HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

CONNECTICUT

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Connecticut

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Marc Camardo Supervising Epidemiologist & Title V Maternal and Child Health Director marc.camardo@ct.gov (860) 509-8251	Ann Gionet Health Program Supervisor & CYSHCN Director ann.gionet@ct.gov (860) 509-8251

SSDI Project Director	State Family Leader
Marc Camardo Supervising Epidemiologist & Title V Maternal and Child Health Director marc.camardo@ct.gov (860) 509-8251	No Contact Information Provided

State Youth Leader
No Contact Information Provided

State Hotline: (800) 203-1234

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$4,969,761
State MCH Funds	$6,783,445
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

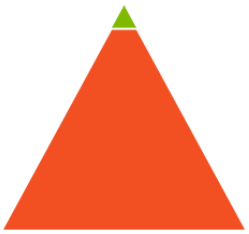
FY 2023 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$942,642	$678,345
Public Health Services and Systems	$4,027,119	$6,105,101

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal



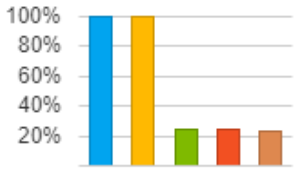
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$1,384,242
Infants < 1 Year	100.0%	$2,866,418
Children 1 through 21 Years	24.0%	$5,040,137
CSHCN (Subset of all infants and children)	24.0%	$2,158,036
Others *	23.0%	$31,813

*Others– Women and men, over age 21.

FY 2023 Expenditures
Total: $11,480,646

FY 2023 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)

Maternal Morbidity and Mortality
 	
NPMs
• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
  ○ ESM WWV.1: Percent of Black clients receiving an annual preventative reproductive health exam that receive a PAP test and/or will be current with receiving the recommended PAP screening schedule, as per ACOG and USPSTF Guidelines
  ○ ESM WWV.2: Percent of mothers enrolled in MIECHV-funded home visiting programs prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery?
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) – PPV
	Women/Maternal Health

Preconception and Interconception Health SPMs • SPM 1: The proportion of live births conceived within 18 months of a previous birth (percent, females 15-44 years).	Women/Maternal Health
Infant Morbidity and Mortality SPMs • SPM 2: The prevalence of unintended pregnancies among women delivering a live-born infant.	Perinatal/Infant Health
Breastfeeding Initiation and Duration NPMs • A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF ○ ESM BF.1: Number of pregnant and postpartum WIC clients served by breastfeeding peer counselors	Perinatal/Infant Health

Social-Emotional Development and Relationships for Children and Adolescents NPMs • Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS ○ ESM DS.1: Percent of children 1-2 years 364 days old who receive a developmental screening according to claims code 96110	Child Health
Preventative Health Care NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH ○ ESM MH.1: Percent of CYSHCN who have a comprehensive care plan in place as evidence that they are receiving care in a well-functioning system SPMs • SPM 3: The proportion of children who drank soda or sugar sweetened beverages at least once daily.	Child Health
Connections to Medical Home/Dental Home NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH ○ ESM MH.1: Percent of CYSHCN who have a comprehensive care plan in place as evidence that they are receiving care in a well-functioning system	Children with Special Health Care Needs
Supports to Address the Special Health Care Needs of Children and Youth NPMs • Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI ○ ESM AI.1: The number of community organizations who help families understand what services are available and covered by insurance for all children including those with special health care needs	Children with Special Health Care Needs

Supports for Health, Safety, and Enhanced Social-Emotional Development

NPMs

- Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV
  - ESM AWV.1: Percent of adolescents 12 through 17 with at least one completed BMI at time of medical visit at all school-based health centers
  - ESM AWV.2: Percent of adolescents 12 through 17 with a depression screening at the time of medical visit at all school-based health centers

Adolescent Health

Executive Summary

Program Overview

Introduction
The Connecticut Maternal and Child Health (MCH) Coalition, which has been in existence for over 15 years, is a representative group of over 180 individuals representing 97 community organizations including state agencies, providers, funders, and advocates working in concert with the state's maternal and child health population. The Coalition advocates for health equity and the elimination of racial and ethnic health disparities and is a catalyst for increasing awareness on relevant MCH issues and mobilizing responses.

Women/Maternal Health
Every Woman Connecticut (EWCT) was established in 2016 as a joint effort of the Connecticut MCH Coalition and the March of Dimes. It is a product of the Connecticut Plan to Improve Birth Outcomes, an ambitious undertaking by the MCH Coalition. EWCT supports the use of One Key Question (OKQ), a simple pregnancy intention screening tool. Over the years, EWCT has trained over 300 individuals representing 101 agencies in selected clinical and community-based settings in implementing OKQ and offers training requested by OKQ implementers. The goal is to ensure that birthing people and their partners achieve optimal health and positive birth outcomes. EWCT is guided and supported by an Advisory Committee of maternal health leaders, stakeholders and champions representing key organizations.

In 2021, DPH, the MCH Coalition, and the March of Dimes established a Reproductive Justice Alliance that evolved from a 2020 Pregnancy Risk Assessment Monitoring Data to Action project around discrimination before and during pregnancy. The Alliance was established to expand and unify reproductive justice efforts in the state. The goals of the Alliance are to improve access to respectful, quality maternity care; respectful interactions between patients and providers; health care systems, resources, and policies related to maternal health; and accountability of health care systems by centering patients' voices.

CT legislation was passed in 2018 to establish a Maternal Mortality Review Committee (MMRC) and program within DPH. The MMRC is comprised of both clinical and non-clinical subject matter experts that conduct a comprehensive, multidisciplinary review of each pregnancy-associated death that occurred within one year of the end of a pregnancy. The purpose of the MMRC review is to identify factors that may have contributed to the death and to make recommendations to reduce pregnancy-related morbidity, mortality, and disparities. The MMRC is committed to a multipronged approach to avoid all preventable maternal deaths and improve maternal health and health equity. Through equitable partnerships with communities, the MMRC will work to understand the severity and complexity of maternal health disparities, advocate for policy solutions, and support innovative approaches and interventions to eliminate inequities that threaten the health and well-being of all birthing persons.

In September 2023, DPH was awarded the HRSA State Maternal Health Innovation Program grant which is designed is to support state capacity to improve maternal health and address maternal health disparities through quality services, a skilled workforce, enhanced data quality and capacity, and innovative programming that aims to reduce maternal mortality and severe maternal morbidity. In late Summer 2024, DPH will create and support a state-focused Maternal Health Task Force (MHTF) to implement evidence-informed interventions to address critical gaps in the state's provision of maternity care services.

The Reproductive Health Program is administered by Planned Parenthood of Southern New England, Inc. and is funded with State and Title V funds through a 5-year contract. The program provides services in those areas of Connecticut with a high concentration of low-income women of reproductive age, and with high rates of teen pregnancy.

Perinatal/ Infant Health
DPH's State Physical Activity and Nutrition (SPAN) Program breastfeeding team, along with the State WIC Program staff, continues to partner with the CT Breastfeeding Coalition's (CBC) Ten Step Collaborative to encourage implementation of evidenced-based maternity care and the 10 Steps for Successful Breastfeeding in CT hospitals. An evaluation of the It's Worth It Campaign was conducted by our contractors at UConn and REACH collaborators at CARE to determine whether any updates were needed to the campaign or its materials. Based on the findings, the SPAN breastfeeding team selected a vendor (May 2023) to update campaign materials, update a radio PSA and develop a 52-week social media campaign based on the It's Worth It (IWI) themes.

The Ready, Set, Baby (RSB) online website, in partnership with the Carolina Global Breastfeeding Institute (CGBI), remains available for prenatal breastfeeding education in English, Spanish and Arabic. DPH consulted with a local organization (NH Pride) to review the English webpage, and DPH and CGBI's plan for adding inclusive language. NH Pride provided a report and recommendations in November 2022. Updates to the language, photos and resources on the English webpage was completed in Fall 2023.

DPH provides funding to Birth Support, Education & Beyond and Reproductive Education and Comprehensive Health (REACH). BSEB provides perinatal support services to pregnant and parenting women who have aged out of the child welfare system into the adult mental health system and other women with significant trauma histories. REACH provides perinatal support services to teenagers and young adolescents in the community setting.

Child Health
DPH is working with primary care providers to incorporate parental education on developmental milestones and communicates benefits of standardized developmental monitoring and screening to parents and providers in primary care settings highlighting the CDC's "Learn the Signs. Act Early" materials. DPH staff coordinates with other State and community agencies to increase

developmental screening through a developmental monitoring and screening education and awareness, training community and healthcare providers and coordination of referrals and linkage to services.

The Immunizations Program distributes vaccines to providers throughout the state, conducts surveillance for vaccine preventable diseases, conducts quality assurance reviews for vaccines for children programs, conducts educational programs for medical personnel and the public, works with providers using the immunization registry to assure that all children in their practices are fully immunized, promulgates rules and regulations related to vaccination requirements for day care, schools, colleges and universities. CT provide most nationally recommended vaccines for privately insured children up through 18 years of age free of charge.

The Office of Oral Health's (OOH) CT Surveillance System tracks and monitors over 20 oral health indicators for children. The OOH implements the SEAL CT! program, a school-based sealant program, which aims to support the placement of dental sealants and the expansion of programs in schools where 50% or more students are eligible for the Free and Reduced Meal Program. The OOH also convenes the CT Dental Sealant Advisory comprised of staff representing school-based sealant programs, federally qualified health centers, and other state and local agencies to promote the use of sealants, share resources, and provide technical assistance to the SEAL CT! Programs.

The DPH Nutrition, Physical Activity, and Obesity (NPAO) Program has been working with early care and education (ECEs) sites to provide nutrition and physical activity education and support the creation of healthier environments for the children and families they serve for over 10 years. The NPAO Program worked with MCH Block Grant staff to develop a one-page handout for School Based Health Center staff outlining existing nutrition education materials for distribution to students and their families on reducing sugary drinks, provided in English and Spanish.

Adolescent Health

School Based Health Centers (SBHC) are free standing medical clinics located within or on the grounds of schools, are licensed as outpatient clinics or as hospital satellites, can offer medical, mental health and dental services to all enrolled students regardless of ability to pay/insurance status. SBHCs support students by providing a safe place to talk about sensitive issues such as depression, family problems, relationships, and substance abuse, help reducing absenteeism and support families by allowing parents to stay at work while attending to their child's routine health care needs also resulting in fewer ED visits. DPH supported 91 school-based health service sites in 27 communities statewide through a state budget line item as well as MCHBG funds. SBHCs had a total student population of 69,426, about 13.5% of CT's overall student population. Enrollment in these clinics is approximately 49% of the population or 33,963 students. The number of visits to the SBHCs totaled 130,039 and the number of unduplicated students served was 22,280 (approximately 32% of the student population).

The SBHC Expansion Working Group, created under PA 21-35 Section 16, was charged with developing recommendations for the strategic expansion of SBHC services to address health needs in response to the pandemic, with a focus on expanding behavioral health services. The Working Group included representatives from the Appropriations and Public Health Committee's along with state agency representatives and community providers. DPH Co-chaired the 20 plus member Working Group along with the CEO from Clifford Beers Clinic. The Working Group combined multiple databases and utilized the Centers for Disease Control (CDC) and Prevention Social Vulnerability Index (SVI) and Health Professional Shortages Areas to identify priority schools that presently do not have a school-based health center. The results showed 157 schools identified in 21 towns are recommended to be considered for potential SBHCs. The CT Legislature awarded $10 million dollars in ARPA funding for FY 23 to address expansion of SBHC clinics with a focus on mental health services.

The CDC Crisis Response Cooperative Agreement provided funding for the expansion of SBHCs to address the effects of the COVID-19 pandemic. Approximately $12 million was available for SBHCs. Site expansion utilizing the SVI from the CDC as well as workforce expansion of SBHCs was addressed through this funding. CDC funding established 103 new and expanded School Based Health Center sites.

The CT Youth Risk Behavior Survey (YRBS), which is administered as the "Connecticut School Health Survey" (CSHS) is a school-based surveillance system designed by the Centers for Disease Control and Prevention and collects data on substance use and abuse including alcohol, mental health, well-visits, physical activity and nutrition, obesity and overweight, sleep, violence and injury, sexual behaviors, and protective factors. Public Act 22-87, An Act Concerning the Identification and Prevention of and Response to Adult Sexual Misconduct Against Children required CT DPH to administer the CSHS to public high schools and requires schools to participate in the survey (which had been voluntary but will still allow for students and parents to opt-out) and requires the inclusion of questions on sexual misconduct by an adult. Mandatory school participation is having a drastic positive impact on the 2023 survey cycle, which has reached 100%. As a result, it will strengthen our ability to identify health disparities across all health-related and risk behavior topics, particularly among sexual identity minority groups.

Children and Youth with Special Health Care Needs

CT's coordinated system of care for CYSHCN, the CT Medical Home Initiative (CMHI), provides community-based, culturally competent, medical home care coordination networks and collaboratives to support CYSHCN. Services include a statewide point of intake, information, and referral; provider and family outreach; and parent-to-parent support. Care coordination services include linkage to specialists and community resources, coordination with school-based services, and assistance with transition to adult health care and other services. The CMHI provides services to over 9,200 CYSHCN and their families in collaboration with 145 community based medical homes.

Regional Collaboratives support local medical home providers and care coordinators to access state and local resources, and work to resolve case specific and systemic problems, including reduction in duplicity of efforts. Family outreach includes multiple support groups and culturally effective education encounters both virtually and in person throughout the state on a variety of topics that the

families want. Training topics include community services include information regarding access community services, navigating insurance access, and self-advocacy.

The CT Family Support Network (CTFSN) provided statewide outreach and culturally effective education for families on the medical home concept, accessing community service systems, navigating insurance access, and self-advocacy. CTFSN hosts social media groups and pages that have over 10,310 members and followers. Social media pages reached around 91,940 people and were active with over 5,096 post engagements in the forms of reactions, comments, shares, and clicks of links. Several Google group distribution lists, with over 787 members in the statewide group, a few hundred in each of 6 regional groups, and over 65 each in very specific groups related to deaf/hard-of-hearing, Spanish speaking specific, or creative housing groups.

The CMHI for CYSHCN partners with CT Children's on the Educating Practices program. CT Children's currently provides 20 training modules for primary care providers on topics including Care Coordination in the Medical Home, Developmental Surveillance Screening, and Family Professional Partnership in the Medical Home.

DPH convenes the Medical Home Advisory Council (MHAC) and the MHAC Family Experience Workgroup quarterly to provide guidance to DPH and its partners in their efforts to improve the system of care for CYSHCN. Participants include representatives from state and private agencies, community-based organizations, and parents/caregivers of CYSHCN. The MHAC Family Experience Workgroup is instrumental in developing and holding focus groups with families throughout Connecticut about their needs related to medical, dental, and behavioral health services. Connecticut has worked to increase family participation in each of the five CMHI regions and currently has six family partners on MHAC. DPH Title V staff work with the OOH to promote dental homes. Community partners assist in making appointments, coordinating transportation, and accessing Medicaid dental insurance for CYSCHN.

Conclusion
Connecticut has made significant progress in improving the health of residents across the life course. DPH has taken a prominent role in convening partners to assess, plan and implement activities which directly contributes to this improvement. Currently, the distribution of these health improvements are not equally distributed among subpopulations. Indeed, residents with lower incomes and non-Hispanic Black and Hispanic people generally have less favorable health and health behavior profiles than their counterparts. These health inequities are driven by social determinants of health, including racism and discrimination, which are more likely to be experienced by non-Hispanic Black and Hispanic people compared to White people. Additionally, some health patterns among maternal and child health populations vary by sex, town, sexual identity, and special health care need status. Initiatives and activities are planned to address disparities with a strong emphasis on structural racism.

How Federal Title V Funds Complement State-Supported MCH Efforts

The MCHBG is designed to provide quality maternal and child health services for mothers, children and adolescents (families with lower income); to reduce infant mortality and the incidence of preventable diseases and disabling conditions among children; and to treat and care for children and youth with special health care needs. The MCHBG is a federal/state program intended to build system capacity to enhance the health status of mothers and children.

Title V funds are an essential component of Connecticut's MCH efforts. State accounts for MCH programs are dedicated primarily to direct or enabling services and allow few staff positions. Federal funds are used to support the leadership, program management, clinical expertise, and data access resources that direct, oversee, develop, and monitor state-funded MCH programs. Title V funded staff are responsible for implementing and monitoring compliance with State mandates and regulations. Title V supports epidemiologists who are essential resources for many data access and performance monitoring activities and Title V funded care coordination staff support quality maternal and child health services for women/mothers, children, adolescents and CYSHCN.

MCH Success Story

MCH Success Story

CYSHCN Success Story, the expansion of HUSKY Health Insurance in CT, demonstrates the Blueprint for Change in the following categories: Health Equity (Principle 2), Family and Child Well-Being (Principle 1), Access to Services (Principles 1 & 3) and Financing (Principle 1). As of January 1, 2023, children twelve and under became eligible for HUSKY, regardless of their immigration status. Children who are enrolled will have continuous HUSKY coverage through age 19, if the required paperwork is completed, and income guidelines are met. The impact of this legislation in Connecticut is tremendous and long-lasting. Children who have never had health insurance before, now have access to an array of medical services, dental care, behavioral health care, and non-emergency medical transportation, without a financial burden being placed on their families.

Historically 1/3 of the patients in the Southwest Region Medical Home Initiative for Children and Youth with Special Health Care Needs did not have insurance. The Southwest Team lead by Sharmelle Highbloom, MD, Director of the Medical Home Initiative, Margot Laedlein, MSN, APRN, Eileen Kelly-Gombos, LCSW, and Maria Uva, Administrative Assistant created a strategy to inform families of the new state legislation and how to enroll in HUSKY Insurance. Families were provided with enrollment information, followed by flyers containing eligibility information and enrollment resources. These educational materials were mailed or emailed, as per family preference.

Southwest Team Member, Maria Uva contacted DPH Epidemiologist for the list of families in the Region who had no insurance or unknown insurance status. Maria worked closely with the Language Line and called each family to describe the change in eligibility and walked them through the HUSKY enrollment process. The Southwest Team was able to increase the number of children who have HUSKY insurance. As of June 2024, 14% of all children aged 12 and under in the Southwest Region have no insurance or unknown insurance status. Southwest Team efforts have positively impacted insurance status for families.

In addition to direct outreach to families, the Southwest Team collaborates with the Federally Qualified Health Centers, City of Stamford's Health Department, pediatricians, schools, and community agencies about the new HUSKY guidelines and shared messaging. This is an ongoing process, as the Southwest Region sees a steady influx of new arrivals to this country.

On July 1, 2024, CT legislation was enacted to allow access to HUSKY for children 15 and younger regardless of their immigration status, so long as their families meet the qualifying income limit.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Connecticut

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.