HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

CONNECTICUT

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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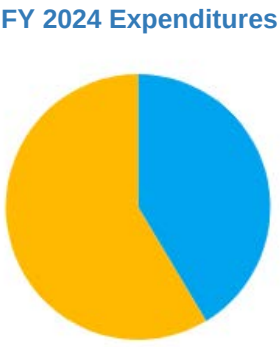
No Contact Information Provided

State Hotline: (800) 203-1234

Funding by Source

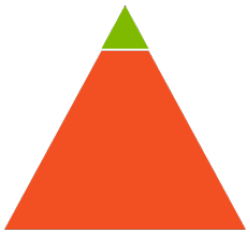
Source	FY 2024 Expenditures
Federal Allocation	$4,982,344
State MCH Funds	$7,047,965
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



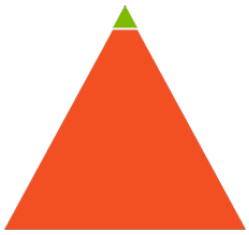
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$969,104	$704,797
Public Health Services and Systems	$4,013,240	$6,343,168

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



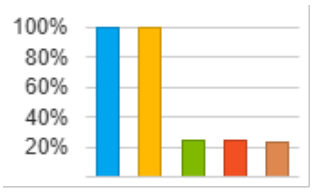
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	$1,390,348
Infants < 1 Year	100.0%	$2,776,914
Children 1 through 21 Years	24.0%	$5,252,538
CSHCN (Subset of all infants and children)	24.0%	$2,383,494
Others *	23.0%	$27,457

*Others– Women and men, over age 21.

FY 2024 Expenditures
Total: $11,830,751

FY 2024 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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)

Improve Access to Health, Dental, and Reproductive Health Care Services
 	
SPMs
• SPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
  o SPM ESM 1.1: 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
  o SPM ESM 1.2: 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?
	New	Women/Maternal Health

Improve Comprehensive Reproductive, Prenatal, and Postpartum Care and Education NPMs • A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV o ESM PPV.1: Number of prenatal and postpartum visits delivered through the mobile health unit(s) in identified lower-maternal care resource communities.	New	Women/Maternal Health
Increase Access to Comprehensive Medical Health SPMs • SPM 2: Prevalence of unintended pregnancies among women delivering a live-born infant.	New	Perinatal/Infant Health
Improve Breastfeeding Education and Supports NPMs • A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF	New	Perinatal/Infant Health

○ ESM BF.1: Number of pregnant and postpartum WIC clients served by breastfeeding peer counselors during the reporting year. ○ ESM BF.2: Percent of Women, Infants, and Children (WIC) participants in Connecticut receiving breastfeeding support and education		
Medical Home NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - 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 ○ ESM MH.2: Percent of children (ages 6-11) in a School-Based Health Center who have a usual source of care ○ ESM MH.3: Percent of parents and caregivers who report satisfaction with care coordination services for their child with special health care needs in the Connecticut Medical Home Initiative Program ○ ESM MH.4: Percent of Children and Youth with Special Health Care Needs (CYSHCN) in the Connecticut Medical Home Initiative Program who received a referral to a mental health or behavioral health provider	New	Child Health
Mental Well-Being, Behavioral Treatment and Support NPMs ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS ○ ESM DS.1: Percent of children birth to 36 months who received one developmental screening according to claims code 96110.	New	Child Health
Medical Home and Care Coordination NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - 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	New	Children with Special Health Care Needs

○ ESM MH.2: Percent of children (ages 6-11) in a School-Based Health Center who have a usual source of care ○ ESM MH.3: Percent of parents and caregivers who report satisfaction with care coordination services for their child with special health care needs in the Connecticut Medical Home Initiative Program ○ ESM MH.4: Percent of Children and Youth with Special Health Care Needs (CYSHCN) in the Connecticut Medical Home Initiative Program who received a referral to a mental health or behavioral health provider		
Mental well-being, managing family stress, and self-care for caregivers. NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - 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 ○ ESM MH.2: Percent of children (ages 6-11) in a School-Based Health Center who have a usual source of care ○ ESM MH.3: Percent of parents and caregivers who report satisfaction with care coordination services for their child with special health care needs in the Connecticut Medical Home Initiative Program ○ ESM MH.4: Percent of Children and Youth with Special Health Care Needs (CYSHCN) in the Connecticut Medical Home Initiative Program who received a referral to a mental health or behavioral health provider	New	Children with Special Health Care Needs
Adolescent Access to Comprehensive Health Care & Well-Visits NPMs ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percent of Adolescents (12-17) with at least one completed Body Mass Index (BMI) at time of medical visit at a School-Based Health Center ○ ESM AWV.2: Percent of adolescents 12 through 17 with a depression screening at the time of medical visit at a School-Based Health Center	New	Adolescent Health
Mental Health and Behavioral Treatment and Supports	New	Adolescent Health

NPMs ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT o ESM MHT.1: Percent of students at schools with School-Based Health Centers who received mental health and behavioral health education		

Executive Summary

Program Overview

Introduction to the State's Title V Program: Connecticut's Title V program forms the foundation for statewide efforts to enhance health outcomes for pregnant women, mothers, infants, children, adolescents, and children and youth with special health care needs (CYSHCN). The program operates within a federal-state partnership model, in which federal Title V funds are allocated to the state to support a broad spectrum of Maternal and Child Health (MCH) services. These services include direct health care, enabling services such as case management and care coordination, and population-based public health initiatives. The Connecticut Department of Public Health (DPH) is responsible for allocating and managing these funds, ensuring they are strategically directed to address key MCH priorities across the state. Achieving this requires collaboration with various stakeholders, including local health departments, community organizations, healthcare providers, and other state agencies, to build a comprehensive and integrated system of care.

High-Level Overview of the Title V Program's Framework: A comprehensive statewide MCH needs assessment is conducted every five years to identify the health status, assets, challenges, and priorities of Connecticut's MCH population. This assessment informs the development of the state's MCH priorities. DPH conducted a comprehensive needs assessment in partnership with the University of Alabama at Birmingham's (UAB) Applied Evaluation and Assessment Collaborative. The process utilizes Federally Available Data (FAD), community surveys, listening sessions, and key informant interviews. The findings inform priority setting, strategy development, and the creation of the Five-Year State Action Plan. Interim updates follow the same data-driven approach and support continuous performance monitoring, allowing the program to remain responsive to evolving needs. Annual reports track progress on national and state performance measures, using both quantitative and qualitative data to evaluate strategy effectiveness.

Based on the findings of the needs assessment, DPH develops an annual application that outlines the state's action plan for utilizing Title V funds. This plan includes selected National Performance Measures (NPMs) and State Performance Measures (SPMs) to track progress. An annual report details the activities and outcomes achieved during the reporting period. The program is committed to ongoing evaluation and quality improvement, using performance data to assess the effectiveness of strategies and make necessary adjustments to optimize MCH outcomes. This iterative process ensures that resources are directed towards the most impactful interventions.

Concise Summary of the State's Needs Assessment Findings: Findings from the women/maternal and perinatal/infant health domains highlight significant gaps in access, outcomes, and support services. Listening sessions and surveys identified barriers such as clinic closures in rural areas, provider shortages, and lack of culturally and linguistically appropriate care. Immigrants and non-English speakers, especially in postpartum care transitions, experienced confusion due to changes in Medicaid coverage. Federally available data show Connecticut has higher rates of severe maternal morbidity and low-risk cesarean deliveries, with disparities most prominent among Black, Hispanic, and Medicaid-covered women. In the perinatal/infant domain, challenges include decreased exclusive breastfeeding rates, with contributing factors such as early return to work, lack of lactation support, and cost barriers for breast pumps and education. Developmental screening levels have not yet returned to pre-COVID levels and show unequal access for families on Medicaid. Families also report financial strain as a critical determinant of child health, with housing, childcare, and food insecurity commonly cited. Feedback suggested system changes such as eliminating the prescription requirement for breast pumps and expanding lactation consultant support via home visiting programs.

The child and adolescent needs assessment reaffirmed that access to comprehensive healthcare, adequate insurance, mental health services, and safe community environments are top concerns. Participants in listening sessions expressed concern about fragmented medical homes and the long-term impact of interrupted well-child care, especially for children ages 6–11. Adolescents reported inadequate access to sexual health education, inconsistent availability of services in school-based health centers, and mental health stigma. The decline in adolescent well-visits and increasing anxiety, depression, and suicidal ideation—especially among LGBTQIA+ youth and youth of color—were key themes. Survey findings underscored strong demand for resources on healthy sleep, managing academic stress, screen time, and social media safety. Transition planning to adult care remains underdeveloped, with youth and families reporting limited guidance on navigating this phase. These insights directly informed priority areas such as adolescent mental health, transitions to adulthood, and comprehensive care access.

One significant concern is the growing disparity in maternal health outcomes, particularly severe maternal morbidity and maternal mortality, which are trending upward despite broader gains in prenatal care access. These outcomes disproportionately impact Black women, those with Medicaid, and individuals in rural areas, underscoring the intersection of health equity and access barriers.

Mental health remains a pressing and increasingly urgent issue across all MCH populations. Postpartum depression screening is inconsistently implemented, and care for maternal mental health needs remains fragmented. Among adolescents, there has been a notable rise in anxiety, depression, suicidal ideation, and social isolation, particularly among LGBTQIA+ youth and those from immigrant or non-English-speaking households. Providers cite workforce shortages and long waitlists as critical barriers to access.

Economic instability and its influence on health outcomes also emerged as a priority concern. Families face rising costs of living, inadequate access to safe and affordable housing, childcare shortages, and food insecurity. These social determinants directly impact maternal and child health and were among the most frequently cited issues in survey responses and listening sessions.

Additional emerging needs include declining rates of adolescent preventive visits, underutilization of postpartum contraceptive services, worsening childhood vaccination trends, and persistent challenges related to health literacy and navigating complex

systems of care. These concerns are exacerbated for families with CYSHCN, who frequently report difficulties in obtaining continuous and coordinated services due to system fragmentation and coverage gaps.

Title V Program Capacity and Partnerships: The Title V program is supported by a multidisciplinary team within the DPH, providing leadership in data collection, program design, performance monitoring, and cross-sector collaboration. The program's capacity is enhanced through a robust network of internal and external partnerships. Internally, Title V collaborates across DPH, fostering integrated service delivery and shared accountability for improving MCH outcomes. Externally, Title V partners with a wide array of stakeholders, including healthcare providers, community-based organizations, advocacy groups, academic institutions, and state agencies. Key partners include the Connecticut Women's Consortium, PATH CT, the United Way of Connecticut, the Medical Home Advisory Council, Medicaid, and the Office of Early Childhood. Additionally, the University of Alabama at Birmingham's Applied Evaluation and Assessment Collaborative provides technical support for the state's comprehensive needs assessment and evaluation processes.

Synopsis of the Title V Program MCH Priorities and Five-Year State Action Plan: For the **Women/Maternal Health** population domain, our program identified two critical priority needs: **Improving Access to Health, Dental, and Reproductive Health Care Services** and **Improving Comprehensive Prenatal and Postpartum Care and Education**. We recognize that equitable and timely access to a full spectrum of healthcare—encompassing preventive, dental, and reproductive health services—is foundational for optimal maternal outcomes. Concurrently, enhancing the comprehensiveness of prenatal and postpartum care and education empowers mothers with the knowledge and support essential for healthy pregnancies, positive birth experiences, and the vital postpartum period. Our strategies in this area are designed to mitigate health disparities and enhance overall maternal health indicators.

In the **Perinatal/Infant Health** domain, our efforts are concentrated on two pivotal priority needs: **Increasing Access to Comprehensive Medical Health and Dental Care** and **Improving Breastfeeding Education and Supports**. Ensuring that infants receive early and consistent access to both medical and dental care is crucial for their healthy development and the prevention of chronic conditions. Furthermore, promoting and supporting breastfeeding through robust education and resources is a cornerstone of our program, recognizing its profound impact on infant health, immunity, and long-term well-being.

Within **Child Health**, our program is dedicated to ensuring that every child has a **Medical Home**. This involves fostering a consistent source of primary care that is not only accessible, continuous, and comprehensive, but also family-centered, coordinated, compassionate, and culturally effective. Additionally, we are deeply committed to promoting **Mental Well-being, Behavioral Treatment, and Support** for children. Recognizing the escalating need for accessible and effective mental health services, our initiatives aim to ensure healthy emotional and behavioral development for all children.

For the **Adolescent** population, our focus encompasses two vital priority needs: **Access to Comprehensive Health Care & Adolescent Well-visits** and **Mental Health and Behavioral Treatment and Supports**. We emphasize the importance of regular preventive care and well-visits, addressing both physical and mental health needs, and providing adolescents with opportunities to engage with healthcare providers in a safe, confidential, and age-appropriate environment. Our goal is to empower adolescents to make informed decisions about their health and to access the full range of behavioral and mental health services they may require.

For **Children and Youth with Special Health Care Needs (CYSHCN)**, our plan focuses on strengthening their **Medical Home and Care Coordination**. This ensures they receive integrated and specialized care that's precisely tailored to their unique requirements. A critical component for CYSHCN, and a foundational element for all children and adolescents, is fostering their **Mental Well-being, Managing Family Stress, and Supporting Self-Care for Caregivers**. We recognize that strong social-emotional skills and supportive relationships are essential for overall well-being, building resilience, and facilitating successful transitions into adulthood. Simultaneously, we understand the vital importance of providing robust support for their dedicated caregivers.

The Role of the Title V Program in Supporting and Assuring Comprehensive, Coordinated, and Family-Centered Services: The Connecticut Medical Home Initiative (CMHI) for CYSHCN, a key component of the Title V CYSHCN program, provides community-based, culturally competent care coordination and family support services. This initiative works to connect CYSHCN and their families to appropriate medical, dental, behavioral health, and community resources.

A core principle of the Title V program is the integration of family perspectives. For CYSHCN, this means ensuring that families are recognized as the primary drivers of their child's care coordination needs. The program supports Community Care Coordination Collaboratives (CCCs) to identify and address systemic barriers that families face in accessing services.

The program fosters collaborations with various stakeholders, including the Connecticut Children's Center for Care Coordination, United Way Child Development Infoline, and community-based Medical Homes, to improve systems-level care and facilitate coordinated service delivery.

Approach to Assuring that MCH Populations Achieve Their Full Health Potential: The Title V program is deeply committed to advancing health justice and eliminating racial and ethnic health inequities. This commitment is grounded in a purposeful effort to understand and address the root causes of disparities, with particular attention to the impact of racism on health outcomes. Recognizing that transformative change must be community-driven, the program engages families, caregivers, and community members as essential partners in shaping policies, programs, and services.

Community engagement efforts are exemplified through initiatives such as the Connecticut MCH Coalition and the Connecticut Health Foundation's advisory committee for maternal health, which specifically centers the experiences of Black birthing individuals.

These forums bring together individuals with lived experience, community leaders, and subject matter experts to guide program development and inform equitable policy decisions.

Connecticut participates in the Pregnancy Risk Assessment Monitoring System (PRAMS), which collects data directly from birthing people. This surveillance tool provides critical insights into the needs, challenges, and lived realities of those giving birth in Connecticut, helping to ensure that the state's maternal health strategies are responsive and evidence-based. Data from the Connecticut Behavioral Risk Factor Surveillance System (BRFSS) provide essential population-level information on health behaviors, chronic conditions, and preventive health practices among adults, including women of reproductive age and parents of young children.

The Title V program also prioritizes culturally sensitive and developmentally appropriate services that reflect the diverse experiences and backgrounds of Connecticut's MCH population. This approach is especially critical for CYSHCN, where family-centered care is fundamental. Families are viewed not just as participants, but as central leaders in the planning and coordination of their child's care, supported in navigating often complex service and healthcare systems.

Program Evaluation, Accomplishments, and Ongoing Challenges: The Title V program is regularly tracking progress against established NPMs and SPMs, as outlined in the program's annual application and reporting processes. The program uses both quantitative data and qualitative feedback from families, providers, and community partners to measure the effectiveness and reach of interventions. This comprehensive approach allows the Title V program to identify successes and areas for improvement, ensuring that strategies remain responsive, inclusive, and evidence-based.

Positive trends have appeared in certain infant health indicators, including a decline in infant mortality rates, reflecting the impact of coordinated maternal and child health initiatives. Provider training and public health campaigns have increased awareness and usage of developmental screening tools, leading to earlier identification and intervention for children with developmental concerns. The program's growing focus on health justice and racial equity, along with its strong partnerships with diverse stakeholders, has further expanded its reach and improved outcomes for various MCH populations.

Despite these achievements, racial and ethnic disparities in maternal and child health outcomes remain deeply rooted, highlighting the need for sustained, multifaceted strategies that address social and structural determinants of health. While some progress has been made in integrating behavioral health, particularly around perinatal mental health, much work remains to fully embed these services into MCH care models. Additionally, although improvements have been made in data collection and reporting, there is still a need to better integrate data across systems and utilize real-time analytics to inform decisions and enable timely program adjustments.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V program is uniquely structured to address the specific Maternal and Child Health (MCH) needs of the state, operating within a framework informed by state statutes, available resources, and identified priorities. The Title V program assumes a critical partnership and leadership role in achieving the broader goals and mission of the MCH Block Grant. It serves as the bedrock for family and community health across the state, with a steadfast commitment to ensuring access to quality healthcare services for mothers, infants, children, and Children and Youth with Special Health Care Needs (CSHCN). The program employs a strategic approach, often guided by a life course model, to address identified MCH priorities. This framework allows for a holistic consideration of health across the lifespan, accounting for various determinants that impact MCH outcomes. In its strategic planning, the Title V program consistently reflects on past successes, acknowledges ongoing challenges, and adapts to emerging issues that affect the health of Connecticut's MCH population. This iterative process ensures that program efforts remain relevant and impactful.

The Title V program demonstrates leadership in several key areas, providing the necessary context for understanding its priorities, strategies, and initiatives

The program acts as a central convener, fostering robust collaborations and partnerships with various stakeholders to address complex MCH issues. This includes actively supporting partnerships at the community level to address social determinants of health and other community health factors that influence MCH outcomes. This collaborative spirit ensures that efforts are coordinated and resources are leveraged effectively across the state.

A cornerstone of the Title V program's design is its commitment to supporting coordinated, comprehensive, and family-centered systems of services at both the state and local levels. This involves working to integrate various health and social services to provide seamless care that is responsive to the needs of families and puts them at the center of their healthcare journey.

The program actively develops and utilizes innovative and evidence-based or evidence-informed approaches to address cross-cutting issues that impact specific MCH populations and sub-populations. This includes addressing systemic issues such as community health factors, which are recognized as significant determinants of health status. By embracing data-driven strategies and best practices, the Title V program strives for maximum effectiveness in its interventions.

The Title V program is instrumental in implementing the core public health functions of assessment, assurance, and policy development through its program efforts supported by the MCH Block Grant. This involves continually assessing the health status

and needs of the MCH population, assuring the availability of necessary health services, and developing policies that promote and protect the health of mothers, infants, and children throughout Connecticut. These foundational public health functions underpin all Title V activities and contribute to a strong, resilient public health infrastructure.

MCH Success Story

Connecticut has recently taken significant legislative steps to reduce disparities among individuals who menstruate. In 2022, the Connecticut General Assembly enacted legislation mandating that certain shelters and agencies provide a range of menstrual products to residents. This legislation applies to individuals experiencing homelessness who are participating in programs such as emergency shelter services, transitional housing services, permanent housing and homelessness prevention services, and emergency shelters operated by domestic violence agencies.

Building on this initiative, in 2023, the General Assembly passed additional legislation requiring public schools to make a variety of menstrual products available in school restrooms. These laws intend to address period poverty—defined as the lack of access to menstrual products, menstrual health education, and proper hygiene management.

These requirements aim to ensure that all who menstruate have access to safe and affordable menstrual products. The legislation responds to research demonstrating that a lack of access can negatively impact individuals' ability to access shelter services and students' ability to attend and participate fully in school. Menstruation should be treated as a standard health and hygiene concern, with menstrual products normalized and made readily available in restrooms, much like soap and toilet paper. Additionally, these laws promote positive messaging around menstruation and emphasize bodily dignity, aiming to reduce stigma, shame, and embarrassment.

To support implementation, the Connecticut Department of Public Health (DPH) has allocated American Rescue Plan Act (ARPA) funding to distribute menstrual products in shelters and schools. Aunt Flow Corp was awarded $50,000 to supply menstrual products to shelters, targeting marginalized populations. The Diaper Bank of Connecticut (DBCT) received $1.95 million to distribute products to eligible public schools.

The contract between DPH and DBCT, effective July 1, 2024, prioritizes product distribution to schools most affected by period poverty. DBCT identified Title I schools—those receiving federal funds to support underserved students—as the initial focus for outreach and onboarding. During the summer of 2024, Title I schools were offered information about accessing free menstrual products in preparation for the legislative changes implemented at the start of the academic year.

In the first year of this initiative, DBCT distributed menstrual products to 302 schools across 66 towns. Distribution included approximately 1,181,700 pads, 578,700 tampons, and 6,400 liners for students. In addition to providing these supplies, DBCT established an Advisory Group to enhance program awareness and support the sustainability of a statewide menstrual equity program in Connecticut schools.

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 2024.

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.