

THE MATERNAL AND CHILD HEALTH SERVICES (TITLE V) BLOCK GRANT ALLOCATION PLAN

FFY 2010

I. Overview of Maternal and Child Health Services Block Grant

A. Purpose

The Maternal and Child Health (MCH) Services Block Grant is administered by the United States Department of Health and Human Services through its administrative agency, the Maternal and Child Health Bureau (MCHB). The Connecticut Department of Public Health is designated as the principal state agency for the allocation and administration of the Block Grant within the State of Connecticut.

The MCH Services Block Grant, under Section 505 of the Social Security Act, as amended by the Omnibus Budget Reconciliation Act of 1989 (OBRA-89) (PL 101-239), is designed to provide grants to States to plan and administer MCH Block Grant funds. With the Annual Reporting Guidance, which includes the 18 mandated performance measures, required under Section 506 as a companion piece, the Application implements a process through which the health status of Connecticut's mothers and children can be measured.

B. Major Use of Funds

- The MCH Services Block Grant 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 handicapping conditions among children, and to treat and care for children with special health care needs. The MCH Block Grant program is the only Federal/State program whose sole purpose is to build system capacity to enhance the health status of mothers and children.
- MCHB funds may not be used for cash payments to intended recipients of health services or for the purchase of land, buildings, or major medical equipment.
- The block grant promotes the development of service systems in states to meet critical challenges in:
 - Reducing infant mortality
 - Providing and ensuring access to comprehensive care for women
 - Promoting the health of children by providing preventive and primary care services
 - Increasing the number of children who receive health assessments and treatment services, and

- Providing family centered, community based, coordinated services for children and youth with special health care needs.

Connecticut's major use of the MCHBG funds supports grants to local agencies, organizations, and other state agencies in each of the following program areas:

- Maternal and Child Health (including adolescents and all women) and
- Children and Youth with Special Health Care Needs

C. Federal Allotment Process

The following is quoted from Section 502, Allotments to States and Federal Set-Aside, of Title V, the Maternal and Child Health (MCH) Services Block Grant.

The Secretary shall allot to each State, which has transmitted an Application for a fiscal year, an amount determined as follows:

- (1) The Secretary shall determine for each State-
 - (A) (i) the amount provided or allotted by the Secretary to the State and to entities in the State under the provision of the consolidated health programs, as defined in section 501 (b)(1), other than for any of the projects or programs described in subsection (a), from appropriations for fiscal year 1981, and (ii) the proportion that such amount for that State bears to the total of such amounts for all States and,
 - (B) (i) the number of low-income children in the State and (ii) the proportion that such number of children for that State bears to the total of such numbers of children in all the States.

- (2) Each such State shall be allotted for each fiscal year an amount equal to the sum of-
 - (A) the amount of the allotment to the State under this subsection in fiscal year 1983, and,
 - (B) the State's proportion, determined under paragraph (1)(B)(ii) of the amount by which the allotment available under this subsection for all the States for that fiscal year exceeds the amount that was available this subsection for allotment for all the States for fiscal year 1983.

D. Estimated Federal Funding

The FFY 2010 (October 1, 2009 – September 30, 2010) Maternal and Child Health Allocation Plan is based on estimated federal funding of \$ 4,748,137 and may be subject to change when the final federal appropriation is authorized.

E. Estimated Expenditure and Proposed Allocations

- The FFY 2009 Federal allocation was \$4,748,137 and the available carry over from FFY 2007 was \$533,846. FFY 2009 expenditures of \$2,906,091 are projected in the area of Maternal and Child Health/Preventive and Primary Care and \$2,304,515 in the area of Children with Special Health Care Needs (\$5,210,606 total projected expenditures), will provide \$71,377 in carry forward funds that will be available for utilization in FFY 2011.

- Total Maternal and Child Health block grant funds available for expenditure in FFY2010 is estimated to be \$5,198,718 including anticipated carry forward funds from FFY 2008.

F. Proposed Allocation Changes From Last Year

The proposed 2010 budget provides an increase in the allocation of funds for perinatal health and obesity programs. In FFY09, funds that were allocated under the perinatal health line item were not expended due to a delay in executing a contract. Therefore, the line item amount was reallocated to different MCH activities in FFY09. Funding for perinatal health will enhance the DPH's activities related to perinatal depression screening and to implement recommendations from the state low birth weight health plan. Obesity funding will be used to support an obesity prevention initiative with Sister Talk Hartford. The "Other" activities are proposed *one-time activities* made possible with the available funds from the 2008 carry over. The decrease in funding for the medical home initiative is due to carryover funds that had been allocated to this line item in FFY09 for one-time activities. Funds allocated to the medical home initiative will be utilized to provide continued funding for the care coordination services at the Title V funded medical homes and provide other services for CYSHCN including but not limited to enhancing respite services and extended services funds for this population.

G. Contingency Plan

This proposed allocation plan has been prepared under the assumption that the FFY 2010 Block Grant for Connecticut will be funded at the level of \$4,748,137 and may be subject to change. In the event that anticipated funding is reduced, as we experienced in previous years, the Department will review the criticality and performance of these programs. Based on the review, reductions in the allocation(s) would be assessed so as to prioritize those programs deemed most critical to the public. Funding would also be absorbed by not refilling vacated staff positions. In the event that anticipated funding is increased, the Department will review its 2005 five-year MCH needs assessment, its State Perinatal Health and Low Birth Weight Plans and prioritize funding based on the results of these assessments.

H. State Allocation Planning Process

Federal legislation mandates that an application for funds be submitted annually and a MCH Statewide Needs Assessment be conducted every five years. The DPH submitted its 2000-2005 MCH Needs Assessment with its 2006 MCHBG Application. The DPH is currently working to complete the next five-year Statewide Needs Assessment for 2006-2011, which will be submitted to HRSA with the 2011 federal MCHBG application. The data presented in the annual application is based on 18 mandated National Performance Measures and 8 State performance measures. As part of the application process, the MCHB expects states to obtain public input. Historically, attendance at public hearing has been minimal. In an effort to gain meaningful public input into the MCHBG application, the DPH has used other venues for grassroots level input, including community-based focus groups, and family readers.

This year, a total of seven focus groups were held:

- DPH staff worked with Doug Edwards, Executive Director, Real Dads Forever, to conduct a focus group of fathers. A total of 8 men participated;
- Five (5) community-based focus groups were conducted by the Connecticut Economic Resource Center (CERC) and held in collaboration with: (1) Bloomfield Family Resource Center; (2) New Haven Family Alliance and a Hartford Men's group; (3) Community Health Services, Inc., Hartford (4) New Haven Healthy Start (pregnant/postpartum women); and (5) Born Again Evangelistic Outreach Ministry Church in Groton CT. A total of 66 people participated in the focus groups; and
- A provider focus group was conducted by CERC with the members of the MCH Advisory Committee. A total of 15 providers from various state, local, and community agencies were in attendance.

In addition, the DPH Family Advocate recruited and received input on the MCHBG application from three family readers and MCHBG information was posted on the DPH website as a means to encourage written testimony. Finally, participants of the recently convened Medical Home Advisory Council Family Experience Workgroup reviewed and discussed the Federal Performance measures that relate to children and youth with special health care needs.

I. Grant Provisions

A State application for federal grant funds under the MCH Services Block Grant is required under Section 505 of the Social Security Act (the Act), as amended by the Omnibus Budget Reconciliation Act of 1989 (OBRA-89) PL 101-239. The application offers a framework for States to describe how they plan for, request, and administer MCH Block Grant funds. The ACT requires that the State health agency administer the program. CT's electronic application is available at: <https://perfdata.hrsa.gov/mchb/mchreports/Search/Search.asp>

Paragraphs (1) through (5) of Section 505(a) require States to prepare and transmit an application that:

- reflects that three dollars of State matching funds are provided for each four dollars in federal funding (for FFY 2010 CT's state match is \$7,100,000);
- is developed by, or in consultation with, the State MCH agency and made public for comment during its development and after its transmittal; contains a statewide needs assessment (to be conducted every five years) and updates are submitted in the interim years in the annual application. The application will contain information (consistent with the health status goals and national health objectives) regarding the need for: (A) preventive and primary care services for pregnant women; mothers, and infants up to age one; (B) preventive and primary care services for children; and (C) services for children with special health care needs.
- includes a plan for meeting the needs identified by the statewide needs assessment and a description of how the State intends to use its block grant funds for the provision and coordination of services to carry out such a plan (to include a statement of how its goals and

objectives are tied to applicable Year 2010 national goals and objectives); and an identification of types of service areas of the State where services will be provided.

- specifies the information that States will collect in order to prepare annual reports required by Section 506(a); unless a waiver is requested under Section 505(b), provides that the State will use at least 30 percent of its block grant funds for preventive and primary care services for children and at least 30 percent of its block grant funds for children with special health care needs;
- provides that the State will maintain at least the level of funds for the program which it provided solely for maternal and child health programs in FY 1989;
- provides that the State will establish a fair method for allocating funds for maternal and child health services and will apply guidelines for frequency and content of assessments as well as quality of services;
- provides that funds be used consistent with nondiscrimination provisions and only for mandated Title V activities or to continue activities previously conducted under the health programs consolidated into the 1981 block grant; provides that the State will give special consideration (where appropriate) to continuing "programs of projects" funded in the State under Title V prior to enactment of the 1981 block grant;
- provides that no charge will be made to low-income mothers or children for services. According to the MCHBG guidance, low income is defined as "an individual or family with an income determined to be below the income official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981." Charges for services provided to others will be defined according to a public schedule of charges, adjusted for income, resources, and family size (Federal Poverty Level);
- provides for a toll-free telephone number (and other appropriate methods) for the use by parents to obtain information about health care providers and practitioners participating under either Title V or Medicaid programs as well as information on other relevant health and health-related providers and practitioners; provides that the State MCH agency will participate in establishing the State's periodicity and content standards for Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program;
- provides that the State MCH agency will participate in coordination of activities among Medicaid, the MCH block grant, and other related Federal grant programs, including WIC, education, other health developmental disabilities, and family planning programs; and,
- requires that the State MCH agency provide (both directly and through their providers and contractors) for services to identify pregnant women and infants eligible for services under the State's Medicaid program and to assist them in applying for Medicaid assistance.

II. Tables

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Table A

Maternal and Child Health Block Grant
Summary of Appropriations and Expenditures

PROGRAM CATEGORY	21531	21531	21531
	FFY08 Expenditures	FFY09 Estimated Expenditures	FFY10 Proposed Expenditures
Number of Positions ¹	27.30	28.05	29.65
Maternal & Child Health/Preventive & Primary Care for Children	2,681,556	2,906,091	2,992,547
Children and Youth with Special Health Care Needs	2,213,356	2,304,515	2,206,171
TOTAL BUDGETED	4,894,912	5,210,606	5,198,718
SOURCE OF FUNDS			
Block Grant	4,729,890	4,748,137	4,748,137
Carry Forward From Prior Year ²	615,603	533,846	450,581
TOTAL FUNDS AVAILABLE	5,345,493	5,281,983	5,198,718

- (1) The apparent increase in the number of positions across FFYs is related to vacancies in existing positions that either were or will be filled in FFY09 and FFY10, respectively.
- (2) Carryover was due to delays in filling vacant positions and a delay in the implementation of some contracts.

TABLE B-2

Maternal and Child Health Block Grant

PROGRAM EXPENDITURES

	21531	21531	21531
Children and Youth with Special Health Care Needs	FFY08 Expenditure	FFY09 Estimated Expenditure	FFY10 Proposed Expenditure
Number of Positions (FTE)	12.60	13.75	13.75
Personal Services	702,933	763,386	764,748
Fringe Benefits	399,121	435,127	483,321
Other Expenses	4,979	9,450	8,400
Equipment	0	0	0
Grants to:			
Local Government	0	0	0
Other State Agencies	3,100	3,100	3,100
Private agencies	1,103,223	1,093,452	946,602
TOTAL EXPENDITURES	2,213,356	2,304,515	2,206,171
	Sources of FFY08 Allocations	Sources of FFY09 Allocations	Sources of FFY10 Allocations
Carry Forward Funds	316,864	292,547	78,662
Federal Block Grant Funds	1,733,291	2,036,162	\$2,087,484
TOTAL SOURCES OF FUNDS	2,050,155	2,328,709	2,166,146

Table C-1
Maternal and Child Health Services Block Grant
Summary of Service Objectives and Activities

Maternal and Child Health

Service Category	Objective	Grantor/Agency Activity	Number Served FYE 2008
Perinatal Case Management	To provide case management services for pregnant women to promote healthy birth outcomes.	DPH provides funding to several agencies to provide case management services to pregnant women. ¹	4,974
Information and Referral	To provide statewide, toll free MCH information	DPH provides funding to the United Way of CT/ 2-1-1 Infoline to provide toll free 24 hour, 7day/week information and referral services regarding MCH services in the state	195,778
	To provide information to consumers and providers on pregnancy exposure services	DPH provides funding to the Univ. of CT to address occupational and environmental exposures, medications, etc. during pregnancy.	909
Family Planning Services	To prevent unintended pregnancies and risky health behaviors.	DPH provides funding to Planned Parenthood of CT.	29,473
Oral Health	To work toward increasing the awareness of age one dental visits and early childhood oral health prevention measures	Provide awareness and education to parents, dentists and physicians on age one dental visits and fluoride varnish	57 parents, 122 Mds and APRNs and 30 dentists trained in age one dental visits
	To work towards increasing the number of third graders receiving dental sealants.	Assess current data of dental sealants prevalence in third graders.	23,747 sealants placed

Service Category	Objective	Grantor/Agency Activity	Number Served F.Y. 2008
School-Based Primary and Behavioral Health Services	To promote the health of children and youth through preventive and primary interventions.	DPH contracts with 19 communities to implement 73 SBHC sites.	22,421
Injury Prevention	To provide information and training on prevention of motor vehicle related injuries to providers and families.	DPH contracts with CCMC to provide training and resources on child transportation safety issues.	260 parents/caregivers 310 children
Obesity	To increase awareness of childhood obesity and/or implement initiatives to increase physical activity and improve dietary habits among Connecticut's children (and families).	MOA with Department of Environmental Protection ² Uconn Center for Translating Research into Policy and Practice (TRIPP) (SisterTalk Hartford) ³	80 urban children, adolescents and adults 62 individuals from local churches, philanthropic organizations, hospitals, and state government. 19 churches were represented.

Footnotes:

1. The programs include State Healthy Start and three case management programs in Hartford, New Haven, and Waterbury.
2. Supported the No Child Left Inside initiative.
3. Supported a culturally relevant weight management program for African American women.

Table C-2
Maternal and Child Health Services Block Grant
Summary of Service Objectives and Activities
Children with Special Health Care Needs

Service Category	Objective	Grantor/Agency Activity	Number Served July 2008
Coordination of Services for Children (and Youth) with Special Health Care Needs (CYSHCN)	To identify children and youth with special health care needs in medical homes and provide service coordination with the support of regional care coordinators.	<p>DPH continued the community-based system of care coordination. To date, there are 32 pediatric practices participating in the medical home project.</p> <p>A Medical Home Advisory Council (MHAC) continues to provide input into the medical home system of care for CYSHCN. There are 6 consumers/families on the MHAC.</p>	<p align="center">5,963</p> <p align="center">Ongoing</p>
Newborn Hearing Screening	To provide early hearing detection and intervention to infants and minimize speech and language delays.	<p>All CT newborns are screened prior to hospital discharge.</p> <p>DPH participates on the Early Hearing Detection and Intervention Task Force to discuss and identify issues relevant to early identification of hearing loss</p>	<p align="center">41,357</p> <p align="center">Ongoing</p>
Newborn Genetic Screening	To provide early identification of infants at increased risk for selected metabolic or genetic disease to avert complications and prevent irreversible problems.	All CT newborns are screened for 40 disorders. DPH refers newborns identified with abnormal results to state designated Regional Treatment Centers for confirmation testing, treatment and follow-up services.	<p align="center">41,471</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2008
		The Genetics Advisory Committee(GAC) represents Endocrine and Genetic Treatment Centers; the State Laboratory; and Sickle Cell consumer groups. Meetings are conducted to identify and address current and emerging issues.	Meets quarterly

TABLE D
SELECTED PERINATAL HEALTH INDICATORS
Connecticut, 2003-2007

Singleton Low Birth Weight Rate *	YEAR	Race/Ethnicity			
		All Races	non-Hispanic White/Cauc	non-Hispanic Black/Afr Am	Hispanic
Rate of low birth weight (<2,500 grams; 5.5 lbs), per 100 live births, among singleton births	2007	5.9	4.5	10.7	6.9
	2006	6.1	4.7	10.6	7.4
	2005	5.9	4.4	11.7	7.0
	2004	5.8	4.4	11.1	7.4
	2003	5.6	4.3	10.5	7.3

Singleton Very Low Birth Weight Rate *	YEAR	Race/Ethnicity			
		All Races	non-Hispanic White/Cauc	non-Hispanic Black/Afr Am	Hispanic
Rate of very low birth weight (<1,500 grams; 3.5 lbs), per 100 live births, among singleton births	2007	1.1	0.7	2.8	1.2
	2006	1.2	0.8	3.2	1.4
	2005	1.2	0.7	3.1	1.5
	2004	1.2	0.7	3.0	1.7
	2003	1.1	0.7	2.7	1.4

Teen Births	YEAR	Race/Ethnicity			
		All Races	non-Hispanic White/Cauc	non-Hispanic Black/Afr Am	Hispanic
Percent of live births to mothers less than 20 years of age	2007*	6.9	3.3	12.7	15.0
	2006	7.0	3.2	14.0	15.5
	2005	6.8	3.5	12.9	15.4
	2004	6.9	3.3	13.4	16.8
	2003	6.7	3.4	14.0	16.2

Infant Mortality Rate	YEAR	Race/Ethnicity			
		All Races	non-Hispanic White/Cauc	non-Hispanic Black/Afr Am	Hispanic
Infant mortality rate, per 1,000 live births	2007*	6.4	5.2	11.5	6.3
	2006	6.1	4.5	14.6	7.2
	2005	5.7	3.3	12.0	7.5
	2004	5.6	5.8	14.4	8.0
	2003	5.4	4.6	11.7	5.2

Late/No Prenatal Care	YEAR	Race/Ethnicity			
		All Races	non-Hispanic White/Cauc	non-Hispanic Black/Afr Am	Hispanic
Percent of live births to mothers who received initial prenatal care beyond the first trimester, or who did not receive prenatal care	2007*	13.5	8.4	23.4	22.1
	2006	14.2	8.5	25.3	24.9
	2005	13.3	8.0	24.4	24.0
	2004	12.8	7.6	22.7	24.3
	2003	11.4	7.3	18.6	21.8

Source: Except where noted, data obtained from registration reports, Connecticut Department of Public Health, http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601&dphPNavCtr=#46967.

* - Data obtained by C. Stone, FHS, DPH, using birth and death files provided courtesy of L. Mueller and F. Amadeo, OHCQSAR, DPH.

Infant Mortality:

As a result of the semi-decennial maternal and child health needs assessment conducted in 2005 by DPH, the need to focus on the reduction of health disparities, especially related to infant mortality, teen pregnancy, low birth weight, and entry into prenatal care, was evident. In 2007, the infant mortality rate was 2.2 times higher among the non-Hispanic Black/African American population than among the non-Hispanic White/Caucasian population (Table D) (11.5 deaths per 1,000 live births among non-Hispanic Black/African American women *versus* 5.2 per 1,000 among non-Hispanic White/Caucasian women). The infant mortality rate among Hispanic women was 1.2 times higher than that among non-Hispanic White/Caucasian women (6.3 deaths per 1,000 live births). Compared to national statistics, while CT residents report good health status overall, large health disparities exist between the White/Caucasian population and that of the Black/African American and Hispanic populations. DPH will work closely with the City of Hartford on the implementation of the newly awarded Federal Healthy Start grant, as well as continue its collaboration with the New Haven Federal Healthy Start Program.

Births to Teens:

The percent of teen births to Hispanic women in calendar year 2007 was 4.5 times higher than the percent among non-Hispanic White/Caucasian women in 2007 (Table D) (15.0% and 3.3% teen births to Hispanic and non-Hispanic White/Caucasian women, respectively). The percent teen births among non-Hispanic Black/African American women in 2007 was 3.8 times higher than that of non-Hispanic White/Caucasian (12.7% teen births). From 2003-2007, the percent of teen births declined slightly among non-Hispanic Black/African American women and among Hispanic women. DPH will provide funding to DSS to support the State Healthy Start Program which includes the provision of services to teens.

Singleton Low Birth Weight:

In 2007, the percent of singleton low birth weight infants among non-Hispanic Black/African American women was 2.4 times higher than that among non-Hispanic White/Caucasian women (Table D) (10.7% of births among non-Hispanic Black/African American women *versus* 4.5% among non-Hispanic White/Caucasian women). The percent of low birth weight babies among Hispanic women in 2007 was 1.5 times that among non-Hispanic White/Caucasian women (6.9% of births). Between 2003-2007, low birth weight rates among non-Hispanic White/Caucasian women increased slightly, but remained significantly lower than rates among non-Hispanic African Americans women and Hispanic women. The DPH, Family Health Section has developed a Strategic Plan for Addressing Low Birth Weight, and funding will be utilized to continue the implementation of some of the recommendations.

Late or No Prenatal Care:

In 2007, receipt of late or no prenatal care among non-Hispanic Black/African American women was 2.8 times greater than among non-Hispanic White/Caucasian women (Table D) (23.4% among non-Hispanic Black/African American women *versus* 8.4% among non-Hispanic White/Caucasian women). Receipt of late or no prenatal care among Hispanic women was 2.6 times greater (22.1%). Between 2003-2007, the percent of late or no prenatal care among all race groups has increased. Late/no prenatal care and inadequate prenatal care, especially among teenage mothers and minority populations, contributes to poor birth outcomes, and DPH will continue its partnership with DSS to co-fund the State Healthy Start Program and DPH case management programs to encourage early entry into, and regular receipt of, prenatal care. The federal First Time Motherhood/New Parents Initiative Grant will include a social marketing campaign that will include the importance of prenatal care.

III. Allocations by Program Category

**Maternal and Child Health Services Block Grant
List of Block Grant Funded Programs - FFY 2009 Estimated Contract
Expenditures and FFY 2010 Proposed Contract Expenditures**

21531

21531

Maternal and Child Health Prevention & Health Care for Children	FFY 09 Estimated Expenditures (including carryover funds)	FFY 10 PROPOSED Expenditures (including carryover funds)
Perinatal Case management (1)	441,137	441,137
Healthy Start	200,000	200,000
Family Planning (2)	20,083	20,083
Information and Referral (2)	183,867	183,867
School Based Health Services (2)	273,691	273,691
Perinatal Health (3)	18,527	110,000
Oral Health (4)	50,000	0
Injury Prevention	40,000	40,000
Obesity (5)	0	30,000
Other (6)	292,338	116,899
Total	1,519,643	1,415,677
Child Growth and Youth Special Health Care Needs	FFY 09 Estimated Expenditures (including carryover funds)	FFY 10 PROPOSED Expenditures (including carryover funds)
Medical Home Community Based Care Coordination Services (7)	1,017,473	827,061
Family Planning (2)	1,057	1,057
Genetics	31,000	31,000
Information and Referral (2)	9,677	9,677
School Based Health Services (2)	14,405	14,405
Other (6)	69,448	62,645
Total	1,143,060	945,845
Grand Total	2,662,703	2,361,522

Footnotes:

- (1) Previously funded as the Right From The Start and Comadrona Programs. This new perinatal case management program for pregnant women and teens began last year. The three contractors are: The Village for Families and Children (Hartford); Student Parenting Services (New Haven); and the City of Waterbury.

2. These contracts are allocated to both program categories to reflect dual focus of programming to both Maternal and Child Health and Children with Special Health Care Needs.
3. The allocation for this line item is from carryover dollars, which are used for one-time activities. The original allocation for FFY09 was reduced because of delays in the execution of a contract; the money for that contract was reallocated to other one-time MCH activities in FFY09.

In FFY10, planned activities will enhance the DPH's activities related to: a) perinatal depression screening and b) the implementation of recommendations from the state perinatal health plan that targets low birth weight.

4. MCHBG funds were not allocated to Oral Health activities in FFY10 because the Oral Health program was able to secure additional federal grant funding within the past year.
5. Funding will be used to support an Obesity prevention initiative with Uconn for the Sister Talk Hartford program.
6. "Other" one-time activities for FFY10 will include: a) \$100,000 to implement the Pregnancy Risk Assessment Tracking System (PRATS survey); b) \$20,000 to hold focus groups as part of the MCHBG Needs Assessment; c) \$33,963 to complete an evaluation of the Sickle Cell Awareness campaign; d) \$10,000 to the State Laboratory for Newborn Screening materials and a conference; e) \$5,581 for MCH educational materials; and f) \$10,000 for MCH Training for state and local MCH staff.
7. In FFY09, the Medical Home Community Based Care Coordination Services line item was used to provide: a) funding for care coordination services; b) implementing the medical home pilot project at three Title V funded medical homes; c) other services for CYSHCN including, but not limited to, enhancing respite services and extended services funds for this population; and d) a training to local service organization staff.

In FFY10, the Medical Home Community Based Care Coordination of Services line item will be used to provide: a) continued funding for care coordination services; and b) other services for CYSHCN including, but not limited to, enhancing respite services and extended services funds for this population.