

CONNECTICUT

The MCH Federal-State Partnership

The Department of Public Health, the state's leader in public health policy and advocacy, is the agency which administers Connecticut's Title V program. Title V funding allows the state to address the health concerns of the Maternal and Child populations in areas of need throughout the state, through community based programs and interventions. These programs include Healthy Start, Maternal Mortality Review, Genetics and Newborn Screening, Children with Special Health Care Needs, School Based Health Centers, Pediatric Primary Care, Oral Health, and the Adolescent Pregnancy Prevention/Young Parents Program. The health needs of the population along the continuum from birth through the reproductive years are addressed by these programs. Additionally, state capacity supported by Title V funding allows for ongoing planning and policy making activities regarding the state's MCH population, both within the department, between state agencies, and in other, pertinent statewide health care arenas.

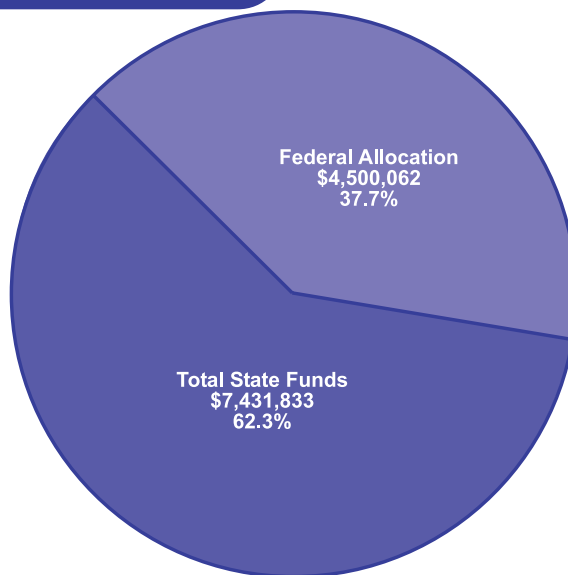
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group⁴

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	17,822	\$778,576
Infants (<1 year)	51,638	\$2,018,835
Children (1 to 22 yrs)	75,471	\$5,446,041
CSHCN (Special Needs)	5,284	\$3,334,648
Others ³	52,963	\$70,088
Administration		\$283,707
TOTALS	203,178	\$11,931,895

*State Population⁵
3,274,069*

*Live Births⁵
43,820*

Title V Federal-State Block Grant Expenditures⁴ by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98²

Title V Federal-State Block Grant:

\$11,931,895

Other Title V Grant Programs:

\$662,346

Other MCH Grant Programs:

\$1,393,648

TOTAL MCH Partnership Funds

\$13,987,889

Title V - Selected National MCH Performance Measures⁷

State 1998 Results

State Year 2000 Goal

	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	8 of 9	8 of 9
Percent of newborns screened for 4 major genetic disorders	102%	98%
Percent of children immunized (ages 19-35 months) against 9 diseases	87%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	22.4 ⁹⁷	21.6
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	3 ⁹⁷	2.8
Percent of mothers who breast fed their infants at time of hospital discharge	65.5% ⁹⁷	68%
Percent of newborns screened for hearing impairment before hospital discharge	*	*
State assurance of family participation in CSHCN programs & policies	13 of 18	13 of 18
Percent of very low birth weight live births	1.6% ⁹⁷	1.4%
Percent of infants born to women who received first trimester prenatal care	82.4% ⁹⁷	88.5%

Title V - National MCH Outcome Measures⁷

State 1998 Results

State Year 2000 Goal

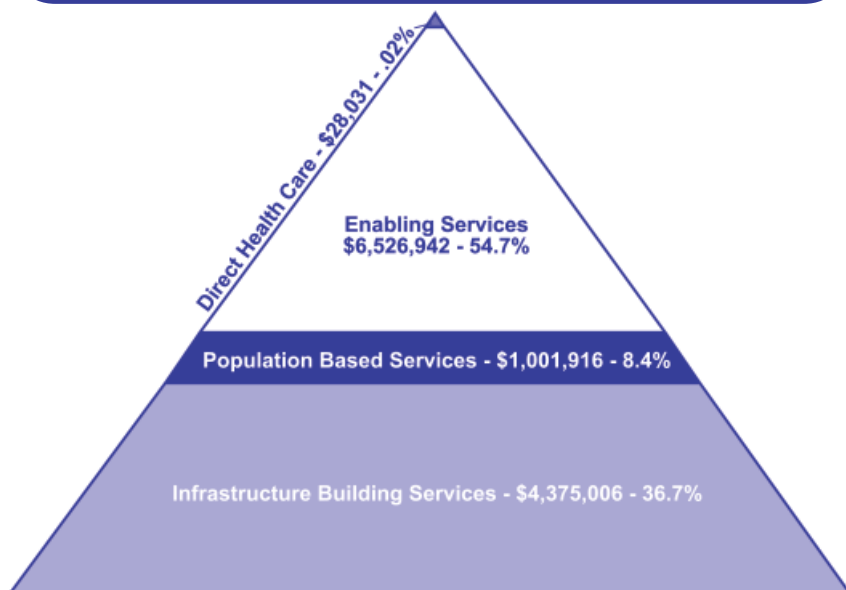
	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.2 ⁹⁷	6.4
Ratio of black to white infant mortality	2.9 ⁹⁷	2.5
Neonatal mortality rate (per 1,000 live births)	5.6 ⁹⁷	4.5
Postneonatal mortality rate (per 1,000 live births)	1.6 ⁹⁷	1.8
Perinatal mortality rate (per 1,000 live births)	10.9 ⁹⁷	9.8
Child death rate (per 100,000 children aged 1-14)	19.5 ⁹⁷	23.4

Title V - Selected State-Determined MCH Performance Measures⁷

State 1998 Results

State Year 2000 Goal

	State 1998 Results	State Year 2000 Goal
Women who smoked during pregnancy	9.7% ⁹⁷	9.4%
Death rate due to intentional and unintentional injury (per 100,000 1-19 year olds)	16.7 ⁹⁷	16.5
Children and adolescents enrolled in Medicaid who received an EPSDT screening service during the past year	60.16%	62%
CSHCN clients who are enrolled in State CSHCN program and have a written health care service plan	84%	86%

Title V Federal-State Block Grant Expenditures⁴ by Category of Service⁶

* Data not available

FOR MORE INFORMATION ON TITLE V:**Title V Program, contact:**

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CONNECTICUT

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Behavioral Pediatrics Training Program, Yale University, New Haven, \$69,762 (SPRANS-Training-Behavioral Pediatrics)

The purpose of the Behavioral Pediatrics Training Program is to train future academicians and leaders in the field of behavioral and developmental pediatrics. Interdisciplinary training is provided in clinical skills, education and communication skills, and community and policy issues related to children and families. In addition, faculty provide training in child development and behavior to residents, students, and pediatric practitioners.

State Systems Development Initiative, Connecticut Department of Public Health, Hartford, \$100,000 (SPRANS-MCHIP-SSDI)

The goal of the SSDI project is to establish an integrated data system to augment the present infrastructure and allow access to MCH data by program staff, managers, and community partners. Results of the CHSCN needs assessment and data from other programs and agencies will be incorporated into the MCH data bases. A protocol for conducting a needs assessment and a method for converting MCH-INFO into a Windows compatible file will be developed.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Maternal and Child Health Services Set-Aside Program, Connecticut Department of Public Health, Hartford, \$50,000 (CISS-CISS-COG)

Oral health, an integral part of overall

health and well-being, is in grave jeopardy with severe access problems for uninsured, underinsured, and otherwise vulnerable people in Connecticut. The purpose of the Connecticut Community Oral Health Systems Development Project is to enhance the development of service systems at the community level to address the oral health and related needs of at-risk children and their families, as facilitated and guided by the efforts of community-based work groups.

Title V—ABSTINENCE EDUCATION PROGRAM

Abstinence Education, State of Connecticut Department of Public Health, Hartford, \$330,484 (Abstinence Ed)

The reduction of out-of-wedlock births to teens aged 15 to 17 years is the project goal. Activities include, in year one, a targeted media campaign focusing on teens, their parents, adult males, and the general community at large. The campaign is intended to raise public awareness about the viability of an abstinence-only approach to preventing teen pregnancy. Subsequent years will transition to funding locally based service programs for youth at risk aged 9 to 14, to encourage these youth to delay the onset of sexual activity and prevent out-of-wedlock births and other health-related adverse consequences. Throughout the 5-year project period, collaborative relationships will be established and maintained between the Department of Public Health and appropriate Federal, State, and local agencies as these relationships are viewed as integral to the success of the initiative and the accomplishment of its goals.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Emergency Medical Services for Children, Connecticut Department of Public Health, Hartford, \$201,235 (EMSC-Implementation)

On the systemwide level in Connecticut, emergency medical services (EMS) capabilities for pediatric patients have been incorporated into general

improvements of the overall EMS system. The major goals of the project are to: (1) Identify the current status of EMS pediatric capability in the State through a review and analysis of the efforts to enhance local programs; and (2) create a plan to develop comprehensive programs of emergency medical services for children (EMSC) in a coordinated, systemic fashion. Through this project the State will, for the first time, have an individual whose sole responsibility and focus will be the development of a statewide EMSC system.

HEALTHY START

Healthy Start New Haven, Community Foundation for Greater New Haven, New Haven, \$1,192,413 (Healthy Start-Community)

The New Haven Healthy Start project will strengthen the community's maternal and child health infrastructure to achieve long-term infant mortality and morbidity reduction goals consistent with those set forth by "Healthy People 2000." In part because of the achievements of two existing consortia, citywide infant mortality rates have declined. However, maternal and child health problems remain highly concentrated in some geographic areas. Existing maternal and child health strategies must be refined, particularly as the State transitions to a medicaid managed system of care. The independent consortia have identified three project goals around which they will coordinate their efforts and resources. These goals are to (1) strengthen the city's maternal and child health and support services infrastructure, (2) increase access to perinatal care for all women of childbearing age and their infants, and (3) increase knowledge and awareness among providers of their responsibilities and the health care options related to perinatal health care.

TITLE V—SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE

- 8% Early Intervention Project - Health Care Program, American Academy of Pediatrics, Orange, \$49,980 (SPRANS-MCHIP-Healthy Tomorrows)

Other Title V (non block) Grant Programs: **\$662,346**

Other MCH Grant Programs: **\$1,393,648**

TOTAL:
\$2,055,994

Selected FY 98 Title V and Other MCH Grant Annotations

- ACCESS-MCH: Center for Automation and Care Coordination Enhancing Service Systems in Maternal and Child Health, Children's Hospital of Los Angeles, Los Angeles, \$354,003 (SPRANS-MCHIP-Integrated Services)
- California Connections: Assuring Access to Preventive Services Under Reformed Systems of Health Care for Children With Special Health Needs and Their Families (Priority Area: Provider Preparation), University of Southern California, Los Angeles, \$200,000 (SPRANS-MCHIP-Managed Care/Health Care Reform)
- Cancer Genetics Education for Primary Care Providers, City of Hope National Medical Center, Duarte, \$121,034 (SPRANS-Genetics)
- Center for Occupational Science-Based Leadership Training in Pediatric Occupational Therapy, University of Southern California, Los Angeles, \$126,027 (SPRANS-Training-Occupational Therapy)
- Collaborative Office Rounds for Pediatric Practitioners, University of California, San Francisco, San Francisco, \$12,000 (SPRANS-Training-Continuing Ed/Collaborative Office Rounds)
- Comprehensive Adolescent Training and Mentor Program, Charles R. Drew University of Medicine and Science, Los Angeles, \$166,653 (Training-Historically Black Colleges)
- Coordinated National Effort to Guide Hospital- and Community-Based Primary Care in the First Days of Life and Parenting, University of California, San Francisco, San Francisco, \$275,051 (SPRANS-Research-FI)
- Crossing Cultural Boundaries: An Ethnographic Study, University of Southern California, Los Angeles, \$220,263 (SPRANS-Research)
- Pacific Southwest Regional Genetics Network (PSRGN), Public Health Institute, Berkeley, \$327,008 (SPRANS-Genetics)
- Northern California Thalassemia Center, Children's Hospital of Oakland, Oakland,

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Children's Health Network, Hartford Primary Care Consortium, Hartford, \$100 (SPRANS-MCHIP-Data)
- Collaborative Office Rounds Group in Psychosocial Developmental Pediatrics, Yale University, New Haven, \$12,000 (SPRANS-Training-Continuing Ed/Collaborative Office Rounds)
- Early Intervention CONNECT, University of Connecticut, Farmington, \$0 (SPRANS-MCHIP)
- Prenatal-to-Pediatric Transition Project, Fair Haven Community Health Clinic, Inc., New Haven, \$50,000 (SPRANS-MCHIP-Healthy Tomorrows)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Health Systems Development in Child Care Program, Connecticut Office of the Governor, Hartford, \$50,000 (CISS-CISS-Child Care Program)