

**Analysis and Summary of Governor's  
FFY 20 Federal Block Grant Allocation Plans**

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

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**OFFICE OF FISCAL ANALYSIS**

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## INTRODUCTION

Pursuant to CGS Section 4-28b, the Governor has submitted for consideration proposed block grant allocation plans for the Community Mental Health Services Block Grant (CMHSBG), the Maternal and Child Health Services Block Grant (MCHBG), the Preventive Health and Health Services Block Grant (PHHSBG), the Social Services Block Grant (SSBG), and the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). The allocation plans are effective beginning October 1, 2019.

## HIGHLIGHTS

The proposed allocation plans are based on assumed federal grant awards and estimated carry forward funding as Congress has yet to finalize the FFY 20 appropriations for these programs. A comparison of funding levels to the FFY 19 amounts is presented in the following table:

**FFY 20 Percentage Change from FFY 19**

<b>Block Grant</b>	<b>Assumed Block Grant Award</b>	<b>Estimated Funds Carried Forward</b>	<b>Total Funds Available</b>
SAPTBG	-	15.6%	0.5%
CMHSBG	1.0%	-5.6%	-1.0%
SSBG	-	10.5%	2.0%
MCHBG	-	-	-
PHHSBG	-	-	-

## FEDERAL BUDGET ACTION

Final Congressional action has yet to be taken on FFY 20 appropriations for these grants. With the exception of the CMHSBG, all of the block grants assume level base grant awards. CMHSBG assumes a slight increase in the base award but a decrease in the carry forward for a net one percent decrease in overall funds available. SAPTBG and SSBG assume increases in carry forward funding resulting in slight increases in overall funds available for expenditure in FFY 20.

## CONTINGENCY PLAN

In the event that funding is more or less than the amount assumed in each proposal, program funding and services may be adjusted. Per CGS Section 4-28b, any proposed transfer over \$50,000 to or from any specific allocation or any transfer amount that is 10% of any specific allocation (whichever is less), must be submitted to the speaker and president pro tempore to be approved, modified or rejected by relevant committees.

## MAJOR RECOMMENDED CHANGES

Major recommended changes are described for each block grant. A table summarizing the various block grant objectives and allocation processes can be found on page 12.

## **Substance Abuse Prevention and Treatment Block Grant**

The SAPTBG is administered by the Department of Mental Health and Addiction Services (DMHAS).

**Residential Treatment** - Funding for Long Term Treatment is proposed to support pregnant and parenting women with substance use disorders, a priority population under the block grant. Funding will support approximately 300 admissions through the provision of prenatal care, childcare, and access to substance use disorder treatment.

**Recovery Support Services** - Increased funding under Ancillary Services/Transportation reflects the re-categorization of funds allocated for the Connecticut Community for Addiction Recovery (CCAR) from the Primary Prevention line to more accurately describe the services provided.

**Prevention and Health Promotion** - Please see the above description for Recovery Support Services.

### **Substance Abuse Prevention and Treatment Block Grant FFY 20 Allocation Plan**

<b>Program Category</b>	<b>FFY 2018 Actual Expenditures \$</b>	<b>FFY 2019 Estimated Expenditures \$</b>	<b>FFY 2020 Proposed Expenditures \$</b>	<b>\$ Change 20 v. 19</b>	<b>% Change 20 v. 19</b>
<b>Community Treatment Services</b>	<b>3,351,585</b>	<b>2,329,520</b>	<b>2,329,520</b>	<b>-</b>	<b>-</b>
Outpatient	3,112,427	2,085,919	2,085,919	-	-
Methadone Maintenance	239,158	243,601	243,601	-	-
<b>Residential Treatment</b>	<b>6,994,003</b>	<b>7,584,632</b>	<b>7,684,632</b>	<b>100,000</b>	<b>1.3%</b>
Residential Detox	1,452,656	1,755,205	1,755,205	-	-
Residential Intensive	308,895	309,388	309,388	-	-
Residential Long Term Treatment	3,993,397	4,396,031	4,496,031	100,000	2.3%
Shelter	1,239,055	1,124,008	1,124,008	-	-
<b>Recovery Support Services</b>	<b>2,736,224</b>	<b>3,065,562</b>	<b>3,706,158</b>	<b>640,596</b>	<b>20.9%</b>
Case Management and Outreach	2,161,091	2,250,731	2,250,731	-	-
Vocational Rehab	529,538	529,521	529,521	-	-
Ancillary Services/ Transportation	45,595	285,310	925,906	640,596	224.5%
<b>Prevention &amp; Health Promotion</b>	<b>5,390,651</b>	<b>5,133,819</b>	<b>4,493,223</b>	<b>(640,596)</b>	<b>-12.5%</b>
Primary Prevention	5,390,651	5,133,819	4,493,223	(640,596)	-12.5%
<b>TOTAL EXPENDITURES</b>	<b>18,472,463</b>	<b>18,113,533</b>	<b>18,213,533</b>	<b>100,000</b>	<b>0.6%</b>
<b>SOURCE OF FUNDS</b>					
Block Grant	18,201,721	18,215,021	18,210,035	(4,986)	0.0%
Balance Forward From Previous Year	923,120	652,379	753,867	101,488	15.6%
<b>TOTAL FUNDS AVAILABLE</b>	<b>19,124,841</b>	<b>18,867,400</b>	<b>18,963,902</b>	<b>96,502</b>	<b>0.5%</b>

## **Community Mental Health Services Block Grant**

The CMHSBG is administered by the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF).

### ADULT SERVICES:

**Emergency Services** - Funding is proposed to support a redesign of the mobile crisis system through the implementation of a state-wide call center. The current system utilizes 15 different numbers based on location. Under the new system, a single entity will manage triage, referral and after hours coverage. Funds will also support advertising the call center, data collection, and training for mobile crisis teams.

**Residential Services/ Supported Housing** - Funding is proposed to provide community placements for individuals who are leaving Connecticut Valley Hospital.

**Family Education Training** - Funding is proposed to provide engagement tools to approximately 2,000 young adults entering the adult treatment system.

**Admin- Regional Behavioral Health Action Organizations** - The proposed decrease reflects the elimination of one-time FFY 19 funding used to assist the Regional Mental Health Boards and Regional Action Councils (RACs) while transitioning to the Regional Behavioral Health Action Organizations (RBHAOs).

### CHILDREN'S SERVICES:

**FAVOR Family Peer Support Specialist Development and Direct Family Advocacy** - Funding is proposed to increase for two Family Peer Support Specialists to support the HOPE Family Learning Collaborative. The allocation will also support a Family and Youth Engagement Specialist to help recruit families and youth to participate in the HOPE Collaborative.

**Youth Suicide Prevention/ Mental Health Promotion** - Funding is increased to support (1) increased call volume from Connecticut residents to the national suicide prevention hotline through the United Way crisis line, and (2) a Connecticut Suicide Prevention conference.

**CT Community KidCare** - Funding is maintained at the FFY 19 proposed allocation level. Funding will continue to support the WrapCT Learning Collaborative, which provides coaching and training for community-based behavioral health providers who work with non-DCF involved families.

**Early Serious Mental Illness/ First Episode Psychosis Set-Aside** – Funding is adjusted to achieve the 10% set aside level for the treatment of early psychosis (targeting 16-26 year olds), as required by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**Outpatient Care: System Treatment & Improvement** – Funding is maintained at the FFY 19 proposed allocation level. Funding will continue to support youth served by outpatient providers through best practices and a focus on improving outcomes. Funding is also proposed to enhance provider data input and analysis.

**Best Practices Promotion & Program Evaluation** – Funding is maintained at the FFY 19 proposed allocation level. Funding will continue to support the recommendations in the Children’s Behavioral Health Plan (PA 13-178) and the development of ongoing linkages between behavioral health and primary care providers.

**Behavioral Health Outcomes** – The proposed reduction in funding from FFY 19 to FFY 20 reflects the use of FFY 18 carry forward funding in FFY 19. The FFY 20 allocation will continue to support data reporting enhancements to meet federally required outcome measures, support for the collection of expanded measures, and further development of automated reporting.

**Other Connecticut Community KidCare** – The proposed funding increase will support expenses associated with facilitating the 25 Community Collaboratives. Collaboratives host community-based monthly meetings across the state for families, and behavioral health and other child serving entities. Funding will also provide continued support for oral and written translation services and training opportunities for families and providers.

**Emergency Crisis** – The FFY 19 proposed allocation included funding to assist Mobile Crisis providers and Beacon Health Options in preliminary work focused on the development of a system that would allow Mobile Crisis clinicians to schedule appointments directly with behavioral health providers. The FFY 20 proposal increases the number of Crisis Call Specialists to assist with increased call volume.

**Community Mental Health Services Block Grant  
FFY 20 Allocation Plan**

<b>Program Category</b>	<b>FFY 2018 Actual Expenditures \$</b>	<b>FFY 2019 Estimated Expenditures \$</b>	<b>FFY 2020 Proposed Expenditures \$</b>	<b>\$ Change 20 v. 19</b>	<b>% Change 20 v. 19</b>
<b>PROGRAM: ADULT SERVICES</b>					
Emergency Crisis	1,315,006	1,363,005	1,843,005	480,000	35.2%
Outpatient Services	454,531	433,527	433,527	-	-
Residential Services/Supported Housing	456,947	612,717	1,137,717	525,000	85.7%
Social Rehabilitation	146,626	145,044	145,044	-	-
Supported Employment/ Vocational Rehab	469,844	507,453	507,453	-	-
Case Management	229,036	237,155	237,155	-	-
Family Education Training	65,745	72,576	105,303	32,727	45.1%
Consumer Peer Support in Community Mental Health Provider Setting	105,303	104,648	104,648	-	-
Parenting Support/Parental Rights	49,709	49,708	49,708	-	-
Peer to Peer Support - Vocational Rehab.	64,577	52,852	52,852	-	-
Admin- Regional Behavioral Health Action Organizations	243,225	467,051	417,051	(50,000)	-10.7%
Early Serious Mental Illness (ESMI)/ First Episode Psychosis (FEP) 10% Set-Aside	732,404	523,935	523,935	-	-
<b>SUBTOTAL ADULT EXPENDITURES</b>	<b>4,332,953</b>	<b>4,569,671</b>	<b>5,557,398</b>	<b>987,727</b>	<b>21.6%</b>
<b>PROGRAM: CHILDREN'S SERVICES</b>					
Home-Based Respite Care	386,041	450,000	450,000	-	-
FAVOR Family Peer Support Specialist Development and Direct Family Advocacy	513,884	520,000	720,000	200,000	38.5%
Youth Suicide Prevention/Mental Health Promotion	87,465	200,000	225,000	25,000	12.5%
CT Community KidCare (System of Care) Workforce Development/ Training	64,866	65,000	80,000	15,000	23.1%
Extended Day Treatment: Model Development & Training	-	40,000	40,000	-	-
Early Serious Mental Illness (ESMI)/ First Episode Psychosis (FEP) 10% Set-Aside	225,465	328,453	423,453	95,000	28.9%
Mental Health/Juvenile Justice Diversion	33,699	-	-	-	-
Outpatient Care: System Treatment & Improvement	124,052	137,000	183,000	46,000	33.6%
Best Practices Promotion & Program Evaluation	73,399	186,000	250,000	64,000	34.4%
Behavioral Health Outcomes: Performance Improvement and Dashboard Development	-	271,000	200,000	(71,000)	-26.2%
Workforce Development: Higher Education In-Home Curriculum Project	43,918	75,000	75,000	-	-
Other Connecticut Community KidCare	11,035	15,000	65,000	50,000	333.3%
Emergency Crisis: Reducing Trauma Exposure Refunds	(79,726)	-	-	-	-
<b>SUBTOTAL CHILDREN EXPENDITURES</b>	<b>1,484,098</b>	<b>2,287,453</b>	<b>3,086,453</b>	<b>799,000</b>	<b>34.9%</b>
<b>TOTAL EXPENDITURES</b>	<b>5,817,051</b>	<b>6,857,124</b>	<b>8,643,851</b>	<b>1,786,727</b>	<b>26.1%</b>
<b>SOURCE OF FUNDS</b>					
Block Grant	7,206,251	6,690,546	6,760,070	69,524	1.0%
Balance Forward From Previous Year	1,561,573	2,950,773	2,784,195	(166,578)	-5.6%
<b>TOTAL FUNDS AVAILABLE</b>	<b>8,767,824</b>	<b>9,641,319</b>	<b>9,544,265</b>	<b>(97,054)</b>	<b>-1.0%</b>

### **Social Services Block Grant**

The SSBG is administered by the Department of Social Services (DSS) in conjunction with the Departments of Housing (DOH), Labor (DOL), Aging and Disability Services (ADS)<sup>1</sup>, and DMHAS.

Notable changes when comparing FFY 20 to FFY 19 include the following:

**Employment Services** – FFY 19 funding supported an employability pilot for Temporary Family Assistance households to assist with employment barriers and support engagement with the Department of Labor's American Job Centers. The FFY 20 proposal reflects annualized funding for the fully operational program.

**Home-Based Services** – Funding is proposed to support two staff to provide programmatic oversight, training and technical assistance to providers. The increase in staff is anticipated to increase the number of people served and decrease the wait list. The wait list is currently at 30 people and the number served in FFY 20 is estimated at 700.

**Protective Services for Adults** – Funding is increased to meet the projected need in this program as reflected in the biennial budget.

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<sup>1</sup> As of October 1, 2019 the Department of Rehabilitation Services (DORS) will be named the Department of Aging and Disability Services (ADS).



**Social Services Block Grant  
FFY 20 Allocation Plan**

<b>Program Category</b>	<b>FFY 2018 Actual Expenditures \$</b>	<b>FFY 2019 Estimated Expenditures \$</b>	<b>FFY 2020 Proposed Expenditures \$</b>	<b>\$ Change 20 v. 19</b>	<b>% Change 20 v. 19</b>
<b>Case Management Services</b>	<b>2,194,374</b>	<b>2,327,905</b>	<b>2,327,905</b>	<b>-</b>	<b>-</b>
DSS	1,965,590	2,100,851	2,100,851	-	-
DMHAS	228,784	227,054	227,054	-	-
<b>Counseling Services</b>	<b>380,750</b>	<b>83,051</b>	<b>83,051</b>	<b>-</b>	<b>-</b>
DSS	47,699	-	-	-	-
DMHAS	333,051	83,051	83,051	-	-
<b>Employment Services</b>	<b>-</b>	<b>154,217</b>	<b>308,433</b>	<b>154,216</b>	<b>100.0%</b>
DSS	-	154,217	308,433	154,216	100.0%
<b>Family Planning Services</b>	<b>907,751</b>	<b>889,152</b>	<b>889,152</b>	<b>-</b>	<b>-</b>
DSS	907,751	889,152	889,152	-	-
<b>Home-Based Service</b>	<b>2,792,290</b>	<b>2,804,352</b>	<b>3,747,221</b>	<b>942,869</b>	<b>33.6%</b>
DSS	2,792,290	2,804,352	3,747,221	942,869	33.6%
<b>Home Delivered Meals</b>	<b>419,833</b>	<b>427,500</b>	<b>427,500</b>	<b>-</b>	<b>-</b>
ADS	419,833	427,500	427,500	-	-
<b>Independent &amp; Transitional Living Services</b>	<b>7,746,419</b>	<b>6,703,217</b>	<b>6,703,217</b>	<b>-</b>	<b>-</b>
DSS	25,000	45,000	45,000	-	-
DOH	7,558,303	6,500,745	6,500,745	-	-
DMHAS	163,116	157,472	157,472	-	-
<b>Information &amp; Referral Services</b>	<b>188,244</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
DSS	188,244	-	-	-	-
<b>Legal Services</b>	<b>683,644</b>	<b>683,644</b>	<b>683,644</b>	<b>-</b>	<b>-</b>
DSS	683,644	683,644	683,644	-	-
<b>Protective Services for Adults</b>	<b>642,167</b>	<b>551,086</b>	<b>759,847</b>	<b>208,761</b>	<b>37.9%</b>
DSS	469,020	355,714	564,475	208,761	58.7%
ADS	173,147	195,372	195,372	-	-

**SSBG FFY 20 Allocation Plan (Continued)**

<b>Program Category</b>	<b>FFY 2018 Actual Expenditures \$</b>	<b>FFY 2019 Estimated Expenditures \$</b>	<b>FFY 2020 Proposed Expenditures \$</b>	<b>\$ Change 20 v. 19</b>	<b>% Change 20 v. 19</b>
<b>Special Services for Persons with Developmental or Physical Disabilities</b>	<b>43,314</b>	<b>60,101</b>	<b>60,101</b>	-	-
ADS	43,314	60,101	60,101	-	-
<b>Substance Abuse Services</b>	<b>1,332,365</b>	<b>1,332,365</b>	<b>1,332,365</b>	-	-
DMHAS	1,332,365	1,332,365	1,332,365	-	-
<b>Other Services</b>	<b>635,545</b>	<b>1,017,231</b>	<b>1,017,231</b>	-	-
DSS	635,545	1,017,231	1,017,231	-	-
<b>TOTAL EXPENDITURES</b>	<b>17,966,696</b>	<b>17,033,821</b>	<b>18,339,667</b>	<b>1,305,846</b>	<b>7.7%</b>
<b>SOURCE OF FUNDS</b>					
Block Grant	17,475,956	17,468,267	17,468,267	-	-
Balance Forward From Previous Year	4,627,675	4,136,935	4,571,381	434,446	10.5%
<b>TOTAL FUNDS AVAILABLE</b>	<b>22,103,631</b>	<b>21,605,202</b>	<b>22,039,648</b>	<b>434,446</b>	<b>2.0%</b>

## **Maternal and Child Health Services Block Grant**

The MCHSBG is administered by the Department of Public Health (DPH).

**Administration** - Funding is proposed for one additional full-time equivalent (FTE) position to support the procurement of three components of the CT Medical Home Initiative under the Children and Youth with Special Health Care Needs (CYSHCN) category. Partial funding and 0.5 FTE will be redirected from the Maternal and Child Health (MCH) category to support this change.

**Medical Home Community Based Care Coordination Services** - The proposed decrease in funding reflects reduced need due to: (1) the implementation of protocols associated with referring clients between agencies, and (2) fewer Care Coordination Collaborative meetings.

**Other** - Funding for the Other category under both MCH and CYSHCN is reduced but is not anticipated to result in a programmatic impact. FFY 20 funding is proposed to support a contract with Health Resources in Action (HRiA) to coordinate the MCH needs assessment. FFY 19 contractual expenditures support Sickle Cell disease management, newborn laboratory instrumentation for required screening protocols, printing of adolescent health materials, the placement of additional child health questions on the BRFSS, as well as a grant to HRiA to coordinate the MCH needs assessment.

**Maternal and Child Health Services Block Grant  
FFY 20 Allocation Plan**

<b>Program Category</b>	<b>FFY 2018 Actual Expenditures \$</b>	<b>FFY 2019 Estimated Expenditures \$</b>	<b>FFY 2020 Proposed Expenditures \$</b>	<b>\$ Change 20 v. 19</b>	<b>% Change 20 v. 19</b>
<b>Maternal &amp; Child Health</b>					
Perinatal Case Management	319,617	350,287	350,287	-	-
Family Planning	15,930	36,092	36,092	-	-
Information and Referral	176,841	201,690	201,690	-	-
School Based Health Services	275,020	273,691	273,691	-	-
Genetics	10,800	36,000	36,000	-	-
Other	90,702	61,694	22,501	(39,193)	-63.5%
Program Subtotal	888,910	959,454	920,261	(39,193)	-4.1%
Administrative Expenditures	1,805,861	1,823,649	1,752,427	(71,222)	-3.9%
<b>MCH Total</b>	<b>2,694,771</b>	<b>2,783,103</b>	<b>2,672,688</b>	<b>(110,415)</b>	<b>-4.0%</b>
<b>Children &amp; Youth with Special Health Care Needs</b>					
Medical Home Community Based Care Coordination Services	810,653	826,560	811,561	(14,999)	-1.8%
Family Planning	2,380	2,405	2,405	-	-
Genetics	1,200	4,000	4,000	-	-
Information and Referral	36,220	41,310	41,310	-	-
School Based Health Services	14,475	14,405	14,405	-	-
Other	49,427	37,129	7,499	(29,630)	-79.8%
Program Subtotal	914,355	925,809	881,180	(44,629)	-4.8%
Administrative Expenditures	1,062,354	962,568	1,117,612	155,044	16.1%
<b>CYSHCN Total</b>	<b>1,976,709</b>	<b>1,888,377</b>	<b>1,998,792</b>	<b>110,415</b>	<b>5.8%</b>
<b>TOTAL EXPENDITURES</b>	<b>4,671,480</b>	<b>4,671,480</b>	<b>4,671,480</b>	<b>-</b>	<b>-</b>
<b>SOURCE OF FUNDS</b>					
Block Grant <sup>1</sup>	4,671,480	4,671,480	4,671,480	-	-
<b>TOTAL FUNDS AVAILABLE</b>	<b>4,671,480</b>	<b>4,671,480</b>	<b>4,671,480</b>	<b>-</b>	<b>-</b>

<sup>1</sup> The FFY 19 and FFY 20 federal award allocations have not been finalized and are based on the FFY 18 award amount. Block grant funds are available for expenditure over a two-year period. There are no carryover funds in the MCHBG program.

**Preventive Health and Health Services Block Grant**

The PHHSBG is administered by the Department of Public Health (DPH).

Allocations by program category remain the same as estimated FFY 19 levels. Minor adjustments are made within program categories to reflect updated personnel and operational costs but are not anticipated to impact direct services.

**Preventive Health and Health Services Block Grant  
FFY 20 Allocation Plan**

<b>Program Category</b>	<b>FFY 2018 Actual Expenditures \$</b>	<b>FFY 2019 Estimated Expenditures \$</b>	<b>FFY 2020 Proposed Expenditures \$</b>	<b>\$ Change 20 v. 19</b>	<b>% Change 20 v. 19</b>
Administrative Support	128,435	120,089	120,089	-	-
Cancer Prevention	49,000	45,438	45,438	-	-
Cardiovascular Disease Prevention	24,000	22,255	22,255	-	-
Emergency Medical Services	20,000	18,546	18,546	-	-
Local Health Departments	1,170,881	1,085,805	1,085,805	-	-
Rape Crisis Services	79,914	79,914	79,914	-	-
Surveillance and Evaluation	335,297	325,169	325,169	-	-
Youth Violence/Suicide Prevention	110,003	102,003	102,003	-	-
Nutrition and Weight Status	25,000	15,000	15,000	-	-
Public Health Infrastructure	502,212	452,212	452,212	-	-
<b>TOTAL EXPENDITURES</b>	<b>2,444,742</b>	<b>2,266,431</b>	<b>2,266,431</b>	<b>-</b>	<b>-</b>
<b>SOURCE OF FUNDS</b>					
Block Grant <sup>2</sup>	2,444,742	2,266,431	2,266,431	-	-
<b>TOTAL FUNDS AVAILABLE</b>	<b>2,444,742</b>	<b>2,266,431</b>	<b>2,266,431</b>	<b>-</b>	<b>-</b>

<sup>2</sup> Block grant funds are available for expenditure over a two-year period. There are no carryover funds in the PHHSBG program.

## FEDERAL BLOCK GRANTS DESCRIPTIVE SUMMARY

Block Grant	Lead Agency	Program Objective	Federal Allotment Process	State Allotment Process
Community Mental Health Services Block Grant (CMHSBG)	DMHAS /DCF	Provide grants to support community mental health services for adults with a serious mental illness and for children with a serious emotional disturbance.	Based on the Population at Risk (relative risk of mental health problems in the state), Cost of Services Index (cost of providing related treatment services in the state), and the Fiscal Capacity Index (ability of state to pay for related services).	Adult Services - Based on a statewide advisory structure that includes the Regional Behavioral Health Action Organizations, and the Behavioral Health Planning Council. Children's Services - Based on input from the Children's Behavioral Health Advisory Committee, which serves as the Children's Mental Health Planning Council.
Maternal and Child Health Services Block Grant (MCHBG)	DPH	Provide grants to support programs related to maternal and child health. Funds address reducing adverse perinatal outcomes, providing and ensuring access to care, reducing health disparities and health inequities, and other areas identified in the statewide needs assessment.	Based on the proportion of funds allocated to states that existed when the original eight categorical grants were consolidated in 1981. Amounts appropriated above the level of fiscal year 1983 funding are allocated to states in proportion to the number of low-income children in the state.	Based on various performance measures, with focus provided by the MCH Statewide Needs Assessment conducted every five years. The application must reflect that three dollars of state matching funds are provided for each four dollars in federal funding. The FFY 20 state match is estimated at \$3,503,610 and the maintenance of effort requirement is \$6,780,000.
Preventive Health and Health Services Block Grant (PHHSBG)	DPH	Provide grants to support the reduction of preventable morbidity and mortality, and the improvement of the health status of targeted populations.	Based on the amount of 1981 funds provided to the state for the original categorical health grants that were combined into the block grant. Additionally, a sex offense set-aside based on a state's population is required.	Based on the recommendations of the Preventive Health and Health Services Block Grant Advisory Committee. Supported programs include cancer, cardiovascular disease, diabetes, tobacco cessation, policy and environmental change strategies, emergency medical services, data surveillance, and other related services. The state's FFY 20 maintenance of effort requirement is estimated at \$2,353,850.
Social Services Block Grant (SSBG)	DSS	Provide grants to encourage self-sufficiency and prevent and reduce dependency on public assistance for individuals with incomes at and below 150% FPL.	Based on state population data (Department of Commerce census data).	Based on the state's focus within the 29 federal service categories. FFY 20 funding will support 12 categories, including case management, home based services, independent & transitional living, and substance abuse services.
Substance Abuse Prevention and Treatment Block Grant (SAPTBG)	DMHAS	Provide grants for alcohol and other drug abuse services, which include community treatment, residential and recovery support services, and prevention and health promotion services.	Based on the Population at Risk (relative risk of substance abuse problems in the state), Cost of Services Index (cost of providing related prevention and treatment services in the state), and the Fiscal Capacity Index (ability of state to pay for related services).	Based on surveys, needs assessments, analysis of DMHAS service data, and input from Connecticut-based advisory boards.