



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **CONNECTICUT**

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### 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 FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

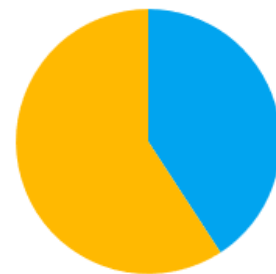
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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	Selma Alves Health Program Associate selma.alves@ct.gov (860) 509-8251

### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$4,671,480
State MCH Funds	\$6,780,000
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2018 Expenditures



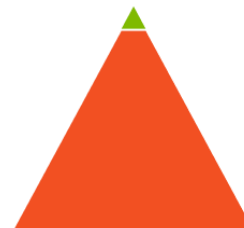
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,048,228	\$678,000
Public Health Services and Systems	\$3,623,252	\$6,102,000

FY 2018 Expenditures  
Federal



FY 2018 Expenditures  
Non-Federal



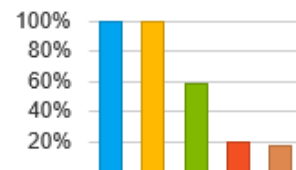
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
<span style="color: blue;">■</span> Pregnant Women	100.0%	\$1,279,666
<span style="color: orange;">■</span> Infants < 1 Year	100.0%	\$2,609,711
<span style="color: green;">■</span> Children 1 through 21 Years	58.0%	\$5,051,874
<span style="color: red;">■</span> CSHCN (Subset of all Children)	20.0%	\$2,196,682
<span style="color: brown;">■</span> Others *	17.0%	\$60,615

**FY 2018 Expenditures**  
Total: \$11,198,548



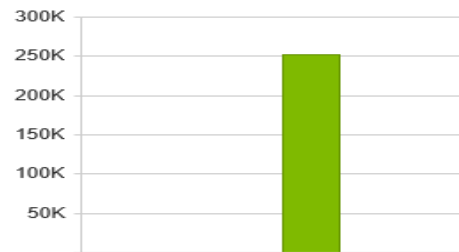
**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
<span style="color: blue;">■</span> State Title V Website Hits:	0
<span style="color: orange;">■</span> State Title V Social Media Hits:	0
<span style="color: green;">■</span> State MCH Toll-Free Calls:	251,323
<span style="color: red;">■</span> Other Toll-Free Calls:	0



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health, Adolescent Health

## Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of 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
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Number of communities participating in Every Woman Connecticut
NPM 4	Breastfeeding	ESM 4.1	Number of hospitals participating in the CT Breastfeeding Coalition's (CBC) Ten Steps Collaborative to implement evidenced-based maternity care and the 10 Steps for Successful Breastfeeding
NPM 4	Breastfeeding	ESM 4.2	Number of Federally Qualified Health Centers (FQHCs) and/ or peer networks that were provided the Secrets of Baby Behavior (SBB) training
NPM 6	Developmental Screening	ESM 6.1	Percent of children less than 3 years old (1-2 years 364 days old) who receive a developmental screening according to claims code 96110
NPM 10	Adolescent Well-Visit	ESM 10.1	Percent of adolescents 12 through 17 with at least one completed BMI at time of medical visit at all school-based health centers
NPM 10	Adolescent Well-Visit	ESM 10.2	Percent of adolescents 12 through 17 with a behavioral health screening at the time of medical visit at all school-based health centers
NPM 11	Medical Home	ESM 11.1	Percent of CYSHCN who have a comprehensive care plan in place as evidence that they are receiving care in a well-functioning system
NPM 12	Transition	ESM 12.1	Percent of CYSHCN who have transition plans to adult health care in place by age 14
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Percent of dental or other health care workers providing information on how to care for teeth and gums during pregnancy
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Percent of high risk children, ages 1 through 17, who have had a preventive dental visit in the past year

## State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	The rate (per 100,000) of suicide deaths among youth aged 10 through 19.	Adolescent Health
SPM 2	Percent of adolescents in grades 9-12 who report being bullied at school in the past year.	Adolescent Health
SPM 3	The proportion of live births conceived within 18 months of a previous birth (percent, females 15–44 years).	Women/Maternal Health

## Executive Summary

### Program Overview

#### Introduction

The Connecticut Department of Public Health (DPH) has been awarded national accreditation by the Public Health Accreditation Board (PHAB). Earning a five-year accreditation status signifies that DPH has met or exceeded rigorous, nationally recognized, evidence-based public health standards, a distinction that only 31 other states have achieved. A strong public health infrastructure provides the capacity to prepare for and respond to emerging and ongoing threats to the public's health. Key infrastructure components vary both in Connecticut as well as across the nation. These components include a capable and qualified workforce; up-to-date data and information systems; and the capability of assessing and responding to population health concerns. Accreditation through the national Public Health Accreditation Board (PHAB) provides an opportunity to strengthen the infrastructure and improve the quality and performance of governmental public health agencies. Quality standards address delivery of the 10 essential public health services, beginning with routine assessment of population health needs in our communities.

The DPH is in the midst of preparing the upcoming State Health Needs Assessment. The last State Health Needs Assessment was released in March 2014. The assessment will provide an updated blueprint for collective action among a wide array of partners to address some of Connecticut's most challenging health issues. In September 2019, DPH will be hosting a Healthy Connecticut 2025 Health Improvement Coalition Summit: Navigating Towards Health Equity. The purpose of the Summit is to share the preliminary findings of the updated State Health Assessment and begin developing the framework of the next State Health Improvement Plan (SHIP). There is a strong emphasis to build on existing initiatives, further leverage our resources and extend the reach of collective impact moving forward.

The DPH provides a leadership role in convening and facilitating a coalition of partners for Healthy CT 2020 implementation, as well as a robust Maternal and Child Health Coalition consisting of more than one hundred stakeholders committed to supporting SHIP Action Teams (which consist of focus areas including: Maternal Infant and Child Health, Environmental Health, Chronic Disease Prevention, Infectious Disease Prevention, Injury & Violence Prevention, Mental Health & Substance Abuse, and Health Systems) as well as the MCH Block Grant National and State Performance Measures including the Evidence-based Strategy Measures. The DPH has been successful in partnering with other state agencies and with community partners; convening and facilitating other important forums for integration and coordination including the Medical Home Advisory Council, the Sickle Cell Disease Stakeholders Consortium, the School Based Health Center Advisory Council, the School Based Health Center Strategic Action Group, the Safe Schools/Healthy Students Data Innovation Committee, Healthy Start Community Action Network, and the Personal Responsibility Education Program Advisory. The DPH MCH staff also partner through participation on statewide boards and advisories such as the Medical Administration Program Oversight Council, the CT Children's Behavioral Health Plan Implementation Committee, the CT Council on Developmental Disabilities, the CT Family Support Council, and the State Department of Education Transition Task Force. These numerous partnerships afford DPH the ability to inform the needs assessment with considerable input and contribution from stakeholders and to implement Connecticut's Title V Program Priority Needs (well woman care/health of women of reproductive age, preterm births and low birth weight births, breastfeeding, developmental screening, well-child visits and immunizations, transition to adult health care, medical home, bullying, adolescent wellness, and oral health) and the strategies associated with both National and State Performance Measures and Evidence-based Strategy Measures in a coordinated and integrated manner.

#### Key Initiatives

##### Women/Maternal Health

The Every Woman Connecticut (EWCT) Learning Collaborative is planning activities for this year's funding cycle and strengthening the existing participating communities, by adding additional partners and providing more technical support. Consulting services will continue to be provided by Marijane Carey of Carey Consulting to support the efforts of the Every Woman Connecticut Learning Collaborative. Carey Consulting will be charged with engaging members of the Every Woman Connecticut Learning Collaborative to increase provider knowledge and self-efficacy in delivering promising and evidence-based education, care, and services related to pregnancy intentionality, optimal birth spacing, and pre-/interconception health.

New legislation was passed effective October 1, 2018 that establishes a maternal mortality review program. The program is responsible for identifying maternal death cases in Connecticut and reviewing medical records and other relevant data related to each maternal death case, including, but not limited to, information collected from death and birth records, files from the Office of the Chief Medical Examiner, and physician office and hospital records. The legislation also states that there be an established maternal mortality review committee within the DPH to conduct a comprehensive, multidisciplinary review of maternal deaths for purposes of identifying factors associated with maternal death and making recommendations to reduce maternal deaths. The legislation recommends that the members of the committee represent a wide range of licensed health care professionals. Through the work of the Committee, CT identifies and characterizes these maternal deaths as Pregnancy-Related or Pregnancy-Associated maternal deaths, which are approximately 8-10 maternal deaths per year. The Committee is charged with excluding deaths that, though tragic, were not classified in either of these two categories. At this current time, there are 22 members on the Committee.

The Reproductive Health Program is administered by Planned Parenthood of Southern New England, Inc. (PPSNE) and is funded with State and Title V funds through a five 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.

The Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) continues to partner with six health systems (consisting of 20 hospitals) throughout Connecticut to promote and provide breast, cervical and cardiovascular screening services. In FY 2019 the program screened 4,000 women; of these, 1,733 women were screened for the first time. The program created and sustained partnerships with the Connecticut Consultation Center, e-Health CT, Walmart Corporation, Connecticut Physicians for Women, Northern CT Black Nurses Association, United Way of CT, Hartford Health Care and Yale New Haven Health Systems Mobile Mammography Vans.

### Perinatal/ Infant Health

The Department's State Physical Activity and Nutrition (SPAN) Program Breastfeeding team along with the State WIC Program staff will continue 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. The focus this year's work to highlight the "It's Worth It" campaign in targeted areas in the State aimed to increase the awareness of the Community Support message and also document stories of diverse populations.

The Family Wellness Healthy Start (FWHS) program serves pregnant and parenting teens and include interconception services. The FWHS program works to eliminate disparities in infant mortality and adverse perinatal outcomes especially among the target population of African American and Hispanic women in Hartford and New Britain. The Department received a federal grant to expand services which previously included African American women in Hartford to now include African American and Hispanic women in Hartford and New Britain. Services include 1) improving women's health, 2) promoting quality services, 3) strengthening family resilience, 4) achieving collective impact, and 5) increasing accountability through quality improvement, performance monitoring and evaluation.

### Child Health

The Immunization Program provides all recommended childhood vaccines to over 710 providers statewide including private physician offices, community health centers, school based health centers, and local health departments. Adult vaccines are also provided for uninsured adults seen at drug treatment facilities, community health centers, and local health departments. In 2018 over 1,100,000 doses of vaccine were distributed by the Immunization Program. The Program partners with several Planned Parenthood of Southern New England, Inc. (PPSNE) facilities throughout the state as well as local health departments, and community health centers to provide HPV vaccine for uninsured 19-26 year old males and females. Uninsured and Medicaid patients 9-18 years of age as well as privately insured 11 and 12 year olds are also provided HPV vaccine. Nationally recommended childhood vaccines are provided to School Based Health Centers (SBHC) for children up through 18 years of age.

Cross system planning and coordination of activities include a Title V staff member to continue to attend the Help Me Grow Advisory Council meeting as an extension of CT Early Childhood Comprehension Systems Grant that focused on developmental screening efforts including a focus on establishing a statewide learning collaborative to bring together developmental screening initiatives to increase understanding of screening practices and create an informed system of developmental promotion, developmental monitoring, early detection, linkage and referral.

### Adolescent Health

DPH supported 93 school health service sites in 27 communities statewide. Included are 82 School Based Health Centers (SBHC) and 11 Expanded School Health (ESH) sites. SBHCs serve students, Pre K-12, and are located in elementary, middle and high schools as well as in combination schools where two schools are located in one facility (elementary and middle school or middle and high school). Eligible students are those that attend the schools in which the SBHC is located. All DPH funded SBHCs provide primary care, mental/behavioral health services and health education/promotion activities designed to meet the physical and psycho-social needs of children and youth within the context of family, culture and environment. In some instances, dental care is also offered. ESH sites offer some level of behavioral/mental health services and/or risk reduction education. Care is delivered in accordance with nationally recognized medical/mental health and cultural and linguistically appropriate standards.

DPH supports the suicide-crisis information and referral line through United Way's 211 Infoline and partnered with DMHAS and DCF to provide sustainability to crisis line services, of critical importance related to the national Zero Suicide model. Additionally, DPH in consultation with the CT-SAB worked with Wheeler Clinic to implement trainings that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking.

### Children and Youth with Special Health Care Needs

The Children and Youth with Special Health Care Needs program's CT Medical Home Initiative provides community-based medical home care coordination networks and collaboratives to support children with special health care needs. 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 to community resources, coordination with school based services, and assistance with transition to adult health care and other services. Community Care Coordination 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). The program partners with Child Health and Development Institute of Connecticut, Inc. (CHDI) to conduct Educating Practices In the Community (EPIC) training modules on topics including Care Coordination in the Medical Home, Developmental Surveillance Screening and Help Me Grow, and Family Professional Partnership in the Medical Home.



### Opioid Update

The Office of Injury and Violence Prevention, Opioid and Drug Overdose Prevention Program is helping Connecticut combat the ongoing opioid and drug overdose epidemic. In February 2018, Governor Dannel Malloy and the Commissioners of the state Departments of Mental Health and Addiction Services (DMHAS), Consumer Protection (DCP), and DPH officially launched a statewide public awareness campaign, called Change the Script, to help communities, health care providers, pharmacists and individuals address the prescription drug and opioids misuse crisis plaguing Connecticut and the nation. Change the Script was chosen as the theme of the campaign to speak to the need to change public perception and thinking about drug dependence and acknowledge addiction as a chronic health disease. Change the Script messages continue to be promoted across the state through a variety of mass media mediums statewide as well as by local communities. The Connecticut Interscholastic Athletic Conference (CIAC) delivered Change the Script messaging throughout the school year in an effort to target student athletes and their families with a focus on primary prevention.

### 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 address assessment, planning and implementation of activities directly contributing to this improvement.

The distribution of these health improvements, and persistent and new issues affecting maternal and child health are not equally distributed among subpopulations. Indeed, lower-income residents, black non-Hispanics, and Hispanics generally have less favorable health and health behavior profiles than their counterparts. 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 keep diverse populations in mind to begin to address these disparities.

These measures, developed through a participatory planning process, highlight areas of progress in maternal and child health in Connecticut, as well as health issues necessitating a public health approach to improve health outcomes.

## How Federal Title V Funds Support State MCH Efforts

The MCHBG is designed to provide quality maternal and child health services for mothers, children and adolescents (particularly of low income families); 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

The American Academy of Pediatrics recommends all children should be screened for developmental delays during visits at 9, 18, and 24 or 30 months. The 2016-2017 National Survey of Children's Health showed CT parents, when asked "During the past 12 months, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have had about this child's development, communication or social behaviors?" had a higher rate of parent completed developmental screening tool in the past year at 36.9% versus the Nationwide 31.1%.

Data from the CT Department of Social Services over the past seven years also supports a continued steady growth in the use of developmental screening tools in CT through the tracking of the Medicaid billing code for developmental screening of 96110. CT has tracked the percent of children less than 3 years old (1-2 years and 354 days old) who receive a developmental screening according to billing claims code 96110 beginning in 2012 at 16.2% and grew to 19.6% in 2013, then 22.7% in 2014, continued to 27.6% in 2015 and 32.9% in 2016 and was 39.8% in 2017, and most recently 42.1% in 2018.

Tracking developmental screening is part of an overall approach in CT to promote optimal health, development, and well-being for all children. DPH is working closely with key stakeholders who support young children and families through several cross-agency collaborations.

## 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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.