

Connecticut

UNIFORM APPLICATION

FY 2022/2023 Combined MHBG Application Behavioral Health
Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 08/16/2022 4.34.00 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2023

End Year 2024

State SAPT DUNS Number

Number 103626086

Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Department of Mental Health and Addiction Services

Organizational Unit

Mailing Address 410 Capitol Avenue, MS# 14COM

City Hartford

Zip Code 06134

II. Contact Person for the SAPT Grantee of the Block Grant

First Name Nancy

Last Name Navarretta

Agency Name Department of Mental Health and Addiction Services

Mailing Address P.O. Box 341431 410 Capitol Avenue

City Hartford

Zip Code 06134

Telephone (860) 418-6952

Fax (860) 418-6691

Email Address Nancy.Navarretta@ct.gov

State CMHS DUNS Number

Number 103626086

Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Department of Mental Health and Addiction Services

Organizational Unit

Mailing Address 410 Capitol Avenue, MS# 14COM

City Hartford

Zip Code 06134

II. Contact Person for the CMHS Grantee of the Block Grant

First Name Nancy

Last Name Navarretta

Agency Name Department of Mental Health and Addiction Services

Mailing Address 410 Capitol Avenue

City Hartford

Zip Code 06134

Telephone (860) 418-6952

Fax (860) 418-6691

Email Address Nancy.Navarretta@ct.gov

III. Third Party Administrator of Mental Health Services

First Name

Last Name

Agency Name

Mailing Address 969 Jerome Ave

City Bristol

Zip Code 06010

Telephone 8607530779

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date

Revision Date 8/16/2022 4:33:31 PM

VI. Contact Person Responsible for Application Submission

First Name Kyle

Last Name Barrette

Telephone 8609699617

Fax

Email Address kyle.barrette@ct.gov

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Substance Abuse Prevention and Treatment Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Tile 42, Chapter 6A, Subchapter XVII of the United States Code

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: Ned Lamont _____

Signature of CEO or Designee¹: _____

Title: Governor _____

Date Signed: _____

mm/dd/yyyy

_____ ¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Connecticut

Name of Chief Executive Officer (CEO) or Designee: N e d L a m o n t

Signature of CEO or Designee¹: 

Title: G o v e r n o r

Date Signed: 07/26/2022

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

~~Footnotes~~ 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Community Mental Health Services Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
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18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
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- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
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 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
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 1. Abide by the terms of the statement; and
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 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
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1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
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Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

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The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Ned Lamont

Signature of CEO or Designee¹: _____

Title: Governor

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Community Mental Health Services Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Ned Lamont

Signature of CEO or Designee¹: 

Title: Governor

Date Signed: 07 / 26 / 2022

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name

Title

Organization

Signature:

Date:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal year 2023. Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding. Table 2 addresses funds to be expended during the 12-month period of July 1, 2022, through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental and ARP Supplemental funds. Please use these columns to capture how much the state plans to expend over a 12-month period (7/1/22-6/30/23). Please document the use of COVID-19 Relief Supplemental and ARP Supplemental funds in the footnotes.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SABG)	J. ARP Funds (MHBG) ^b
1. Substance Abuse Prevention and Treatment										
a. Pregnant Women and Women with Dependent Children										
b. All Other										
2. Primary Prevention										
a. Substance Abuse Primary Prevention										
b. Mental Health Primary Prevention ^c		\$528,576.00		\$584,905.00	\$4,821,370.00		\$448,942.00	\$150,000.00		
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^d		\$1,012,800.00						\$333,854.00		\$362,196.00
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital			\$73,099,513.00	\$17,969.00	\$306,942,482.00		\$1,935,030.00			
7. Other 24-Hour Care		\$652,238.00	\$68,792,964.00	\$1,616,287.00	\$179,549,122.00		\$21,024.00			
8. Ambulatory/Community Non-24 Hour Care		\$5,115,953.00		\$48,949,320.00	\$492,570,196.00		\$4,239,692.00	\$3,257,798.00		\$528,467.00
9. Administration (excluding program/provider level) ^e MHBG and SABG must be reported separately		\$15,000.00			\$32,758,138.00					
10. Crisis Services (5 percent set-aside) ^f		\$1,094,673.00						\$1,284,866.00		\$2,569,765.00
11. Total	\$0.00	\$8,419,240.00	\$141,892,477.00	\$51,168,481.00	\$1,016,641,308.00	\$0.00	\$6,644,688.00	\$5,026,518.00	\$0.00	\$3,460,428.00

^a The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of **July 1, 2022 - June 30, 2023**, for most states.

^b The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of **July 1, 2022 - June 30, 2023**, for most states

^d Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

^c While a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

^e Per statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award

^f Row 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

States must project how they will use SABG funds to provide authorized services as required by the SABG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2022 and FFY 2023 SABG awards. The totals for each Fiscal Year should match the President's Budget Allotment for the state.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	FFY 2023 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$15,477,861.00	\$14,737,870.00	\$7,171,337.00	\$14,357,067.00	\$7,945,691.00	\$4,100,250.00
2 . Primary Substance Use Disorder Prevention	\$4,751,473.00	\$2,310,096.00	\$200,000.00	\$4,746,457.00	\$1,355,610.50	\$1,336,976.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV ⁶						
5 . Administration (SSA Level Only)						
6. Total	\$20,229,334.00	\$17,047,966.00	\$7,371,337.00	\$19,103,524.00	\$9,301,301.50	\$5,437,226.00

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental

expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022- September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Prevention other than Primary Prevention

⁶For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Strategy	A	B			B		
	IOM Target	FFY 2022			FFY 2023		
		SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	SA Block Grant Award	COVID-19 Award ⁴	ARP Award ⁵
1. Information Dissemination	Universal	\$363,337	\$266,682	\$230,317	\$362,945	\$105,890	\$104,434
	Selected				\$13,922	\$4,062	\$4,006
	Indicated	\$15,311	\$11,238	\$9,705	\$15,294	\$4,462	\$4,401
	Unspecified	\$0	\$0	\$0	\$0	\$0	
	Total	\$378,648	\$277,920	\$240,022	\$392,161	\$114,414	\$112,841
2. Education	Universal	\$1,142,101	\$838,280	\$723,969	\$1,140,869	\$332,850	\$328,275
	Selected				\$43,761	\$12,767	\$12,592
	Indicated	\$48,127	\$35,325	\$30,508	\$48,075	\$14,026	\$13,833
	Unspecified	\$0	\$0	\$0	\$0	\$0	
	Total	\$1,190,228	\$873,605	\$754,477	\$1,232,705	\$359,643	\$354,700
3. Alternatives	Universal	\$45,632	\$33,493	\$28,926	\$45,583	\$13,299	\$13,116
	Selected				\$1,748	\$511	\$503
	Indicated	\$1,923	\$1,411	\$1,219	\$1,921	\$560	\$553
	Unspecified	\$0	\$0	\$0	\$0	\$0	
	Total	\$47,555	\$34,904	\$30,145	\$49,252	\$14,370	\$14,172
4. Problem Identification and Referral	Universal	\$30,565	\$22,434	\$19,375	\$30,532	\$8,908	\$8,785
	Selected				\$1,171	\$342	\$337
	Indicated	\$1,288	\$945	\$816	\$1,287	\$375	\$370
	Unspecified	\$0	\$0	\$0	\$0	\$0	
	Total	\$31,853	\$23,379	\$20,191	\$32,990	\$9,625	\$9,492
	Universal				\$2,278,297	\$664,696	\$655,559

5. Community-Based Processes	Selected				\$87,390	\$25,496	\$25,146
	Indicated				\$96,006	\$28,010	\$27,625
	Unspecified				\$0	\$0	
	Total	\$0	\$0	\$0	\$2,461,693	\$718,202	\$708,330
6. Environmental	Universal	\$442,548	\$324,822	\$280,528	\$442,070	\$128,975	\$127,202
	Selected				\$16,957	\$4,947	\$4,879
	Indicated	\$18,649	\$13,688	\$11,821	\$18,629	\$5,435	\$5,360
	Unspecified	\$0	\$0	\$0	\$0	\$0	
	Total	\$461,197	\$338,510	\$292,349	\$477,656	\$139,357	\$137,441
7. Section 1926 Tobacco	Universal	\$100,000	\$0	\$0	\$100,000	\$0	\$0
	Selected				\$0		
	Indicated	\$0	\$0	\$0	\$0		
	Unspecified	\$0	\$0	\$0	\$0		
	Total	\$100,000	\$0	\$0	\$100,000	\$0	\$0
8. Other	Universal	\$0	\$0	\$0	\$0		
	Selected				\$0		
	Indicated	\$0	\$0	\$0	\$0		
	Unspecified	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures		\$2,209,481	\$1,548,318	\$1,337,184	\$4,746,457	\$1,355,611	\$1,336,976
Total SABG Award³		\$20,229,334	\$17,047,966	\$7,371,337	\$0	\$0	\$0
Planned Primary Prevention Percentage		10.92 %	9.08 %	18.14 %			

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY

2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³Total SABG Award is populated from Table 4 - SABG Planned Expenditures

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award ¹	FFY 2022 ARP Award ²	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award ³	FFY 2023 ARP Award ⁴
Universal Direct	\$3,336,009	\$2,397,035	\$2,070,166	\$3,332,487	\$951,774	\$938,691
Universal Indirect	\$1,061,479	\$762,708	\$658,703	\$1,060,359	\$302,843	\$298,680
Selected				\$168,499	\$48,124	\$47,463
Indicated	\$185,308	\$133,150	\$114,993	\$185,112	\$52,870	\$52,142
Column Total	\$4,582,796	\$3,292,893	\$2,843,862	\$4,746,457	\$1,355,611	\$1,336,976
Total SABG Award⁵	\$20,229,334	\$17,047,966	\$7,371,337	\$0	\$0	\$0
Planned Primary Prevention Percentage	22.65 %	19.32 %	38.58 %			

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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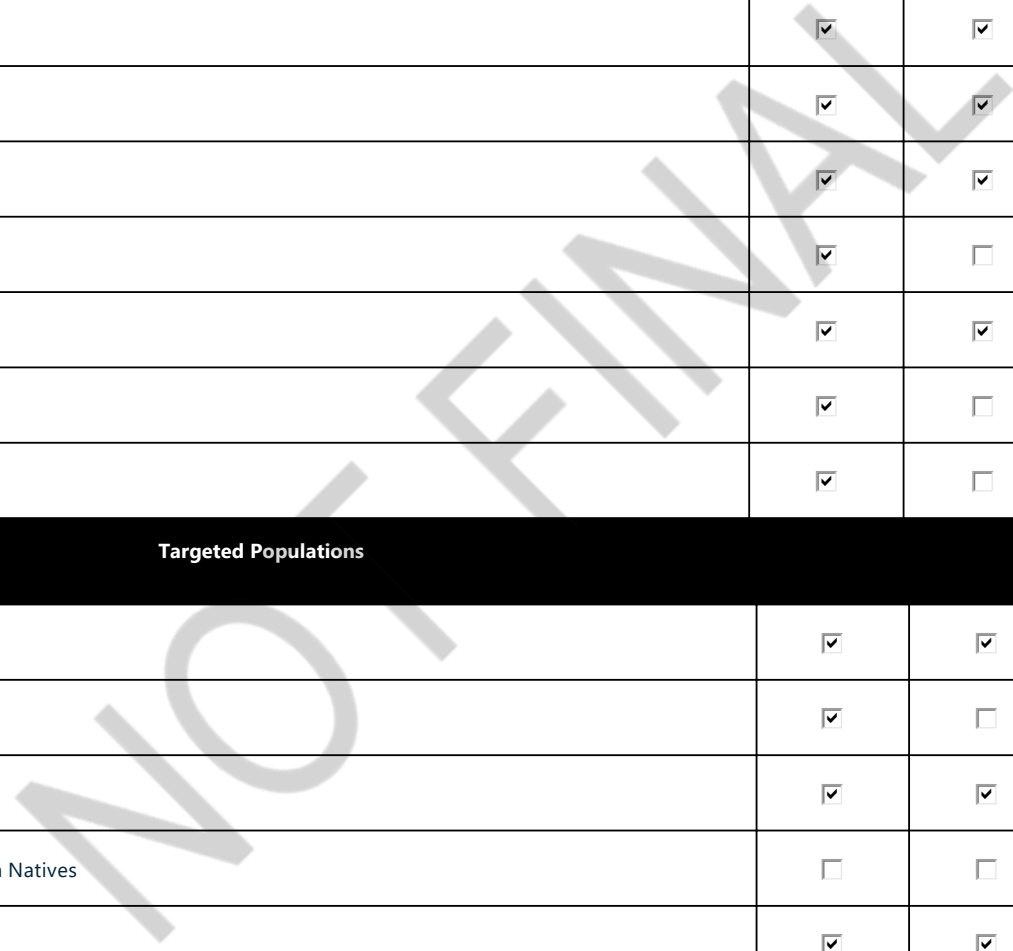
Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award ¹	ARP Award ²
Targeted Substances			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted Populations			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Table 6 Non-Direct-Services/System Development [SA]

Please enter the total amount of the SABG, COVID-19, or ARP funds expended for each activity.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems				\$335,000.00	\$150,000.00				\$117,400.00	\$150,500.00
2. Infrastructure Support									\$3,310,019.00	\$212,691.00
3. Partnerships, community outreach, and needs assessment									\$466,000.00	
4. Planning Council Activities (MHBG required, SABG optional)										
5. Quality Assurance and Improvement										
6. Research and Evaluation									\$160,000.00	\$171,008.00
7. Training and Education				\$275,000.00	\$30,000.00				\$752,689.00	\$431,851.00
8. Total	\$0.00	\$0.00	\$0.00	\$610,000.00	\$180,000.00	\$0.00	\$0.00	\$0.00	\$4,806,108.00	\$966,050.00

¹Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

²The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Table 6 Non-Direct-Services/System Development [MH]

Please enter the total amount of the MHBG, COVID-19, or ARP funds expended for each activity

MHBG Planning Period Start Date: 07/01/2022

MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds
1. Information Systems	\$200,000.00	\$100,000.00		\$50,000.00	\$100,000.00	
2. Infrastructure Support	\$450,000.00	\$162,500.00	\$62,500.00	\$450,000.00	\$175,000.00	\$280,000.00
3. Partnerships, community outreach, and needs assessment	\$100,000.00					
4. Planning Council Activities (MHBG required, SABG optional)	\$15,000.00			\$15,000.00		
5. Quality Assurance and Improvement	\$80,000.00			\$65,000.00	\$125,000.00	\$490,000.00
6. Research and Evaluation	\$0.00					
7. Training and Education	\$75,000.00	\$462,500.00	\$240,000.00	\$65,000.00	\$296,897.00	\$120,000.00
8. Total	\$920,000.00	\$725,000.00	\$302,500.00	\$645,000.00	\$696,897.00	\$890,000.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

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Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Connecticut has a robust mental/behavioral health crisis system for children and adults: the Department of Mental Health and Addiction Services (DMHAS) Mobile Crisis Service serves all adults in the State of Connecticut who are 18 years of age or older and the Department of Children and Families (DCF) Mobile Crisis Intervention Service serves all children in the State. Someone to Talk to The United Way of Connecticut (UWC), in partnership with the CT Department of Mental Health and Addiction Services (DMHAS), has established the Adult Telephone Intervention and Options Network (ACTION) line for adults 18 years of age or older who are in the community and in the midst of a psychiatric or emotional crisis for which an immediate response may be required. The ACTION line is a centralized phone number answered by 2-1-1 staff trained to offer an array of supports and options to individuals in distress, including: telephonic support, referrals and information about community resources and services; warm-transfer to the Mobile Crisis Team (MCT) of their area; and when necessary, direct connection to 911. The ACTION line operates 24 hours a day, seven days a week, 365 days a year (24/7/365) with the availability of multilingual staff or interpreters as needed. The centralized line is available to provide after-hours coverage for mobile crisis providers throughout the state. The services and supports offered through the ACTION line are available to all residents of Connecticut at no financial cost to the caller. The ACTION line team is comprised of dedicated contact specialists, licensed clinicians and a peer support specialist with lived experience with mental health and substance use/addiction. The DMHAS mobile crisis teams and ACTION Line staff work in collaboration with family members, peer-run organizations, faith-based communities, law enforcement, and other civic and community organizations to ensure that persons in distress and their families/friends/supporters have the support and resources they need within their local community. United Way of CT meets and exceeds the highest national standards for a call center. It is a National Suicide Prevention Lifeline (NSPL) provider that maintains national accreditations from the Alliance for Information and Referral Services (AIRS) and the American Association of Suicidology (AAS). Mobile Crisis Intervention Services (Mobile Crisis) is a mobile intervention for children and adolescents experiencing a behavioral or mental health need or crisis. Mobile Crisis is funded by the Connecticut Department of Children and Families (DCF) and is accessed by calling 2-1-1. The statewide Mobile Crisis network is comprised of over 150 (soon to be over 200) trained mental health professionals who can respond in-person within 45 minutes when a child is experiencing an emotional or behavioral crisis. The purposes of the program are to serve children in their homes, schools, and communities; reduce the number of visits to hospital emergency rooms; and divert children from high-end interventions (such as hospitalization or arrest) if a lower level of care is a safe and effective alternative. Mobile Crisis is implemented by six primary contractors, most of whom have satellite offices or subcontracted agencies. A

total of 14 Mobile Crisis sites collectively provide coverage for every town and city in Connecticut. DCF funds a Performance Improvement Center for ongoing quality management. 988- DMHAS and DCF have worked together to implement CT's 988 line. United Way of CT is also the provider of the 988 line making UWC the centralized access point for individuals in crisis across the lifespan. We are currently exploring the addition of text and chat on the 988 line. Someone to Respond The mission of the DMHAS mobile crisis program is to provide persons in distress (crisis) immediate access to a continuum of crisis response services and/or supports of their choice including, mobile clinical services and community supports; to promote the prevention of crises among persons and families; and to provide post-intervention activities that support persons in developing a meaningful sense of belonging in their communities. Mobile Crisis Team staff provide immediate assistance to people in distress by identifying options and resources that meet the unique needs expressed by the individual. The adult Mobile Crisis Teams are mostly located across the DMHAS Local Mental Health Authority (LMHA) Network and DMHAS funds and operates MCT services throughout the state. MCT services are mobile, readily accessible, short-term services for individuals and families experiencing acute mental health and/or substance use/addiction crises offered in a rapid response framework. MCTs aim to promote the prevention of crises among persons and families and post-intervention activities that support persons in developing a meaningful sense of belonging in their communities. Mobile Crisis Teams are comprised of a multidisciplinary team which may include licensed master's level social workers, licensed clinical social workers, licensed professional counselors, peer support specialists, nurses, mental health workers and psychologists. Adult MCTs work closely with first responders including EMS, Law Enforcement and local Fire Departments. MCT clinicians collaborate with and assist local police officers to de-escalate crises and provide diversion to alternative settings rather than incarcerations or hospitalizations. Since 2003, DMHAS has contracted with the Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE), to provide training on the Crisis Intervention Team (CIT) model to clinicians and police officers. CIT is a best practice designed to provide a collaborative and integrative approach that offers law enforcement the knowledge and resources to connect people who are experiencing behavioral health symptoms to supports and services that will best meet their needs, promote safety for persons in crisis, the community, and the police officers who respond to crisis calls. There is a mixture of models throughout the state; most mobile crisis teams are "stand-alone" but are able to request police support when needed. Conversely, most police departments have strong working relationships with their local mobile crisis teams and will also reach out to request a clinician to accompany them on a call. Additionally, some mobile crisis teams have clinicians embedded within police departments. We have also seen an increase in police departments hiring their own social workers/clinicians. There are 6 regional youth Mobile Crisis offices that provide coverage to the entire State. Access to youth Mobile Crisis is through the Call Center and there is an average annual call volume of 15,000 calls. These calls are transferred to local Mobile Crisis providers and all youth Mobile Crisis providers are contracted to respond to 90% of crisis calls in person for a face-to-face assessment. These calls must be responded to within 45 minutes or less. All providers have consistently met, and most exceed these goals. Those responding include clinicians, support staff and at times caregivers with lived experience. Youth Mobile Crisis clinicians are also available to support a youth/family for 45 days post-crisis assessment. This time is used to connect children to services and supports needed. Place to Go CT does not have crisis stabilization units. DCF provides overnight crisis respite to child welfare involved families only. DCF is currently in the procurement process to establish four 23-hour Behavioral Health Urgent Crisis Assessment Centers and 1-14 day bedded Sub-Acute Crisis Stabilization Centers. These are expected to be operational by early 2023. DMHAS also has crisis respite services (100 beds across 16 programs), but these are not the same as CSUs, so we have a lower stage of implementation on the "place to go" variable below.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
- d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
- e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

1. *Someone to talk to: Crisis Call Capacity*

- a. *Number of locally based crisis call Centers in state*
 - i. *In the Suicide lifeline network*
 - ii. *Not in the suicide lifeline network*
- b. *Number of Crisis Call Centers with follow up protocols in place*
- c. *Percent of 911 calls that are coded as MH related*

2. *Someone to respond: Number of communities that have mobile behavioral health crisis capacity*

- a. *Independent of first responder structures (police, paramedic, fire)*
- b. *Integrated with first responder structures (police, paramedic, fire)*
- c. *Number that employ peers*

3. *Place to go*

- a. *Number of Emergency Departments*
- b. *Number of Emergency Departments that operate a specialized behavior health component*
- c. *Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)*

a. Check one box for each row indicating state's stage of implementation

Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
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Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Place to go	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Someone to talk to CT has launched the 988 lifeline as of July 16th 2022. Wait times are within seconds and over 90% of calls are answered in state. However, wait times on the ACTION line continue to be long. Youth Mobile Crisis calls are managed by the same call center at United Way. The average wait time for a caller on this line is under one minute. Information is collected by the call specialist and the calls are transferred to the responding clinician within 10 minutes on an average. The clinician must respond within 45 minutes of the initial call. The largest challenges CT is facing with the 988 and ACTION Line crisis call lines are staff retention, identifying sustainable funding sources and 988 text/chat capability. United Way, our CT call center provider, has been working with their recruitment staff to develop a marketing campaign, "Hiring Heroes", to attract more applicants for vacant positions. They have also offered flexible work schedules, telework, and increased salaries for call takers. They have also incorporated a review of sample crisis calls during their interview process to help identify the best candidates for the position. Funding for the crisis call lines currently are SAMHSA Mental Health Block Grant, SAMHSA COVID Grant, COVID Supplemental MH Block Grant, Block Grant American Rescue Plan Act, Office of Policy and Management COVID Relief funds. However, funding is short-term and there are no sufficient long-term funding sources available at this time. In terms of text/chat capabilities, United Way has increased their staffing capacity for call takers to ensure that calls are answered in a timely manner. However, there is concern that adding chat and text will diminish the ability of the call takers to answer calls without delays or routing to out-of-state call centers. United Way is considering all options including subcontracting with a vendor to provide chat and text services. Someone to respond CT has both adult and youth mobile crisis teams that provide in-person crisis response as needed to all residents statewide. However, hours of operation and availability of the mobile crisis teams vary. Connecticut is actively working to expand all mobile crisis teams (and adults) to be able to provide a mobile response 24/7. Additional funding has been legislatively appropriated for the purpose of hiring additional staff and expanding mobile crisis services to 24/7 in-person response. Staffing and hiring second and third shift clinicians has been the biggest barrier towards achieving this goal. Some private non-profit mobile crisis providers are looking to adjust work schedules to be more flexible (4, 10 hour day work weeks, triaging calls from home instead of the office but will go out if a mobile response is needed). Legislation was just recently passed that will allow for Licensed Psychiatric Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) working on a DMHAS-funded or DMHAS-operated mobile crisis team to issue an emergency certificate. We are hoping that this will increase the pool of applicants to more than just LCSWs. Youth Mobile Crisis now provides in-person mobile crisis assessments 24 hours per day 7 days per week. The expansion to 24/7 is relatively new and providers continue to navigate staffing challenges to meet the needs of the community. Place to go CT does not have crisis stabilization units. DMHAS does have crisis respite services (100 beds across 16 programs), but these are not the same as CSUs, so we have a lower stage of implementation on the "place to go" variable below. DCF has invested \$23 million to develop four 23-hour Behavioral Health Urgent Crisis Assessment Centers and 1-14 day bedded Sub-Acute Crisis Stabilization Centers. These are expected to be operational by early 2023. Additionally, for youth, there are: Inpatient beds, additional 30-to-90-day, sub-acute settings under the state's Psychiatric Residential Treatment Facilities (PRTF); and a variety of intermediate level of care locations for Partial Hospitals Program (PHP), Intensive Outpatient (IOP) and finally the Outpatient array of providers serving children and youth in CT.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

The CT crisis call lines including 988 meets all minimum expectations outlined in SAMHSA's National Guidelines for Behavioral Health Crisis Care. The call lines operate 24/7/365 and contact center specialists include peer support specialists who provide engagement, assessment of needs and referrals. The crisis call line will follow a warm-transfer protocol to the mobile crisis teams in the individual caller's area or an active rescue as needed. Administrative staff are licensed clinical professionals who are available during all shifts and provide supervision to contact center specialists. DMHAS has a real-time bed registry for substance use and mental health beds available throughout the state. DCF is exploring the development of a bed registry for children's services. The one best practice component CT has not implemented is GPS-enabled technology, which would allow the call center hub to identify where the mobile crisis team staff are physically located and be able to dispatch the team geographically located closest to the individual in distress. DCF has received grant funding to explore and consider purchasing GPS-enabled technology and real-time appointment scheduling. The process for identifying the software application underway. Mobile crisis teams are comprised of multidisciplinary team members including but not limited to licensed clinicians, nurses, mental health workers and case managers. We hope to incorporate peers within all mobile crisis teams. Mobile crisis team staff provide triage/screening and are available to respond in person, where the individual is located in the community for a crisis assessment/evaluation. Focus is on de-escalation/resolution, identifying supports and resources available in the community and diverting the need for hospitalization. DMHAS MCTs are required to follow up with individuals who have been seen for a crisis assessment within 48 hours. DMHAS MCTs are working towards 24/7 availability of mobile crisis services. Youth Mobile Crisis clinicians are required to response to 90% of the calls face to face. 80% of the face to face responses must be within 45 minutes. The statewide average is 85%.CT does not currently have any crisis receiving or stabilization services. DCF is in the process of procuring four 23-hour Behavioral Health Urgent Crisis Assessment Centers and 1-14 day bedded Sub-Acute Crisis Stabilization Centers.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The 5% set aside of the COVID-19 Supplemental and ARPA MHBG awards will be awarded to the the United Way of CT 211 for staffing of the 988, ACTION line and Youth Mobile Crisis call lines. The 5% set-aside of the base MHBG will be awarded to mobile crisis teams that serve defined geographic service regions. We want to ensure the 988 line continues to meet expectations when it comes to short wait times and percentage of calls answered in state. Although the data shows they are currently meeting and exceeding their goals, we project an increase in call volume after the launch of 988 on July 16th, 2022, an increased need for staffing once text/chat capability are added and potentially increased calls as a result

of a larger marketing campaign come 2023. The ACTION line continues to have long wait times which we would like to see significantly decrease. Also, current funding sources for the crisis lines are temporary and long-term funding will need to be identified for sustainability of the lines.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Connecticut has separate state agencies that oversee adult mental health and children's mental health. The children's mental health system, overseen by the CT Department of Children and Families, has slightly different structures in place for the children's crisis response system. Although the child and adult mental health systems are working together to ensure a unified crisis response, the CT Department of Children and Families believes the children's crisis response system is at a different stage of implementation and has provided different ratings for question 2a. Their response options are as follows and are discussed further in the response to question 2b:

Someone To Talk To: Program Sustainment

Someone To Respond: Program Sustainment

Somewhere To Go: Installation

NOT FINAL

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Crisis System Questions

- 1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.**

Connecticut has a robust mental/behavioral health crisis system for children and adults: the Department of Mental Health and Addiction Services (DMHAS) Mobile Crisis Service serves all adults in the State of Connecticut who are 18 years of age or older and the Department of Children and Families (DCF) Mobile Crisis Intervention Service serves all children in the State.

Someone to Talk to

The United Way of Connecticut (UWC), in partnership with the CT Department of Mental Health and Addiction Services (DMHAS), has established the Adult Telephone Intervention and Options Network (ACTION) line for adults 18 years of age or older who are in the community and in the midst of a psychiatric or emotional crisis for which an immediate response may be required.

The ACTION line is a centralized phone number answered by 2-1-1 staff trained to offer an array of supports and options to individuals in distress, including: telephonic support, referrals and information about community resources and services; warm-transfer to the Mobile Crisis Team (MCT) of their area; and when necessary, direct connection to 911.

The ACTION line operates 24 hours a day, seven days a week, 365 days a year (24/7/365) with the availability of multilingual staff or interpreters as needed. The centralized line is available to provide after-hours coverage for mobile crisis providers throughout the state

The services and supports offered through the ACTION line are available to all residents of Connecticut at no financial cost to the caller.

The ACTION line team is comprised of dedicated contact specialists, licensed clinicians and a peer support specialist with lived experience with mental health and substance use/addiction. The DMHAS mobile crisis teams and ACTION Line staff work in collaboration with family members, peer-run organizations, faith-based communities, law enforcement, and other civic and community organizations to ensure that persons in distress and their families/friends/supporters have the support and resources they need within their local community.

United Way of CT meets and exceeds the highest national standards for a call center. It is a National Suicide Prevention Lifeline (NSPL) provider that maintains national accreditations from the Alliance for Information and Referral Services (AIRS) and the American Association of Suicidology (AAS).

Mobile Crisis Intervention Services (Mobile Crisis) is a mobile intervention for children and adolescents experiencing a behavioral or mental health need or crisis. Mobile Crisis is funded by the Connecticut Department of Children and Families (DCF) and is accessed by calling 2-1-1. The statewide Mobile Crisis network is comprised of over 150 (soon to be over 200) trained mental health professionals who can

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respond in-person within 45 minutes when a child is experiencing an emotional or behavioral crisis. The purposes of the program are to serve children in their homes, schools, and communities; reduce the number of visits to hospital emergency rooms; and divert children from high-end interventions (such as hospitalization or arrest) if a lower level of care is a safe and effective alternative. Mobile Crisis is implemented by six primary contractors, most of whom have satellite offices or subcontracted agencies. A total of 14 Mobile Crisis sites collectively provide coverage for every town and city in Connecticut. DCF funds a Performance Improvement Center for ongoing quality management.

988- DMHAS and DCF have worked together to implement CT's 988 line. United Way of CT is also the provider of the 988 line making UWC the centralized access point for individuals in crisis across the lifespan. We are currently exploring the addition of text and chat on the 988 line.

Someone to Respond

The mission of the DMHAS mobile crisis program is to provide persons in distress (crisis) immediate access to a continuum of crisis response services and/or supports of their choice including, mobile clinical services and community supports; to promote the prevention of crises among persons and families; and to provide post-intervention activities that support persons in developing a meaningful sense of belonging in their communities.

Mobile Crisis Team staff provide immediate assistance to people in distress by identifying options and resources that meet the unique needs expressed by the individual. The adult Mobile Crisis Teams are mostly located across the DMHAS Local Mental Health Authority (LMHA) Network and DMHAS funds and operates MCT services throughout the state. MCT services are mobile, readily accessible, short-term services for individuals and families experiencing acute mental health and/or substance use/addiction crises offered in a rapid response framework. MCTs aim to promote the prevention of crises among persons and families and post-intervention activities that support persons in developing a meaningful sense of belonging in their communities. Mobile Crisis Teams are comprised of a multidisciplinary team which may include licensed master's level social workers, licensed clinical social workers, licensed professional counselors, peer support specialists, nurses, mental health workers and psychologists.

Adult MCTs work closely with first responders including EMS, Law Enforcement and local Fire Departments. MCT clinicians collaborate with and assist local police officers to de-escalate crises and provide diversion to alternative settings rather than incarcerations or hospitalizations. Since 2003, DMHAS has contracted with the Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE), to provide training on the Crisis Intervention Team (CIT) model to clinicians and police officers. CIT is a best practice designed to provide a collaborative and integrative approach that offers law enforcement the knowledge and resources to connect people who are experiencing behavioral health symptoms to supports and services that will best meet their needs, promote safety for persons in crisis, the community, and the police officers who respond to crisis calls. There is a mixture of models throughout the state; most mobile crisis teams are "stand-alone" but are able to request police support when needed. Conversely, most police departments have strong working relationships with their local mobile crisis teams and will also reach out to request a clinician to accompany them on a call. Additionally, some mobile crisis teams have clinicians embedded within police departments. We have also seen an increase in police departments hiring their own social workers/clinicians.

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There are 6 regional youth Mobile Crisis offices that provide coverage to the entire State. Access to youth Mobile Crisis is through the Call Center and there is an average annual call volume of 15,000 calls. These calls are transferred to local Mobile Crisis providers and all youth Mobile Crisis providers are contracted to respond to 90% of crisis calls in person for a face-to-face assessment. These calls must be responded to within 45 minutes or less. All providers have consistently met, and most exceed these goals. Those responding include clinicians, support staff and at times caregivers with lived experience. Youth Mobile Crisis clinicians are also available to support a youth/family for 45 days post-crisis assessment. This time is used to connect children to services and supports needed.

Place to Go

CT does not have crisis stabilization units. DCF provides overnight crisis respite to child welfare involved families only. DCF is currently in the procurement process to establish four 23-hour Behavioral Health Urgent Crisis Assessment Centers and 1-14 day bedded Sub-Acute Crisis Stabilization Centers. These are expected to be operational by early 2023. DMHAS also has crisis respite services (100 beds across 16 programs), but these are not the same as CSUs, so we have a lower stage of implementation on the "place to go" variable below.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

a) The Exploration stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.

b) The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.

c) Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.

d) Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.

e) Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

1. Someone to talk to: Crisis Call Capacity

a. Number of locally based crisis call Centers in state- There are 2 locally based crisis call centers in CT (ACTION Line and Youth MCIS)

i. In the Suicide lifeline network- 1 (988 Suicide and Crisis Lifeline)

ii. Not in the suicide lifeline network- 2 (ACTION Line and Youth MCIS)

b. Number of Crisis Call Centers with follow up protocols in place- 3 (988 Suicide and Crisis Lifeline, ACTION Line and Youth MCIS)

c. Percent of 911 calls that are coded as MH related- unknown

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity- Mobile behavioral health services are available statewide to all residents of the state

a. Independent of first responder structures (police, paramedic, fire)- DMHAS- 18 Adult Mobile Crisis Teams covering the entire state, DCF- Six (6) community-based lead agencies (plus 2 sub-contracted agencies) operating a total of 14 sites that collectively provide statewide coverage for responding to crises.

b. Integrated with first responder structures (police, paramedic, fire)- 0

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Crisis System Questions

c. Number that employ peers- 0 (6 agencies employ caregivers with lived experience for DCF)

3. Place to go

a. Number of Emergency Departments- There are 29 acute care hospitals and 6 satellite locations that provide 24-hour emergency department care in Connecticut.

b. Number of Emergency Departments that operate a specialized behavior health component- unknown

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)- 0

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to					X	X for DCF
Someone to respond					X	X for DCF
Place to go	X	X for DCF				

3. Briefly explain your stages of implementation selections here

Someone to talk to

CT has launched the 988 lifeline as of July 16th 2022. Wait times are within seconds and over 90% of calls are answered in state. However, wait times on the ACTION line continue to be long. Youth Mobile Crisis calls are managed by the same call center at United Way. The average wait time for a caller on this line is under one minute. Information is collected by the call specialist and the calls are transferred to the responding clinician within 10 minutes on an average. The clinician must respond within 45 minutes of the initial call. The largest challenges CT is facing with the 988 and ACTION Line crisis call lines are staff retention, identifying sustainable funding sources and 988 text/chat capability. United Way, our CT call center provider, has been working with their recruitment staff to develop a marketing campaign, “Hiring Heroes”, to attract more applicants for vacant positions. They have also offered flexible work schedules, telework, and increased salaries for call takers. They have also incorporated a review of sample crisis calls during their interview process to help identify the best candidates for the position. Funding for the crisis call lines currently are SAMHSA Mental Health Block Grant, SAMHSA COVID Grant, COVID Supplemental MH Block Grant, Block Grant American Rescue Plan Act, Office of Policy and Management COVID Relief funds. However, funding is short-term and there are no sufficient long-term funding sources available at this time. In terms of text/chat capabilities, United Way has increased their staffing capacity for call takers to ensure that calls are answered in a timely manner. However, there is concern that adding chat and text will diminish the ability of the call takers to answer calls without delays or routing to out-of-state call centers. United Way is considering all options including subcontracting with a vendor to provide chat and text services.

Someone to respond

CT has both adult and youth mobile crisis teams that provide in-person crisis response as needed to all residents statewide. However, hours of operation and availability of the mobile crisis teams vary. Connecticut is actively working to expand all mobile crisis teams (and adults) to be able to provide a mobile response 24/7. Additional funding has been legislatively appropriated for the purpose of hiring

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additional staff and expanding mobile crisis services to 24/7 in-person response. Staffing and hiring second and third shift clinicians has been the biggest barrier towards achieving this goal. Some private non-profit mobile crisis providers are looking to adjust work schedules to be more flexible (4, 10 hour day work weeks, triaging calls from home instead of the office but will go out if a mobile response is needed). Legislation was just recently passed that will allow for Licensed Psychiatric Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) working on a DMHAS-funded or DMHAS-operated mobile crisis team to issue an emergency certificate. We are hoping that this will increase the pool of applicants to more than just LCSWs.

Youth Mobile Crisis now provides in-person mobile crisis assessments 24 hours per day 7 days per week. The expansion to 24/7 is relatively new and providers continue to navigate staffing challenges to meet the needs of the community.

Place to go

CT does not have crisis stabilization units. DMHAS does have crisis respite services (100 beds across 16 programs), but these are not the same as CSUs, so we have a lower stage of implementation on the "place to go" variable below. DCF has invested \$23 million to develop four 23-hour Behavioral Health Urgent Crisis Assessment Centers and 1-14 day bedded Sub-Acute Crisis Stabilization Centers. These are expected to be operational by early 2023. Additionally, for youth, there are: Inpatient beds, additional 30-to-90-day, sub-acute settings under the state's Psychiatric Residential Treatment Facilities (PRTF); and a variety of intermediate level of care locations for Partial Hospitals Program (PHP), Intensive Outpatient (IOP) and finally the Outpatient array of providers serving children and youth in CT.

4. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system

The CT crisis call lines including 988 meets all minimum expectations outlined in SAMHSA's National Guidelines for Behavioral Health Crisis Care. The call lines operate 24/7/365 and contact center specialists include peer support specialists who provide engagement, assessment of needs and referrals. The crisis call line will follow a warm-transfer protocol to the mobile crisis teams in the individual caller's area or an active rescue as needed. Administrative staff are licensed clinical professionals who are available during all shifts and provide supervision to contact center specialists. DMHAS has a real-time bed registry for substance use and mental health beds available throughout the state. DCF is exploring the development of a bed registry for children's services. The one best practice component CT has not implemented is GPS-enabled technology, which would allow the call center hub to identify where the mobile crisis team staff are physically located and be able to dispatch the team geographically located closest to the individual in distress. DCF has received grant funding to explore and consider purchasing GPS-enabled technology and real-time appointment scheduling. The process for identifying the software application underway.

Mobile crisis teams are comprised of multidisciplinary team members including but not limited to licensed clinicians, nurses, mental health workers and case managers. We hope to incorporate peers within all mobile crisis teams. Mobile crisis team staff provide triage/screening and are available to respond in person, where the individual is located in the community for a crisis assessment/evaluation. Focus is on de-escalation/resolution, identifying supports and resources available in the community and diverting the need for hospitalization. DMHAS MCTs are required to follow up with individuals who have been seen for a crisis assessment within 48 hours. DMHAS MCTs are working towards 24/7 availability of mobile crisis services. Youth Mobile Crisis clinicians are required to response to 90% of the calls face to

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face. 80% of the face to face responses must be within 45 minutes. The statewide average is 85%. CT does not currently have any crisis receiving or stabilization services. DCF is in the process of procuring four 23-hour Behavioral Health Urgent Crisis Assessment Centers and 1-14 day bedded Sub-Acute Crisis Stabilization Centers.

5. Briefly describe the proposed/planned activities utilizing the 5 percent set aside

The 5% set aside of the COVID-19 Supplemental and ARPA MHBG awards will be awarded to the the United Way of CT 211 for staffing of the 988, ACTION line and Youth Mobile Crisis call lines. The 5% set-aside of the base MHBG will be awarded to mobile crisis teams that serve defined geographic service regions. We want to ensure the 988 line continues to meet expectations when it comes to short wait times and percentage of calls answered in state. Although the data shows they are currently meeting and exceeding their goals, we project an increase in call volume after the launch of 988 on July 16th, 2022, an increased need for staffing once text/chat capability are added and potentially increased calls as a result of a larger marketing campaign come 2023. The ACTION line continues to have long wait times which we would like to see significantly decrease. Also, current funding sources for the crisis lines are temporary and long-term funding will need to be identified for sustainability of the lines.

NOT FINAL

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Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁶⁹

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.
 - a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The Connecticut Department of Mental Health and Addiction Services (DMHAS) has been a single integrated department since 1995, servicing all behavioral health needs of adults. In 2012, the Mental Health Planning Council expanded its purview and membership to include substance use concerns and became the Behavioral Health Planning Council. Connecticut has been submitting combined mental health/substance abuse block grant applications since 2014/15. In 2018, Connecticut restructured its advocacy/evaluation/planning entities from Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) into integrated Regional Behavioral Health Action Organizations (RBHAOs). The 5 RBHAOs cover the state via the 5 DMHAS regions for all behavioral health issues, including naloxone education and distribution. The RBHAOs are tasked with the annual review of the behavioral health service system and the priority setting process. Presentations for the Council are a mix of behavioral health concerns inclusive of substance use related topics.

The Behavioral Health Planning Council is comprised of the adult council and the Children's Behavioral Health Advisory Council (CBHAC). The Children's Behavioral Health Advisory Council is coordinated and managed by the Connecticut Department of Children and Families (DCF), which is the state agency providing oversight and coordination of behavioral health services for children and youth 0-18. The joint Behavioral Health Planning council is representative of the child and adult planning councils.
 - b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? Yes No
2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? Yes No
3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

Duties of the Council include:

 - to review the combined SABG/MHBG application/plan provided by DMHAS and to submit any recommendations for modifications of those plans
 - to serve as advocates for adults with SMI and children with SED and their families, as well as others with behavioral health needs
 - to monitor, review, and evaluate, at least annually, the allocation and adequacy of behavioral health services in Connecticut

Adult Planning council membership includes representation from the RBHAOs, state agencies, other public and private entities

concerned with the need, planning, operation, funding, and use of behavioral health services; family members of adults with SMI and children with SED; persons in recovery from behavioral health conditions; representatives of organizations of individuals with mental health and/or substance use disorders and their families and community groups advocating on their behalf. Stakeholders from communities across Connecticut will find their interests represented by the RBHAO council members attending the meetings. Because the RBHAOs conduct an annual review of the service system in order to establish priorities to inform the block grant and other activities, they utilize community stakeholder connections to hold focus groups and community conversations with those regional stakeholders and other interested parties to collect information on the service system, including strengths, needs/gaps and barriers, and make recommendations. They construct regional reports based on their findings which are integrated into a statewide report that is then presented to and used by the planning council to inform block grant planning.

The Children's Behavioral Health Planning Council (CMHPC) was codified in Section 2 of Public Act 00-188 which establishes the Children's Behavioral Health Advisory Committee (CBHAC) to "promote and enhance the provision of behavioral health services for all children" in Connecticut. The CBHAC serves as the state's Children's Mental Health Planning Council (CMHPC) as required by PL 321-102. The bylaws of CBHAC set forth that they will engage in the various duties outlined by PL 321-102 to ensure the advancement of the state's System of Care for children and families. The 30 member CBHAC/CMHPC is comprised of the Commissioners of Children and Families, Social Services, Education, Mental Health and Addiction Services, Developmental Services, or their respective designees; two Gubernatorial appointments, five members appointed by the leadership of the General Assembly, as well as fifteen members appointed by the commissioner of DCF. The membership composition of the advisory committee is designed to fairly and adequately represent parents of children who have a serious emotional disturbance. "At least fifty per cent of the members of the advisory committee shall be persons who are parents or relatives of a child who has or had a serious emotional disturbance or persons who had a serious emotional disturbance as a child." In addition, a parent is to serve as co-chair of the CBHAC/CMHPC.

CBHAC meetings held throughout the year include time for review of the MHBG. Meetings held in the fall delineate spending plans and planning for the following year. This includes an open forum for questions. CBHAC membership reviewed designated priorities and provided input into the development of this plan.

Please indicate areas of technical assistance needed related to this section.

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.⁷⁰

⁷⁰There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

NOT FINAL

Children's Behavioral Health Advisory Committee (CBHAC)
Minutes – Friday, January 7th, 2022

Attendance:

Nan Arnstein, Dr. M. Alan Geertsma, Abigail Pepin, Alexandrino Rivera, Amanda Knef, Amy Hilario, Andrea Salazar, Andrew Lavalley, Antonia Edwards, Antonio Thomas, Benita Toussaint, Bethany Zorba, Brenetta Henry, Briannali Rivera, Cameron Joyner, Carmen Teresa Rosario Carolina Serna, Carol Campbell, Carolyn Westerholm, Cindy Hernandez, Cindy Thomas, Claudette Kidd, Cory Herman, Daniela Giordano, Danielle Verderame, Darrin McCalla, De Popkin, Donald Vail, Doris Maldonado, Dorothy Cimmino, Jackie Cook, Jacquese Patterson, Jason O'Connor, Jean Alberghini, Jennifer Abbatemerco, Jennifer Foss, Jenny Bridges, Jo Hawke, Jon Jacaruso, Judith Eisenberg, Judy Kobylarz-Dillard, Jules Calabro, Keisha Martin Velez, Kristin Graham, L. Bolton, Latasha Thomas, Leslie Brown, Linda Menyfield, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Maguena Deslandes, Maria Luisa Feliciano, Melissa Kremmel, Michelle Leibovitz, Nancy Wiltse, Patricia Gaylord, Paul Guerrero, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Rod Winstead, Ronnie Vollano, Sabra Mayo, Sarah Kirchmann, Scott Newgass, Sebastian Spencer, Shannon Oskan, Solai Demorest, Stacey Kabasakalian, Stephen Jacobsen, Susan Rubino, Tania Santana, Tarsha Calloway, Taylor Ford, Tim Cunningham, Wanda Roman, Yolanda Stinson, Yvette Cortez, Zosh Flammia, and four phone numbers.

Welcome and Introductions

- Meeting began at 10:03 a.m.
- Interpreters not available, efforts were made to get them connected
- Mission and purpose of CBHAC was reviewed

Review of 2022 Priority Areas

1. Pediatric primary care and behavioral health care integration
2. Disparities and access to cultural appropriate care
3. Access to comprehensive array of services and support

Agency Updates

1. DMHAS - Jenn Abbatemarco

- With the increase in COVID positive cases we continue to do a combination of in person visits and telehealth
- Some of the funds from the American rescue plan Act are being used to help support our provider community by expanding personal protective equipment or PPE.
- Distributing N95 and COVID 19 test kits we were fortunate to be able to get some COVID-19 test kits which we are also distributing to community providers
- Continue to partner with the Department of Public Health and their mobile van who offer vaccinations in order to vaccinate our staff members and clients we serve
- Priority within young adults services for ages of 18 to 25 to integrate recovery support specialist positions into all of our young adults' services teams statewide. Will be rolling that out through the rest of this FY and FY23
- We continue to work on expanding our mobile crisis team services to eventually have the availability to be present to folks 24/7
- A priority focus this year on whatever we can do to support opioid addiction. There is a film that is available on our website called Uprooting Addiction you can watch at no cost

2. Department of Education - Scott Newgass

- The department has implemented a policy for screen and stay, a response to COVID exposure where students wouldn't be excluded from instruction because of exposure
- There have been some issues with its use with this new variant

- Schools are now being directed to fully close and reengage with remote learning contrary to the beginning of the school year's commitment to not go remote
 - Funds have been dedicated from the American Recovery Act to develop policies, programs and practices to assist homeless youth
 - We continue to develop plans for the pilot of six districts to work with the State Department of Education in establishing comprehensive mental health services within their districts
 - **Question:** Due to the shutdowns what is the department doing to address the scheduling PPTs and 504s that have been cancelled for students needing to be evaluated? **Answer:** We want to make sure that students that have special education supports continue to receive supports in the midst of evaluation. I would make sure that it's rescheduled as soon as possible and that you would identify specifically any additional needs that are emerging because of the isolation that's resulted.
 - **Question:** Does that mean that remote learning has been put back on the table? Is that part of the guidelines? **Answer:** Remote learning if you need to shut down your entire school or your entire district remote learning is the only alternative. The governor, the legislature and the department really want to do everything we can to ensure in person education, because we know that there are real benefits to the in person learning
 - **Question:** Can you clarify the guidance on snow days for online learning? **Answer:** There would have been schools that had to close because of infection rates, and they would have gone to remote however, a snow day is generally a cancelled day of instruction
 - **Question:** What's the protocol to the state board before they notify parents of when there is a two hour delay? **Answer:** There are occasion where the state is shutting down the state when the governor just, stay off the roads, etc. Generally happens the night before a storm is going to hit If things like freezing rain that isn't expected the decision for closing for snow is a local district management issue and they try to get the information out as soon as they can
 - **Question:** What is QPR training? **Answer:** Question Persuade, Refer it's a two hour training that helps people understand the needs of people suffering from emotional or psychological pressures in their lives
 - **Question:** Can you clarify in general policies for when students are testing positive for COVID and are symptomatic schools are still requiring them to do their schoolwork online and in need of SEL **Answer:** COVID has changed everything in the way we approach these issues around issues of attendance. We have to reach out harder for students in general in reference to SEL as I mentioned we're using the Devereaux system of student support to try and get a snapshot of where the individual and group are in social emotional learning
- 3. Department of Juvenile Justice Services – Barbara Lanza (no update)**
- 4. Department of Social Services – Rod Winstead**
- Department is dealing with workforce shortages related to increase retirement, job changes as well as COVID
 - Working on trying to increase the number of providers who accept Medicaid so that young people have a choice and have access to providers in all areas of the state
 - Also trying to increase the number of beds that are available so that children are not forced to remain in emergency departments for extended periods of time and we have several initiatives going on in support of that
- 5. Department of Children and Families – Bethany Zorba**
- The department has authorized all of our contractors to return back to phase two which is a virtual services and that is in place until the 14th, will be reassessing at that point
 - The other thing is that we are having a Racial Justice Summit on Monday. It's an all-day exercise for managers and directors at DCF. Will report on that next meeting And we hope to report out on that for you know, for that for our next meeting
- 6. Office of Early Childhood- (no update)**

Monthly Presentation- FAVOR, Inc. Programs (see PowerPoint attached)

- **Question:** Is the respite available through medical home for children or its for adults? **Answer:** Just for children/youth aged birth to 21 years of age in form of respite funding not in care respite care

Community Announcements

- There is now a link for the Regional Resource List that people can access by going to the connecting to care website at <https://www.connectingtocarect.org/support-services/> in order to share information for resources across the state
- One Word, One Voice, One Life resources were shared (see handouts)
- A comment was made that there is a need for a standard committee to work on issues surrounding eligibility problems for the people who have needs for certain services
- The Connecticut Keep The Promise Coalition has its monthly meetings every third Wednesday from 10 a.m. to 12 p.m. information posted in the chat and open to everyone
- The Connecticut Developmental Disabilities Council meeting is January 11 for more information contact email in chat for Claudette. The council's has put out a federal grant all organizations are encouraged to apply if you are serving marginalized populations with disabilities and that includes youth in care and out of care
- Clifford Beers. Embrace, Inc, New Haven it's a new initiative. All the information is in the chat. Please reach out if you are interested in a presentation on this for your organization
- The To Be Ready Project is a grassroots initiative in Torrington Northwest region, to support and empower youth and their families dealing with mental health and related issues through community collaboration. Contact Judy.
- Meeting adjourned at 11:56 a.m.

Next meeting: Friday, February 4th, 2022 at 10 a.m.

NOT FINAL

Consejo Asesor de Salud Conductual Infantil (CBHAC)

Acta – viernes 7 de enero de 2022

Asistencia: Nan Arnstein, Dr. M. Alan Geertsma, Abigail Pepin, Alexandrino Rivera, Amanda Knef, Amy Hilario, Andrea Salazar, Andrew Lavalley, Antonia Edwards, Antonio Thomas, Benita Toussaint, Bethany Zorba, Brenetta Henry, Briannali Rivera, Cameron Joyner, Carmen Teresa Rosario Carolina Serna, Carol Campbell, Carolyn Westerholm, Cindy Hernandez, Cindy Thomas, Claudette Kidd, Cory Herman, Daniela Giordano, Danielle Verderame, Darrin McCalla, De Popkin, Donald Vail, Doris Maldonado, Dorothy Cimmino, Jackie Cook, Jacquese Patterson, Jason O'Connor, Jean Alberghini, Jennifer Abbatemarco, Jennifer Foss, Jenny Bridges, Jo Hawke, Jon Jacaruso, Judith Eisenberg, Judy Kobylarz-Dillard, Jules Calabro, Keisha Martin Velez, Kristin Graham, L. Bolton, Latasha Thomas, Leslie Brown, Linda Menyfield, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Maguena Deslandes, Maria Luisa Feliciano, Melissa Kremmel, Michelle Leibovitz, Nancy Wiltse, Patricia Gaylord, Paul Guerrero, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Rod Winstead, Ronnie Vollano, Sabra Mayo, Sarah Kirchmann, Scott Newgass, Sebastian Spencer, Shannon Oskan, Solai Demorest, Stacey Kabasakalian, Stephen Jacobsen, Susan Rubino, Tania Santana, Tarsha Calloway, Taylor Ford, Tim Cunningham, Wanda Roman, Yolanda Stinson, Yvette Cortez, Zosh Flammia, and four phone numbers.

Bienvenida y presentaciones

- La asamblea comenzó a las 10:03 a. m.
- No había intérpretes disponibles, se hizo todo lo posible por contactarlos
- Se repasaron la misión y el propósito del CBHAC

Repaso de las áreas de prioridad para 2022

1. Integración de la atención primaria pediátrica y la atención de salud conductual
2. Disparidades y acceso a una atención adecuada a la cultura
3. Acceso a una completa variedad de servicios y apoyo

Actualizaciones de las agencias

1. DMHAS – Jenn Abbatemarco

- Con el aumento de los casos positivos de COVID, seguimos realizando una combinación de visitas en persona y por telesalud.
- Parte de los fondos de la Ley del Plan de Rescate Estadounidense se está usando para brindar apoyo a nuestra comunidad de proveedores al ampliar los equipos de protección personal o PPE, por sus siglas en inglés.
- Al distribuir mascarillas N95 y kits de pruebas para detección de la COVID19, tuvimos la suerte de poder conseguir algunos kits de pruebas para detección de la COVID 19 que también estamos repartiendo a los proveedores de la comunidad.

- Seguimos trabajando conjuntamente con el Departamento de Salud Pública y su furgoneta móvil que ofrece vacunas a fin de vacunar a los miembros de nuestro personal y los clientes a quienes brindamos servicios.
- Prioridad dentro de los servicios para adultos jóvenes de 18 a 25 años de edad a fin de integrar las situaciones de especialistas de apoyo en la recuperación en todos nuestros servicios para adultos jóvenes en todo el estado. Estaremos presentando eso durante el resto de este año fiscal y el año fiscal 2023.
- Seguimos trabajando en la ampliación de nuestros servicios del equipo móvil de respuesta ante crisis para eventualmente tener la disponibilidad para estar presentes para la gente las 24 horas del día, los 7 días de la semana.
- Un enfoque prioritario este año en lo que sea que podamos hacer para apoyar a quienes sufren la adicción a opioides. En nuestro sitio web hay disponible una película llamada Uprooting Addiction que se puede ver sin costo.

2. Departamento de Educación – Scott Newgass

- El departamento ha implementado una política de detección y permanencia (screen and stay), una respuesta a la exposición a la COVID que dispone que no se excluirá a los estudiantes de clases debido a exposición.
- Hubo algunos problemas con su uso con esta nueva variante.
- Ahora se les ordena a las escuelas que cierren por completo y retomen la educación a distancia, contrariamente al compromiso al inicio del año escolar de no tener clases virtuales.
- Se han destinado fondos de la Ley de Recuperación Estadounidense para desarrollar políticas, programas y prácticas para ayudar a los jóvenes sin hogar.
- Seguimos desarrollando planes para el programa piloto en el que seis distritos trabajarán con el Departamento Estatal de Educación para establecer servicios de salud mental integrales dentro de sus distritos.
- **Pregunta:** Debido a los cierres, ¿qué está haciendo el departamento para abordar la programación de las reuniones de PPT y 504 que fueron canceladas para los estudiantes que deben ser evaluados? **Respuesta:** queremos asegurarnos de que los estudiantes que tienen apoyos de educación especial sigan recibiendo apoyos en medio de la evaluación. Me aseguraría de que se reprograme lo antes posible y que ustedes identificaran específicamente cualquier necesidad adicional que surja debido al aislamiento al que se ha llegado.
- **Pregunta:** ¿Eso significa que la educación a distancia vuelve a estar sobre el tapete? ¿Eso es parte de las pautas? **Respuesta:** Si usted debe cerrar toda la escuela o todo el distrito, la educación a distancia es la única alternativa. El gobernador, la legislatura y el departamento realmente desean hacer todo lo posible para garantizar la educación presencial, ya que sabemos que existen beneficios reales de la educación presencial.
- **Pregunta:** ¿Podría aclarar la pauta sobre los días de nieve para la educación a distancia? **Respuesta:** Algunas escuelas tuvieron que cerrar debido a las tasas de infección, y habrían continuado con la educación a distancia, sin embargo, un día de nieve por lo general es un día de enseñanza que se cancela.
- **Pregunta:** ¿Cuál es el protocolo de la junta estatal antes de notificar a los padres cuando hay un retraso de dos horas? **Respuesta:** Existen ocasiones en las que el estado cierra cuando el gobernador recomienda mantenerse lejos de las carreteras, etc. Generalmente sucede la noche

antes de que azote una tormenta si va a caer aguanieve que no está prevista. La decisión de cerrar por nieve es un asunto de la dirección del distrito local y tratan de comunicar la información lo antes posible.

- **Pregunta:** ¿Qué es la capacitación QPR? **Respuesta:** son las siglas en inglés de Preguntar, persuadir, remitir; es una capacitación de dos horas que ayuda a los participantes a comprender las necesidades de las personas que sufren presiones emocionales o psicológicas en sus vidas.
- **Pregunta:** ¿Puede aclarar en políticas generales para cuando los estudiantes dan positivo en la prueba de detección de la COVID y son sintomáticos, las escuelas siguen exigiéndoles que hagan la tarea escolar en línea y necesitan SEL? **Respuesta:** La COVID ha cambiado todo en el modo en que abordamos estos asuntos sobre problemas de asistencia. Tenemos que llegar más a los estudiantes en general con respecto a SEL. Como mencioné, estamos usando el sistema Devereaux de apoyo a estudiantes para intentar y obtener un panorama de dónde están la persona y el grupo en la educación socioemocional.

3. Departamento de Servicios de Justicia de Menores – John Torello (sin actualizaciones)

4. Departamento de Servicios Sociales – Rod Winstead

- El departamento está enfrentando escasez de personal debido a una mayor cantidad de jubilaciones, cambios de trabajo como así también la COVID.
- Se está trabajando en tratar de incrementar la cantidad de proveedores que aceptan Medicaid a fin de que los jóvenes tengan una opción y tengan acceso a proveedores en todas las áreas del estado.
- También se está tratando de aumentar la cantidad de camas que están disponibles a fin de que los niños no se vean obligados a permanecer en departamentos de emergencia por períodos prolongados, y tenemos varias iniciativas en curso para apoyar eso.

5. Departamento de Niños y Familias – Bethany Zorba

- El departamento ha autorizado a todos nuestros contratistas a regresar a la fase dos, que es regresar a los servicios virtuales, y que estará vigente hasta el 14. Volveremos a evaluar en ese momento.
- El otro punto es que tendremos una conferencia sobre justicia racial el lunes. Es un ejercicio durante todo el día para gerentes y directores en el DCF. Informaré sobre eso en la próxima asamblea. Y esperamos informar sobre eso para que usted sepa, en nuestra próxima asamblea.

6. Oficina de la Primera Infancia (sin actualizaciones)

Presentación mensual – Programas de FAVOR, Inc. (consultar el PowerPoint adjunto)

- **Pregunta:** ¿Se dispone de cuidados de relevo a través de hogares médicos para niños o adultos? **Respuesta:** solo para niños/jóvenes de hasta 21 años de edad en la forma de fondos para cuidados de relevo, no en atención de alivio.

Anuncios de la comunidad

- Ahora hay un enlace para la Lista de recursos regionales a la que se puede acceder visitando el sitio web de Connecting to Care en <https://www.connectingtocarect.org/support-services/> para compartir información sobre recursos en todo el estado.
- Se compartieron recursos de One Word, One Voice, One Life (ver manuales).
- Se hizo un comentario de que hay una necesidad de un consejo estándar para que trabaje en asuntos sobre problemas de elegibilidad para personas que tienen necesidades de determinados servicios.
- La coalición Connecticut Keep the Promise Coalition tiene sus asambleas mensuales el tercer miércoles de cada mes de 10 a. m. a 12 p. m. La información se publica en el chat y está abierta al público.
- La asamblea del Consejo para las Discapacidades del Desarrollo de Connecticut es el 11 de enero. Para más información, comuníquese por correo electrónico o fax con Claudette. El consejo ofrece un subsidio federal y todas las organizaciones están invitadas a solicitarlo si prestan servicios en poblaciones marginales con discapacidades, y eso incluye jóvenes que están en los servicios de cuidado y fuera de los servicios de cuidado.
- Clifford beers. Embrace, Inc., New Haven es una nueva iniciativa. Toda la información está en el chat. Comuníquese si tiene interés en una presentación sobre esto para su organización.
- El proyecto To Be Ready Project es una iniciativa fundamental en la región noroeste de Torrington, para apoyar y empoderar a los jóvenes y sus familias que lidian con problemas de salud mental y asuntos relacionados a través de la colaboración comunitaria. Comuníquese con Judy.
- Se levantó la sesión a las 11:56 a. m.

Próxima asamblea: viernes 4 de febrero de 2022 a las 10 a. m.

NOTIFIED

**Children's Behavioral Health Advisory Committee (CBHAC)
Minutes – Friday, February 4th, 2022**

Attendance: Nan Arnstein, Gab Hall, Dr. M. Alan Geertsma, Dr. Alice Farrell, Abigail Pepin, Alexandrino Rivera, Amanda Knaf, Amy Hilario, Andrew Lavalley, Antonia Edwards, Antonio Thomas, Ashley McAuliffe, Benita Toussaint, Bethany Zorba, Brenetta Henry, Briannali Rivera, Callyn Priebe, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario, Carolyn Westerholm, Chlo-Anne Bobrowski, Christie Calloway, Cindy Hernandez, Cindy Thomas, C Williams, Daniela Giordano, Danielle Verderame, Darrin McCalla, Donald Vail, Doriana Vicedomini, Doris Maldonado Mendez, Dorothy Cimmino, Ellender Mathis, Erica Charles-Davy, Grace Grinnell, Jackie Cook, Jacquese Patterson, Jason O'Connor, Jean Alberghini, Jeana Bracey, Jennifer Abbatemerco, Jenny Bridges, Jo Hawke, Judith Eisenberg, Judy Kobylarz-Dillard, Jules Calabro, Keisha Martin Velez, Kelly Waterhouse, Kristin Graham, Latasha Thomas, Linda Bolton, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, Maguena Deslandes, Mai Kader, Maria Luisa Feliciano, Marshall Demorest, Michael Wynne, Michelle Leibovitz, Patricia Gaylord, Paul Guerrero, Paula Patton, Penny Lemery, Quiana Mayo, Quiana Peralta, Rebekah Behan, Rod Winstead, Ronnie Vollano, Sabra Mayo, Sam Galloway, Scott Newgass, Sebastian Spencer, Shemaine Holmes, Solai Demorest, Stephen Jacobsen, Susan Rubino, Tania Santana, Tanja Larsen, Tarsha Calloway, Taylor Ford, Tim Cunningham, Tim Marshall, Victoria O'Neill, Wanda Roman, Xavier Williams, Yolanda Stinson, Zosh Flammia, and three phone numbers.

Welcome and Introductions

- Meeting began at 10:02 a.m.
- **Question:** Do we have closed captioning or ASL provided for this meeting? **Answer:** Not at the moment but will be considered for future meetings.
- Mission and purpose of CBHAC was reviewed

Review of 2022 Priority Areas

1. Pediatric primary care and behavioral health care integration
2. Disparities and access to cultural appropriate care
3. Access to comprehensive array of services and support

Agency Updates

1. DMHAS - Jenn Abbatemarco

- New Deputy Commissioner as of January 14, Coleen Harrington was appointed by our interim Commissioner Nancy
- Within young adult services, so those are really our services that serve young people between the ages of 18 and 25. We continue to add recovery support specialist positions to all of our young adult services state operated teams. We are also supporting our private nonprofit providers in including recovery support specialist positions, and those are people with lived experience.
- This year some caseload growth so within young adult services we are expanding our residential capacity for young people. Increasing our capacity over next fiscal year by 15 to 20 beds. There will be a particular focus on serving young people who are experiencing mental health issues & who had histories of trauma in alignment with that expansion
- We are beginning to train clinicians across our young adult services teams throughout Connecticut in an evidence based trauma treatment model called Cognitive Restructuring for post-traumatic stress disorder or CR for PTSD
- Funds from the American rescue plan Act are continuing to be used to expand our mobile crisis services and capability and we're phasing in 24 hour seven day a week availability for those teams statewide

- Also in process of augmenting telehealth services for individuals so that they have access to clinical providers. They can access virtual online recovery centered supports because in the department
- Getting ready for year three of our Healthy Transitions grant through SAMSA, which is the Substance Abuse and Mental Health Services Administration. So if anyone here today has a young person between the ages of 16 and 25, who lives in the New Britain area, or in the East Hartford area who may need some mental health support and services, please let me know and I would be happy to help connect you with our team either CMHA Community Mental Health affiliates or inner Community Mental Health First services

2. Department of Education - Scott Newgass

- Introduced new Bureau chief for health services for State Department of Education Chlo-Anne Bobrowski
- American Recovery Act - the State Department of Education has identified those funds to initiate a pilot within six districts. Two rural, two suburban and two urban districts
- Going to start off by doing an evaluation of their own system, resources, strengths and service gaps. Then going to develop individualized plans for developing comprehensive mental health services
- Inspired by the work of Project AWARE here in the state of Connecticut. So SHAPE is part of that and a couple of other things that will come along with it
- The Devereaux system of Student Assessment, AKA DESA is part of that which is a social emotional assessment to just get a snapshot of where young people are at in their ability to come back out of that at all this isolation and reintegrate with folks
- Also trying to develop expanded knowledge to address the needs among adults' staff within the district. So we're looking at developing not only QPR, question Persuade, Refer, training for staff but we want to develop train trainers in that skill set as well
- Question: Can you tell us specifically what those six districts are? I know there's to suburban to urban to rural, can you give me the district? Chaplin with New Hartford, those are our two rurals. We have Manchester and we have Norwalk. Can't recall the other two urbans

Department of Juvenile Justice Services – Carmen Hernandez

- We are in the process of reviewing our credible messenger RFP that's already closed
- Vocational Services RFP- We just did the pre bid conference and that will be closing sometime in March
- Educational support services RFP still out
- Starting to plan for summer programming so that we can then connect our youth to either employment or vocational opportunities
- If you are a community agency and would hire our kids, please reach out and I will direct you to who is the contact

3. Department of Social Services – Rod Winstead

- That public health emergency has been extended now goes through mid April
- Federal government has put some things in place, in terms of changing eligibility, etc, they are going to give us up to 12 months to change all of those things
- We did implement a behavioral health 4% rate increase for behavioral health providers.
- An ambulance rate increase was implemented due to the Chronic Disease hospital rate increase that went into effect
- Launching a community violence prevention program where those services will be covered by Medicaid and will be reimbursable through Medicaid
- Several initiatives such as the one to increase the number of beds. Now we do have an additional 17 pediatric psychiatric and we want to continue that trend
- The Department of Social Services has launched a new application that's designed for families and individuals eligible for our agencies, food, health care, and other services through the department. APP is called My DSS (link in the chat) is accessible through mobile phones, laptops, tablets, other computers and it lets DSS members, check on their eligibility

status, monthly benefit amounts, view any notices, report changes such as change of address and handle other transactions through their mobile devices and computers

- **Question:** Can you tell us whether the April extension will include telehealth? **Answer:** Telehealth was implemented prior to the public health emergency

Department of Children and Families – Tim Marshall

- Short legislative session starts Wednesday with a tremendous amount of interest and focus on mental health across the entire lifespan, but also specifically on the children's mental health
- DCF has been involved with in terms of additional support to children and families is similar to the adult mobile crisis system
- DCF just completed the opportunity to expand the overnight hours and weekend coverage of the mobile crisis for children
- Looking to expedite those contracts but there's still backlogs in multiple places to process contracts just because of the overwhelming amount
- Introduction of Bethany Zorba, replacing Mary Cummings vacancy

Office of Early Childhood- updates made during presentation

Monthly Presentation- Office of Early Childhood presentation by Ashley McAuliffe, Director of Family Support (see presentation slides)

- **Question:** Are family providers that live doing childcare, home daycare, the only ones that are exempt from the licensing process? **Answer:** Immediate family members, aunts, uncles, grandparents but once you get to the cousins that is the point where you need to have a license to operate a family childcare. Other exemption from licensing is if you are just providing before and after school care that doesn't exceed three hours
- **Question:** If universal home visiting has been delayed due to COVID and if the child is already going to be three if they have not yet received services what is going to happen? **Answer:** If a child is enrolled in the Birth to Three program, they are getting the most beneficial services for that child. Birth to three is an entitlement program and it doesn't matter if you are on state or not
- **Question:** Who regulates the in home rate for childcare costs? Currently the \$250 is a lot for working parents who do not qualify for benefits. **Answer:** Unfortunately, the rate setting is not anything that is regulated by the state. It is regulated specific to each individual program. They can charge what they want.
- **Question:** What education and training resources are provided to fathers and in what languages are you providing that? How are DCF nurses updated and kept current with these initiatives? **Answer:** We do contract actually with CTA and we do offer quite a few opportunities for individuals to become endorsed in infant mental health either first, second, third, fourth level. Number two, the birth to three providers are contracted by trained education, so if they're a speech and language pathologist, if they are a physical therapist, they come to Birth to three with those specialties and their degrees and those are required in order to provide those types of services. As far as continuing education, we offer some trainings through a VC but the majority are done through the lead or through their agency
- **Question:** Do these workers go into visit expectant mothers and do they go to the home in the birth to three category as well? **Answer:** Yes. We have a couple of different models that do prenatal so they can enroll into home visiting while they're pregnant. That would be parents as teachers actually all the models will do that. But Nurse Family Partnership is the only model that is required to have you enroll prenatally and you cannot enroll once that child is born

Community Announcements

See Slides

Next CBHAC Meeting Friday, March 4th, 2022 at 10 a.m.

Comité Asesor de Salud Conductual Infantil (CBHAC)
Minutas: viernes 4 de febrero de 2022

Asistencia: Nan Arnstein, Gab Hall, Dr. M. Alan Geertsma, Dr. Alice Farrell, Abigail Pepin, Alexandrino Rivera, Amanda Knaf, Amy Hilario, Andrew Lavalley, Antonia Edwards, Antonio Thomas, Ashley McAuliffe, Benita Toussaint, Bethany Zorba, Brenetta Henry, Briannali Rivera, Callyn Priebe, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario, Carolyn Westerholm, Chlo-Anne Bobrowski, Christie Calloway, Cindy Hernandez, Cindy Thomas, C Williams, Daniela Giordano, Danielle Verderame, Darrin McCalla, Donald Vail, Doriana Vicedomini, Doris Maldonado Mendez, Dorothy Cimmino, Ellender Mathis, Erica Charles-Davy, Grace Grinnell, Jackie Cook, Jacquese Patterson, Jason O'Connor, Jean Alberghini, Jeana Bracey, Jennifer Abbatemerco, Jenny Bridges, Jo Hawke, Judith Eisenberg, Judy Kobylarz-Dillard, Jules Calabro, Keisha Martin Velez, Kelly Waterhouse, Kristin Graham, Latasha Thomas, Linda Bolton, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, Maguena Deslandes, Mai Kader, Maria Luisa Feliciano, Marshall Demorest, Michael Wynne, Michelle Leibovitz, Patricia Gaylord, Paul Guerrero, Paula Patton, Penny Lemery, Quiana Mayo, Quiana Peralta, Rebekah Behan, Rod Winstead, Ronnie Vollano, Sabra Mayo, Sam Galloway, Scott Newgass, Sebastian Spencer, Shemaine Holmes, Solai Demorest, Stephen Jacobsen, Susan Rubino, Tania Santana, Tanja Larsen, Tarsha Calloway, Taylor Ford, Tim Cunningham, Tim Marshall, Victoria O'Neill, Wanda Roman, Xavier Williams, Yolanda Stinson, Zosh Flammia, and three phone numbers.

Bienvenida y presentaciones

- La reunión comenzó a las 10:02 a.m.
- **Pregunta:** ¿Tenemos subtítulos para sordos o interpretación de ASL (lenguaje de señas estadounidense) para esta reunión? **Respuesta:** No por el momento, pero se tendrá en cuenta para futuras reuniones.
- Se revisaron la misión y el propósito del CBHAC

Revisión de las áreas prioritarias de 2022

1. Integración de la atención primaria pediátrica y la atención de la salud conductual
2. Desigualdades y acceso a la atención culturalmente apropiada
3. Acceso a una disposición integral de servicios y apoyos

Actualizaciones de las agencias

1. Departamento de Servicios para la Salud Mental y la Adicción (DMHAS, por sus siglas en inglés) - Jenn Abbatemarco

- Nueva comisionada adjunta con efecto el 14 de enero, Coleen Harrington fue nombrada por nuestra comisionada interina Nancy
- Dentro de los servicios para adultos jóvenes, esos son realmente nuestros servicios que atienden a jóvenes entre 18 y 25 años. Continuamos agregando puestos de especialistas en apoyo de recuperación a todos nuestros equipos estatales de servicios para adultos jóvenes. También estamos apoyando a nuestros proveedores privados sin fines de lucro para que incluyan puestos de especialistas en apoyo de recuperación, y esas son personas con experiencia vivida.
- Este año hubo un crecimiento en el número de casos, por lo que dentro de los servicios para adultos jóvenes estamos ampliando nuestra capacidad residencial para jóvenes. Aumentar nuestra capacidad durante el próximo año fiscal de 15 a 20 camas. En consonancia con esa expansión, habrá un enfoque particular en atender a los jóvenes que están experimentando problemas de salud mental y que tienen antecedentes de trauma.
- Estamos comenzando a capacitar a los médicos de nuestros equipos de servicios para adultos jóvenes en todo Connecticut en un modelo de tratamiento de trauma basado en evidencia llamado Reestructuración cognitiva para el trastorno de estrés postraumático o CR para el PTSD.

- Los fondos de la Ley del Plan de Rescate Estadounidense continúan usándose para expandir nuestra capacidad y servicios móviles de crisis, y estamos incorporando gradualmente disponibilidad las 24 horas, los siete días de la semana para esos equipos en todo el estado.
- También en proceso de aumentar los servicios de telesalud para personas individuales para que tengan acceso a proveedores clínicos. Pueden acceder en línea a soportes virtuales centrados en la recuperación porque en el departamento [sic]
- Preparándonos para el tercer año de nuestra subvención Healthy Transitions (Transiciones Saludables) a través de SAMSA, que es la Administración de Servicios de Salud Mental y Abuso de Sustancias. Entonces, si alguien aquí hoy tiene un joven entre las edades de 16 y 25 años, que vive en el área de New Britain o en el área de East Hartford que pueda necesitar algún apoyo y servicios de salud mental, háganmelo saber y con gusto para ayudarlo a conectarse con nuestro equipo, ya sea con afiliados de CMHA Community Mental Health o servicios internos de Community Mental Health First

2. Departamento de Educación - Scott Newgass

- Se presentó al nuevo jefe de la Oficina de servicios de salud del Departamento de Educación del Estado Chlo-Anne Bobrowski
- Ley de Recuperación Estadounidense: el Departamento de Educación del Estado ha identificado esos fondos para iniciar una prueba piloto en seis distritos. Dos distritos rurales, dos suburbanos y dos urbanos
- Comenzarán haciendo una evaluación de su propio sistema, recursos, fortalezas y brechas de servicio. Luego se va a desarrollar planes individualizados para el desarrollo de servicios integrales de salud mental
- Inspirado por el trabajo de Project AWARE (Proyecto CONSCIENCIA) aquí en el estado de Connecticut. Así que SHAPE es parte de eso y un par de otras cosas que lo acompañarán.
- El sistema Devereaux de evaluación de estudiantes, también conocido como DESA, es parte de lo que es una evaluación socioemocional para obtener una instantánea de dónde se encuentran los jóvenes en su capacidad para salir de todo este aislamiento y reintegrarse con los demás.
- También tratando de desarrollar un conocimiento ampliado para abordar las necesidades entre el personal de adultos dentro del distrito. Por lo tanto, estamos buscando desarrollar no solo QPR: Preguntar, Persuadir, Derivar, capacitar al personal, sino que también queremos desarrollar capacitadores en ese conjunto de habilidades.
- Pregunta: ¿Puede decirnos específicamente cuáles son esos seis distritos? Sé que hay de suburbano a urbano a rural, ¿puede darme el distrito? Chaplin con New Hartford, esos son nuestros dos rurales. Tenemos Manchester y tenemos Norwalk. No recuerdo ahora los otros dos urbanos.

Departamento de Servicios de Justicia de Menores - Carmen Hernández

- Estamos en el proceso de revisar nuestra solicitud para propuestas (RFP, por sus siglas en inglés) de mensajería creíble que ya está cerrada
- La solicitud para propuestas (RFP, por sus siglas en inglés) de servicios vocacionales: acabamos de hacer la conferencia previa a la oferta y se cerrará en algún momento de marzo
- ESP (servicios de apoyo educativo) todavía pendientes
- Comenzar a planificar la programación de verano para que luego podamos conectar a nuestros jóvenes con oportunidades laborales o vocacionales.
- Si usted es una agencia comunitaria y contrataría a nuestros chicos, comuníquese y le dirigiré al contacto.

3. Departamento de Servicios Sociales – Rod Winstead

- Que la emergencia de salud pública se ha extendido, ahora va hasta mediados de abril
- El gobierno federal ha implementado algunas cosas, en términos de cambiar la elegibilidad, etc., nos van a dar hasta 12 meses para cambiar todas esas cosas.
- Implementamos un aumento de la tasa de salud conductual del 4% para los proveedores de salud conductual.
- Se implementó un aumento de la tarifa de ambulancia debido al aumento de la tarifa hospitalaria de Enfermedades Crónicas que entró en vigencia

- Lanzamiento de un programa comunitario de prevención de la violencia donde esos servicios estarán cubiertos por Medicaid y serán reembolsables a través de Medicaid
- Varias iniciativas como la de aumentar el número de camas. Ahora tenemos 17 psiquiátricos pediátricos adicionales y queremos continuar con esa tendencia.
- El Departamento de Servicios Sociales ha lanzado una nueva solicitud que está diseñada para familias y personas individuales elegibles para nuestras agencias, alimentos, atención médica y otros servicios a través del departamento. Se puede acceder a la aplicación My DSS (enlace en el chat) a través de teléfonos móviles, computadoras portátiles, tabletas, otras computadoras y permite a los miembros de DSS verificar su estado de elegibilidad, montos de beneficios mensuales, ver avisos, informar cambios como cambio de dirección y manejar otras transacciones a través de sus dispositivos móviles y computadoras
- **Pregunta:** ¿Puede decirnos si la extensión de abril incluirá telesalud? **Respuesta:** La telesalud se implementó antes de la emergencia de salud pública

Departamento de Niños y Familias - Tim Marshall

- La breve sesión legislativa comienza el miércoles con una gran cantidad de interés y enfoque en la salud mental a lo largo de toda la vida, pero también específicamente en la salud mental de los niños
- El DCF ha estado involucrado en términos de apoyo adicional para niños y familias es similar al sistema de crisis móvil para adultos
- El DCF acaba de completar la oportunidad de ampliar el horario nocturno y la cobertura de fin de semana de la crisis móvil para niños
- Se busca acelerar esos contratos, pero todavía hay retrasos en varios lugares para procesar contratos solo por la abrumadora cantidad
- Presentación de Bethany Zorba, que reemplaza la vacante de Mary Cummings

Oficina de la Primera Infancia: actualizaciones realizadas durante la presentación

Presentación mensual: presentación de la Oficina de la Primera Infancia por Ashley McAuliffe, directora de Apoyo Familiar (ver diapositivas de la presentación)

- **Pregunta:** ¿Son los proveedores familiares que viven dedicados al cuidado infantil, cuidado infantil en el hogar, los únicos que están exentos del proceso de licenciamiento? **Respuesta:** Los miembros de la familia inmediata, tías, tíos, abuelos, abuelos, pero una vez que se llega a los primos, ese es el punto en el que se necesita tener una licencia para operar una guardería familiar. Otra exención de la licencia es si solo se brinda cuidado antes y después de la escuela que no exceda las tres horas.
- **Pregunta:** Si la visita domiciliaria universal se ha retrasado por el COVID y si el niño ya va a cumplir tres años si aún no ha recibido los servicios, ¿qué va a pasar? **Respuesta:** Si un niño está inscrito en el programa Birth to Three (Del nacimiento a los tres años), está recibiendo los servicios más beneficiosos para ese niño. Birth to three es un programa de derecho y no importa si se está en el estado o no
- **Pregunta:** ¿Quién regula la tarifa domiciliaria para los gastos del cuidado infantil? Actualmente, \$250 es mucho para los padres que trabajan y que no califican para los beneficios. **Respuesta:** Desafortunadamente, la fijación de tarifas no es algo que esté regulado por el estado. Se regula específicamente para cada programa individual. Pueden cobrar lo que quieran.
- **Pregunta:** ¿Qué recursos de educación y capacitación se brindan a los padres y en qué idiomas se brindan? ¿Cómo se actualizan y mantienen actualizadas las enfermeras del DCF con estas iniciativas? **Respuesta:** De hecho, tenemos contrato con CTA y ofrecemos bastantes oportunidades para que las personas se certifiquen en salud mental infantil, ya sea de primer, segundo, tercer o cuarto nivel. Número dos, los proveedores de Birth to Three

están contratados por educación capacitada, por lo que si son patólogos del habla y del lenguaje, si son fisioterapeutas, vienen a Birth to Three con esas especialidades y sus títulos exigidos para proporcionar ese tipo de servicios. En cuanto a la educación continua, ofrecemos algunas capacitaciones a través de un VC, pero la mayoría se realiza a través del líder o a través de su agencia.

- **Pregunta:** ¿Estos trabajadores van a visitar a las madres embarazadas y también van al hogar en la categoría de nacimiento a los tres años? **Respuesta:** Sí. Tenemos un par de modelos diferentes que se dedican a prenatal para que puedan inscribirse en visitas domiciliarias mientras están embarazadas. Eso sería padres como maestros, en realidad todos los modelos harán eso. Pero Nurse Family Partnership (Colaboración de enfermeras con las familias) es el único modelo que se requiere para que usted se inscriba antes del nacimiento, y no puede inscribirse una vez que nazca el niño.

Anuncios a la comunidad

Ver las diapositivas

Próxima reunión de CBHAC el 4 de marzo de 2022 a las 10 a.m.

NOT FINAL

**Children's Behavioral Health Advisory Committee (CBHAC)
Minutes – Friday, March 4th, 2022**

Attendance: Alexandrino Rivera, Alice Farrell, Amy Hilario, Antonio Thomas, April Mayo, Benita Toussaint, Beth Garrigan, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Carlos Blanco, Carmen Hernandez, Carmen Teresa, Carol Campbell, Carolyn Westerholm, Christie Calloway, Cindy, Cindy Hernandez, Claudette Kidd, Crystal Williams, Daniela Giordano, De Popkin, Donald Vail, Donyale Pina, Doriana Vicedomini, Dorothy Cimmino, Drew Lavalley, Ellender Mathis, Elsa, Erica Aldieri, Gabrielle Hall, Glory T, Graciela Davila, Ivette Diana, Jacquese C. Patterson, Jean Alberghini, Jennifer Abbatemarco, Jenny Bridges, Jessica Sanner, Jo Hawke, Jules Calabro, Julie DeMarco, Karen Delane, Kate Eikel, Keisha Martin- Velez, Kelly Waterhouse, Kristin Graham, Latasha Thomas, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, M. Alex Geertsma, Maguena Deslandes, Mai Kader, Maria Feliciano, Maureen O'Neil Davis, Melissa Kremmel, Michael Wynne, Michelle Leibovitz, Mora Zenaida, Ms. Caldwell, Nan Arnstein, Paul Guerrero, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Roderick Winstead, Ronnie Vollano, Sabra Mayo, Samantha Inniss, Sandra Rivera, Sebastian Spencer, Scott Newgass, Shi-maine Holmes, Solai Demorest, Stephanie Bozak, Stephanie Springer, Stephen Jacobsen, Susan Rubino, Tania Santana, Tanja Larsen, Tarsha Calloway., Tim Cunningham, Tim Marshall, Tomisha, Tyrone Calloway, Victoria Giordano, Victoria O'Neil, Wanda Roman, Yolanda L. Stinson, Yvette Cortez, Xavier Williams, and three phone numbers

Welcome and Introductions

- Meeting began at 10:02 a.m.
- CBHAC purpose and mission were reviewed

Review of 2022 Priority Areas

1. Pediatric primary care and behavioral health care integration
2. Disparities and access to cultural appropriate care
3. Access to comprehensive array of services and support

Agency Updates

1. **DMHAS** - Jenn Abbatemarco
 - Earlier this week, Nancy Navaretta was officially appointed to the Commissioner position. Her Deputy Commissioner Harrington was appointed last month
 - Agency continues to prioritize statewide efforts to respond to the opioid crisis
 - Helpful resources on state agency website and SAMHSA to support speaking to youth about prevention
 - **Question:** What are appropriate transitional plans in relation to homelessness rates being so high? **Answer:** Young Adult Division is the step down program for youth that are coming out of recovery facilities and Jenn can be available to help any youth link to services
 - **Question:** Is there more Narcan being funneled to organizations like Amplify to distribute at community trainings? **Answer:** Narcan is a priority and Luisa Barnett is the contact person for that area.
2. **Department of Education** - Scott Newgass
 - Charlene Russell Tucker is the new commissioner. Commissioner Russell Tucker has always been a big proponent of student support services
 - First meeting with the six district representatives of the mental health pilot program took place to determine whether or not we can assist districts in developing comprehensive mental health supports in collaboration with community services
 - The department last month sent out a survey to every district and educational agency, including charters and private schools, in relation to the opioid crisis.

- A survey on use of and access to Naloxone, which is the generic Narcan, got about 85% responses from the districts and other educational agencies
 - Plan to review where schools store Narcan, how they're accessing, who's been trained, all the essential information to ensure that if there is an overdose on campus, schools have the capacity to respond
3. **Department of Juvenile Justice Services** – Carmen Hernandez (**present but reported no update**)
 4. **Department of Social Services** – Rod Winstead
 - Department's new Medicaid director William Wilson is scheduled to begin on April 8
 - Bill Halsey, who has been interim in that position, in addition to his own role, will be elevated to the position of Deputy Medicaid director and health services director
 - Lots of legislation coming that will start some additional behavior health programs for both children and adults
 - Denise Alors has joined the team and is overseeing the Behavioral Health Partnership contract, in addition to substance use disorder and other behavioral health services work as well
 - No firm date in terms of an ending for the federal public health emergency. 60 days' notice to let people know so providers will have sufficient time to adjust as needed.
 - Telehealth as an option continues but we have been informed by some providers that certain services are not conducive to telehealth so there will be changes
 - **Question:** Are providers paid differently for telehealth services than for in person services? **Answer:** Same rate. The Centers for Medicare Medicaid Services don't allow a difference.
 - **Question:** Is there anything that regulates or any kind of rules around who provides telehealth vs in-person? **Answer:** I'm not aware of anything that would force a provider to use telehealth
 - **Question:** Are you aware of any backlog in reviewing applications or redeterminations for health insurance? **Answer:** Not aware of any backlog but I can help with individual cases if someone wants to reach out
 5. **Department of Children and Families** - Tim Marshall
 - Tim Marshall will be retiring from State service in May 2022
 - Everyone wished him well and asked he continue to attend CBHAC if possible
 6. **Office of Early Childhood- no update-** Scott Newgass commented that early childhood programs are having difficulty with staffing due to the low pay wages in the field. Early childhood centers require talent, training and education. Scott encouraged advocacy on behalf of young children in early childhood settings.

Monthly Presentation- Access Mental Health w/ Beacon Health Options by Beth Garrigan

(see PowerPoint slides)

- **Question:** Is the program also linked to schools because sometimes nurses at school have some questions and need help with assessments? **Answer:** Having conversations with Department of Children and Families on ways to expand the program to include support to the school-based health centers and the nurses within the school system. Reminder that consultative services are specific to treating pediatricians and questions related to behavioral health and medication management.
- **Question:** Are all PCPs statewide that access HUSKY under Medicaid services aware of this service? And Mobile Crisis? **Answer:** Yes, we are in year eight of the program and it's available to all pediatricians and family physicians who are providing primary care to kids across the state regardless of insurance. The mobile crisis services, our team so the three hub teams, Yale, Wheeler and Hartford, work closely with various partners to provide education and support

Community Announcements

- Resource pages/information shared with group on Regional Resource lists, <https://www.connectingtocarect.org/> , NAMI, FAVOR. Emphasis on participants bringing the information back to their local system of care/community collaboratives
- This practice ties into the number one priority for CBHAC
- Comment made that resource lists did not include grassroots organizations. Example: Caribbean families leaving hospital with resource list that did not include smaller organizations that are know to engage and work well with Caribbean population. It was explained that the resource guide was developed in response to legislation to be a no wrong door access where any family can enter and get the access to care or appropriate referral to resources they need. Suggestion to work with community locally (collaboratives, Network of Care, etc) to modify and expand lists as necessary.
- Comment made regarding 211 with issues such as long wait times on phone, no call back and lack of resources for families when they call no one calls them back
- Mrs. Benita Toussaint announce she will be honored in April at an event and if anyone wants to attend, she can be contacted for details.
- FAVOR Learning and Leadership Academy is hosting two trainings this month March 9th is the Support Group Facilitation and Financial Planning and March 24th is the What's Your Story? Workshop for youth. Spanish interpretation is available if indicating at registration. Info in the chat or at <http://www.favor-ct.org/events/>
- Comment made to consider that CBHAC meetings be recorded for families that are not able to attend the 10 am time. It will be considered.
- Families Forward Advocacy, Connecticut service communities, adaptive families and parents raising kids with complex trauma histories has a website, where families can access trainings and a parent support group that meets twice a month. On 2nd Monday of the month at 12 p.m. and the 4th Monday of the month at 6:30pm <https://familyforwardadvocacyct.com/who-we-are>
- Event taking place for Ukraine family at the Ukrainian club on Wethersfield. They are accepting donations for families and children

Next meeting: April 1st, 2022

Meeting adjourned at 11:48 a.m.

NOT FINAL

Comité Asesor de Salud Conductual Infantil (CBHAC)
Acta: viernes 4 de marzo de 2022

Asistencia: Alexandrino Rivera, Alice Farrell, Amy Hilario, Antonio Thomas, April Mayo, Benita Toussaint, Beth Garrigan, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Carlos Blanco, Carmen Hernandez, Carmen Teresa, Carol Campbell, Carolyn Westerholm, Christie Calloway, Cindy, Cindy Hernandez, Claudette Kidd, Crystal Williams, Daniela Giordano, De Popkin, Donald Vail, Donyale Pina, Doriana Vicedomini, Dorothy Cimmino, Drew Lavalley, Ellender Mathis, Elsa, Erica Aldieri, Gabrielle Hall, Glory T, Graciela Davila, Ivette Diana, Jacquese C. Patterson, Jean Alberghini, Jennifer Abbatemarco, Jenny Bridges, Jessica Sanner, Jo Hawke, Jules Calabro, Julie DeMarco, Karen Delane, Kate Eikel, Keisha Martin- Velez, Kelly Waterhouse, Kristin Graham, Latasha Thomas, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, M. Alex Geertsma, Maguena Deslandes, Mai Kader, Maria Feliciano, Maureen O'Neil Davis, Melissa Kremmel, Michael Wynne, Michelle Leibovitz, Mora Zenaida, Ms. Caldwell, Nan Arnstein, Paul Guerrero, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Roderick Winstead, Ronnie Vollano, Sabra Mayo, Samantha Inniss, Sandra Rivera, Sebastian Spencer, Scott Newgass, Shi-maine Holmes, Solai Demorest, Stephanie Bozak, Stephanie Springer, Stephen Jacobsen, Susan Rubino, Tania Santana, Tanja Larsen, Tarsha Calloway., Tim Cunningham, Tim Marshall, Tomisha, Tyrone Calloway, Victoria Giordano, Victoria O'Neil, Wanda Roman, Yolanda L. Stinson, Yvette Cortez, Xavier Williams, and three phone numbers

Bienvenida y presentaciones

- La reunión comenzó a las 10:02 a. m.
- Se revisaron el propósito y la misión del Comité Asesor de Salud Conductual Infantil (CBHAC).

Revisión de las áreas prioritarias de 2022

1. Integración de la atención primaria pediátrica y la atención de la salud conductual
2. Desigualdades y acceso a la atención culturalmente apropiada
3. Acceso a una disposición integral de servicios y apoyos

Actualizaciones de las agencias

1. **Departamento de Servicios para la Salud Mental y la Adicción (DMHAS)** - Jenn Abbatemarco
 - Más temprano esta semana, se nombró a una comisionada interina, Nancy, para el puesto de Comisionada. El mes pasado se nombró a su Comisionado adjunto, Harrington.
 - La agencia sigue priorizando los esfuerzos estatales para responder a la crisis de los opiáceos.
 - Recursos útiles en el sitio web de la agencia estatal para ayudar a que las personas comiencen a hablar con los jóvenes.
 - La SAMSHA también cuenta con recursos y herramientas para hablar con los jóvenes sobre prevención.
 - **Pregunta:** ¿Cuáles son planes adecuados implementados para ellos dado que las tasas de indigencia son tan altas? **Respuesta:** La División para Jóvenes Adultos es el programa de reducción gradual para jóvenes que salen de centros de recuperación y Jenn y puede estar disponible para ayudar a vincular a los jóvenes a los servicios.
 - **Pregunta:** ¿Se está canalizando más Narcan a, por ejemplo, Amplify de forma que esté disponible cuando haya capacitaciones comunitarias? **Respuesta:** Narcan es una prioridad y Luisa Barnett es la persona de contacto para esa área.
2. **Departamento de Educación** - Scott Newgass
 - Charlene Russell Tucker es la nueva comisionada. Esas son realmente buenas noticias para nosotros ya que la Comisionada Russel Tucker siempre ha estado muy a favor de los servicios de apoyo a los estudiantes.

- La primera reunión con los seis representantes del distrito del programa piloto de salud mental se realizó para determinar si podemos o no asistir a los distritos en el desarrollo de apoyos integrales para la salud mental en colaboración con servicios comunitarios.
 - El problema entorno a los opiáceos y las sobredosis por opiáceos que desafortunadamente enfrentamos en el estado; el mes pasado, el Departamento envió una encuesta a cada distrito y agencia educativa incluyendo escuelas chárter y privadas.
 - Una encuesta sobre el uso y el acceso a naloxona, que es el genérico de Narcan, obtuvo alrededor de 85 % de respuestas de los distritos y otras agencias educativas.
 - Observaremos dónde lo guardan, cómo obtienen acceso, a quiénes se capacita, toda la información esencial para garantizar que, si hay una sobredosis en el campus, las escuelas tengan la capacidad de responder.
3. **Departamento de Servicios de Justicia de Menores - Carmen Hernández (presente pero no comunicó actualizaciones)**
 4. **Departamento de Servicios Sociales – Rod Winstead**
 - Está programado que el nuevo director de Medicaid del Departamento comience el 8 de abril.
 - Bill Halsey, que ha sido interno en ese puesto, además de su propia función, ascenderá al puesto de director adjunto de Medicaid y director de servicios de salud.
 - Hay mucha legislación nueva que comenzará algunos programas de salud conductual adicionales tanto para niños como para adultos.
 - Denise Alors se ha unido a nuestro equipo y supervisa el contrato de colaboración de salud mental, además de servicios para trastorno por abuso de sustancias y de salud conductual.
 - No hay una fecha firme en términos de la finalización de la emergencia federal de salud pública. Aviso con 60 días de anticipación para informar a la gente, de forma que los proveedores tengan tiempo suficiente después de enterarse de que la emergencia ha terminado.
 - La telesalud como opción se mantiene, pero algunos proveedores nos han informado que ciertos servicios no son pertinentes para la telesalud, por lo que habrá cambios.
 - **Pregunta:** ¿Se paga a los proveedores diferente por servicios de telesalud que por servicios en persona? **Respuesta:** No. Los Centros para Servicios de Medicare y Medicaid no nos permiten pagar una diferencia.
 - **Pregunta:** ¿Hay regulaciones o reglas entorno a quién presta servicios de telesalud versus en persona? **Respuesta:** No estoy al tanto de nada que obligue a un proveedor a usar telesalud.
 - **Pregunta:** ¿Está al tanto de atrasados en la revisión de solicitudes o redeterminaciones de seguros de salud? **Respuesta:** No estoy al tanto de que hayan retrasos pero puedo ayudar con casos individuales si alguien quiere contactarme.
 5. **Departamento de Niños y Familias - Tim Marshall**
 - Tim Marshall se jubilará del servicio estatal en mayo de 2022.
 - Todos le desearon lo mejor y él pidió para seguir asistiendo al CBHAC de ser posible.
 6. **Oficina para la Primera Infancia:** sin actualizaciones; se hizo el comentario de que muchos programas para la primera infancia tienen dificultades con la dotación de personal. Debido a los bajos salarios en los centros para la primera infancia. Los centros para la primera infancia necesitan talento, capacitación y educación. Si tienen la oportunidad de promover en nombre de los niños pequeños en ámbitos de primera infancia, recuerden que también necesitan voces.

Presentación mensual: acceso a salud mental con opciones de Beacon Health por Beth Garrigan

(vea las diapositivas de PowerPoint)

- **Pregunta:** ¿Está el programa vinculado también a escuelas? Porque a veces los enfermeros en las escuelas tienen preguntas y necesitan ayuda con las evaluaciones. **Respuesta:** Mantener conversaciones con el Departamento de Niños y Familias sobre formas de ampliar el programa para

que incluya apoyo a los centros de salud escolares y los enfermeros dentro del sistema escolar. En este momento no está disponible, pero definitivamente es algo que promoveremos.

- **Pregunta:** ¿Están todos los PCP del estado que acceden a HUSKY conforme a los servicios de Medicaid al tanto de este servicio? ¿Y de los servicios para crisis móviles? Respuesta: Sí, estamos en el octavo año del programa y está disponible para todos los pediatras y médicos de familia que prestan atención primaria a niños en todo el estado, independientemente del seguro. Con respecto a los servicios para crisis móviles, nuestro equipo y los tres equipos centrales, Yale, Wheeler y Harker, trabajan estrechamente con EMT durante todo el año para ofrecer educación y apoyo.

Anuncios a la comunidad

- Se compartió con el grupo páginas e información sobre listas de recursos regionales, <https://www.connectingtocarect.org/>, NAMI, FAVOR. Se hizo énfasis en que los participantes lleven información a su sistema local de colaboradores de atención/comunitarios.
- Esta práctica se vincula con la prioridad número uno del CBHAC.
- Se comentó que la revisión de las páginas de recursos no era pertinente para CLAS porque no todas las agencias, que se incluyen, prestan servicios competentes y lingüísticamente adecuados. Ejemplo de falta de equidad y servicios adecuados para familias caribeñas.
- Se explicó que la guía de recursos se desarrolló para ser una puerta de acceso inequívoca por la que cada familia pueda entrar y tener acceso a atención o recursos que necesitan.
- Se comentó que 211 tiene problemas como largos tiempos de espera telefónicos, falta de devolución de llamadas y falta de recursos para las familias cuando llaman porque nadie les devuelve la llamada.
- La Sra. Benita Toussaint anunció que en abril será honrada y si nadie quiere asistir que se comuniquen con ella directamente.
- La Academia de Aprendizaje y Liderazgo FAVOR realizará dos capacitaciones este mes. El 9 de marzo es la Facilitación para grupos de apoyo y planificación financiera y el 24 de marzo es el taller para jóvenes What's Your Story? . Hay servicios de intérpretes de español disponibles si se indica al momento del registro. Información en el chat o en <http://www.favor-ct.org/events/>
- Se hizo el comentario para considerar que las reuniones del CBHAC se graben para las familias que no pueden asistir a las 10 a. m. Se considerará.
- Families Forward Advocacy, las comunidades de servicio de Connecticut, familias adaptativas y los padres que crían hijos con antecedentes complejos de trauma tiene un sitio web, en el que las familias pueden acceder a capacitaciones y un grupo de apoyo para padres que se reúne dos veces por mes. El 2.º lunes del mes a las 12 p. m. y el 4.º lunes del mes a las 6:30 p. m. <https://familyforwardadvocacyct.com/who-we-are>
- Se realizará un evento para la familia ucraniana en el club ucraniano en Wethersfield. Están aceptando donaciones para familias y niños.

Próxima reunión: 1.º de abril de 2022

La reunión terminó a las 11:48 a. m.

Comité Asesor de Salud Conductual Infantil (CBHAC)

Actas: viernes 1.º de abril de 2022

Asistencia: Alexandrino Rivera, Amanda Knef, Amy Hilario, Antonio Thomas, April Mayo, Benita Toussaint, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Candice Capotorto, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario, Carol Campbell, Carolyn Westerholm, Cindy, Cindy Hernandez, Crystal Williams, Damaris (Dami) Cox, Daniela Giordano, Danielle Verderame, Donald Vail, Donyale Pina, Doris Maldonado, Dorothy Cimmino, Drew Lavallee, Ellender Mathis, Elsa Cordova, Gabrielle Hall, Harmony Fisher, Ivette Diana, Jacquese C. Patterson, Jennifer Abbatemarco, Jennifer Avenia, Jenny Bridges, Jill Hall, Jo Hawke, Judith Eisenberg, Jules Calabro, K. Calloway, Karen Delane, Katie Johnson, Kelly Waterhouse, Kristin Graham, Lakeisha Sims, Lena, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, M. Alex Geertsma, Maria Feliciano, Marti Baskerville, Michael Wynne, Michelle Leibovitz, Ms. Caldwell, Nan Arnstein, Patricia Gaylord, Paula Patton, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Roderick Winstead, Ronnie Vollano, Sabra Mayo, Samaris Rose, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Shereffia Francis, Shi-mainie Holmes, Solai Demorest, Stephanie Springer, Stephen Jacobsen, Steven Rogers, Tabor Napiello Wheeler, Tania Santana, Tanja Larsen, Tarsha Taylor Ford, Tim Cunningham, Tyrone Calloway, Vismar Melendez (Interpreter), Wanda Roman, Xavier Williams, Yvette Cortez, Zenaida Mora, Zosh Flammia, and two numbers.

Bienvenida y presentaciones

- La reunión comenzó a las 10:06 a. m.
- Se revisaron el propósito y la misión del Comité Asesor de Salud Conductual Infantil (CBHAC).

Revisión de las áreas prioritarias de 2022

1. Integración de la atención primaria pediátrica y la atención de la salud conductual
2. Desigualdades y acceso a la atención culturalmente apropiada
3. Acceso a una disposición integral de servicios y apoyos

Actualizaciones de las agencias

1. División de Servicios de Apoyo al Tribunal (CSSD): Carmen Hernandez

- Todavía hay varias solicitud para propuestas (RFP, por sus siglas en inglés) pendientes, como mensajero creíble, servicios de reclutamiento laboral.
- Hay algo de atraso, por lo que todavía no se han adjudicado; posiblemente en mayo o junio.

- Hay muchas jubilaciones en todos los departamentos.
- Hay dos grupos de contrataciones que tienen lugar en oficinas de libertad condicional.
- Se deben ocupar alrededor de 40 vacantes de oficiales de libertad condicional de adultos y 20 de jóvenes.
- Tenemos un nuevo gerente regional, Eska Macklin, y la otra gerente regional, Casey O'Neill se irá desde hoy, por lo que ese puesto se sustituirá.
- Hay muchas vacantes y problemas de retención en nuestros programas, en especial en los programas a domicilio.
- Preparar a los chicos para empleos de verano, ayudarles a comenzar el proceso de solicitud en las juntas de inversión laboral.

2. Departamento de Servicios para la Salud Mental y la Adicción (DMHAS): Jenn Abbatemarco

- Cambios en el equipo ejecutivo del DMHAS: En este momento, el jefe de personal es Christopher McKellar. Elsa Ward será la nueva directora de Asuntos Comunitarios de Recuperación.
- También enfrentando jubilaciones en todos los niveles se encuentran reclutamiento, en particular en nuestro programa estatal residencial, en ambos centros operados por el estado, además de nuestra organización privada sin fines de lucro y socios proveedores. Puede ser un desafío aunque todos nuestros programas cuentan con personal adecuado.
- Anticipamos algunas vacantes, en especial antes del 1.º de julio con jubilaciones dentro de la agencia.
- Seguimos trabajando para ampliar nuestro servicio móvil para crisis. Los servicios y el personal de contratación tendrán disponibilidad 24/7.
- Estamos trabajando para ampliar en programas y servicios para primeros episodios de psicosis de forma que estén disponibles para ofrecerlos más a nivel del estado.
- Actualmente presentamos una solicitud para un subsidio de la SAMSHA (Administración de Abuso de Sustancias y Salud Mental) para ofrecer servicios de salud mental para jóvenes entre 16 y 25 años.
- **Pregunta:** ¿Hay una lista de centros para pacientes internados para jóvenes y jóvenes adultos que estén dentro del sistema judicial? **Respuesta:** Sí. El CSSD ofreció enviar una lista de programación para programas residenciales que ofrecen servicios de salud mental.
- **Pregunta:** ¿Están pensando en contratar personal bilingüe para enfocarnos en nuestra población de pacientes menores que necesitan este tipo de asistencia? **Respuesta:** Sí. Una de nuestras áreas prioritarias dentro del DMHAS ha sido siempre reclutar y contratar más personal que sea representativo de las comunidades a las que atendemos, tanto cultural como lingüísticamente.

3. Departamento Estatal de Educación: Scott Newgass

- La legislatura confirmó a la Comisionada Charlene Russel el pasado mes.
- Ella tiene un largo historial con el departamento y es una fuerte defensora de los servicios de salud conductual y de apoyo de otro tipo para los estudiantes.

- Recientemente publicó Condiciones de la educación en Connecticut para ayudar a que los distritos entiendan mejor algunos de los desafíos que enfrentan en este mundo postCOVID.
- Seguiremos trabajando con los seis distritos en un piloto para el desarrollo de servicios de salud mental integrales y avanzar en esa iniciativa.
- **Pregunta:** ¿Cuáles son los seis distritos en este piloto? **Respuesta:** Norwalk, Manchester, Griswold, Chaplin, New Hartford y Elm City Charter en New Haven
- **Pregunta:** ¿Hay dinero asignado para fuentes externas, como subcontratistas para ayudar a las familias a entender y saber dónde pueden encontrar asistencia para entender los procesos del Departamento Estatal de Educación? **Respuesta:** Estamos intentando ampliar y profundizar las relaciones con agencias externas. La dificultad que enfrentamos son los contratos de una sola fuente, en los que cualquier cosa por encima de \$50,000 requiere aprobación a través de OPM.
- Hay muchos regionales para alentar a los distritos a tener relaciones sólidas con sus comunidades y uno de los más importantes es la colaboración de los programas de educación especial. Hay reuniones trimestrales para directores de los Servicios de coordinadores (Pupil Personnel Services, PPS) para cada uno de los Centros de servicios de educación regional.
- **Pregunta:** Durante el COVID, todo el proceso de adhesión al IEP se vio realmente afectado, ¿se están asignando recursos de CT para intentar captar a la mayor cantidad posible de niños? **Respuesta:** El problema con el uso de fondos de ARP y ESSERT es difícil de responder respecto a cómo los distritos consiguen los fondos y tienen la discreción de usarlos.

4. Departamento de Servicios Sociales: Rod Winstead

- También tenemos problemas con grandes listas de personas que se jubilan y para ocupar esos puestos, ya que la
- Comisionada adjunta, Cathy Brennan, se jubila a partir del 04/01/22. Le deseamos lo mejor.
- La exención para el trastorno por abuso de sustancias 1115 se puso en marcha el Departamento de Servicios Sociales.
- Esta exención es para trabajar con tratamiento residencial para niños y adultos debido al grave problema con los opiáceos que tenemos en Connecticut.
- Solicitamos que la exención nos permita aumentar y mejorar los servicios que brindamos a niños, adolescentes y adultos con trastorno por abuso de sustancias.
- Rod y Bill Halsey desean hacer la presentación en CBHAC el próximo mes, de ser posible.
- La RFP (solicitud para propuestas) para una nueva agencia de transporte que no sea de emergencia se publicó. Pondremos el enlace en el chat por si alguien está interesado. La solicitud vence el 8 de abril. Las preguntas pueden hacerse hasta el 11 y las propuestas deben entregarse el 18 de abril.
- **Pregunta:** ¿Está buscando el DSS obtener aportes y comentarios del público o los consumidores antes de que las RFP se publiquen? **Respuesta:** Se programó una

reunión para analizar esto con el nuevo director de Medicaid y se analizará en la próxima reunión de coordinación de la atención como una prioridad.

5 - Departamento de Niños y Familias: Bethany Zorba

- También enfrentamos muchas jubilaciones y llevará tiempo ocupar los puestos.
- El DCF acaba de salir del decreto de consentimiento Juan F que ha estado implementado durante 32 años.
- El DCF también trabajó arduamente para alcanzar esos objetivos y el trabajo continúa respecto a la calidad de los servicios y la atención a la seguridad.
- La nueva jefa financiera del DCF, Sra. Melanie Sparks, está a cargo de todos los asuntos fiscales y de contratación, además del presupuesto del departamento.
- El DCF agradeció a CBHAC y a todos los socios de la comunidad que los ayudaron a alcanzar los objetivos del decreto de consentimiento Juan F y han apoyado al departamento.

6- Oficina de la Primera Infancia: NO HAY INFORME

Presentación a cargo de Jennifer Avenia, Directa de Prácticas de Inmigración-DCF

- **Pregunta:** ¿Recaba la aplicación de inmigración datos raciales y étnicos? **Respuesta:** Recaba algo de información, pero pretendemos recabar más ya que nuestro sistema de expedientes electrónicos pasa de enlace al tipo de CT.
- **Pregunta:** ¿Seguirá este departamento recabando información sobre justicia racial? En especial los inmigrantes de pieles más oscuras que son tratados de forma diferente, lo que pusieron en evidencia los inmigrantes de Haití y cómo fueron tratados en las fronteras mexicanas, a diferencia de los inmigrantes ucranianos. **Respuesta:** Estamos de acuerdo en que el departamento debe monitorear la justicia social.
- **Pregunta:** ¿Cuáles son los distintos tipos de visas disponibles para inmigrantes? **Respuesta:** Visa T, visa U
- **Pregunta:** ¿Qué agencias trabajan para ayudar a los inmigrantes con las visas? **Respuesta:** El Instituto de Connecticut para refugiados e inmigrantes y los Servicios integrados para refugiados e inmigrantes.
- **Pregunta:** ¿Cómo sabe el DCF si una familia es indocumentada? **Respuesta:** El DCF obtiene derivaciones que provienen de Careline y así es como nos enteramos de los niños indocumentados.
- **Pregunta:** ¿Existen programas para que madres indocumentadas reciban capacitación y realmente trabajen? **Respuesta:** Building One, ubicado en Stamford, hace ese tipo de trabajo. Enviaré un enlace a Bethany y el PowerPoint para compartirlo con CBHAC.

Anuncios a la comunidad

- La Sra. Benita Toussaint será honrada en West Indian Social Club el 23 de abril. Si alguien está interesado en asistir, no dude en comunicarse con ella.
- Próximas capacitaciones de FAVOR: Cómo ser el mejor defensor de su hijo el 4/5/22 a las 5:30 p. m. y en español el 4/27/22 a las 4:30 p. m. Información para registrarse en el chat.

- Kevin Daley tiene un reunión mensual virtual en YouTube para familias que necesitan información sobre Educación especial. Este mes hará una presentación sobre el lanzamiento del nuevo IEP el próximo julio. Información en el chat.
- La reunión terminó a las 11:40 a. m.

La próxima reunión del CBHAC es el viernes 6 de mayo de 2022

NOT FINAL

Children's Behavioral Health Advisory Committee (CBHAC)

Minutes – Friday, April 1st, 2022

Attendance: Alexandrino Rivera, Amanda Knef, Amy Hilario, Antonio Thomas, April Mayo, Benita Toussaint, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Candice Capotorto, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario, Carol Campbell, Carolyn Westerholm, Cindy, Cindy Hernandez, Crystal Williams, Damaris (Dami) Cox, Daniela Giordano, Danielle Verderame, Donald Vail, Donyale Pina, Doris Maldonado, Dorothy Cimmino, Drew Lavallee, Ellender Mathis, Elsa Cordova, Gabrielle Hall, Harmony Fisher, Ivette Diana, Jacquese C. Patterson, Jennifer Abbatemarco, Jennifer Avenia, Jenny Bridges, Jill Hall, Jo Hawke, Judith Eisenberg, Jules Calabro, K. Calloway, Karen Delane, Katie Johnson, Kelly Waterhouse, Kristin Graham, Lakeisha Sims, Lena, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, M. Alex Geertsma, Maria Feliciano, Marti Baskerville, Michael Wynne, Michelle Leibovitz, Ms. Caldwell, Nan Arnstein, Patricia Gaylord, Paula Patton, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Roderick Winstead, Ronnie Vollano, Sabra Mayo, Samaris Rose, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Shereffia Francis, Shi-maine Holmes, Solai Demorest, Stephanie Springer, Stephen Jacobsen, Steven Rogers, Tabor Napiello Wheeler, Tania Santana, Tanja Larsen, Tarsha Taylor Ford, Tim Cunningham, Tyrone Calloway, Vismar Melendez (Interpreter), Wanda Roman, Xavier Williams, Yvette Cortez, Zenaida Mora, Zosh Flammia, and two numbers.

Welcome and Introductions

- Meeting began at 10:06 a.m.
- CBHAC purpose and mission were reviewed

Review of 2022 Priority Areas

1. Pediatric primary care and behavioral health care integration
2. Disparities and access to cultural appropriate care
3. Access to comprehensive array of services and support

Agency Updates

1. Court Support Services Division (CSSD)- Carmen Hernandez

- Still several RFPs out such as credible messenger, employment recruitment services
- Some backlog so they have not been awarded yet; possibly by May or June
- A lot of retirements happening in all state departments
- Two cohorts of hirings that are happening in probation offices

- About 40 adult probation officers 20 juvenile probation officers positions to be filled
- We have a new regional manager Eska Macklin and the other regional manager Casey O'Neill will be leaving as of today so that will be backfilled
- Many vacancies and retention issues throughout our programs, especially in home based programs
- Getting kids ready for summer employment helping them start the application process with the workforce investment boards

2. Department of Mental Health and Addition Services (DMHAS)- Jenn Abbatemarco

- Changes to the executive team at DMHAS: Chief of Staff is now Christopher McKellar, Chief Administrative Officer is Shannon _____, Elsa Ward will be the new director of Recovery Community Affairs
- Also facing retirements at all levels and recruitment, particularly in our residential programming statewide, in both our state operated facilities, as well as our private nonprofit, provider partners, can be a challenge although all of our programs are staff to
- Anticipating some upcoming vacancies, especially prior to July 1 with retirements within the agency
- Continuing to work on expanding our mobile crisis. Services and hiring staff to have availability 24/7
- We also are working on expanding on first episode psychosis, programming and services to be able to offer that more broadly within the state
- We currently submitted for a SAMSHA (Substance Abuse and Mental Health Administration) grant to provide mental health services for young people between the ages of 16 and 25
- **Question:** Is there a list of inpatient facilities for youth and young adults who are within the judicial system? **Answer:** Yes. CSSD offered to send a list of programming for the residential programs who have mental health services offered
- **Question:** Are you thinking about hiring bilingual staff to focus for our minority patient population that need this type of assistance? **Answer:** Yes. One of our priority areas within DMHAS is always to recruit and hire staff who are representative of the communities we serve culturally and linguistically

3. State Department of Education- Scott Newgass

- Commissioner Charlene Russell Tucker has been confirmed by the legislature in the past month. She has a long history with the department and is a strong advocate for behavioral health and other student support services
- Recently released the Condition of Education in Connecticut to help districts better understand some of the challenges they're facing in this post COVID world
- Continuing to work with the six districts to pilot a comprehensive mental health service development and to move forward with that initiative
- **Question:** What are the six districts in this pilot? **Answer:** Norwalk, Manchester, Griswold, Chaplin, New Hartford, and Elm city charter in New Haven
- **Question:** Are there any dollars allocated to outside sources like subcontractors to help families understand and know where they can find assistance in helping them

understand processes of State Department of Education? **Answer:** We are trying to expand and deepen relationships with outside agencies. The difficulty that we face is sole source agreements, that anything over \$50,000 requires approval through OPM

- There are many regional to encourage districts to have strong relationships with their communities and one of the most important ones is the collaboration of Special Education Programs. There is quarterly meetings for PPS (Pupil Personnel Services) directors for each of the Regional Education Service Centers
- **Question:** During COVID the whole process of IEP adherence was really affected, are CT funds being allocated to try to catch up as many kids as possible? **Answer:** The issue with the use of ARP and ESSER funds is difficult to respond on how it's being districts get the funding and have discretion on how to use them

4. Department of Social Services- Rod Winstead

- Also struggling with large lists of people retiring and to refill those positions with the
- Deputy Commissioner, Cathy Brennan, first day of retirement 04/01/22, we wish her well
- 1115 substance use disorder waiver went live with the Department of Social Services
- This waiver is to work with residential treatment for children and adults due to the serious opioid problem that we have in Connecticut
- We requested that waiver allow us to increase and improve the services that we provide to children, adolescents and adults with substance use disorder
- Rod and Bill Halsey would like to do a presentation at CBHAC next month if possible
- The RFP (request for proposals) for a new broker for non-emergency medical transportation was released on put the link in the chat if anyone is interested the application is due by April 8, any questions due by the 11th of and proposals due by the 18th of April
- **Question:** Is DSS looking to get public/consumer input before the RFPs are put out to bid? **Answer:** A meeting is set to discuss this with new Medicaid director and to be discussed at the next coordination of care meeting as a priority.

5- Department of Children and Families- Bethany Zorba

- Also dealing with a lot of retirements and it is going to take time to backfill positions
- DCF has just exited the Juan F Consent Decree which had been in place for 32 years
- DCF also worked hard towards meeting those goals and the work continues for quality of services and attention to safety.
- New Chief Financial Officer for DCF is Ms. Melanie Sparks so she is head of all of our fiscal and contracting as well as the department's budget
- DCF thanked CBHAC and all community partners who helped them achieve the goals of the Juan F consent decree and have supported the department

6- Office of Early Childhood- NO REPORT

Presentation by Jennifer Avenia, Director of Immigration Practice-DCF

- **Question:** Does the immigration app collect any racial and ethnic data? **Answer:** It collects some information but we intend to collect more as our electronic record system changes from link to CT kind
- **Question:** Will this department continue to collect data on racial justice? Especially due to the fact that darker skinned immigrants are treated differently than others evidenced by the Haitian immigrants and how they were treated at the Mexican borders as opposed to the Ukrainian immigrants. **Answer:** We agree that the department should be monitoring that for racial justice
- **Question:** What are the different types of Visas available for immigrants? **Answer:** T Visa, U Visa
- **Question:** What agencies work to help immigrants with Visas? **Answer:** Connecticut Institute for refugees and immigrants and Integrated Refugee and Immigrant Services
- **Question:** How does DCF know if a family is undocumented? **Answer:** DCF gets referrals that come through Careline and so that is how undocumented children come to DCF attention
- **Question:** Is there any program for undocumented mom to get training and actually work? **Answer:** Building One located in Stamford does that kind of work will send link to Bethany and the PowerPoint to share with CBHAC

Community Announcements

- Mrs. Benita Toussaint will be honored at the West Indian Social Club on April 23rd. If anyone is interested in attending reach out to her
- FAVOR's upcoming trainings: How to Be Your Child's Best Advocate on 4/5/22 at 5:30 p.m. and in Spanish on 4/27/22 at 4:30 p.m. Information to register in the chat
- Kevin Daley has a monthly YouTube virtual meeting for families who need information on Special Education. This month will present on new IEP rollout coming in July. Information in chat.
- Meeting Adjourned at 11:40 am

Next CBHAC meeting Friday, May 6, 2022

Children's Behavioral Health Advisory Committee (CBHAC)
Minutes – Friday, May 6, 2022

Attendance:

Abigail Pepin, Alex Walker, Alexandrino Rivera, Alfred Cardenas (interpreter), Ally Julian, Allyson Nadeau, Amy Hilario, Andre Gibbs, Antonio Thomas, Benita Toussaint, Beresford Wilson, Bethany Zorba, Briannali Rivera, Carmen Hernandez, Carmen Teresa Rosario, Carolyn Westerholm, Christa Mullen, Cindy, Claudette Kidd, Crystal Sacco, Daniela Giordano, Danielle Verderame, De Popkin, Dona Ditrio, Donaicis Alers, Donald Vail, Donyale Pina, Doris Maldonado, Dorothy Cimmino, Drew Lavallee, Ellender Mathis, Elsa Cordova, Erica Aldieri, Erica Charles, Erica Skoutas, Erika Sharillo, Gabrielle Hall, Heather Spada, Ivette Diana, Jackie Cook, Jason O'Connor, Jean Alberghini, Jeana Bracey, Jennifer Abbatemarco, Jenny Bridges, Jo Allen, Jules Calabro, Karen Delane, Katie Johnson, Keisha Martin-Velez, Kelly Waterhouse, Kila Hunter, Kim Tanguay, Kristin Graham, Latasha Thomas, Linda, Lindsay Kyle, Lisa Palazzo, Lois Berkowitz, M. Alex Geertsma, Maguena Deslandes, Mai Kader, Maria Feliciano, Maureen O'Neil-Davis, Nan Arnstein, Patricia Gaylord, Patrick McCormack, Paul Consonni, Penny Lemery, Peter Samenfink, Paul Guerrero, Quiana Mayo, Renee Wright, Roderick Winstead, Ronnie Vollano, Sabra Mayo, Sandra Rivera, Sarah Brdar, Sarah Hornberger, Sarah Kirchmann, Sarah LaBarre, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Shereffia Francis, Shi-maine Holmes, Shweta Tiwari, Solai Demorest, Stacey Kabasakalian, Stephanie Bozak, Susan Rubino, Tangie McDougald, Tania Santana, Tarsha, Taylor Ford, Taylor Gauthier, Theresa Andriulli, Tim Cunningham, Tyrone Calloway, Victoria Giordano, Victoria O'Neil, Wanda Roman, Xavier Williams, Zenaida Mora, and five phone numbers

Welcome and Introductions

- Meeting began 10:05 am
- Mental Health Awareness Month- 31 days of wellness calendar was shared

Review of 2022 Priority Areas

1. Pediatric primary care and behavioral health care integration
2. Disparities and access to cultural appropriate care
3. Access to comprehensive array of services and support

Agency Updates

1. DMHAS - Jenn Abbatemarco

- Alcohol Awareness month was in April.
- April was also Stress Awareness Month. With the uptick in Connecticut of COVID cases, which had an impact on DMHAS teams and the people served by DMHAS, we continue to have a focus here within the department, both with our employees and the individuals
- Headed into mental health awareness month and National Prevention Week, kicks off the week of May 8. That is a national public education platform that brings communities and organizations together to raise awareness about the importance of substance use prevention and positive mental health. Great way to coordinate prevention efforts to celebrate successes to share prevention stories
- Family event on May 14 at the Sacred Heart University Discovery Museum in Bridgeport for prevention around substance use and enhancing positive mental health specifically within young adult services
- Initiative going on now to enhance youth and young adult voice in all of our programs to integrate young adults into informing our service system on policy and practices
- Recently administered a survey that was developed by Youth Move, which is a grassroots organization. Working with young adults on a statewide advisory council to help with planning
- DMHAS was awarded the Healthy Transitions grant for young adult services by SAMHSA (Substance Abuse & Mental Health Administration)

- Department still has openings for young people between the ages of 16 and 25, who live in the New Britain area and surrounding towns, or in the East Hartford area. Email Jennifer to help connect with Community Mental Health affiliates or Intercommunity Mental Health Center

2. Department of Education (SDE) - Scott Newgass

- Scott will be retiring and next month will be his last CBHAC meeting. No replacement yet but should know by next month
- SDE has been asked to engage in a study to identify the risks and balance the risks and benefits of having individuals with Bachelor's level degrees provide counseling to our students
- Number of changes taking place in personnel- hiring is prioritized
- Looking to expand efforts around addressing issues related to school climate, such as bullying
- Working with the Office of Healthcare Strategy to reform the nature of primary care practice to come up with a way of tying pediatric practices much closer to schools and in other aspects of the community
- Office of Healthcare Strategy has been funded for the Health Enhancement communities to build a coalition with community organizations that would align themselves with given pediatric practices interested in collaborating. Primary care physicians would be better trained and more confident addressing behavioral health concerns and working with schools to coordinate the services
- The Network of Care Managers and the Family Systems Managers are working on the Family Care Connections through the Connect grant to connect pediatric practices, schools and behavioral health providers.

3. Department of Juvenile Justice Services – Carmen Hernandez

- Starting efforts to connect youth to summer programming
- Asking community providers to connect youth to the workforce investment boards or some programming
- Starting a work experience program with the Department of Energy and Environmental Protection with the state parks where youth are connecting with the staff to gain experience
- Last year was first year done in Bridgeport, Stamford, Waterford, Middletown, and in Hartford. This year expanding to include Danbury, Torrington and Willimantic
- The contract for employee recruitment services was recently awarded to The Work Place in Bridgeport They will be recruiting employers in the Bridgeport, New Haven, and Hartford areas and maintain a database of employers that will hire youth involved with Department of Juvenile Justice. Once the database is established they hope that when a youth on probation is ready to go out and look for employment they can get the names of the employers that will hire them and the youth can go directly to that employer and apply
- The credible messenger and the incredible messenger contracts were awarded to YAP (youth advocate programs) for Hartford, Bridgeport and New Haven, and Connecticut Jr. Republic (CJR) was awarded the Waterbury site. These agencies will be recruiting and hiring credible messengers but some of them will be part-time volunteers with lived experience to help those in need with resource support
- **Question:** Are the contracting agencies that got the grant contracting with individuals in the community or will individuals be hired directly through those agencies? **Answer:** The agencies will be hiring individuals from the communities they are serving to be credible messengers
- **Question:** If CJR holds the contract in Waterbury, would they be able to subcontract to a grassroots organization that has strong community ties and credibility in the community? **Answer:** That is the hope.
- **Question:** Can churches and recreational facilities get a subcontract from CJR to do this work? **Answer:** This is up to CJR.

- **Question:** Is there a specific referral process to these programs? How is does someone gain access? Whom can we contact? **Answer:** Referrals will come through a probation officer for a specific youth that is court involved.

4. Department of Social Services – Rod Winstead

- The department is making progress in increasing the pediatric psychiatric beds
- Now have 25 additional beds and the Connecticut Children's Medical Center has formally announced that they plan to create a medical and pediatric psych unit with another 12 beds.
- Legislative session just ended so next month we should be in a better position to report on how it affects Medicaid
- **Question:** Where are those additional 25 beds located? **Answer:** Hartford County.

5. Department of Children and Families – Bethany Zorba

- The department is waiting on interpretation of the new bill that just passed regarding children's mental health

6. Office of Early Childhood- (No report)

Monthly Presentation- Comprehensive Suicide Prevention Grant by Heather Spada, Program Coordinator for United Way of Connecticut (see presentation slides)

- **Question:** Does the data collected on vulnerable populations include black and brown youth? **Answer:** Yes.
- **Question:** Will this grant be a pilot project or will it be in CT forever? **Answer:** It will be a pilot grant. However, the strategies that the local health departments are implementing will be permanent.

Presentation on 115 Waiver- Carrie from DSS (see presentation slides)

- **Question:** Will there be work done in conjunction with Changing Pathways or how will this impact Changing Pathways? **Answer:** Changing Pathways is an initiative to support withdrawal management providers and to offer additional opportunities for individuals to become inducted or begin the medication for addiction treatment while in care on the withdrawal management program. This reinforces some of the strategies of the Changing Pathways model, i.e. supporting access to addiction treatment medication management at various points in treatment while also supporting referrals to providers.

Community Announcements

- **May's Mental Health Monthly Activity Calendar (see handout)**
- May is our joint meeting with the statewide Council of community collaboratives
- QPR (Question, Persuade and Refer) and Narcan trainings are happening across the state
- FAVOR Trainings for Mental Health Awareness Month Persuasive Storytelling and CONNECTing Youth you can register on their website <http://www.favor-ct.org/events/>
- Regional Resource lists, events and announcements can be found on Connecting to Care website <https://www.connectingtocarect.org/network-of-care/>
- FAVOR is going to begin community conversations specifically to elevate the youth voice and asking for partnership in this effort. To begin in June 2022. Contact Maguena Deslandes, Director of Family Engagement or Carolyn Westerholm, Director of Family Peer Support Services
- Mental Health Connecticut is having a campaign for it's 31 days with 31 people in Connecticut sharing their stories. Available online.
- The Historical Society for mental health on May 8 is having its monthly meeting and everyone is welcome to join us. We have presenters coming and speaking. And of course, we represent the mental health and addictions community throughout the lifespan and PT cause.
- KASA (Kids are self-advocates) is hosting a Facebook Live on May 21st. They're introducing their information and their experiences in adult transition

- Save the Date for the iCan conference on 9/22/22. Will be virtual.
- The Women's Consortium is providing free trainings in June
- The NAMI walk is May 21 at Bushnell Park. The Consumer Family and Advisory Council (CFAC) will be there to support if you are interested in joining contact them
- The national family rights rally in Washington DC is on Saturday, May 21 from 1 to 6pm. It is a rally of unification of lots of child protection and Family Court reform advocates and activists from all across the country that are coming together in DC

Meeting ended at 11:42 a.m.

Next meeting: June 3rd, 2022

NOT FINAL

Comité Asesor de Salud Conductual Infantil (CBHAC)
Minutas - Viernes 6 de mayo de 2022

Asistencia: Abigail Pepin, Alex Walker, Alexandrino Rivera, Alfred Cardenas (interpreter), Ally Julian, Allyson Nadeau, Amy Hilario, Andre Gibbs, Antonio Thomas, Benita Toussaint, Beresford Wilson, Bethany Zorba, Briannali Rivera, Carmen Hernandez, Carmen Teresa Rosario, Carolyn Westerholm, Christa Mullen, Cindy, Claudette Kidd, Crystal Sacco, Daniela Giordano, Danielle Verderame, De Popkin, Dona Ditrio, Donaicis Alers, Donald Vail, Donyale Pina, Doris Maldonado, Dorothy Cimmino, Drew Lavallee, Ellender Mathis, Elsa Cordova, Erica Aldieri, Erica Charles, Erica Skoutas, Erika Sharillo, Gabrielle Hall, Heather Spada, Ivette Diana, Jackie Cook, Jason O'Connor, Jean Alberghini, Jeana Bracey, Jennifer Abbatemarco, Jenny Bridges, Jo Allen, Jules Calabro, Karen Delane, Katie Johnson, Keisha Martin-Velez, Kelly Waterhouse, Kila Hunter, Kim Tanguay, Kristin Graham, Latasha Thomas, Linda, Lindsay Kyle, Lisa Palazzo, Lois Berkowitz, M. Alex Geertsma, Maguena Deslandes, Mai Kader, Maria Feliciano, Maureen O'Neil-Davis, Nan Arnstein, Patricia Gaylord, Patrick McCormack, Paul Consonni, Penny Lemery, Peter Samenfink, Paul Guerrero, Quiana Mayo, Renee Wright, Roderick Winstead, Ronnie Vollano, Sabra Mayo, Sandra Rivera, Sarah Brdar, Sarah Hornberger, Sarah Kirchmann, Sarah LaBarre, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Shereffia Francis, Shi-maine Holmes, Shweta Tiwari, Solai Demorest, Stacey Kabasakalian, Stephanie Bozak, Susan Rubino, Tangie McDougald, Tania Santana, Tarsha, Taylor Ford, Taylor Gauthier, Theresa Andriulli, Tim Cunningham, Tyrone Calloway, Victoria Giordano, Victoria O'Neil, Wanda Roman, Xavier Williams, Zenaida Mora, and five phone numbers

Bienvenida y presentaciones

-La reunión comenzó a las 10:05 a.m.

-Mes de Concientización sobre la Salud Mental: Se compartió un calendario de 31 días de bienestar

Revisión de las áreas prioritarias de 2022

1. Integración de la atención primaria pediátrica y la atención de la salud conductual
2. Desigualdades y acceso a la atención culturalmente apropiada
3. Acceso a una disposición integral de servicios y apoyos

Actualizaciones de las agencias

1. Departamento de Servicios para la Salud Mental y la Adicción (DMHAS, por sus siglas en inglés) - Jenn Abbatemarco

- El mes de concientización sobre el alcohol fue en abril.
- Abril también fue el Mes de Concientización sobre el Estrés. Con el aumento de casos de COVID en Connecticut, que tuvo un impacto en los equipos de DMHAS y las personas atendidas por DMHAS, seguimos teniendo un enfoque aquí dentro del departamento, tanto con nuestros empleados como con las personas.
- Dirigido al mes de concientización sobre la salud mental y la Semana Nacional de Prevención, comienza la semana del 8 de mayo. Esa es una plataforma nacional de educación pública que reúne a comunidades y organizaciones para crear conciencia sobre la importancia de la prevención del uso de sustancias y la salud mental positiva. Gran manera de coordinar los esfuerzos de prevención para celebrar los éxitos para compartir historias de prevención
- Evento familiar el 14 de mayo en el Museo Discovery de la Universidad del Sagrado Corazón en Bridgeport para la prevención del uso de sustancias y la mejora de la salud mental positiva específicamente dentro de los servicios para adultos jóvenes
- Iniciativa en curso ahora para mejorar la voz de los jóvenes y adultos jóvenes en todos nuestros programas para integrar a los adultos jóvenes en la información de nuestro sistema de servicio sobre políticas y prácticas

- Recientemente se administró una encuesta desarrollada por Youth Move, que es una organización de base. Trabajar con adultos jóvenes en un consejo asesor estatal para ayudar con la planificación
- El Departamento de Servicios para la Salud Mental y la Adicción (DMHAS, por sus siglas en inglés) recibió la subvención Transiciones Saludables para servicios para adultos jóvenes de SAMHSA (Administración de Abuso de Sustancias y Salud Mental)
- El departamento todavía tiene vacantes para jóvenes entre las edades de 16 y 25 años, que viven en el área de New Britain y las ciudades aledañas, o en el área de East Hartford. Enviar un correo electrónico a Jennifer para ayudar a conectarse con los afiliados de Community Mental Health o el Intercommunity Mental Health Center

2. Departamento de Educación (SDE) - Scott Newgass

- Scott se jubilará y el próximo mes será su última reunión del Comité Asesor de Salud Conductual Infantil (CBHAC). Aún no hay reemplazo, pero debería saberse el próximo mes
- Se le ha pedido a SDE que participe en un estudio para identificar los riesgos y equilibrar los riesgos y beneficios de tener personas con títulos de nivel de licenciatura que brinden asesoramiento a nuestros estudiantes
- Número de cambios que se dan en el personal - se prioriza la contratación
- Se busca expandir los esfuerzos para abordar problemas relacionados con el clima escolar, como el acoso escolar
- Trabajar con la Oficina de Estrategia de Atención Médica para reformar la naturaleza de la práctica de atención primaria con el fin de encontrar una forma de vincular las prácticas pediátricas mucho más cerca de las escuelas y en otros aspectos de la comunidad
- La Oficina de Estrategia de Atención Médica ha sido financiada para que las comunidades de Mejoramiento de la Salud construyan una coalición con organizaciones comunitarias que se alinearían con consultorios pediátricos determinados interesados en colaborar. Los médicos de atención primaria estarían mejor capacitados y tendrían más confianza para abordar los problemas de salud conductual y trabajar con las escuelas para coordinar los servicios
- La Red de Administradores de Atención y los Administradores de Sistemas Familiares están trabajando en Family Care Connections a través de la subvención Connect para conectar consultorios pediátricos, escuelas y proveedores de salud conductual.

3. Departamento de Servicios de Justicia de Menores - Carmen Hernández

- Iniciar esfuerzos para conectar a los jóvenes con la programación de verano
- Pedir a los proveedores de la comunidad que conecten a los jóvenes con las juntas de inversión en la fuerza laboral o algún programa
- Comenzar un programa de experiencia laboral con el Departamento de Energía y Protección Ambiental con los parques estatales donde los jóvenes se conectan con el personal para adquirir experiencia
- El año pasado se realizó el primer año en Bridgeport, Stamford, Waterford, Middletown y en Hartford. Este año ampliando para incluir Danbury, Torrington y Willimantic
- El contrato para los servicios de contratación de empleados se adjudicó recientemente a The Work Place en Bridgeport. Reclutarán empleadores en las áreas de Bridgeport, New Haven y Hartford y mantendrán una base de datos de empleadores que contratarán a jóvenes involucrados con el Departamento de Justicia Juvenil. Una vez que se establece la base de datos, esperan que cuando un joven en libertad probatoria esté listo para salir y buscar empleo, puedan obtener los nombres de los empleadores que lo contratarán y el joven puede ir directamente a ese empleador y presentar su solicitud
- El mensajero creíble y los increíbles contratos de mensajero se otorgaron a YAP (programas de defensa de la juventud) para Hartford, Bridgeport y New Haven, y Connecticut Jr. Republic (CJR) recibió el sitio de Waterbury. Estas agencias reclutarán y contratarán mensajeros confiables, pero algunos de ellos serán voluntarios a tiempo parcial con experiencia vivida para ayudar a los necesitados con apoyo de recursos

- **Pregunta:** ¿Las agencias de contratación que obtuvieron la subvención están contratando a personas de la comunidad o las personas serán contratadas directamente a través de esas agencias? **Respuesta:** Las agencias contratarán a personas de las comunidades a las que sirven para que sean mensajeros creíbles.
- **Pregunta:** Si CJR tiene el contrato en Waterbury, ¿podrían subcontratar a una organización de base que tenga fuertes lazos comunitarios y credibilidad en la comunidad? **Respuesta:** Esa es la esperanza.
- **Pregunta:** ¿Pueden las iglesias y las instalaciones recreativas obtener un subcontrato de CJR para hacer este trabajo? **Respuesta:** Esto depende de CJR.
- **Pregunta:** ¿Existe un proceso de derivación específico para estos programas? ¿Cómo obtiene alguien el acceso? ¿A quién podemos contactar? **Respuesta:** Las derivaciones vendrán a través de un oficial de libertad probatoria para un joven específico que esté involucrado en la corte.

4. Departamento de Servicios Sociales – Rod Winstead

- El departamento avanza en el aumento de las camas psiquiátricas pediátricas
- Ahora cuentan con 25 camas adicionales y el Connecticut Children's Medical Center ha anunciado formalmente que piensan crear una unidad de psiquiatría médica y pediátrica con otras 12 camas.
- La sesión legislativa acaba de terminar, por lo que el próximo mes deberíamos estar en una mejor posición para informar sobre cómo afecta a Medicaid
- **Pregunta:** ¿Dónde están ubicadas esas 25 camas adicionales? **Respuesta:** Condado de Hartford.

5. Departamento de Niños y Familias: Bethany Zorba

- El departamento está a la espera de la interpretación del nuevo proyecto de ley que acaba de aprobarse sobre la salud mental infantil

6. Oficina de la Primera Infancia- (no hay informe)

Presentación mensual: subvención integral para la prevención del suicidio a cargo de Heather Spada, coordinadora de programas de United Way of Connecticut (consultar las diapositivas de la presentación)

- **Pregunta:** ¿Los datos recopilados sobre poblaciones vulnerables incluyen jóvenes negros y morenos? **Respuesta:** Sí.
- **Pregunta:** ¿Será esta subvención un proyecto piloto o estará en CT para siempre? **Respuesta:** Será una subvención piloto. Sin embargo, las estrategias que están implementando los departamentos de salud locales serán permanentes.

Presentación sobre Exención 115- Carrie de DSS (ver diapositivas de presentación)

- **Pregunta:** ¿Se trabajará en conjunto con Changing Pathways o cómo afectará esto a Changing Pathways? **Respuesta:** Changing Pathways es una iniciativa para apoyar los proveedores de manejo de la abstinencia y para ofrecer oportunidades adicionales para que las personas sean admitidas o comiencen a tomar medicamentos para el tratamiento de la adicción mientras reciben atención en el programa de manejo de la abstinencia. Esto refuerza algunas de las estrategias del modelo Changing Pathways, es decir, apoyar el acceso a la administración de medicamentos para el tratamiento de la adicción en varios puntos del tratamiento y, al mismo tiempo, respaldar las derivaciones a los proveedores.

Anuncios a la comunidad

- **Calendario mensual de actividades de salud mental de mayo (consultar el folleto)**
- En mayo es nuestra reunión conjunta con el Consejo estatal de colaboraciones comunitarias.
- Las capacitaciones QPR (Preguntar, persuadir y derivar) y Narcan se están realizando en todo el estado

- Capacitaciones FAVOR para narraciones persuasivas del mes de concientización sobre la salud mental y CONNECTing Youth en las que se puede registrar en su sitio web <http://www.favor-ct.org/events/>
- Las listas de recursos regionales, los eventos y los anuncios se pueden encontrar en el sitio web Connecting to Care <https://www.connectingtocarect.org/network-of-care/>
- FAVOR va a iniciar conversaciones comunitarias específicamente para elevar la voz de los jóvenes y pedir colaboración en este esfuerzo. Comenzará en junio de 2022. Comunicarse con Maguena Deslandes, directora de participación familiar o con Carolyn Westerholm, directora de servicios de apoyo familiar entre pares.
- Mental Health Connecticut está teniendo una campaña para sus 31 días con 31 personas en Connecticut que comparten sus historias. Disponible online.
- La Sociedad Histórica para la salud mental tendrá su reunión mensual el 8 de mayo y todos son bienvenidos a unirse a nosotros. Tenemos presentadores que vendrán y darán una charla. Y, por supuesto, representamos a la comunidad de salud mental y adicciones a lo largo de la vida y la causa PT.
- KASA (Kids are self-advocates) realizará un Facebook Live el 21 de mayo. Están introduciendo su información y sus experiencias en la transición adulta.
- Reserve la fecha para la conferencia iCan el 22/sep/22. Será virtual.
- El Consorcio de Mujeres ofrece capacitaciones gratuitas en junio
- La caminata NAMI es el 21 de mayo en Bushnell Park. El Consejo Consultivo y Familiar del Consumidor (CFAC, por sus siglas en inglés) estará allí para brindarle apoyo si está interesado en unirse, comuníquese con ellos.
- La manifestación nacional por los derechos de la familia en Washington DC es el sábado 21 de mayo de 1 a 6 p.m. Es una manifestación de unificación de muchos defensores y activistas de la protección infantil y la reforma del Tribunal de Familia de todo el país que se están reuniendo en DC

La reunión terminó a las 11:42 a.m.

Próxima reunión: 3 de junio de 2022

NOT FINAL

Children's Behavioral Health Advisory Committee (CBHAC)
Minutes – Friday, June 3, 2022

Attendance: Abigail Pepin, Alexandrino Rivera, Ally Julian, Amy Hilario, Amy Marracino, Andre Gibbs, Andrea Goetz, Ann Petitti, Antonia Edwards, April Mayo, Ashley McAuliffe, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Candice, Carmen Hernandez, Carol Campbell, Chlo-Anne Bobrowski, Crystal Williams, Daniela Giordano, Danielle Verderame, Darrin McCalla, De Popkin, Deborah Lake, Donald Vail, Dorothy Cimmino, Drew Lavallee, Ellender Mathis, Elsa Cordova, Erica Aldieri, Erica Charles Davy, Falinda King, Gabriela Robles, Gabrielle Hall, Graciela Davila, iPhone-Rossie, Ivette Diana, Jackie Cook, James Bethea, Jean Alberghini, Jeana Bracey, Jeff Paulin, Jennifer Foss, Jenny Bridges, Jo Allen, Jo Hawke, Jules Calabro, Julie DeMarco, Latasha Thomas, Lindsay Kyle, Lisa Palazzo, Llina Hilario, Lois Berkowitz, Lyne Landry, M. Alex Geertsma, Mai Kader, Maria Feliciano, Melanie Wilde-Lane, Michael Wynne, Michelle Leibovitz, Ms. Caldwell, Nan Arnstein, Patricia Gaylord, Penny Lemery, Paul Guerrero, Quiana Mayo, Rebecca LaMarre, Rebekah Behan, Renee Wright, Roderick Winstead, Ronnie Vollano, Sabra Mayo, Sandra Rivera, Sarah Hornberger, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Shereffia Francis, Shi-maine Holmes, Solai's Demorest, Susan Sarmiento, Tania Santana, Tarsha, Tim Cunningham, Tim Marshall, V.Thaxter, Wanda Roman, Xavier Williams, Yolanda Stinson, Zenaida Mora, Zosh Flammia, and four phone numbers.

Welcome and Introductions

Review of 2022 Priority Areas

1. Pediatric primary care and behavioral health care integration
2. Disparities and access to cultural appropriate care
3. Access to comprehensive array of services and support

Agency Updates

1. DMHAS - Jenn Abbatemarco

- The department wanted to highlight Positive Directions agency who developed <https://turningpointct.org/> website along with young adults who have some blogs, podcast about teen mental health, practicing self-care and other resources
- Positive Directions is hosting a virtual Recovery Coach Academy in July 18th-22nd for 16-29 year olds across CT. Partnering with CCAR on this academy and focus on FIVE intensive training sessions to provide individuals with skills needed to mentor and guide those in recovery from addiction to alcohol or other substances

2. Department of Education - Scott Newgass

- Scott Newgass retiring at end of month. He will continue to attend CBHAC periodically to continue supporting its mission and purpose
- Chlo-Anne Bobrowski to attend CBHAC until someone is hired for his position
- The department offered assistance to districts that are facing crises within their own communities
- The department collaborated with other departments to provide resources and support during this unstable time with the tragedy at Uvalde, Texas
- The Commissioner and Governor continue to have conversations on how to reinforce efforts and the message that mental health and youth development need to be addressed

3. Department of Juvenile Justice Services – Carmen Hernandez

- Efforts in connecting new educational programs so there are discussions taking place with universities to see how they can provide vocational services to our youth
- Continuing the focus on summer employment for youth

4. Department of Social Services – Rod Winstead

- This was a short legislative session packed with bills that affect children’s mental health. One of those being an initiative through Medicaid where 150 new Autism waiver slots were added. Another initiative is the expansion of the Child and Adult Mobile Crisis working hand in hand with Department of Children and Families and Department of Mental Health and Addiction Services
- Funds in the budget to cover Violence Prevention Professionals who go out and help to try victims of violence, which is also under Medicaid. This program is expected to start July 1st of this year
- \$3 million in the budget to improve and expand Psychiatric Residential Treatment Facilities (PRTFs)
- Funding in budget to provide services that detect and prevent high lead levels in children
- Funding for additional inpatient psychiatric beds
- **Question:** Will the Violence Prevention Professionals be coming out as a training role to other agencies to understand how they work? **Answer:** The processes still in development but there are actually individuals already providing this service under Medicaid but there will be FAQs on their website
- **Question:** Who is the contact person regarding medical transportation? **Answer:** Messages received are forwarded to Bill Halsey, who is in charge of the non-emergency medical transportation department
- **Question:** Does the expansion of psychiatric beds include any for youth? **Answer:** Yes. The initiative is with Children’s Medical Center
- **Question:** Is July 1st too soon of an implementation start date for the Violence Prevention Professionals? **Answer:** Some programs are legislatively mandated and come with an implementation date that can’t be changed

5. Department of Children and Families – Tim Marshall/Bethany Zorba

- Although Tim is officially retired he will attend CBHAC when possible given he is working with DCF to transition some of his responsibilities to new staff as they come in
- The largest impact to children’s mental health system that came out of the legislative session with significant funding to DCF is to add two new levels of service: urgent crisis centers and sub-acute crisis stabilization beds. Those two will be procured together. Unclear how many sites can come out of the budget for it but more than likely there will be three full sites. Locations TBD
- Urgent crisis centers will be for children who are experiencing a mental health crisis and will be an alternative to a medical emergency department or a hospital setting
- The sub-acute units are the PRTFs (psychiatric residential treatment facilities) and 30-45 day beds being added along with 1-14 day beds for short term and long term bed options
- The Urban Trauma Network competitive procurement RFP was launched and applications have been submitted and being reviewed. The four cities in this initiative will be Hartford, New Haven, Bridgeport and Waterbury and the goal is a small expansion for outpatient treatment, primarily targeted to children of color, and those who have been exposed and have experienced racial and urban trauma
- The intensive transitional care managers (ITCM) initiative’s go-live date is July 1st. 12 care coordinators will be working directly with children who are stuck in emergency departments. Two Peer Support Outreach Specialists will be part of the group and they will be a complement to the team of 12. There are two in each of the six DCF regions
- The resource guide of services and supports for kids and families that DCF was directed to develop was delivered to the Behavioral Health Oversight Policy Council on December 1st and then delivered to the Connecticut Hospital Association
- The guide was for all emergency departments in CT to give to every child and family discharged resources of where they go get help with mental health support
- Available in English and Spanish and will be translated to additional four languages

- Children's Mobile Crisis will expand to 24 hours, 7 days a week, 365 year offering Face to Face Crisis assessments
- Work being done in schools under the Project AWARE grant and a couple of other activities as a multi-tiered support for kids.
- Currently exploring peer to peer support programs throughout the state and to implement in a handful of school and then grow and support the mental health issue particularly suicide ideation
- Last update for Children's Mental Health is the governance structure of children's mental health mostly related to adding a number of other state departments to share and support DCFS lead responsibility in being the agency for Children's Mental Health and Connecticut

6. Office of Early Childhood

- The OEC has been focusing on the formula shortage and serving providers on a weekly basis.
- OEC trying to help find resources and ask people to check out their website for updates on providers and resources that become available
- The Universal Home Visiting initiative will be piloted in Bridgeport
- The Home Visiting Program underwent an extensive federal site visit in March and passed so its confirmation that we are doing the best for families with those federal dollars
- Continuing to move forward in the Medicaid process for reimbursement of home visiting services both with the universal home visiting that's coming out and the current home visiting system
- Closing up the RFP for our school readiness program and those awards are going to go out possibly in the next four weeks

Monthly Presentations-

Governor's Prevention Partnership presented by Deborah Lake & Susan Sarmiento (see handouts)

Mental Health Block Grant Proposed Expenditures presented by Tim Marshall, DCF (see handouts)

Community Announcements

None

Next meeting: July 8, 2022

Children's Behavioral Health Advisory Committee (CBHAC)
Minutes – Friday, July 08, 2022

Attendance: Abdul-Rahmaan I. Muhammed, Abigail Pepin, Alexandrino Rivera, Alice Farrell, Ally Julian, Amanda Kneff, Amy Hilario, Amy Marracino, Andre Gibbs, Andrea Goetz, Arianna Alcorn, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Candice Capotorto, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario, Carol Campbell, Damaris Cox, Danielle Verderame, Darrin McCalla, Donaicis Alers, Donald Vail, Doris Maldonado, Dorothy Cimmino, Drew Lavallee, Eileen, Elsa, Erika Rivera, Falinda King, Gabrielle Hall, Heather McNeil, iPhone-Rossie, Jackie Cook, Jean Alberghini, Jennifer Bellamy, Jenny Bridges, Jess Greenwood, Jules Calabro, Karen Delane, Keisha Martin-Velez, Kris Noam, Latasha Thomas, Linda, Lindsay Kyle, Lisa Candels, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, M. Alex Geertsma, Maguena Deslandes, Mai Kader, Maureen O'Neil-Davis, Melanie Flaherty, Melanie Wilde-Lane, Melissa Milardo, Michelle Leibovitz, Nan Arnstein, Nancy Ninesling, Neva Caldwell, Patricia Gaylord, Patrick McCormack, Penny Lemery, Peter Samenfink, Paul Guerrero, Quiana Mayo, Rebecca LaMarre, Renee Wright, Ronnie Vollano, Rosa, Sabina Griffith, Sabra Mayo, Sam Galloway, Sandra Rivera, Sarah Kirchman, Sebastian Spencer, Sergio Alvarez, Sharon Davis, Shereffia Francis, Shi-maine Holmes, Solai's Demorest, Stephney Springer, Tania Santana, Tanja Larsen, Tarsha, Taylor Ford, Tim Cunningham, V. Thaxter, Victoria Giordano, Wanda Roman, Xavier Williams, Yolanda Stinson, Yrama-Spanish Interpretor, Yvette Cortez, Zenaida Mora, Zosh Flammia, and five call-in numbers

Welcome and Introductions

- Meeting began at 10:06 a.m.

Review of 2022 Priority Areas Reviewed

1. Pediatric primary care and behavioral health care integration
2. Disparities and access to cultural appropriate care
3. Access to comprehensive array of services and support

Agency Updates

1. DMHAS – Amy Marracino covering for Jenn Abbatemarco

- As of 7/1/22, services provided within residential substance use treatment facilities that were previously funded by DMHAS are now Medicaid reimbursable under the CT 1115 substance use disorder demonstration
 - Beacon Health Options now authorizing treatment based on medical necessity and level of care guidelines. Should help to increase access to critical levels of services, tailor the service needs (ex: length of stay) and will increase identification, initiation, engagement and treatment for people with substance use disorders
 - Goal is to reduce overdose deaths, particularly due to opioids and will hopefully help with reduction of utilization of ED departments and inpatient hospital settings for the treatment of substance use disorder
- 988 national crisis number is rolling out soon for individuals in crisis so that we have 24/7 crisis services seven days a week
- Adding positions to both state operated and private nonprofit agencies to give them additional dollars through ARPA funds for the in-person 24/7 coverage needed to sustain
- ACCESS Mental Health for Moms program is a new resource for obstetric, pediatric and adult primary care, and psychiatric providers to effectively identify and manage depression and other mental health and substance use concerns in pregnant and postpartum women

2. Department of Education - no representative, no report

3. Department of Juvenile Justice Services – Carmen Hernandez

- Awarded two community providers with the credible messenger program grants:
CJR- Connecticut Jr. Republic for the Waterbury area & YEP- Youth Advocate Program for Bridgeport, Hartford and New Haven
-Individuals will be hired by these agencies to provide mentoring, case management, group services, family engagement, community resources, etc.
-Credible messengers are individuals with lived experiences
- Other grant is for the employer recruitment services that was awarded to The Workplace in Bridgeport for services in Bridgeport, New Haven, and Hartford. This agency will recruit employers that will hire our youth that are involved in the Juvenile Justice system
- Q: How can someone apply to be a credible messenger? A: Agencies have their criteria but the contact information for those agencies will be emailed to the CBHAC distribution list so that individuals can contact them directly on how to apply
- Q: Is the information available in Spanish? A: Will work on getting it documents in Spanish to the group
- A request was made by an attendee: All information disseminated through CBHAC from state departments should be available in both Spanish and English moving forward. Request will be considered as it matches one of the group's priority areas for 2023

4. Department of Social Services – Donaicis Alers covering for Rod Winstead

- Transportation Access for covered Connecticut program was of July 1, 2022 which is now covering dental and non-emergency medical transportation for all eligible individuals under the covered Connecticut program and the dental will mimic that of Husky health dental for any members of a and Husky A and B
- The non-emergency medical transportation will offer services for any public transit, wheelchair accessible vehicles or will also reimburse mileage for its eligible members. It will require members to call for any transportation appointments 48 hours in advance. Requires five business days for any advance appointments in regards to transit, transportation, and additional information found at accesshealth.com
- Q: Who is the contact person for DSS now that Rod Winstead has retired? A: Contact person will be Keri Lloyd keri.lloyd@ct.gov

5. Department of Children and Families – Bethany Zorba

- Dr. Frank Gregory will be replacing Tim Marshall as Unit Health Administrator. Dr. Gregory was the Superintendent at Solnit
- New program going out for procurement is the Urgent Care Centers. Will serve children needing emergency psychiatric care instead of Emergency Departments. Will be up to a two week sub-acute service for children to stabilize.
- Another new program just launched is the Intensive Transitional Care Management program (ITCM), which is a care coordination type model. Program to serve youth in emergency departments awaiting a next level of care and hospitals can refer these children and families to this program. A care coordinator will go to the hospital or the home to assist the family.
- Q: What outreach is DCF doing to reach out to the hospitals that really are in direct service for children? A: Unable to discuss anything regarding the procurement but once it is procured the information will be shared here.

6. Office of Early Childhood- no report

Monthly Presentation- Family First by Dr. Sharon Davis (see presentation slides)

- Q: Will the youth that have been referred to juvenile review boards (JRBs) have or are families have access to the services that juvenile justice provides? A: The child would have to fit into one of the candidacy populations.
- Question about special education involvement and Family First working together. A: Family First is family driven and families are going to identify what their needs are. The entity will be responsible for that coordination to ensure that those services work in the family's best interest.
- Q: How can families access this program, as it is similar to the voluntary services program? A: Family can call the DCF Careline directly and ask for voluntary services or the family can refer themselves directly to the Care Management Entity

Community Announcements

- Dr. Alice Farrell is co-facilitating another round of Parent Cafes with AFCAMP. These sessions are to discuss protective factors with all elements around supporting families to prepare them to get involved and to increase their involvement in their children's education

Next meeting: September 9, 2022 (NO AUGUST 2022 MEETING)

NOT FINAL

Comité Asesor de Salud Conductual Infantil (CBHAC)
Acta - Viernes, 08 de julio de 2022

Asistencia: Abdul-Rahmaan I. Muhammed, Abigail Pepin, Alexandrino Rivera, Alice Farrell, Ally Julian, Amanda Kneff, Amy Hilario, Amy Marracino, Andre Gibbs, Andrea Goetz, Arianna Alcorn, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Candice Capotorto, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario, Carol Campbell, Damaris Cox, Danielle Verderame, Darrin McCalla, Donaicis Alers, Donald Vail, Doris Maldonado, Dorothy Cimmino, Drew Lavalley, Eileen, Elsa, Erika Rivera, Falinda King, Gabrielle Hall, Heather McNeil, iPhone-Rossie, Jackie Cook, Jean Alberghini, Jennifer Bellamy, Jenny Bridges, Jess Greenwood, Jules Calabro, Karen Delane, Keisha Martin-Velez, Kris Noam, Latasha Thomas, Linda, Lindsay Kyle, Lisa Candels, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, M. Alex Geertsma, Maguena Deslandes, Mai Kader, Maureen O'Neil-Davis, Melanie Flaherty, Melanie Wilde-Lane, Melissa Milardo, Michelle Leibovitz, Nan Arnstein, Nancy Ninesling, Neva Caldwell, Patricia Gaylord, Patrick McCormack, Penny Lemery, Peter Samenfink, Paul Guerrero, Quiana Mayo, Rebecca LaMarre, Renee Wright, Ronnie Vollano, Rosa, Sabina Griffith, Sabra Mayo, Sam Galloway, Sandra Rivera, Sarah Kirchman, Sebastian Spencer, Sergio Alvarez, Sharon Davis, Shereffia Francis, Shi-maine Holmes, Solai's Demorest, Stephney Springer, Tania Santana, Tanja Larsen, Tarsha, Taylor Ford, Tim Cunningham, V. Thaxter, Victoria Giordano, Wanda Roman, Xavier Williams, Yolanda Stinson, Yrama-Spanish Interpretor, Yvette Cortez, Zenaida Mora, Zosh Flammia, and five call-in numbers

Bienvenida y presentaciones

- La reunión comenzó a las 10:06 a.m.

Revisión de las áreas prioritarias de 2022

1. Integración de la atención primaria pediátrica y la atención de la salud conductual
2. Desigualdades y acceso a atención culturalmente apropiada
3. Acceso a un conjunto integral de servicios y apoyos

Actualizaciones de las agencias

1. DMHAS - Amy Marracino cubriendo a Jenn Abbatemarco

- A partir del 7/1/22, los servicios prestados dentro de las instalaciones residenciales de tratamiento del consumo de sustancias que antes eran financiados por el Departamento de Servicios para la Salud Mental y la Adicción (DMHAS, por sus siglas en inglés) son ahora reembolsables por Medicaid de acuerdo con la demostración del trastorno del consumo de sustancias CT 1115.
 - Beacon Health Options autoriza ahora el tratamiento con base en la necesidad médica y en las pautas de nivel de atención. Debería ayudar a aumentar el acceso a los niveles críticos de servicios, adaptar las necesidades del servicio (por ejemplo, la duración de la estancia) y aumentará la identificación, la iniciación, el compromiso y el tratamiento de las personas con trastornos por consumo de sustancias.
 - El objetivo es reducir las muertes por sobredosis, en particular aquellas debidas a los opiáceos, y se espera que ayude a reducir la utilización de los servicios de urgencias y los centros hospitalarios para el tratamiento de los trastornos por consumo de sustancias.
- El número nacional de crisis 988 se implementará en breve para las personas en crisis, de modo que dispongamos de servicios de crisis 24/7 los siete días de la semana.
- Añadir puestos a las agencias estatales y a las privadas sin fines de lucro para proporcionarles dólares adicionales a través de los fondos ARPA para poder mantener la cobertura personal 24 horas al día, 7 días a la semana.
- El programa ACCESS Mental Health for Moms es un nuevo recurso para que los proveedores de atención primaria obstétrica, pediátrica y de adultos, así como los psiquiatras, identifiquen y traten eficazmente la depresión y otros problemas de salud mental y de consumo de sustancias en las mujeres embarazadas y posparto.

2. Departamento de Educación - Sin representante (no hay informe)

3. Departamento de Servicios de Justicia de Menores - Carmen Hernández

- Concedió a dos proveedores comunitarios las subvenciones del programa de mensajeros creíbles: CJR- Connecticut Jr. Republic para la zona de Waterbury y YEP- Youth Advocate Program para Bridgeport, Hartford y New Haven
 - Las personas serán contratadas por estas agencias para proporcionar tutoría, administración de casos, servicios grupales, participación familiar, recursos comunitarios, etc.
 - Los mensajeros creíbles son personas con experiencias vividas
- Otra subvención es para los servicios de contratación de empleadores que se concedió a The Workplace en Bridgeport para los servicios de Bridgeport, New Haven y Hartford. Esta agencia reclutará empleadores que contraten a nuestros jóvenes que están involucrados en el sistema de Justicia de Menores
- P: ¿Cómo puede alguien solicitar ser un mensajero creíble? R: Las agencias tienen sus propios criterios, pero la información de contacto de esas agencias se enviará por correo electrónico a la lista de distribución del Comité Asesor de Salud Conductual Infantil (CBHAC, por sus siglas en inglés) para que las personas puedan ponerse en contacto directamente con ellas sobre cómo presentar la solicitud.
- P: ¿La información está disponible en español? R: Trabajaré en la obtención de documentos en español para el grupo.
- Un asistente hizo una petición: Toda la información difundida por los departamentos estatales a través del CBHAC debería estar disponible tanto en español como en inglés. La solicitud se tendrá en cuenta si coincide con una de las áreas prioritarias del grupo para 2023.

4. Departamento de Servicios Sociales – Donaicis Alers cubriendo a Rod Winstead

- El acceso al transporte para el programa Covered Connecticut comenzó el 1 de julio de 2022, y ahora cubre el transporte dental y el transporte médico no de emergencia para todas las personas elegibles en el programa Covered Connecticut, y la cobertura dental imitará la de Husky Health para todos los miembros de los programas Husky A y B.
- El transporte médico no de emergencia ofrecerá servicios para cualquier transporte público, vehículos accesibles para sillas de ruedas o también reembolsará el kilometraje a sus miembros elegibles. Requerirá que los miembros llamen para cualquier cita de transporte con 48 horas de antelación. Requiere cinco días hábiles para cualquier cita concertada en relación con el tránsito, el transporte y la información adicional que se encuentra en accesshealth.com.
- P: ¿Quién es la persona de contacto del DSS ahora que Rod Winstead se ha jubilado? R: La persona de contacto será Keri Lloyd keri.lloyd@ct.gov

5. Departamento de Niños y Familias: Bethany Zorba

- El Dr. Frank Gregory reemplazará a Tim Marshall como Administrador de la Unidad de Salud. El Dr. Gregory fue el Superintendente en Solnit.
- El nuevo programa que saldrá a concurso es el de los Centros de atención de urgencia. Servirá a los niños que necesitan atención psiquiátrica de emergencia en lugar de los Departamentos de emergencia. Será un servicio subagudo de hasta dos semanas para que los niños se establezcan.
- Otro programa nuevo que se acaba de lanzar es el programa de Gestión de Cuidados Transitorios Intensivos (ITCM), que es un modelo de coordinación de cuidados. Se trata de un programa para atender a los jóvenes que se encuentran en los servicios de urgencias a la espera de un siguiente nivel de atención, y los hospitales pueden remitir a estos menores y a sus familias a este programa. Un coordinador de atención irá al hospital o al hogar para asistir a la familia.
- P: ¿Qué difusión está realizando el DCF para llegar a los hospitales que realmente están al servicio directo de los niños? R: No se puede hablar de nada en relación con la adquisición, pero una vez que se consiga, la información se compartirá aquí.

6. Oficina de la Primera Infancia- (no hay informe)

Presentación mensual- Family First por la Dra. Sharon Davis (ver diapositivas de la presentación)

- P: ¿Los jóvenes que han sido remitidos a las juntas de revisión de menores (JRB) o las familias tienen acceso a los servicios que proporciona la justicia de menores? R: El menor tendría que encajar en una de las poblaciones candidatas.
- Pregunta sobre la participación de la educación especial y Family First trabajando juntos. R: Family First está dirigido a las familias y éstas van a identificar sus necesidades. La entidad se encargará de esa coordinación para garantizar que esos servicios funcionen en beneficio de la familia.
- P: ¿Cómo pueden acceder las familias a este programa, ya que es similar al programa de servicios voluntarios? R: La familia puede llamar directamente a la línea de atención del DCF y solicitar servicios voluntarios o la familia puede remitirse directamente a la entidad de gestión de la atención.

Anuncios a la comunidad

- La Dra. Alice Farrell está cofacilitando otra ronda de Cafés de padres y madres con AFCAMP. Estas sesiones son para discutir los factores de protección con todos los elementos en torno a apoyar a las familias para prepararlos para participar y aumentar su participación en la educación de sus hijos.

Próxima sesión: 9 de septiembre de 2022 (NO HABRÁ REUNIÓN EN AGOSTO EN 2022)

NOT FINAL

Children's Behavioral Health Advisory Committee (CBHAC)

&

Statewide Council of Community Collaboratives Joint Meeting

Minutes – Friday, November 05, 2021

Attendance: Gabrielle Hall, Nan Arnstein, Dr. M. Alan Geertsma, Alexandra Moss, Alexandrino Rivera, Allen Frommelt, Amy Hilario, Andrea Duarte, Andrea Salazar, Andrew Lavallee, Antonio Thomas, Barbara Lanza, Benita Toussaint, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Cara Manzari, Carlos Duenas, Carmen Hernandez, Carol Campbell, Carolina Serna, Carolyn Westerholm, Cindy Hernandez, Cindy (?), Cynthia Renner, Daniela Giordano, Danielle Verderame, Donald Vail, Donyale Pina, Doris Maldonado, Dorothy Cimmino, Ellender Mathis, Elsa (?), Erica Charles, Frank Brady, Gennie Busse, Glorimar Teixeira, Graciela Davila, Janette Hernandez, Jeana Bracey, Jennifer Abbatemercio, Jennifer Foss, Jennifer Raymond, Jenny Bridges, Jo Hawke, Judith Eisenberg, Karen Delane, Keisha Martin Velez, Kelly Waterhouse, Liz Gaffney, Lois Berkowitz, Lyne Landry, Mai Kader, Maria Luisa Feliciano, Maureen Oneill Davis, Melissa Kremmel, Michael Wynne, Michelle Leibovitz, Monica Smith, Paige Trevethan, Paul Guerrero, Paula Patton, Penny Lemery, Quiana Mayo, Ray Bieber, Renee Wright, Rod Winstead, Ronnie Vollano, Rosa Serrano, Sabra Mayo, Sage Desovich, Sandra Assanowicz, Sarah Kirchmann, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Solai's Demorest, Stephen Jacobsen, Tarsha Calloway, Tanja Larsen, Taylor Ford, Tim Cunningham, Tim Marshall, Victoria Giordano, Wanda Roman, Yvette Cortez, Zosh Flammia, and eight phone numbers.

Welcome and Introductions

Meeting began at 10:03 a.m. Reviewed CBHAC's mission and purpose as well as Zoom controls and ground rules.

- Children's Behavioral Health Advisory Committee and the statewide Council of community collaboratives joint meeting for November. The joint meetings happen twice a year
- November is National Adoption Month. We encourage people if you know of anybody who would love to be a foster parent as well. They are in great need these days

Review of 2021 Priority Areas (reviewed with participants)

1. Disparities in access to culturally appropriate care
 2. Family & Youth Engagement
 3. Access to a Comprehensive array of services and supports
- Next month for December 2021's meeting voting members will be able to vote on what the priorities areas should be moving forward

Monthly Presentations

Statewide Council of Community Collaborative Survey presented by Lynn Landry and Drew Lavallee (see presentation slides)

- **Question:** What is CBHAC's present membership and are there any slots open? **Answer:** Reviewing membership now and reaching out to current members. Openings will be determined soon and chairs will provide guidance for filling membership slots.
- **Question:** Do we know why the data shows a lack of parent involvement in community collaboratives? **Answer:** The survey responses do not answer this. This is something that you would bring back to your local community collaborative and discuss to increase engagement. SCCC continues to explore ways to increase family engagement. How do we identify user involvement? There's no prescription on that in our bylaws. And I think it's up to each individual collaboratives to define that and be creative on how they make that happen and what participation that they will want and how to make participation happen within their

New 988 system presented by Tim Marshall in Andrea Duarte (see presentation slides)

- **Question:** What are some of the components that are not yet in place for the 988 system? **Answer:** The only thing we didn't cover were the crisis facilities because, the community based crisis stabilization service concept is not something CT currently has for either child or adult. In the concept of a community based stabilization there are access to two beds for shorter stays, which are different than an emergency room or inpatient hospitalization
- **Question:** How culturally responsive were you as far as some of the stakeholders being a part of the implementation of planning to come up with this design in the system? **Answer:** We have a very diverse coalition and some individuals who are on the call today are members of the coalition. We also performed 10 focus groups across the state. A consultant worked with our state regional Behavioral Health Action organizations to engage community members and we had a very broad dissemination of the survey

Agency Updates

1. Department of Children and Families- Tim Marshall

- DCF continues to be very focused on eliminating disparities, racial justice projects, and health equity (working with agencies to develop and support their own health equity plan and implement that the National CLAS standards)
- There is a crisis right now across the state with too many kids being stuck in the emergency department. Those in crisis are encouraged to use mobile crisis (211) as an alternative versus just going to the emergency department.

- A number of commissioners have facilitated an incident command structure and are meeting weekly, parallel to the CT Hospital Association- Incident Command meeting
- There are efforts to increase the inpatient bed capacity throughout CT both on the private side and in the state

2. Department of Juvenile Justice Services- CSSD Barbara Lanza

- Requests For Proposals (RFP) are out and community based providers are encouraged to respond.
- We have a credible messenger RFP, which is new. Looking for services for our youth under probation. There's a bidder's conference on 11/9 for people to hear more.

3. DMHAS- Jenn Abbatemarco

- Primary focus right now around the rollout and implementation of 988 mental health and crisis line.
- Also focused on enhancing first episode psychosis (FEP) services and supports within Young Adult Services. Continued focus on strengthening engagement with young people by having individuals with lived experience embedded in our teams
- In October, nine young adults graduated from Recovery University or are now recovery support specialists and that's a job for individuals that we hire as well as our contracted private nonprofit providers, so that young people with lived experience in mental health and substance use can actually work as part of our teams to continue to engage young people around this issue
- We were awarded a federal grant from SAMHSA (Substance Abuse and Mental Health Services Administration) for five years called Connecticut Stay Strong and we're able to offer mental health services to young people between the ages of 16 and 25
- Partnering with CMHA (Community Mental Health Affiliates) in New Britain and Intercommunity Mental Health Center in East Hartford. If anyone has a young person who could benefit from more mental health support and services, you should feel free to reach out to me and I will help to link you with the contact person

4. Department of Education - Scott Newgass (no report)

5. Department of Social Services – Rod Winstead

- Numerous ongoing initiatives, not the least of which is our CHES initiative, which is the Connecticut housing and engagement and support services initiative. Goal to help with the governor and state plans to end homelessness in our state
- Integrated Care for Kids initiative continues. We were one of eight states who received a grant to start an innovative Child Services and delivery system here in Connecticut
- Working on the substance use disorder waiver along with DCF, Department of Public Health and other partners to address the inpatient bed capacity issue

- The department is ready to launch My DSS which is a mobile friendly app that people can use on their Apple or Android phone that assists members to more readily have access to benefits
- The department is approved and is working on expanding enhanced care clinics here in the state. No go-live date for all the new sites but goal is to increase access in certain areas in CT.

6. Office of Early Childhood- (no report)

Community Announcements

- The Connecticut Developmental Disabilities Council has a new Requests for Applications and a five year plan and we're inviting local and statewide organizations and even independent people with grassroots that have a plan to support developmental disabilities
- The Juvenile Justice Parent and Youth Advisory Board will be having their next connecting community chat in person at the Hartford Public Library at the Lyric at the New Park Street Branch on November 22 at 6pm
- There are community agencies helping with funding for winter heating. 211 has openings Section 8, the Charter Oak list just opened up in Hartford

Next meeting: Friday, December 3, 2021 at 10 a.m.

Meeting adjourned 11:48 a.m.

Minutes taken by FAVOR, Inc.

Reunión del Comité Asesor de Salud conductual Infantil (CBHAC)

y el

Consejo Estatal de Representantes de la Comunidad

Acta - Viernes 5 de noviembre de 2021

Asistencia: Gabrielle Hall, Nan Arnstein, Dr. M. Alan Geertsma, Alexandra Moss, Alexandrino Rivera, Allen Frommelt, Amy Hilario, Andrea Duarte, Andrea Salazar, Andrew Lavalley, Antonio Thomas, Barbara Lanza, Benita Toussaint, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Cara Manzari, Carlos Duenas, Carmen Hernandez, Carol Campbell, Carolina Serna, Carolyn Westerholm, Cindy Hernandez, Cindy (?), Cynthia Renner, Daniela Giordano, Danielle Verderame, Donald Vail, Donyale Pina, Doris Maldonado, Dorothy Cimmino, Ellender Mathis, Elsa (?), Erica Charles, Frank Brady, Gennie Busse, Glorimar Teixeira, Graciela Davila, Janette Hernandez, Jeana Bracey, Jennifer Abbatemerco, Jennifer Foss, Jennifer Raymond, Jenny Bridges, Jo Hawke, Judith Eisenberg, Karen Delane, Keisha Martin Velez, Kelly Waterhouse, Liz Gaffney, Lois Berkowitz, Lyne Landry, Mai Kader, Maria Luisa Feliciano, Maureen Oneill Davis, Melissa Kremmel, Michael Wynne, Michelle Leibovitz, Monica Smith, Paige Trevethan, Paul Guerrero, Paula Patton, Penny Lemery, Quiana Mayo, Ray Bieber, Renee Wright, Rod Winstead, Ronnie Vollano, Rosa Serrano, Sabra Mayo, Sage Desovich, Sandra Assanowicz, Sarah Kirchmann, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Solai's Demorest, Stephen Jacobsen, Tarsha Calloway, Tanja Larsen, Taylor Ford, Tim Cunningham, Tim Marshall, Victoria Giordano, Wanda Roman, Yvette Cortez, Zosh Flammia, and eight phone numbers.

Bienvenida y presentaciones

La reunión comenzó a las 10:03 a.m. Se revisó la misión y el propósito, y también los controles de Zoom y las reglas básicas.

- Reunión del Consejo Estatal de Representantes de la Comunidad y el Comité Asesor de Salud Conductual Infantil de noviembre. Las reuniones se realizan dos veces al año.
- Noviembre es el Mes Nacional de la Adopción. Los alentamos a que remitan a las personas que conozcan y que les gustaría ser padres transitorios como ustedes. En esta época las necesitamos mucho.

Revisión de las áreas prioritarias de 2021 (revisadas con los participantes)

1. Diferencias en el acceso a atención culturalmente apropiada
 2. Participación familiar y juvenil
 3. Acceso a un conjunto integral de servicios y apoyos
- El mes próximo, para la reunión de diciembre de 2021, los votantes podrán votar las áreas prioritarias en las que desean avanzar.

Presentaciones mensuales

Encuesta del Consejo estatal de Representantes de la Comunidad presentada por Lynn Landry y Drew Lavallee (ver diapositivas de presentaciones)

- **Pregunta:** ¿Qué es la membresía actual de CBHAC y hay vacantes disponibles?

Respuesta:

Revisión de la membresía ahora y comunicación con miembros actuales. Las vacantes se determinarán pronto y los coordinadores ofrecerán orientación para ocupar las membresías vacantes.

- **Pregunta:** ¿Sabemos por qué los datos muestran falta de participación de los padres con los representantes de la comunidad? **Respuesta:** Las respuestas a la encuesta no responden esto. Esto es algo que llevará de regreso a su representante comunitario local y discutirá para aumentar la participación. SCCC sigue explorando formas de aumentar la participación familiar. ¿Cómo identificamos la participación de los usuarios? No hay disposiciones al respecto en nuestros estatutos. Y creo que depende de cada representante individual definir y ser creativos sobre cómo hacen que esto ocurra, qué participación querrán y cómo posibilitar la participación en su

Nuevo sistema 988 presentado por Tim Marshall en Andrea Duarte (ver diapositivas de presentaciones)

- **Pregunta:** ¿Cuáles son algunos de los componentes que todavía no están cubiertos en el sistema 988? **Respuesta:** Lo único que no cubrimos fueron las instalaciones para crisis ya que el concepto de servicio comunitario de estabilización de crisis no es algo que exista actualmente en CT para niños ni adultos. En el concepto de estabilización comunitaria, hay acceso a dos camas para estancias cortas, que es diferente de una sala de emergencias o una hospitalización.
- **Pregunta:** ¿Cuán culturalmente receptivos fueron teniendo en cuenta que algunos de los participantes forman parte de la implementación de la planificación para proponer este diseño en el sistema? **Respuesta:** Tenemos una coalición muy diversa y algunas personas que participan en la llamada hoy son miembros de esa coalición. También formamos 10 grupos de enfoque en todo el estado. Un asesor trabajó con nuestras organizaciones estatales y regionales de Acción de la salud conductual para involucrar a miembros de la comunidad, y realizamos una distribución muy amplia de la encuesta.

Actualizaciones de las agencias

1. Departamento de Niños y Familias - Tim Marshall

- El DCF sigue muy enfocado en eliminar diferencias, en proyectos de justicia racial y en equidad en la salud (trabajando con agencias para desarrollar y apoyar su propio plan de equidad en salud e implementar las normas nacionales CLAS).
- Actualmente existe una crisis en el estado ya que hay demasiados niños atestados en el departamento de emergencias. A las personas en crisis se les

recomienda que usen el contacto de crisis móvil (211) como una alternativa frente a acudir al departamento de emergencias.

- Algunos comisionados facilitaron una estructura de comando de incidentes y se reúnen semanalmente, en paralelo con la reunión de la Asociación de hospitales de CT - Comando de incidentes.
- Se están realizando esfuerzos por aumentar la capacidad de camas de internación en todo CT tanto en el sector privado como estatal.

2. Departamento de Servicios de Justicia Juvenil - CSSD Barbara Lanza

- Ya lanzamos las Solicitudes de propuestas (RFP) y alentamos a los proveedores de la comunidad a responder.
- Tenemos una nueva RFP con mensajero creíble, que es nuevo. Buscamos servicios para nuestros jóvenes en libertad condicional. Se realizará una conferencia de oferentes el 11/9 para que las personas reciban más información.

3. Departamento de Servicios para la Salud Mental y la Adicción (DMHAS) - Jenn Abbatemarco

- Foco principal actual en relación con la disposición e implementación de la línea 988 para asistencia en salud mental y crisis.
- También se centran en mejorar los servicios de primer episodio de psicosis (FEP) y apoyos dentro de los servicios para adultos jóvenes. se sigue trabajando en fortalecer la participación con jóvenes al contar en nuestros equipos con personas con experiencias vividas.
- En octubre, nueve adultos jóvenes se graduaron de Recovery University o ahora son especialistas en apoyo durante la recuperación, y ese en un trabajo para personas que contratamos como también para los proveedores privados sin fines de lucro contratados, de modo que personas jóvenes con experiencia vivida en salud mental y consumo de sustancias puedan trabajar como parte de nuestros equipos para seguir alentando a los jóvenes en este sentido.
- Recibimos un subsidio de SAMHSA (siglas en inglés para Administración de servicios contra el abuso de sustancias y para la salud mental) por cinco años llamado Connecticut Stay Strong y podemos ofrecer servicios de salud mental a jóvenes de 16 a 25 años.
- Asociación con CMHA (filiales comunitarias para la salud mental) en New Britain y con el Centro intercomunitario de salud mental en East Hartford. Si alguien conoce a un joven que se beneficiaría de más apoyo y servicios de salud mental, no dude en comunicarse conmigo y le ayudaré a comunicarse con la persona de contacto.

4. Departamento de Educación - Scott Newgass (no hay informe)

5. Departamento de Servicios Sociales – Rod Winstead

- Numerosas iniciativas continuas, de igual importancia que nuestra iniciativa CHES, que es la iniciativa de vivienda, participación y servicios de apoyo de Connecticut. El objetivo

es ayudar con los planes del gobernador y el estado para que no haya más personas sin hogar en nuestro estado.

- Continúa la iniciativa integrada Care for Kids. Fuimos uno de los ocho estados que recibieron un subsidio para iniciar un sistema innovador de servicios infantiles y parto aquí en Connecticut.
- Trabajar en la exención por trastorno por consumo de sustancias junto con el DCF, el Departamento de Salud Pública y otros socios para abordar el problema de capacidad de camas de internación.
- El departamento está listo para lanzar My DSS, que es una aplicación móvil fácil de usar que las personas pueden instalar en sus teléfonos Apple o Android y que ayuda a los miembros a acceder de forma más directa a beneficios.
- El departamento está aprobado y trabaja en la expansión de clínicas de atención mejorada en el estado. No hay fecha de lanzamiento para todos estos sitios nuevos, pero el objetivo es aumentar el acceso en ciertas áreas de CT.

6. Oficina de la Primera Infancia (no hay informe)

Anuncios a la comunidad

- El Consejo de discapacidades del desarrollo de Connecticut tiene nuevos Requerimientos de solicitudes y un plan de cinco años, y estamos invitando a organizaciones locales y de todo el estado, e incluso a personas individuales de base popular que tengan un plan para apoyar las discapacidades del desarrollo.
- El Consejo asesor en justicia juvenil para padres y jóvenes realizará la próxima charla de conexión comunitaria en persona en la biblioteca pública de Hartford, en la sucursal de New Park Street de Lyric, el 22 de noviembre a las 6 p.m.
- Hay agencias comunitarias que ayudan con fondos para la calefacción durante el invierno. 211 tiene vacantes para Section 8, la lista de Charter Oak acaba de abrirse para Hartford

Próxima reunión: Viernes 3 de diciembre de 2021 a las 10 a.m.

La reunión terminó a las 11:48 a.m.

Acta escrita por FAVOR, Inc.

Comité Asesor de Salud Conductual Infantil (CBHAC)

Acta - Viernes 3 de diciembre de 2021

Asistencia: Nan Arnstein, Dr. M. Alan Geertsma, Abigail Pepin, Alexandrino Rivera, Allen Frommelt, Allyson Nadeau, Amy Knep, Amy Hilario, Andrea Salazar, Andrew Lavalley, Antonia Edwards, Antonio Thomas, Becky Smith, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario Carolina Serna, Carol Campbell, Cheri Brown, Cindy Hernandez, Cindy Thomas, Daniela Giordano, Danielle Verderame, Darrin McCalla, De Popkin, Donald Vail, Doris Maldonado, Dorothy Cimmino, Ellender Mathis, Elsa Rodriguez, Erica Charles, Frank Brady, Gennie Busse, Glorimar Teixeira, Grace Grinnell, Graciela Davila, Jennifer Abbatemerco, Jennifer Raymond, Jenny Bridges, Jo Hawke, Judith Eisenberg, Jules Calabro, Karen Delane, Katia Astudillo, Keisha Martin Velez, Kelly Waterhouse, Kitty Foley Tyrol, Kristin Graham, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, Maguena Deslandes, Mai Kader, Maria Luisa Feliciano, Maureen Oneill Davis, Melanie Flaherty, Melissa Kremmel, Michael Wynne, Michelle Leibovitz, Paul Guerrero, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Rod Winstead, Ronnie Vollano, Rosa Serrano, Sabra Mayo, Sage Desovich, Samantha Innis, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Solai Demorest, Stephen Jacobsen, Tania Santana, Tanja Larsen, Tarsha Calloway, Taylor Ford, Tim Marshall, Tomisha Walker, Wanda Roman, Xavier Williams, Yvette Cortez, Zosh Flammia, and six unidentified participants.

Bienvenida y presentaciones

La sesión comenzó a las 10:03 a. m. Se revisó la misión y el propósito del Comité Asesor de Salud Conductual Infantil (CBHAC), y también los controles de Zoom y las reglas básicas.

Revisión de las áreas prioritarias de 2021 (revisadas con los participantes)

1. Desigualdades en el acceso a atención culturalmente apropiada
2. Participación familiar y juvenil
3. Acceso a un conjunto integral de servicios y apoyos

Actualizaciones de las agencias

Departamento de Servicios de Justicia de Menores - Carmen Hernandez

- Varias solicitudes para propuestas (RFP, por sus siglas en inglés) pendientes, entre ellas una RFP de mensajeros creíbles, una RFP de servicio de reclutamiento laboral, servicio vacacional, una RFP de servicio vocacional
- Invitar a los proveedores de la comunidad que participan de la llamada a que consulten constantemente en nuestro sitio web esas RFP y www.jud.ct.gov
- Estamos analizando nuestra atención continua de menores. La cantidad de niños y adolescentes en nuestros programas ha disminuido considerablemente. No estamos teniendo la cantidad de niños en nuestros programas que solíamos tener
- Estamos experimentando gran cantidad de retiros de agentes de libertad condicional. Habrá una gran cantidad de nuevos agentes de libertad condicional, agentes de libertad condicional de menores, agentes de libertad condicional de adultos

Departamento de Servicios para la Salud Mental y la Adicción (DMHAS, por sus siglas en inglés) - Jenn Abbatemarco

- El Gobernador Lamont nominó a la Comisionada interina Nancy Navarretta como nuestra próxima Comisionada.
- La comisionada nominada y el Sr. Reto, quien es nuestra comisionada en funciones actual y fue nuestra comisionada adjunta, seguirán priorizando el lanzamiento del número 988 del que hemos estado hablando en las últimas sesiones
- Esta Comisionada también mantendrá la atención en la epidemia a nivel nacional del consumo de opioides, pero, en especial, su impacto aquí a nivel local en Connecticut

Departamento de Educación - Scott Newgass

- El Departamento Estatal de Educación (SDE, por sus siglas en inglés) ha puesto la atención en la salud mental desde el regreso a la escuela. Muchas personas están preocupadas por el impacto de la COVID y las restricciones que implica para nuestros jóvenes, su desarrollo social y las relaciones con sus pares
- Ha habido una cantidad de problemas para los que hemos brindado apoyo a los distritos de áreas con respecto a sus necesidades individuales relativas a trastornos de los estudiantes
- El Departamento Estatal de Educación (SDE, por sus siglas en inglés) proporciona financiación total para apoyar la administración de la evaluación de fortalezas estudiantiles de Devereaux (DESSA, por sus siglas en inglés) y estará a disposición de cada escuela para evaluar dónde están sus jóvenes
- Brindar apoyo para el programa Preguntar, persuadir, derivar (QPR, por sus siglas en inglés), que es esencialmente un esfuerzo de prevención del suicidio, pero también proporcionar información básica sobre la comprensión de la salud mental en las situaciones estresantes que la gente afronta
- Apoyar también la expansión de distritos usando SHAPE (siglas en inglés de evaluación de salud mental y desempeño escolar)
- Comisionada Russell Tucker, quien asume una función muy sólida de guiar al departamento para abordar la salud mental estudiantil. Está tratando de desarrollar un piloto para demostrar la colaboración de estas distintas unidades de conocimiento diferenciado sobre el desarrollo de los estudiantes y la intervención estudiantil
- En el sitio web del SDE, EdSight, se comparten datos públicos relacionados con la educación en CT. El sitio identifica las fortalezas y las vulnerabilidades de todos los distritos y escuelas y da un vistazo de la circunscripción y el desempeño estudiantil y solicita opiniones del público
- **Pregunta:** ¿De qué manera el departamento está apoyando el uso de QPR? **Respuesta:** Estamos contratando a los contactos de Connecticut para que el QPR Institute brinde capacitación de capacitadores a nuestros distritos
- **Pregunta:** ¿A qué se parece el lanzamiento del componente socioemocional en las escuelas? ¿Hay algún modelo que se esté usando o cada distrito decide? **Respuesta:** En términos de detección, lo pusimos a disposición y es ahí donde buscamos probarlo y

hacerlo universal a fin de obtener una perspectiva uniforme de lo que está sucediendo en el programa socioemocional que las escuelas utilizan. Se espera que todo el personal en las escuelas sea capacitado e instruido en QPR, incluido personal de apoyo también

- Una normativa similar complementaria que nos exige también hacer un modelo de capacitación para capacitadores, y se supone que debemos capacitar a los distritos de salud locales. Su responsabilidad es entonces capacitar a personas en la comunidad, como un par de los comentarios que se han hecho. En el cuadro de diálogo: Entonces si las escuelas no han capacitado por completo al personal de apoyo que se supone los departamentos de salud deberían haberlo hecho, pero, además, literalmente en la legislación, convoca a personas como orientadores y comunidad religiosa etc., etc. Entonces hay otra normativa de QPR complementaria que respalda los esfuerzos del Departamento Estatal de Educación
- **Pregunta:** ¿Se supervisa el modo en que el distrito obtiene fondos federales debido a la COVID? **Respuesta:** El dinero va directamente a los distritos escolares, que tienen que proporcionar un presupuesto que incluya esos fondos e indique cómo están usando esos fondos con nosotros y que hay un mecanismo de aprobación para eso

Departamento de Servicios Sociales – Rod Winstead

- La Comisionada DeAndre Gifford ha expresado que pretende tomar una decisión para fin de año y en cuanto a un director de Medicaid
- Trabajar en la iniciativa integrada Care for Kids que planeamos presentar pronto
- Aumento del 4.4% para todos nuestros proveedores de salud conductual y sus tarifas. Lo que se pretende con ello es que los proveedores de Medicaid en salud conductual puedan trasladar eso a los salarios para el personal
- Trabajar con todos nuestros socios estatales en cualquier otra cosa que podamos hacer para ayudar a los proveedores con los problemas de dotación de personal que están experimentando en este momento
- Estamos finalizando nuestro plan para aumentar la cantidad de clínicas de atención mejorada. Publicaremos esa información a la brevedad para lograrlo, a fin de que tengamos más clínicas de atención mejorada en el estado de Connecticut
- Acabamos de publicar un boletín informativo para proveedores incentivando a los hospitales psiquiátricos del estado a ampliar la cantidad de camas pediátricas
- **Pregunta:** ¿Podemos tener una actualización sobre Veyo para transporte médico que no sea de emergencia? **Respuesta:** La solicitud de propuestas para el contrato de transporte médico que no sea de emergencia ha finalizado y debería estar saliendo en las próximas dos semanas.

Departamento de Niños y Familias - Tim Marshall

- El DCF y la administración del DSS continúan con su compromiso de reducir y eliminar desigualdades, al igual que continúa nuestro trabajo en justicia racial y equidad en salud tanto dentro como fuera del departamento

- Hay gente aquí que participa en el programa Connect Grant y en la implementación de los estándares nacionales CLAS, y los grupos para que se sumen las agencias siguen en curso.
- Se sigue ofreciendo asistencia técnica gratuita. Si alguien está interesado, no dude en comunicarse
- Tal como mencionó el DSS, el DCF se centra en los desafíos que seguirán presentándose como consecuencia de la pandemia con porcentajes de niños, por momentos mucho más altos que otros, atestados en algunos de nuestros departamentos de emergencia en el estado, en especial en CCMC y Yale
- Apoyamos la asociación de hospitales, que tiene un sistema de comando de incidentes establecido para tratar de reducir la aglomeración en los departamentos de emergencia
- Hay un sistema de comando de incidentes con varios comisionados, entre ellos el DCF que se ha estado reuniendo de manera rutinaria, también semanalmente, para apoyar actividades a fin de tratar de reducir los problemas que están ocurriendo.
- Seguimos supervisando y apoyando a las escuelas a la hora de abordar la salud mental estudiantil lo máximo posible
- La COVID está duplicando los estimativos de jóvenes con problemas de salud mental de un 20 a un 40%. En algunos estimativos, el 50% de todos los niños tiene problemas con algún tipo de necesidad de salud mental. Todos nosotros debemos controlar a nuestros propios hijos para asegurarnos de realmente preguntarles cómo les va y prestar atención
- **Pregunta:** ¿Cómo estamos participando a las familias con necesidades especiales del lanzamiento del sistema 988? **Respuesta:** El gobierno federal ha solicitado a cada estado que desarrolle una campaña en los medios y una campaña de difusión y educativa. Habrá una campaña federal masiva para educar a todas las comunidades en todo el país sobre la implementación del 988 en relación con el 911
- **Pregunta:** ¿Tiene alguna novedad sobre qué está sucediendo con las intervenciones de salud conductual en la primera infancia? **Respuesta:** Una mejora y expansión del trabajo de Child First en el DCF. La Oficina de la primera infancia puede brindar una actualización más detallada, y tienen programado presentar en febrero.
- **Pregunta:** ¿Cuál es la situación de los programas S-FIT con otro modelo de relevo extendido para el estado? ¿Dónde estamos en el reemplazo de ese modelo? **Respuesta:** La capacidad total del SFIT era de 77 camas y, durante varios años, esas camas han estado más del 50% de las veces vacías y, en algunos casos, con solo el 20% de ocupación. En algún momento surgirá un nuevo aprovisionamiento, pero por ahora no hay otros detalles para compartir.

Oficina de la Primera Infancia- (no hay informe)

Presentación de prioridades para 2022 (consultar los folletos o Powerpoints)

- Se lanzó una encuesta y todos tuvieron la oportunidad de indicar cuáles eran las prioridades

- Un comentario realizado fue el de analizar el informe y la situación de las prioridades anteriores
- Se hizo un comentario solicitando que continuáramos con el trabajo sobre las prioridades existentes antes de pasar a otras
- Se indicó que el CBHAC es un organismo legislativo que existe desde principios del 2000. Es un organismo asesor, no un organismo que tome decisiones
- Se comentó que sería útil para este organismo conocer las definiciones actuales de las metas para que las personas sepan qué están votando
- A quienes no tuvieron acceso a la encuesta se les solicitó agregar sus selecciones en el cuadro de diálogo para incluirlas
- Los resultados iniciales se compartieron con el grupo sobre las áreas de prioridad votadas: acceso a un conjunto integral de servicios, integración de la atención primaria pediátrica y la atención de salud conductual, desigualdades en el acceso a atención culturalmente apropiada

Próxima sesión: Viernes 7 de enero de 2022

Se levantó la sesión a las 12:05 p. m.

NOT FINAL

Children's Behavioral Health Advisory Committee (CBHAC)

Minutes – Friday, December 3, 2021

Attendance: Nan Arnstein, Dr. M. Alan Geertsma, Abigail Pepin, Alexandrino Rivera, Allen Frommelt, Allyson Nadeau, Amy Knep, Amy Hilario, Andrea Salazar, Andrew Lavalley, Antonia Edwards, Antonio Thomas, Becky Smith, Beresford Wilson, Bethany Zorba, Brenetta Henry, Briannali Rivera, Cara Manzari, Carmen Hernandez, Carmen Teresa Rosario Carolina Serna, Carol Campbell, Cheri Brown, Cindy Hernandez, Cindy Thomas, Daniela Giordano, Danielle Verderame, Darrin McCalla, De Popkin, Donald Vail, Doris Maldonado, Dorothy Cimmino, Ellender Mathis, Elsa Rodriguez, Erica Charles, Frank Brady, Gennie Busse, Glorimar Teixeira, Grace Grinnell, Graciela Davila, Jennifer Abbatemerco, Jennifer Raymond, Jenny Bridges, Jo Hawke, Judith Eisenberg, Jules Calabro, Karen Delane, Katia Astudillo, Keisha Martin Velez, Kelly Waterhouse, Kitty Foley Tyrol, Kristin Graham, Lindsay Kyle, Lisa Girard, Lisa Palazzo, Lois Berkowitz, Lyne Landry, Maguena Deslandes, Mai Kader, Maria Luisa Feliciano, Maureen Oneill Davis, Melanie Flaherty, Melissa Kremmel, Michael Wynne, Michelle Leibovitz, Paul Guerrero, Penny Lemery, Quiana Mayo, Rebekah Behan, Renee Wright, Rod Winstead, Ronnie Vollano, Rosa Serrano, Sabra Mayo, Sage Desovich, Samantha Innis, Scott Newgass, Sebastian Spencer, Sheila Figueroa, Solai Demorest, Stephen Jacobsen, Tania Santana, Tanja Larsen, Tarsha Calloway, Taylor Ford, Tim Marshall, Tomisha Walker, Wanda Roman, Xavier Williams, Yvette Cortez, Zosh Flammia, and six unidentified participants.

Welcome and Introductions

Meeting began at 10:03 a.m. Reviewed CBHAC's mission and purpose as well as Zoom controls and ground rules.

Review of 2021 Priority Areas (reviewed with participants)

1. Disparities in access to culturally appropriate care
2. Family & Youth Engagement
3. Access to a Comprehensive array of services and supports

Agency Updates

Department of Juvenile Justice Services - Carmen Hernandez

- Several pending RFPs such as Credible Messenger RFP, an employment recruitment service RFP, Vocational Service, Vocational Service RFP
- Encourage community providers on the call to constantly look at our website for those RFPs and it's www.jud.ct.gov
- We are looking at our juvenile continuum of care. The youth in our programs have significantly been reduced. We're not getting the number of kids in our programs that we used to
- Experiencing a lot of retirements of probation officers. Will be a high number of new probation officers, juvenile probation officers, adult probation officers

DMHAS - Jenn Abbatemarco

- Governor Lamont nominated Interim Commissioner Nancy Navarretta as our next Commissioner.
- The nominated commissioner and Mr. Reto, who's our current acting commissioner was our deputy commissioner and will continue to prioritize the rollout of the 988 number which we have talked about the last couple of meetings
- This Commissioner will also maintain a focus on the opioid use epidemic nationally but in particular, its impact here locally in Connecticut

Department of Education - Scott Newgass

- SDE has been focused on mental health since the return to school. A lot of people are concerned about the impact of COVID and the restrictions that it's placed on our youth, their social development, and peer relations
- There have been a number of issues that we've provided support to area districts concerning their individual needs, around student disruptions
- SDE providing full funding to support the administration of the Devereaux Students Strengths assessment (DESSA) and it will be available to every school to assess where their young people are
- Providing support for QPR (Question Persuade, Refer), which is a essentially a suicide prevention effort, but also provides basic information about understanding mental health in the stressors that people face
- Also supporting the expansion of districts using SHAPE (School Health Assessment and Performance Evaluation)
- Commissioner Russell Tucker, taking on a very strong role for guiding the department to address student mental health. She is looking to develop a pilot to prove out the collaboration of these various units of discrete knowledge around student development and student intervention
- SDE's website, EdSight, shares public data related to education in CT. It identifies the strengths and the vulnerabilities of all districts and schools gives a snapshot of student constituency and performance and they're asking for feedback from the public
- **Question:** How is the department supporting use of QPR? **Answer:** We are contracting with the Connecticut contacts for the QPR Institute to provide training of trainers to our districts
- **Question:** What does the rollout of the social emotional component in schools look like? Is there one model being used or is each district deciding? **Answer:** In terms of screening, we've made it available and that's we're looking to try and make that universal so that we get a uniform perspective of what's going on the social emotional curriculum that schools use themselves. The hope is that all staff within schools will be trained and QPR including support staff as well
- A similar accompanying piece of legislation that requires us to also do a train the trainer model and we're supposed to train local health districts. Their responsibility is then to train people in the community like a couple of the comments that have been made. In the chat box: So if schools haven't completely trained support staff that health departments are supposed to do that, but additionally, literally in the legislation, it calls

out people like coaches and faith based community etc, etc. So there's another companion QPR piece of legislation that supports the efforts of State Department of Education

- **Question:** Is there any oversight to the district's getting federal funding because of COVID? **Answer:** The money is going directly to the school districts and they have to provide a budget that incorporates those funds and indicates how they're using those funds with us and that there is an approval mechanism for that

Department of Social Services – Rod Winstead

- Commissioner DeAndre Gifford has said that she intends to make a decision by the end of the year and terms of a Medicaid director
- Working on the Integrated Care for Kids initiative which we plan to present soon
- 4.4% increase to all of our behavioral health providers and their rates. The intent of that is to hopefully be that Medicaid providers on the behavioral health side would be able to pass that on in terms of salaries for staff
- Working with all of our state partners for any other things that we might be able to do to assist providers with the staffing issues that they're experiencing at this time
- We are finalizing our plan to increase the number of enhanced care clinics. We will be putting that information in soon to gain well, so that we will have more enhanced care clinics around the state of Connecticut
- We just issued a provider bulletin incentivizing psychiatric hospitals around state to expand number of pediatric beds
- **Question:** Can we have an update on Veyo for non-emergency medical transportation? **Answer:** The request for proposals for non-emergency medical transportation contract is finalized and it should be going out within the next two weeks.

Department of Children and Families - Tim Marshall

- DCF and DSS administration continue to have a commitment to reducing and eliminating disparities and so our work on racial justice and health equity continues both inside the department and outside of the department
- There's a number of folks here that are involved in the Connect Grant and the implementation of the National CLAS Standards and cohorts for agencies to join are still ongoing.
- Free Technical assistance continues to be offered. If anyone is interested feel free to reach out
- As DSS mentioned, DCF is focused on the challenges that are continuing to occur as a result of the pandemic with some numbers of kids at times much higher than others being stuck in some of our emergency departments around the state, in particular CCMC and Yale
- We are supporting the hospital association, who has an incident command system set up to try to reduce overcrowding in emergency departments

- There is an incident command structure with multiple commissioners of which DCF is one who has been meeting routinely also weekly to also support activities to kind of reduce the problems that are occurring.
- We are continuing to monitor and support schools in addressing student mental health as much as possible
- COVID is doubling the estimates of youth with MH challenges from 20 to 40%. In some estimates, 50% of all kids are struggling with some kind of mental health needs. All of us should check in with our own kids to make sure we're intentional about asking them how well they're doing and paying attention
- **Question:** How are we engaging families with special needs with the rollout of 988 system? **Answer:** The federal government has asked every state to develop media campaign and an outreach and educational campaign. There will be a massive federal campaign to educate all communities throughout the country on what implementation of 988 in relation to 911
- **Question:** Do you have any news about what's going on with early childhood behavioral health interventions? **Answer:** An enhancement and expansion of the Child First work in DCF. Office of Early Childhood can provide a more thorough update and they are scheduled to present in February.
- **Question:** What is the status of the S-FIT programs with another extended respite model for the state, where are we in replacing that model? **Answer:** The total capacity of SFIT was 77 beds, and for multiple years, those beds have been more than 50% empty and in some cases, sometimes as low as 20% full. A new procurement will go out at some point but there are not other details to share at this point.

Office of Early Childhood- (no report)

2022 Priorities Presentation (see handouts or powerpoint)

- A poll was launched and everyone was able to participate on which priorities
- A comment was made about looking at the report and the status of the previous priorities
- A comment was made requesting that we continue to work on the existing priorities before moving to others
- It was stated that CBHAC is a legislative body that's been in existence since earlier than 2000. It is an advisory body, not a decision-making body
- A comment was made that it would be helpful to this body to know the actual definitions on the goals so people know what they are voting on
- Those who did not have access to the poll were asked to put their selections in the chat for inclusion
- Initials results were shared with the group about voted priority areas: access to comprehensive array of services, pediatric primary Care and behavioral health care integration, disparities in access to culturally appropriate care

Next meeting: Friday, January 7th , 2022

Meeting adjourned at 12:05 p.m.

NOT FINAL

**Adult Behavioral Health Planning Council
Meeting Minutes**

Meeting Day/Date:	March 10, 2022 2:00 – 4: 00 PM	
Location:	Teams	
Attendance		
Members Present:	Scott Newgass, Allison Fulton, Gabrielle Hall, Pam Mautte, Allyson Nadeau, Peter Tolisano, Mui Mui Hin-McCormick, Laura Watson, Maureen O’Neil Davis, Nan Arnstein, Michelle Devine	
Staff Present:	Michael Giralmo, Kyle Barrette, Chrishaun Jackson, Tim Marshall (DCF), Bethany Zorba (DCF), Nancy Navarretta (DMHAS)	
AGENDA ITEM:		ACTION
Opening Remarks: Commissioner, Nancy Navarretta	<p>DHMAS Commissioner Nancy Navarretta expressed her appreciation for the committee’s commitment to the process of the planning council, as well as other important information:</p> <ul style="list-style-type: none"> ▪ Much of the DCF and DMHAS’s focus is invested in Child and Adult Mental Health. ▪ We are currently in legislative sessions and DMHAS has an increase in Mobile Crisis dollars with the President’s proposed budget. ▪ DMHAS is in a good place in terms of patient setting: zero staff and zero patients have tested positive for COVID-19. ▪ There are new changes within DMHAS and the Executive staff. Nancy Navarretta has been appointed the new Commissioner, Colleen Harrington, Deputy Commissioner, and Michael Giralmo has a new role as the Chief Data Officer. 	
DCF Update: Tim Marshall	<ul style="list-style-type: none"> ▪ Under development in the Governors proposed budget is to move Mobile Crisis to 24/7. The current amendment going through is for 3 providers to cover the state. The Governor’s budget proposes that all 6 providers cover the state. ▪ DCF has been developing a procurement for a 23-hour urgent crisis center for kids. They will have to be out in less than 24 hours. It cannot be overnight. Hoping that the average length of stay will be 3-4 hours. ▪ There is another proposal for a 1-14 day crisis stabilization bed unit. 	

	<ul style="list-style-type: none"> ▪ The government has a strong commitment to assist with workforce development shortages in the health and mental health care. ▪ The federal government has approved our Family First Prevention Plan for protective services that allows billions of dollars to be spent to help reduce the actual number of kids into child welfare and prevent entry into child welfare. ▪ Proposed Bill 368 is the proposal to codify the Suicide Advisory Board that DMHS, DCF and private foundations have co-facilitated. ▪ DCF continues the work to make the racial justice activities in the Department a priority as it pertains to eliminating disparities in the Department. ▪ *Tim Marshall is retiring May 1st. However, he will be back p/t for 120 days 	
Review of Planning Council: Kyle Barrette	An Overview of the Planning Council; how it was established, and its new structure and designed was presented. (PowerPoint attached)	This update will be sent via email
Planning Council Update: Kyle Barrette	<ul style="list-style-type: none"> ▪ Seeking new membership (recruitment) ▪ Councils “new” structure discussed (Power Point attached) 	This update will be sent via email
Block Grant Update: Kyle Barrette	<ul style="list-style-type: none"> ▪ We received notification yesterday that the House approved the budget and we hope for Senate approval and the President’s signature by the end of the week. ▪ The focus of the next meeting will be to review the Allocation plan 	
	Next Adult Planning Council meeting is June 9, 2022 at 2-4 pm	

**Joint Behavioral Health Planning Council
Meeting Minutes**

Meeting Day/Date:	Thursday, September 9, 2021 2:00 – 4: 00 PM	
Location:	Teams	
Attendance		
Members Present:	Jennifer Abbatemarco, Nan Arnstein, Donna Maselli, Gabrielle Hall, Scott Newgass, Mui Mui Hin-McCormick, Allyson Nadeau, Maureen O’Neil Davis	
Staff Present:	Tim Marshall, Bethany Zorba, Yvette Cortez, Michael Giralmo, Kyle Barrette, Chrishaun Jackson	
AGENDA ITEM:		ACTION
FF 2022 Block Grant Application Overview: Michael Giralmo/ Tim Marshall	<p><u>DMHAS update:</u> <i>PowerPoint Presentation available for this update</i></p> <p>Kyle Barrette was introduced as the new Block Grant Coordinator. Welcome Kyle!</p> <p>* CMH Block Grant amount is \$6,971,987 * SAPT Block Grant amount is \$18, 210, 248</p> <ul style="list-style-type: none"> ▪ The President proposed a budget in April for the upcoming fiscal year. Congress doesn’t vote on the budget until sometime well into the fiscal year. The President’s budget is significantly higher than usual. Congress can accept or change it. If approved, it will increase the MHBG by 122 % (\$15, 511, 833, and the SABG by 105% (\$37,316,441) for the state of Connecticut. ▪ Both SAMHSA and OPM have recommended that the application is based off of last years enacted budget. <ul style="list-style-type: none"> ➤ MHBG has two set asides → 10% for First Episode Psychosis and 5% for Crisis Services ➤ A new set aside for Prevention will be voted on by Congress along with the budget. <p><u>The top 3 priority areas are:</u></p> <ol style="list-style-type: none"> 1. Anxiety 2. Suicide 3. Depression <p><u>The top 5 Levels of Care are:</u></p> <ol style="list-style-type: none"> 1. Emergency Crisis 2. Residential Services/ Supportive Housing 	

	<p>3. ESMI/ FEP 4. Supported Employment 5. Outpatient Services</p> <p>Not all are funded by Medicaid on the MH side. MH dollars help support those areas. We continue to work with IOL and the STEP program</p> <p><u>DCF update:</u></p> <ul style="list-style-type: none"> ▪ DCF receives 30% of the MH block grant which is \$2,091,596. DCF submitted the same spending plan from the previous year (2.7 million). DCF is carrying over \$6000,000of unexpended dollars that largely come from the covid year of unexpended dollars. ▪ There are 12 line items that remain stable. <u>The top 3 highest funded areas are:</u> <ol style="list-style-type: none"> 1. Respite Care for families: part of the Care Coordination, this service is offered to newly enrolled families 2. FAVOR: half of this budget comes from the block grant and is our highest expenditure. The three priority areas of this services are: <ul style="list-style-type: none"> ○ Reduce disparities and to provide appropriate care ○ Develop full access to full service array for all kids and families ○ Family and youth engagement 3. Suicide Prevention: for children and families who have serious ED or MH challenges and are receiving services. ▪ DCF has exceeded the 10% set aside on the children’s serving side. Money is split between Yale, IOL, and Beacon Health Options. ▪ We also support the STEP program at Yale to develop a learning community collaborative to help child guidance clinics/centers to develop expertise around early psychosis or diagnosis. 	
	<p><u>SAPT BG Update:</u></p> <p>There will be changes in the SAPT grant this year. The 1115 Waiver which was scheduled to go live on October 1, 2021 has been pushed back to November 1, 2021.</p> <ul style="list-style-type: none"> ▪ Adult residential services are not coming out of the DMHAS budget but switching over to Medicaid. Adult SA residential services are not reimbursable by DMHAS but Medicaid. ▪ 70 % of the Substance Use residential programs that are currently funded by the SAPT block grant, will now be funded by other mechanisms. ▪ DMHAS will still fund unentitled levels of care and will also support providers with expenses that are not covered by Medicaid. 	<p>Carol requested a breakdown of the 26% Prevention and Health Promotion allocation</p>

	<p>A list of levels of care and programs that will remain fully funded can be found in the attached PowerPoint presentation.</p> <p>The top 3 priority areas on the substance use side are:</p> <ol style="list-style-type: none"> 1. Heroin 2. Alcohol 3. Marijuana <p>We continue to see an increase in overdoses related to opioids and fentanyl.</p> <p>Alcohol continues to be the number one substance, reported by clients at admission in DMHAS, and has increased with the pandemic throughout the country according to data.</p> <p>Below is the SAPT Block Grant funding allocation which can be found in more detail in the attached Power Point.</p> <ol style="list-style-type: none"> 1. Recover Support = 48% 2. Prevention and Health Promotion = 26% 3. Residential Treatment Services = 13% 4. Community Treatment Services = 13% 	
<p>Covid Related Grants: Michael Giralamo/ Kyle Barrette/ Tim Marshall</p>	<p><u>DMHAS Update:</u> <i>Power Point Presentation available for this update</i></p> <p>Covid Supplemental Funding – DMHAS was awarded approx. 8 million through the MHBG and 17 million through SABG.</p> <p>Both MH and SA funds were used to enhance treatment resources: Crisis Services, Homeless Outreach Workforce Development, Technology Infrastructure, and a Community Education campaign that targeted awareness to MH resources.</p> <p>Although Covid grant funds are tunneled through the block grant, the timelines and regulations may be different.</p> <p>A breakdown of the funding can be found in the attached Power Point.</p> <p>A large part of the SA block grant was used to expand COACH (Covid Assistance in Community Health) offering psychological first aid and emotional support and resource linkage to those who experience distress relative to the pandemic.</p>	

	<p>On the MH side of the block grant, the funds were largely used to improve the capacity of the National Suicide Prevention Lifeline, and to increase the availability of First Episode Psychosis programs.</p> <p>On the SA side of the block grant funds were used to expand services for Recovery Support Treatment services, Jail Diversion, Homeless and Elderly Outreach, SA treatment for pregnant women, increase staffing for DMHAS access line, and to expand Prevention and Education efforts</p> <p><u>DCF Update</u></p> <p>DCF was awarded 2.4 million dollars for 2 years through March 2023.</p> <p>Four of the eight line items are:</p> <ol style="list-style-type: none"> 1. Development of the Regional Suicided Advisory Board 2. Urban Trauma Network Development 3. Crisis Intervention related to Covid 4. Infulstructure Development in the Call Center. <p>The ARDA award is 4.1 million dollars which will start September 2021 through September 30, 2023, with a 10% set aside for First Episode.</p>	
<p>DMHAS Update: Michael Giralmo</p>	<ul style="list-style-type: none"> ▪ The 1115 Waiver continues to move forward and the state has submitted the application. The go live dates is November 1, 2021. ▪ A new grant; the “Strategic Framework for Prescription Drugs” was awarded to Carol Meredith (Prevention). This is a 5-year award in the amount of \$384,000, and begins on September 30th. The initiative is to reduce non-medical use of prescription drugs. <p><i>*Power Point Presentation available for this update</i></p>	
<p>DCF Update: Tim Marshall</p>	<ul style="list-style-type: none"> ▪ There are additional governor ARPA dollars that will be targeted to be invested in the children’s MH system ▪ DCF will put forth recommendations for the implementation of a Behavioral Health urgent care center, Crisis Stabilization, and make recommendations on improving data integration 	

	▪ DCF supporting the 1115 Waiver	
Next Meeting:	November 18 th , 2021	

NOT FINAL

**Adult Behavioral Health Planning Council
Meeting Minutes**

Meeting Day/Date:	Wednesday, December 8, 2021 2:00 – 4:00 PM	
Location:	Teams	
Attendance		
Members Present:	Allison Fulton, Carol Meredith, Nan Arnstein, Pam Mautte, Laura Watson, Michelle Devine, Janice Liverson, Ellen Econs, Mui Mui Hin-McCormick, Jennifer Abbatemarco, Scott Newgass	
Staff Present:	Michael Giralmo, Kyle Barrette, Chrishaun Jackson, Tim Marshall (DCF), Yvette Cortez (DCF)	
AGENDA ITEM:		ACTION
Block Grant Update: Kyle Barrette	<p><i>*Power Point Presentation available for this update</i></p> <p>The Annual MH and SA reports will be submitted to SAMHSA before December 1st, 2021</p> <p>There are additional Covid 19 Supplemental allocated funds:</p> <ul style="list-style-type: none"> ▪ 8 million for Mental Health ▪ 17 million for Substance Use <p>The American Rescue Plan Act received additional funds through the MHBG and SABG. These projects are not up and running yet because of the timeline.</p> <p><i>*these projects are listed in the power point attachment</i></p> <ul style="list-style-type: none"> ▪ ARPA funds will be used to continue the Covid 19 Supplemental projects ▪ FY22 Proposed Budget: The President’s budget has not yet been approved. It is still working its way through the appropriations committee. <ul style="list-style-type: none"> ➤ There are new set-asides requirements with the new proposed budget as well as stipulations on how the funds can be spent. 	

<p>DMHAS Update: Michael Giralmo</p>	<ul style="list-style-type: none"> ▪ The 1115 Waiver start date has been pushed back again and will not go into effect before February 1, 2022. ▪ An Employment RFP is in process and is due on January 7, 2022 ▪ There was a 4% increase in Medicaid reimbursement for the Adult Behavioral Health outpatient rates. ▪ DMHAS is also working on a 4% cost of living increase to our grants <p>Connecticut’s covid rates are increasing. A weekly critical incident analysis report of the positivity cases in clients and staff show that there has been a 5% increase in client positivity rates since last week.</p> <p>Internal leadership meetings are in the works to brainstorm about ways to support our providers while navigating through the spike in cases.</p>	
<p>Planning Council Evaluation: Kyle Barrette</p>	<p><i>*Power Point Presentation available for this update</i></p> <p>The Growth Partners Consultants have finalized their evaluation of the Planning Councils. This report will be disseminated to the Adult and Joint Council members.</p> <p><i>*a “draft” of their findings is provided in the power point attachment</i></p>	
<p>Next Steps: Kyle Barrette</p>	<p><i>*Power Point Presentation available for this update</i></p> <ul style="list-style-type: none"> ▪ Review the recommendations of the Growth Partners Evaluation report and send it out to council members ▪ Consolidating Councils ▪ Outreach to existing members ▪ Goals of the Council ▪ Implement recommendations ▪ Reduce redundancy. Increase efficiency 	<p>Consolidate ABHPC and JBHPC</p> <p>Hold first consolidated meeting March 15, 2022</p>

**Adult Behavioral Health Planning Council
Meeting Minutes**

Meeting Day/Date:	Wednesday, December 8, 2021 12:30 – 2: 30 PM	
Location:	Teams	
Attendance		
Members Present:	Allison Fulton, Carol Meredith, Nan Arnstein, Pam Mautte, Laura Watson, Michelle Devine, Janice Liverson, Ellen Econs, Mui Mui Hin-McCormick, Jennifer Abbatemarco, Scott Newgass	
Staff Present:	Michael Giralmo, Kyle Barrette, Chrishaun Jackson, Tim Marshall (DCF), Yvette Cortez (DCF)	
AGENDA ITEM:		ACTION
Block Grant Update: Kyle Barrette	<p><i>*Power Point Presentation available for this update</i></p> <p>The Annual MH and SA reports were submitted to SAMHSA on November 30, 2021</p> <p>There are additional Covid 19 Supplemental allocated funds:</p> <ul style="list-style-type: none"> ▪ 8 million for Mental Health ▪ 17 million for Substance Use <p>The American Rescue Plan Act received additional funds through the MHBG and SABG. These projects are not up and running yet because of the timeline.</p> <p><i>*these projects are listed in the power point attachment</i></p> <ul style="list-style-type: none"> ▪ ARPA funds will be used to continue the Covid 19 Supplemental projects ▪ FY22 Proposed Budget: The President’s budget has not yet been approved. It is still working its way through the appropriations committee. <ul style="list-style-type: none"> ➤ There are new set-asides requirements with the new proposed budget as well as stipulations on how the funds can be spent. 	

<p>DMHAS Update: Michael Giralmo</p>	<ul style="list-style-type: none"> ▪ The 1115 Waiver start date has been pushed back again and will not go into effect before February 1, 2022. ▪ An Employment RFP is in process and is due on January 7, 2022 ▪ There was a 4% increase in Medicaid reimbursement for the Adult Behavioral Health outpatient rates. ▪ DMHAS is also working on a 4% cost of living increase to our grants <p>Connecticut’s covid rates are increasing. A weekly critical incident analysis report of the positivity cases in clients and staff show that there has been a 5% increase in client positivity rates since last week.</p> <p>Internal leadership meetings are in the works to brainstorm about ways to support our providers while navigating through the spike in cases.</p>	
<p>Planning Council Evaluation: Kyle Barrette</p>	<p><i>*Power Point Presentation available for this update</i></p> <p>The Growth Partners Consultants have finalized their evaluation of the Planning Councils. This report will be disseminated to the Adult and Joint Council members.</p> <p><i>*a “draft” of their findings is provided in the power point attachment</i></p>	
<p>Next Steps: Kyle Barrette</p>	<p><i>*Power Point Presentation available for this update</i></p> <ul style="list-style-type: none"> ▪ Review the recommendations of the Growth Partners Evaluation report and send it out to council members ▪ Consolidating Councils ▪ Outreach to existing members ▪ Goals of the Council ▪ Implement recommendations ▪ Reduce redundancy. Increase efficiency 	<p>Consolidate ABHPC and JBHPC</p> <p>Hold first consolidated meeting March 17, 2022</p>

**Adult Behavioral Health Planning Council
Meeting Minutes**

Meeting Day/Date:	June 9, 2022 2:00 – 4:00 PM	
Location:	Teams	
Attendance		
Members Present:	Peter Tolisano, Scott Newgass, Chlo-Anne Bobrowski, Allyson Nadeau, Kathy Flaherty, Maureen O’Neil-Davis, Mui Mui Hin-McCormick, Ellen Econs, Jennifer Abbatemarco, Pamela Mautte, Allison Nadeau	
Staff Present:	Kyle Barrette, Chrishaun Jackson, Alice Minervino, Elsa Ward	
AGENDA ITEM:		ACTION
New Membership: Kyle Barrette	<p>The Planning Council continues to look for new membership among advocacy groups, provider community, and current or former consumers of mental health services.</p> <p>Lori Fedewa, Director of the CT Office of Rural Health, proposed as a new council member. Lori planning to attend the next council meeting.</p>	
Adult Mental Health System Update: Kyle Barrette	<p>DMHAS staff provided updates on new block grant funded initiatives and work within the adult mental health system.</p> <p>Alice Minervino, Behavioral Program Manager, presented on the Block Grant Recovery Program. ABH is the agency assisting DMHAS with this initiative that will assist individuals and/or families with Housing security deposits and utilities. There is a \$5000 cap per person/family and they must meet DMHAS eligibility. This \$1 million grant is in effect until March 2023.</p> <p>Ellen Econs, Employment Systems Manager, presented on a new Supported Employment initiative across the state. This initiative is currently putting out new contracts across the state and continues to follow the “individual placement and support model” which is an evidence-based practice.</p> <p>Elsa Ward, Director of the Office of Recovery and Community Affairs, presented on the work of her Office. Elsa helped define recovery in relationship to mental health and outlined the work she has been doing to engage with community partners. The office continues to promote recovery and the different pathways to recovery. Elsa requested that any community partners</p>	

	<p>or council members interested in recovery can reach out to her to discuss potential ways of working together.</p> <p>Kyle Barrette presented on updates related to the adult Crisis Services System.</p> <ul style="list-style-type: none"> ▪ \$2.5 million dollars awarded to the expansion of the crisis system in Connecticut. ▪ DMHAS is working towards 24/7 Mobile Crisis Team coverage. ▪ Additional FTE added to each of the regional Mobile Crisis teams ▪ Training for additional Crisis Intervention Coordinators at police departments throughout the state. ▪ MHBG ARPA funds (\$8.7 million) being used to support the rollout of new three digit crisis hotline (988) <p><i>*Power Point Presentation attached</i></p>	
<p>DMHAS Update: Kyle Barrette</p>	<p>Kyle Barrette provided updates on recent staffing changes within DMHAS.</p> <ul style="list-style-type: none"> ▪ DMHAS retirees: Mary Kate Mason, former Legislative Director, Barbara Bugella, former Chief Operating Officer, and Carol Meredith, former Director of Prevention. ▪ New DMHAS staff: Christopher McClure, Chief of Staff ▪ New DMHAS appointments: Michael Giralmo, Chief Data Officer, Kyle Barrette, Director of EQMI ▪ DMHAS s looking to fill the positions of Legislative Liaison, and Block Grant Planner positions. <p>Kyle Barrette provided information on new legislation that was passed during the recent legislative session.</p> <ul style="list-style-type: none"> ▪ RBHAOs codified in legislation ▪ Governor to confirm appointments for State Board ▪ Cost of Living adjustments for PNP's – state agencies received 20 million dollars in total to distribute to PNP's to try to stabilize the workforce and operations ▪ LPC's who are a part of a Mobile Crisis Team can now issue Emergency Certificates and can call police to transport someone in crisis, to the ER 	
<p>Mental Health Block Grant Allocation Plan Update: Kyle Barrette</p>	<p>Kyle Barrette presented on the allocation plan for FFY23 Mental Health Block Grant. The allocation plan for FFY23 is based on the final MHBG award that Connecticut received for FFY22 (\$8,419,241). Thirty percent of this award is transferred to DCF for the Children's Mental Health System. The remaining funds are allocated to adult mental health programs funded by DMHAS.</p>	<p>Allocation plan to be submitted to OPM 7/30/22</p>

	<p>The funds are allocated in the following Service Categories (with increases in the bold categories):</p> <ul style="list-style-type: none"> ▪ Administration of RBHAO's ▪ Case Management ▪ Consumer Peer Support Services ▪ Crisis Services 5% Set-aside ▪ First Episode Psychosis (FEP) 10% Set-aside ▪ Family Education/ Training ▪ Outpatient Services/ Intensive Outpatient ▪ Parenting Support/ Parental Rights ▪ Peer to Peer Support for Vocational Rehabilitation ▪ Residential Services/ Supportive Housing ▪ Social Rehabilitation ▪ Supported Employment/ Vocational Rehabilitation <p>Expansions were made to many of the service lines through additional COVID-19 related block grants.</p> <p>No recommendations or suggestions were provided by Council regarding the allocation plan.</p> <p><i>*Please see the attached Power Point Presentation</i></p>	
<p>Planning for 2022: Kyle Barrette</p>	<p>Kyle Barrette engaged council in discussion around planning for the remainder of council meetings during 2022. Kyle requested ideas and suggestions for future presentations, areas of interest of council members, and ideas for better engaging council members.</p>	<p>Council members to follow-up with Kyle regarding recommendations or suggestions for future presentations and topics for discussion at future council meetings.</p>
<p>Next Meeting:</p>	<p>September 8, 2022 2:00 – 4:00 PM</p>	

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States **MUST** identify the individuals who are representing these state agencies.

State Education Agency
 State Vocational Rehabilitation Agency
 State Criminal Justice Agency
 State Housing Agency
 State Social Services Agency
 State Health (MH) Agency.
 State Medicaid Agency

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address, Phone, and Fax	Email(if available)
JENNIFER ABBATEMARCO	State Employees		1800 SILVER AVE MIDDLETOWN CT, PH: 860-262-6962	
NAN ARSTEIN	Providers		41 WESTON ST HARTFORD CT, 06142 PH: 860-834-3359	
Peggy Ayer	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
KENNETH BENEFIELD	Parents of children with SED/SUD			
Chloe-Anne Bobrowski	State Employees			Chlo-Anne.Bobrowski@ct.gov
EILEEN BRONKO	Parents of children with SED/SUD			
Craig Burns	State Employees			Craig.Burns@ct.gov
ERICA CHARLES-DAVY	Parents of children with SED/SUD			
YVETTE CORTEZ	State Employees		505 Hudson Street Hartford CT, 06105 PH: 860-398-1277	
Joann Cretella	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Steve DiLella	State Employees			steve.dilella@ct.gov
Ellen Econs	State Employees			Ellen.Econs@ct.gov
ANTONIA EDWARDS	Parents of children with SED/SUD			
MARIA FELICIANO	Others (Advocates who are not State employees or providers)		846 WETHERSFIELD AVE HARTFORD CT, 06114	

			PH: 860-297-4300	
Michaela Fissel	Persons in recovery from or providing treatment for or advocating for SUD services			mfissel@advocacyunlimited.org
Kathy Flaherty	Persons in recovery from or providing treatment for or advocating for SUD services			kflaherty@clrp.org
Allison Fulton	Others (Advocates who are not State employees or providers)			afulton@wctcoalition.org
DR M. ALEX GERTSMA	Providers		22 BROOKLINE DRIVE WEST HARTFORD CT, 06146 PH: 860-794-6283	
GABRIELLE HALL	Providers		500 ENTERPRISE DRIVE ROCKY HILL CT, 06067	
WILLIAM HALSEY	State Employees		500 ENTERPRISE DRIVE ROCKY HILL CT, 06109 PH: 860-424-5077	
JOSEPHINE HAWKE	Parents of children with SED/SUD			
BRENETTA HENRY	Parents of children with SED/SUD			
Mui Mui Hin-McCormick	Providers			MuiMui.Hin-McCormick@hhchealth.org
LINDSEY KYLE	Providers		1491 WEST MAIN ST WILLIMANTIC CT,	
LYNNE LANDRY	Providers		36 GRAVES AVE GUILFORD CT, PH: 203-453-8047	
Pam Mautte	Others (Advocates who are not State employees or providers)			pmautte@bhcare.org
SABRA MAYO	Parents of children with SED/SUD			
DEBBIE MCCUSKER	Parents of children with SED/SUD			
GEORGE MCDONALD	Parents of children with SED/SUD			
Carol Meredith	State Employees			Carol.Meredith@ct.gov
Allyson Nadeau	Others (Advocates who are not State employees or providers)			anadeau@amplifyct.org
SCOTT NEWGASS	State Employees		450 COLUMBUS AVE HARTFORD CT, 06106 PH: 860-807-2044	scott.newgass@ct.gov
DAISY OLIVO	Providers			
MAUREEN O'NEILL-DAVIS	Parents of children with SED/SUD			

Barbara Roberts	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
HEATHER TARTAGLIA	Providers		6 COVENTRY COURT WALLINGFORD CT, 06492	
PETER TOLISANO	State Employees		460 CAPITOL AVE HARTFORD CT, 06106 PH: 860-418-6086	
JOHN TORELLO	State Employees		936 SILAS DEANE HIGHWAY WETHERSFIELD CT, PH: 860-721-2157	
BENITA TOUSSAINT	Parents of children with SED/SUD			
OFELIA VELAZQUEZ	Parents of children with SED/SUD			
DORIANA VICEDOMINI	Parents of children with SED/SUD		CT,	

*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

NOT FINAL

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	39	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	0	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	3	
Parents of children with SED/SUD*	13	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	4	
Total Individuals in Recovery, Family Members & Others	20	51.28%
State Employees	11	
Providers	8	
Vacancies	0	
Total State Employees & Providers	19	48.72%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	8	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	4	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	12	
Persons in recovery from or providing treatment for or advocating for SUD services	2	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	

* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
 - a) Public meetings or hearings? Yes No
 - b) Posting of the plan on the web for public comment? Yes No
If yes, provide URL:
<https://portal.ct.gov/DMHAS/Divisions/EQMI/Planning-Unit---Block-Grants>
If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:
 - c) Other (e.g. public service announcements, print media) Yes No

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

NOT FINAL

Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 2018³.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. **Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs** <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf>,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
 - Include proposed protocols, timeline for implementation, and overall budget
 - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

¹ Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

² Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the [Federal Register](#) (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

³ Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

⁴ Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set-aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

⁵ ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio-hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

NOT FINAL

The Connecticut Department of Mental Health and Addiction Services (DMHAS) serves as the single-state agency administering the SABG. DMHAS does not fund, oversee, or administer SSP programs, nor does it use SABG funds to directly or indirectly support SSP programs. In Connecticut, SSP programs are overseen by the Department of Public Health.

NOT FINAL

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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Footnotes:

NOT FINAL