COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT ALLOCATION PLAN

FEDERAL FISCAL YEAR 2026

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

AND DEPARTMENT OF CHILDREN AND FAMILIES

July 2025

STATE OF CONNECTICUT
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (CMHSBG)

FFY 2026 ALLOCATION PLAN
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1. Overview of the Community Mental Health Services Block Grant (CMHSBG)

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 in the state of Connecticut.

The CMHSBG is designed to provide grants to states to implement comprehensive community mental health services to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Funds can be used for grants to government entities and non-profit organizations for services to adults with SMI and children with SED and their families.

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 community-based mental health services.

B. Major Use of Funds

The block grant supports funding 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 with SED, older adults with SMI, 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 appropriate services

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. Additionally, as of February 2016, SAMHSA requires states to expend at least 10% of their CMHSBG funding on evidence-based services that address early serious mental illness (ESMI) and first episode psychosis (FEP). Lastly, as of April 2021, SAMHSA requires states to expend at least 5% of their CMHSBG funding on crisis services.

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 the calculation to demonstrate compliance with maintenance of expenditures requirements to SAMHSA.

There are a number of activities or services that may **not** be supported with CMHSBG funds. These include: 1) provision of inpatient services; 2) cash payments to intended recipients of health services; 3) purchase or improvement of land; 4) purchase, construction or permanent improvement (other than minor remodeling) of any building or other facility; or 5) purchase of major medical equipment.

Biennial Application Process:

Starting with the FFY 2012 CMHSBG application, SAMHSA restructured the application process on a two-year cycle. In this first full even year of the two-year cycle, states are to develop a full application that addresses overall needs, service gaps and priorities, including performance measures. In the second odd year of the two-year cycle, 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 serious mental illness (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, older adults with SMI, 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 2026 CMHSBG funds will be allocated to community-based mental health providers across the state. Funding will be allocated 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 proposed for funding by the CMHSBG during FFY 2026 are:

- Emergency Crisis Response and Prevention (required minimum 5% set aside)
- Outpatient/Intensive Outpatient
- Residential Services
- Social Rehabilitation
- Employment Services
- Case Management
- Family Education/Training
- Consumer Peer Support Services in Community Mental Health Provider Settings
- Parenting Support/Parental Rights
- Peer to Peer Employment Services
- Administration of Regional Behavioral Health Action Organizations (RBHAOs)
- Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) (required minimum 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:

DCF is responsible for the administration of the children's mental health component of the CMHSBG. The FFY 2026 CMHSBG funds 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 2026 are:

- Respite Care for Families
- FAVOR Statewide Family Organization-Family Peer Support Specialists
- Youth Suicide Prevention/Mental Health Promotion
- Extended Day Treatment: Model Development and Training
- Early Serious Mental Illness (ESMI)/First Episode Psychosis (required minimum 5% set aside)
- Outpatient Care: System and Treatment Improvement
- Best Practices Promotion and Program Evaluation
- Outcomes: Performance Improvement and Data Dashboard Development
- Other Connecticut Community KidCare
- Emergency Crisis (required minimum 10% set- aside)

C. Federal Allotment Process

The allotment of the CMHSBG to states is determined by three factors, as outlined in federal statute: The Population at Risk Index, the Cost of Services Index, and the Fiscal Capacity Index:

1) The Population at Risk Index represents the relative risk of mental health problems in a state.
2) The Cost of Services Index represents the relative cost of providing mental health treatment services in a state.
3) The Fiscal Capacity Index represents the relative ability of the state to pay for mental health related services.

The product of these three factors determines the need for a given state.

D. Estimated Federal Funding

The FFY 2026 CMHSBG Allocation Plan is based on the FFY 2025 funding level of $10,173,883. The federal budget for FFY 2026 has yet to be finalized. Therefore, this Allocation Plan has been based on the FFY 2025 CMHSBG funding level and contingencies have been contemplated should the final amount be significantly changed.

E. Total Available and Estimated Expenditures

Adult Mental Health Services: The total adult portion of the CMHSBG available for expenditure in FFY 2026 is estimated to be $9,421,837, which includes $7,121,718 of the DMHAS CMHSBG allotment and $2,300,119 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, $7,442,073 is the planned expenditure total for FFY 2026.

Children's Mental Health Services: The total children's portion of the CMHSBG available for expenditure in FFY 2026 is $3,239,409, which includes $3,052,165 of the CMHBG allotment and $187,244 in DCF carry forward funds. Planned expenditures for FFY 2026 of $3,225,717 will afford DCF the opportunity to address service and program needs.

F. Proposed Changes from Last Year

Adult Mental Health Services:

The CMHSBG allocation 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.

Funding for Emergency Crisis Response and Prevention is being increased to allow the department to allocate additional funding to Crisis Respite services. Funding for Consumer Peer Support Services is being increased to support education, training, and credentialing for the Peer Recovery Support workforce. Additionally, funding for Case Management is being increased to provide ongoing support to two critical programs that were previously funded with pandemic era grants that have ended. These programs provide outreach and support to individuals with a serious mental illness who are unhoused

or at risk of homelessness. Lastly, funding for Regional Behavioral Health Action Organizations is being increased to provide ongoing support to the state's Regional Suicide Advisory Boards which coordinate and implement suicide prevention and postvention activities in their defined regions.

Any other differences in allocations between FFY 2025 and FFY 2026 are attributable to the timing of payments for certain contracts, shifts in funding sources, or conclusion of one-time activities, and do not reflect changes to the overall level of services provided.

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. The proposed allocation will continue to support programs that were in FFY2025. The current proposed allocations include adjustments to reflect reduced availability of carryforward funds from the previous year.

Mental Health Promotion and Youth Suicide Prevention ($212,500)
Funding is proposed to be $212,500. Differences between FFY 2025 Estimated Expenditures and FFY 2025 Proposed Expenditures reflect a modest adjustment which will have minimal impact on the activities associated with mental health promotion and youth suicide prevention.

CT Community KidCare: Workforce Development/Training and Culturally Competent Care ($105,000)
Funding is proposed to be $105,000. Differences between FFY 2025 Estimated Expenditures and FFY 2026 Proposed Expenditures reflect a savings of $25,000 from prior completed projects. The proposed funding will continue to support this work at a reduced cost.

Extended Day Treatment: Model Development and Training ($37,500)
Funding is proposed to be $37,500. Differences between FFY 2025 Estimated Expenditures and FFY 2026 Proposed Expenditures does not represent a change in activities, but an adjustment based on actual costs for these projects.

Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside ($300,481)
Funding is proposed to be $305,217. Differences between FFY 2025 Estimated Expenditures and FFY 2026 Proposed Expenditures reflect in part a conclusion of a previously funded project. The continued services will be funded at the required 10% set-aside.

Outpatient Care: System and Treatment Improvement ($283,000)
Funding is proposed to be $283,000. Differences between FFY 2025 Estimated Expenditures and FFY 2026 Proposed Expenditures reflect changes in the contracted length of activities. The funding supports performance improvement activities for the Urban Trauma Initiative and for evidence-based practice initiatives in Outpatient care.

Quality of Care: Best Practices Promotion and Program Evaluation ($227,500)
Funding for Best Practices Promotion is proposed to be $227,500. Differences between FFY 2025 Estimated Expenditures and FFY 2026 Proposed Expenditures reflect changes in the contracted length of activities, as well as a reduction which will not significantly change the overall activities of the projects funded.

Other Connecticut Community KidCare ($25,000)
Funding is proposed to be $25,000. Differences between FFY 2025 Estimated Expenditures and FFY

2026 Proposed Expenditures are due to adjustments in actual cost.

Emergency Crisis ($675,000)
Funding is proposed to be $675,000. Differences between FFY 2025 Estimated Expenditures and FFY 2026 Proposed Expenditures are due to a modest adjustment which will have minimal impact on the overall activities.

G. Contingency Plan

As stated previously, this allocation plan was prepared assuming that the FFY 2026 CMHSBG for Connecticut will be the same as the FFY 2025 CMHSBG amount: $10,173,883. In the event that the FFY 2026 federal award amount is less than $10,173,883, DMHAS and DCF will review their programs for utilization, quality and efficiency. Based on this review, reductions in the allocations would be assessed to prioritize those programs deemed most critical to public health and safety.

Any increase beyond the assumed $10,173,883 will first be distributed to sustain the level of services currently procured through the annual, ongoing award. If the increase is significant and allows for the expansion of DMHAS and DCF service capacity, the departments will review the unmet needs identified through their internal and external planning processes and prioritize the allocation of the additional block grant resources. The departments will also review any recently enacted legislation to determine if any require funding to implement.

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, notification of such transfers 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 allocations and services that are planned for the CMHSBG are based upon input from and feedback of the Adult Behavioral Health Planning Council (BHPC). The BHPC is a federally required body which reviews and provides feedback on a state's plan and application for the CMHSBG. In Connecticut, this council is made up of individuals with lived experience in Connecticut's behavioral health system and their family members, community providers, advocacy agencies, state agency representatives, and leadership from the state's Regional Behavioral Health Action Organizations (RBHAOs).

The RBHAOs are charged with identifying strengths, needs, and gaps in mental health, substance use, and problem gambling services across the lifespan. The process results in regional reports which identify priorities for each of the DMHAS service regions. These regional reports are consolidated into a statewide priority report, prepared by the University of Connecticut Health Center's Center for Prevention Evaluation and Statistics (CPES), which is intended to inform the allocation of the CMHSBG.

In addition to regional priority setting, DMHAS conducts ongoing analysis of the behavioral health treatment system through its internal data management information system – the *Enterprise Data Warehouse (EDW).* It is comprised of the Web Infrastructure for Treatment Services (WITS) for state-operated services and the DMHAS Data Performance (DDaP) system for DMHAS-funded services. These

systems contain information on DMHAS funded and state-operated mental health services providers within the state. Client data obtained at admission, during the course of treatment, and at discharge are analyzed to determine shifts in mental health treatment patterns by demographics, geographic areas, client outcomes, and service system performance. Provider and program level data are made available quarterly on the Department's website in a dashboard format. These reports can be found at: EQMI-Provider QualityReports Info (ct.gov). Additionally, statewide data from the behavioral health system is organized into an Annual Statistical Report which is available for the most recent state fiscal year (2024) at: https://portal.ct.gov/-/media/dmhas/eqmi/annualreports/eqmi-asr-2024-final-draft.pdf?rev=7193bd4a33e8451da684c67f90873e8f&hash=6EC87C685B6DB88B0073B2DA8D11DDDD

State mental health data are also compared to regional and national data to identify potential emerging needs and service gaps in Connecticut. DMHAS utilizes various national data sets to identify state, regional, and national differences, including SAMHSA's National Survey on Drug Use and Health (NSDUH), Treatment Episode Data Set (TEDS), National Survey of Substance Abuse Treatment Services (N-SSATS), and SAMHSA's Behavioral Health Barometer. Identification of any significant divergence between Connecticut's mental health data and that of the region and nation, will also serve to inform the allocation plan for the CMHSBG.

The DMHAS Research Division, through a unique arrangement with the University of Connecticut, has investigated issues of policy concern in behavioral health and conducted extensive program evaluation studies. Additional academic partners have included Yale University, Dartmouth College, Brandeis University, Duke University, Mount Sinai and others. Research and inquiry have encompassed areas such as supportive housing, criminal justice diversion, co-occurring mental health and substance use disorders, recovery-oriented approaches, trauma-informed care, the needs of veterans, the concerns of young adults, cost analyses, and implementation science. The results inform decision-makers at both local and national levels about the effectiveness of treatment, prevention, and community-based interventions.

Children's Mental Health Services:

DCF is responsible for administering children's mental health services. DCF will allocate the FFY 2026 CMHSBG 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 CMHSBG 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. 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. One of the co-chairpersons for the CBHAC must be a parent of a child with SED. Additionally, recommendations come from members and activities associated with the Children's Behavioral Health Plan Implementation Advisory Board and allocations are coordinated with that body's priorities.

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 managers 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 conducted with contractors to monitor service provision and discuss needed modifications related to service provision. The agency's Children's Behavioral Health Community Service System 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, 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 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:

- States must obligate and expend each year's CMHSBG allocation within two federal fiscal years.

- States must maintain aggregate state expenditures for authorized activities that are no less than the average level of expenditures for the preceding two state fiscal years.
- States may use no more than 5% of the grant for administrative costs.
- Not less than 10% of the CMHSBG is to be used for services for children, based on 1994 expenditures.
- CMHSBG funds may only be used for community-based mental health services and not for inpatient or institutional psychiatric treatment and/or care.
- At least 5% of the total CMHSBG award must be designated for crisis services.
- At least 10% of the total CMHSBG award must be designated for evidence-based services to respond to Early Serious Mental Illness (ESMI) and 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

Table A
Community Mental Health Services Block Grant
Recommended Allocations

Program Category	FFY 24 Expenditures	FFY 25 Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FFY 25 to FFY 26
Adult Mental Health Services	$6,289,253	$6,843,899	$7,442,073	8.7%
Children's Mental Health Services	$3,170,572	$3,426,060	$3,225,717	-5.8%
TOTAL	**$9,459,825**	**$10,269,959**	**$10,663,054**	**3.8%**
Source of Funds				
Block Grant	$10,016,048	10,173,883.00	$10,173,883	0.0%
Carry forward from previous year	$2,027,216	$2,583,439	$2,487,363	-3.7%
TOTAL FUNDS AVAILABLE	**$12,043,264**	**$12,757,322**	**$12,661,246**	**-0.8%**

Table B1
Community Mental Health Services Block Grant
Program Expenditure - Adult Services

Adult Mental Health Services	FFY 24 Expenditures	FFY 25 Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FFY 25 to FFY 26
Number of Positions (FTE)				
Personal Services				
Contracts				
DMHAS Grants to DMHAS funded private agencies				
Emergency Crisis Response and Prevention	$2,233,248	$2,170,207	$2,232,163	2.9%
Outpatient Services/Intensive Outpatient	$571,887	$653,998	$595,665	-8.9%*
Residential Services	$860,248	$1,296,291	$1,174,972	-9.4%*
Social Rehabilitation	$170,305	$145,044	$145,044	0.0%
Employment Services	$554,456	$499,206	$499,206	0.0%
Case Management	$244,104	$460,877	$757,664	64.4%
Family Education/Training	$172,824	$129,618	$129,618	0.0%
Consumer Peer Support Services in Community Mental Health Provider Settings	$123,290	$179,205	$203,289	13.4%
Parenting Support/Parental Rights	$57,742	$49,708	$49,708	0.0%
Peer to Peer Employment Services	$55,837	$52,852	$52,852	0.0%
Administration of Regional Behavioral Health Action Organizations	$199,453	$199,454	$594,453	198.0%
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% set-aside	$1,045,859	$1,007,439	$1,007,439	0.0%
TOTAL EXPENDITURES	**$6,289,253**	**$6,843,899**	**$7,442,073**	**8.7%**
	Sources of FFY 23 Allocations	**Sources of FFY 24 Allocations**	**Sources of FFY 25 Allocations**	**Percentage Change FFY 24 to FFY 25**
Federal Block Grant Funds	$7,011,234	$7,121,718	$7,121,718	0.0%
Carry forward funds	$1,300,320	$2,022,300	$2,300,119	13.7%**
TOTAL FUNDS AVAILABLE	**$8,311,553**	**$9,144,018**	**$9,421,837**	**3.0%**

*Changes between FFY 2025 and FFY 2026 are due to the timing of payments for certain contracts and do not reflect a reduction in funding levels for these services.

** DMHAS is retaining a larger carry forward in FFY 2026 to prepare for the end of various federal grants that were received during the pandemic, as well as potential changes to federal funding starting FFY 2026. DMHAS is assessing how carry forward funds may be able to be used to sustain specific programs and services in the event of funding reductions.

Table B2
Community Mental Health Services Block Grant
Program Expenditure – Children's Services

Children's Mental Health Services	FFY 24 Expenditures	FFY 25 Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FFY 25 to FFY 26
Number of Positions (FTE)				
Personal Services				
Contracts				
DCF Grants to DCF funded private agencies				
Respite Care for Families	$327,500	$327,500	$360,000	9.9%
FAVOR Family Peer Specialists	$775,700	$945,000	$945,000	0.0%
Youth Suicide Prevention/Mental Health Promotion	$212,206	$198,248	$212,500	7.2%
CT Community KidCare	$72,648	$112,200	$105,000	-6.4%
Extended Day Treatment	$33,419	$14,987	$37,500	150.2%
ESMI/FEP 10% Set Aside	$328,453	$430,968	$305,217	-29.2%
Outpatient Services/Intensive Outpatient	$278,669	$321,476	$283,000	-12.0%
Quality of Care	$315,000	$325,000	$227,500	-30.0%
Behavioral Health Outcomes	$0	$15,550	$50,000	221.5%
Other Connecticut Community KidCare	$1,977	$10,130	$25,000	146.8%
Emergency Crisis	$825,000	$725,000	$675,000	-6.9%
TOTAL EXPENDITURES	**$3,170,572**	**$3,426,060**	**$3,225,717**	**-5.8%**
	Sources of FFY 24 Allocations	**Sources of FFY 25 Allocations**	**Sources of FFY 26 Allocations**	**Percentage change FFY 25 to FFY 26**
Children Federal Block Grant Funds	$3,004,814	$3,052,165	$3,052,165	0.0%
Children Carry forward funds	$726,896	$561,139	$187,244	-66.6%
TOTAL FUNDS AVAILABLE	**$3,731,710**	**$3,613,304**	**$3,239,409**	-10.3%

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

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Adult Services				
Emergency Crisis Response and Prevention	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 crisis call center and mobile crisis response, including 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.	8,551	Number of unduplicated clients served = 8,551 Percent evaluated within 1.5 hours of request for services = 78% (goal = 75%)
Outpatient/ Intensive Outpatient	A program in which mental health professionals evaluate, diagnose, and treat persons with serious mental illness in regularly scheduled therapy visits and non-scheduled visits. Services may include 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.	31,515	Number of unduplicated clients served = 31,515 Percent of clients completing treatment = 48% (goal = 50%)
Residential Services	To foster development of long-term solutions to the housing and service needs of families/individuals with serious mental illness.	Services consist of intensive supportive services combined with transitional or residential housing.	401	Number of unduplicated clients served = 401 Percent of clients completing treatment = 70% (goal = 75%)

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

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Adult Services				
Employment Services	To assist persons with serious mental illness in finding and keeping jobs that consider 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.	3,073	Number of unduplicated clients served = 3,073 Percent employed = 56% (goal = 35%)
Case Management	To assist persons with serious mental illness through community outreach to obtain necessary clinical, medical, social, educational, rehabilitative, and vocational or other services 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 to daily assistance.	11,999	Number of unduplicated clients served = 11,999 Percent reporting supportive social interactions = 88% (goal = 60%)

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

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Adult Services				
Family Education/ Training	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; offer Family Support Groups and peer-led support groups for those with lived experience of a mental health condition; offer peer-led presentations on recovery given to people with mental health conditions, family members and professionals.	Family to Family Course: 246 Support Group: 5,250 Peer-Led presentation: 300	FTF = 13 classes with 246 graduates Support groups = 800 individual family, peer, and young adult online Support Groups Peer-led presentations = 54 presentations with 300 attendees
Consumer Peer Support Services in Community Mental Health Provider Settings	To improve the quality of services and interactions experienced by those with serious mental illness who seek services in community-based treatment programs.	Assist individuals in understanding providers' policies and procedures; assure that individuals' rights are respected; and assist with addressing family and other personal matters.	Individuals served: 34 Warm line calls: 5,299	Recovery Support Specialists trained = 38 Warm line operators = 7
Parenting Support/ Parental Rights	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 one community agency.	12	Number of unduplicated clients served = 12 Percent reporting supportive social interactions = 92% (goal =60%)

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

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Adult Services				
Peer to Peer Employment Services	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 serious mental illness toward stable employment and economic self-sufficiency.	23	Number of unduplicated clients served = 23 Percent of clients employed = 70% (goal = 35%)
Early Serious Mental Illness (ESMI)/ First Episode Psychosis (FEP) 10% Set-Aside	To respond to early serious mental illness and first-episode psychosis among young adults and prevent the development of chronic serious mental illness, especially schizophrenia spectrum disorders.	Funding supports the Potential Program at the Institute of Living/ Hartford Hospital and the STEP Program at Connecticut Mental Health Center/Yale University. Services include targeted outreach and engagement, individual and group psychotherapy, medication management, family education and support, and educational and vocational development opportunities. Services within the STEP program also include a provider consultation service.	247	IOL/Hartford Hospital unduplicated clients = 95; admissions = 34 Yale University/ Connecticut Mental Health Center unduplicated clients = 153; admissions = 53

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Children's Services				
Respite Care for Families	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.	A total of 800 youth were provided respite services.	54% of families received the help that they needed 60% of families were satisfied with the services they received 71% of families met their treatment goals
FAVOR Statewide Family Organization – Family Peer Support Services	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.	505 Families were served by Family Peer Support Specialists 30 New family members began participating in "system 1" level meetings where they were able to act as advocates and share their lived expertise.	73% of families reported satisfaction with services as demonstrated by their Youth Satisfaction Surveys-Family (YSS-F) 27% of caregivers demonstrated a measurable reduction in the stress indexes from intake to discharge 92% of children were maintained in the home of their parents at the conclusion of Family Peer Support intervention

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Children's Services				
Youth Suicide Prevention/ Mental Health Promotion	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.	122 individuals were trained in Mental Health First Aid (MHFA). An additional 65individuals were trained in Youth MHFA. 1903 individuals were trained in QPR (Question, Persuade and Refer). 52 individuals were trained in ASIST (Applied Suicide Intervention Skills Training). 55 were trained in Talk Saves Lives. 234 were trained in an Overview of Post-suicide intervention. 411 web requests for suicide prevention materials and 646 requests for Gizmo books were fulfilled.	73% of individuals reported a satisfactory or higher overall rating and reported feeling more confident in responding to someone who may be at risk for suicide.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Children's Services				
CT Community KidCare: Workforce Development/ Training and Culturally Competent Care	To promote the development of a more informed and skilled workforce, and 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 a Performance Improvement Center to provide coaching and training to community-based behavioral health providers. 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. 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.	A total of 409 Care Coordinator staff trained to assume role of provider trainers in the Wraparound Practice Model. 4 individualized consultation to Care Coordination contractors and their sub-contractors were offered. 278 Professionals were trained in The Current Trends.	Survey results showed 66% received the help they needed 67% were satisfied with the services they received 75% met treatment goals 4 Universities have offered a total of 10 sessions.

Table C

Community Mental Health Services Block Grant

Summary of Service Objectives and Activities

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Children's Services				
Extended Day Treatment: Model Development and Training	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.	A total of 593 children and adolescents participated in the EDT program. A total of 33 childcare workers and clinicians were trained to administer the Project Joy Foundational curriculum. An additional 14 EDT staff attended Booster Trainings to ensure fidelity and advance the delivery of the model.	A total of 73% 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 SFY 24	Performance Measures
Children's Services				
Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside	To utilize Medicaid claims data and other appropriate available data to identify, refer, and follow-up on youth and young adult Medicaid members, ages 12 – 26, who have experienced a First Episode Psychosis (FEP). 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.	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. 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.	The count of FEP episodes is 178 The count of FEP episodes with contact is 178 Percent contacted is 100% Count of total contact activity is by age: 690 contacts for patients 12-17 years old; 1,112 contacts for young adults age 18-26.	**100%** of youth and young adult members ages 12 – 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. **100%** of all youth identified were referred for services. **100%** of those who refused services were informed of the benefits available to them.

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Children's Services				
Outpatient Care: System and Treatment Improvement	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).	A total of 667 children received MATCH-ADTC 49 new clinical staff were trained to deliver MATCH-ADTC 22 agencies were trained	98% of caregivers and 99% of children reported moderate or above satisfaction with treatment.
Best Practices Promotion and Program Evaluation	To improve mental health services and continue implementation and guidance of the State's Children's Behavioral Health Plan).	DCF contracted with CHDI for implementing School Health Assessment and Performance Evaluation (SHAPE) training and conduct reports to provide best practices and recommendations which help guide the behavioral health system. DCF also contracts with Beacon Health Options for CLAS training.	CHDI held 35 SHAPE overview webinar presentations ; 168 schools and 55 school districts had been engaged in SHAPE. CHDI Project Coordinator conducted over 443 outreach and technical assistance activities.	Work completed.

Service Category	Objective	Grantor/Agency Activity	Number Served SFY 24	Performance Measures
Children's Services				
Outcomes: Performance Improvement and Data Dashboard Development	Continued support to Data Silo Solutions. 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.	Annual production of URS tables and hospital re-admission data. Continued development of Results-Based Accountability (RBA) reports and related functionality. Continued enhancements to the Evidence-based Practice Tracker functionality	Work completed.
Other Connecticut Community KidCare	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 has 22 members: 9 are parents/caregivers /community members; 13 are providers/state department representatives, with regular attendance by the public at CBHAC meetings.	Live-virtual verbal translation provided in all monthly CBHAC meetings as well as written translation of all monthly meeting agendas and minutes.