services to care coordination-enrolled families for children/youth with complex behavioral health needs.	343 youth served	<p>88% of family members surveyed "agreed or strongly agreed" that they received the help they wanted for their child.</p> <p>94% agreed they were satisfied with services their family received via the program.</p> <p>80% met their treatment goal.</p>

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children's Services</b>				
<b>FAVOR</b> <b>Statewide</b> <b>Family</b> <b>Organization –</b> <b>Family Peer</b> <b>Support</b> <b>Services</b>	To support meaningful family involvement in the children's behavioral health system through a statewide family advocacy organization.	DCF provides funds to FAVOR to support service and system development from a family and youth lived-experience perspective.	1,313 families received peer support services.	For all categories: <ul style="list-style-type: none"> <li>- Access</li> <li>- Convenience</li> <li>- Cultural sensitivity</li> <li>- Treatment planning</li> <li>- Outcomes</li> <li>- Social functioning</li> <li>- Family satisfaction, 98% of respondents "agreed or strongly agreed" that their interaction with Peer Support Specialists resulted in positive outcomes and satisfaction.</li> </ul> Family Peer Support staff provided trainings on "How to be Your Child's Best Advocate," and trained 116 families and providers. Overall, 65% of the total participants were family members.

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children's Services</b>				
<b>Youth Suicide Prevention/Mental Health Promotion</b>	To promote programs, activities and strategies that prevent youth suicide and enhance positive mental health in children and youth. DCF funds materials and promotes Emergency Mobile Psychiatric Services and 2-1-1 suicide prevention.	DCF provides funds utilized by the CT Suicide Advisory Board (chaired by DMHAS and DCF) to contract for services and training related to youth suicide prevention and mental health promotion.	544 trained in Mental Health First Aid (MHFA); 123 trained in Youth MHFA; 60 trained in Question, Persuade & Refer; 11 trained in Applied Suicide Intervention Skills (ASIST); 16 trained as ASIST trainers.  Over 89,000 marketing materials delivered statewide.	Over 85% of all those trained rated the training as satisfactory or higher and said that the training achieved the objective of giving them more confidence in responding to someone who may be a suicide risk.



**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children's Services</b>				
<b>CT Community KidCare: Workforce Development/ Training and Culturally Competent Care</b>	To enhance the provision of effective, child and family-focused, strengths-based, culturally competent, community-based service provision through the System of Care approach.	DCF contracts with community providers, universities, and consultants; purchases assessment/evaluation materials/tools to support the provision of community-based care for children with behavioral health needs; trains agencies in culturally and linguistically appropriate services (CLAS) standards; and promotes development of a health equity plan.	594 families trained  11 agencies trained, 496 individual agency participants	91% responded positively on training evaluations.
<b>Extended Day Treatment: Model Development and Training</b>	To support the development of a statewide, standardized, multi-faceted model of care to provide behavioral health treatment and rehabilitative supports for children and adolescents who experience a range of complex psychiatric disorders and their families.	DCF contracts with specialty vendors to deliver expert training and other supports such as trauma-focused clinical interventions, evidence-based family engagement protocols, and therapeutic recreation interventions to support the delivery of effective treatments for children with behavioral health needs and their families.	1,071 children and adolescents	71% of families met treatment goals.

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children's Services</b>				
<b>Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside</b>	<p>To utilize Medicaid claims data and other appropriate available data to identify, refer, and follow-up on youth and young adult Medicaid members, ages 16 – 26, who have experienced a First Episode Psychosis (FEP).</p> <p>Any youth or young adult identified as having experienced an FEP will be eligible for referral to appropriate treatment services as well as coordinating care involving assessment, planning, linkage, support and advocacy to assist these individuals in gaining access to needed medical, social, educational or other services.</p>	<p>Beacon Health Options, through the First Episode Psychosis Intensive Care Manager (FEP –ICM), will provide early identification of FEP, rapid referral to evidence-based and appropriate services, and effective engagement and coordination of care, which are all essential to pre-empting the functional deterioration common in psychotic disorders.</p> <p>The FEP-ICM is an independently licensed behavioral health clinician employed by Beacon Health Options who will be responsible for managing and coordinating the care of individuals who are experiencing a first or early episode psychosis. The FEP-ICM will be activated when individuals with FEP are identified.</p>	<p>FEP episodes: 143 youth;  FEP episodes with contact: 143 youth (100% contacted); 143 youth and their parents/caregivers received a total of 2,220 outreach contacts</p>	<p>100% of youth and young adult members, ages 16 – 26, with a First Episode Psychosis were identified for FEP-ICM services using the Medicaid claims data algorithm, for the purpose of improving the opportunities for recovery.</p> <p>100% of all youth identified were referred for services.</p> <p>100% of those who refused services were informed of the benefits available to them.</p>

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children's Services</b>				
<b>Outpatient Care: System and Treatment Improvement</b>	To improve the mental health, well-being, and functioning of children with SED and their caregivers by sustaining and expanding availability of and access to evidence-based interventions and treatments at outpatient clinics.	DCF contracts with Child Health and Development Institute of Connecticut (CHDI) to serve as the coordinating center to disseminate and sustain evidence-based treatment, such as Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct Disorders (MATCH-ADTC).	820 children received MATCH-ADTC; 54 new clinical staff trained to deliver MATCH-ADTC; 19 agencies trained; and 1 new agency joined the MATCH-ADTC initiative.	Caregivers (95%) and children (95%) reported high satisfaction with treatment.  Children completing MATCH-ADTC had positive clinical outcomes with over 60% of children with elevated trauma symptoms reporting remission, and 63% of caregivers reporting remission in children's internalizing/externalizing behaviors.

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children’s Services</b>				
<b>Best Practices Promotion and Program Evaluation</b>	To work on tasks recommended within the Children’s Behavioral Health Plan (PA 13-178), including: fiscal analysis, data integration, Network of Care system analysis, and implementation of national standards for culturally and linguistically appropriate services (CLAS).	DCF contracted with CHDI for implementing School Health Assessment and Performance Evaluation (SHAPE) training, and Beacon Health Options for fiscal mapping.	CHDI held 8 SHAPE 101 webinars from January – June 2019, at which point 37 schools and 33 school districts had been engaged in SHAPE.  Beacon Health Options developed the annual fiscal map and accompanying report.	For SHAPE, 93% of school participants rated the SHAPE 101 webinar as satisfactory or higher and 91% reported that it introduced them to the skills needed to participate in the SHAPE system.  DCF received a detailed fiscal analysis developed at the request of and in conjunction with the Tri-Chairs of the Children’s Behavioral Health Implementation Advisory Board. This was the third annual fiscal analysis, but this included an enhanced review that included expanded expenditure categories.

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children's Services</b>				
<b>Outcomes: Performance Improvement and Data Dashboard Development</b>	Continued support to KJMB, Inc. for the upgrading of the DCF Provider Information Exchange (PIE).	Support federally required client level data reporting enhancements, as well as expand the outcome measures collected via DCF's Provider Information Exchange (PIE) data system.	Changes made to federal Uniform Reporting System Tables as required to allow for automation.  Continued work on automation of Results Based Accountability (RBA) report cards for PIE programs.  Development of an Evidence Based Tracker instrument.	Work completed.
<b>Workforce Development: Higher Education In-Home Curriculum Project</b>	To promote the development of a more informed and skilled workforce with interest and solid preparation to enter positions within evidence-based in-home treatment programs.	DCF contracts with Wheeler Clinic to expand the pool of faculty and programs credentialed to teach evidence-based and promising practice models of in-home treatment by training university faculty to deliver the curriculum.	37 faculty trained  124 students received certificates of completion.	124 graduate students completed certification.  31 guest presentations and 5 family guest presentations completed.

**Table C**  
**Community Mental Health Services Block Grant**  
**Summary of Service Objectives and Activities**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 19	Performance Measures
<b>Children's Services</b>				
<b>Other Connecticut Community KidCare</b>	To support participation by families and stakeholders in the System of Care, including the Children's Behavioral Health Advisory Committee (CBHAC). This is a means to facilitate broader constituent involvement in planning activities related to the provision of children's mental health services in Connecticut.	Funding is made available to assist with the functioning and charge of the CBHAC, covering modest ancillary costs associated with meetings and special events.	CBHAC had 19 members (11 parents/consumers and 8 state agencies/providers), with regular attendance by members of the public at monthly CBHAC meetings.	Live verbal translation provided in all monthly CBHAC meetings as well as written translation of all monthly meeting agendas and minutes.

### III. Allocations by Program Category

#### For Adult Mental Health Services from DMHAS Community Mental Health Services

	<b>FFY 19 ACTUAL Expenditures (including carry forward funds)</b>	<b>FFY 20 ESTIMATED Expenditures (including carry forward funds)</b>	<b>FFY 21 PROPOSED Expenditures (including carry forward funds)</b>
<b>Emergency Crisis</b>			
Stabilization/respice to avert hospitalization	\$1,342,083	\$1,422,064	\$2,105,296
<b>TOTAL</b>	<b>\$1,342,083</b>	<b>\$1,422,064</b>	<b>\$2,105,296</b>
<b>Outpatient Services/Intensive Outpatient</b>			
Evaluation, diagnosis and Treatment	\$433,527	\$433,525	\$433,525
<b>TOTAL</b>	<b>\$433,527</b>	<b>\$433,525</b>	<b>\$433,525</b>
<b>Residential Services/Supportive Housing</b>			
Housing subsidies/Supportive services	\$405,891	\$1,115,041	\$1,115,041
<b>TOTAL</b>	<b>\$405,891</b>	<b>\$1,115,041</b>	<b>\$1,115,041</b>
<b>Social Rehabilitation</b>			
Enhance person/life skills	\$95,908	\$145,044	\$145,044
<b>TOTAL</b>	<b>\$95,908</b>	<b>\$145,044</b>	<b>\$145,044</b>
<b>Supported Employment/Vocational Rehabilitation</b>			
Skill building and employment support	\$529,767	\$471,837	\$471,837
<b>TOTAL</b>	<b>\$529,767</b>	<b>\$471,837</b>	<b>\$471,837</b>
<b>Case Management Services</b>			
Community Outreach Services	\$237,155	\$237,155	\$237,155
<b>TOTAL</b>	<b>\$237,155</b>	<b>\$237,155</b>	<b>\$237,155</b>
<b>Family Education/Training</b>			
NAMI-CT assists families	\$67,576	\$105,303	\$105,303
<b>TOTAL</b>	<b>\$67,576</b>	<b>\$105,303</b>	<b>\$105,303</b>
<b>Consumer Peer Support Services in Community Mental Health Provider Setting</b>			
Peers help patients navigate the system	\$104,648	\$104,648	\$104,648
<b>TOTAL</b>	<b>\$104,648</b>	<b>\$104,648</b>	<b>\$104,648</b>

<b>Parenting Support/Parental Rights</b>			
Assists parents with mental health issues	\$49,708	\$49,708	\$49,708
<b>TOTAL</b>	<b>\$49,708</b>	<b>\$49,708</b>	<b>\$49,708</b>
<b>Peer to Peer Support for Vocational Rehabilitation</b>			
Peers assist patients seeking employment	\$52,234	\$52,851	\$52,851
<b>TOTAL</b>	<b>\$52,234</b>	<b>\$52,851</b>	<b>\$52,851</b>
<b>Administration of Regional Behavioral Health Action Organizations</b>			
Former Regional Mental Health Boards and Regional Action Councils	\$417,051	\$418,906	\$418,906
<b>TOTAL</b>	<b>\$417,051</b>	<b>\$418,906</b>	<b>\$418,906</b>
<b>Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside</b>			
Serves 16 – 26 year olds in their illness	\$464,304	\$474,277	\$489,081
<b>TOTAL</b>	<b>\$464,304</b>	<b>\$474,277</b>	<b>\$489,081</b>



**For Children's Mental Health Services from DCF  
Community Mental Health Services**

	<b>FFY 19 ACTUAL Expenditures (including carry forward funds)</b>	<b>FFY 20 ESTIMATED Expenditures (including carry forward funds)</b>	<b>FFY 21 PROPOSED Expenditures (including carry forward funds)</b>
<b>Respite Care for Families</b>			
Home-based respite care	\$461,112	\$450,000	\$450,000
<b>TOTAL</b>	<b>\$461,112</b>	<b>\$450,000</b>	<b>\$450,000</b>
<b>FAVOR Statewide Family Organization- Family Peer Support Services</b>			
Develop and Direct Family Advocacy	\$519,450	\$569,446	\$720,000
<b>TOTAL</b>	<b>\$519,450</b>	<b>\$569,446</b>	<b>\$720,000</b>
<b>Youth Suicide Prevention/Mental Health Promotion</b>			
Training/Community Outreach & Services	\$209,103	\$225,000	\$225,000
<b>TOTAL</b>	<b>\$209,103</b>	<b>\$225,000</b>	<b>\$225,000</b>
<b>CT Community KidCare</b>			
Workforce Development & Training; focus on competent multicultural services and learning collaborative for family members	\$65,000	\$65,000	\$65,000
<b>TOTAL</b>	<b>\$65,000</b>	<b>\$65,000</b>	<b>\$65,000</b>
<b>Extended Day Treatment</b>			
Model development and training	\$29,364	\$40,000	\$40,000
<b>TOTAL</b>	<b>\$29,364</b>	<b>\$40,000</b>	<b>\$40,000</b>
<b>Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-aside</b>			
Outreach/support	\$308,399	\$423,453	\$423,453
<b>TOTAL</b>	<b>\$308,399</b>	<b>\$423,453</b>	<b>\$423,453</b>
<b>Outpatient Services/Intensive Outpatient</b>			
Outpatient Care: System Treatment and Improvement	\$158,068	\$183,000	\$183,000
<b>TOTAL</b>	<b>\$158,068</b>	<b>\$183,000</b>	<b>\$183,000</b>
<b>Quality of Care</b>			
Best practices promotion and Program Evaluation	\$98,802	\$250,000	\$230,000
<b>TOTAL</b>	<b>\$98,802</b>	<b>\$250,000</b>	<b>\$230,000</b>

<b>Behavioral Health Outcomes</b>			
Performance Improvement and Data Dashboard Development	\$191,420	\$100,000	\$50,000
<b>TOTAL</b>	<b>\$191,420</b>	<b>\$100,000</b>	<b>\$50,000</b>
<b>Workforce Development</b>			
Higher Education In-Home Curriculum project	\$79,040	\$75,000	\$65,000
<b>TOTAL</b>	<b>\$79,040</b>	<b>\$75,000</b>	<b>\$65,000</b>
<b>Other Connecticut Community KidCare</b>			
Activities and related support to achieve full participation of consumers/families in the system of care, including CBHAC	\$6,734	\$45,000	\$45,000
<b>TOTAL</b>	<b>\$6,734</b>	<b>\$45,000</b>	<b>\$45,000</b>
<b>Emergency Crisis</b>			
Mobile Crisis	\$0	\$300,000	\$300,000
<b>Total</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$300,000</b>