

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

FFY 2011

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 and youth 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 (CYSHCN)

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 2011 (October 1, 2010 – September 30, 2011) 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

Funds allocated to states are available for obligation and expenditure over a two-year period.

States must provide a three dollar match for every four federal dollars allocated. In kind matching is permitted, but federal funds from other sources may not be used to match the federal MCH block grant allocation.

- The FFY 2010 Federal allocation was \$4,748,137 and the available carry over from FFY 2008 was \$450,581. FFY 2010 expenditures of \$2,686,936 are projected in the area of Maternal and Child Health/Preventive and Primary Care and \$2,368,960 in the area of Children and Youth with Special Health Care Needs (\$5,055,896 total projected expenditures), will provide \$142,822 in carry forward funds that will be available for utilization in FFY 2012.

- Total Maternal and Child Health Block Grant funds available for expenditure in FFY 2011 is estimated to be \$4,914,575 including \$166,438 in anticipated carry forward funds from FFY 2009.

F. Proposed Allocation Changes From Last Year

The proposed FFY 2011 budget provides level funding to the Perinatal Case Management, Healthy Start, Family Planning, Information and Referral, School Based Health Centers, and Genetics programs. There is a significant decrease in carry forward funds available for use during FFY 2011 compared to FFY 2010. As a result, there was a decrease in the allocation of funds for the injury prevention program. Funds were not allocated to the perinatal health line item because funds that were allocated in FFY 2010 were year 2 of a two-year project period; project activities were intended to be self-sustaining at the end of the project period. The “Other” activities are proposed *one-time activities* made possible with the available carry forward funds from FFY 2009. 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 to provide other services for CYSHCN including but not limited to enhancing respite services and extended services funds for this population. Due to the limited availability of carry forward funds, a decreased amount was allocated to care coordination services in FFY 2011.

G. Contingency Plan

This proposed allocation plan has been prepared under the assumption that the FFY 2011 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 2010 five-year MCH Needs Assessment and its Low Birth Weight Plans, and will 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 recently completed its 2011-2014 MCH Needs Assessment, which was submitted to HRSA with its 2011 MCHBG Application in July 2010. The data presented in the annual application is based on 18 mandated National Performance Measures and 8 State performance measures. Beginning with the 2012 application, reporting will begin on the 9 new State performance measures that were identified by the MCH Needs Assessment.

As part of the application process, the MCHB expects states to obtain public input. Historically, attendance at public hearings 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 family readers, community-based focus groups, and web-based and telephone surveys. The DPH Family Advocate recruited and received input on the MCHBG application from three family readers. In

addition, ten focus groups were convened; nine with consumers and one with providers. Telephone surveys were conducted with a random sample of 600 adults who were 18 to 65 years old, CT residents, and lived in households that met income criteria (up to 300% of Federal Poverty Level). The sample included 200 people from each of the following groups: 1) Females with a child/children 18 years or under living at home or not; 2) Females without a child/children 18 years or under and not pregnant; and 3) Males. The DPH also developed and administered a web-based survey for consumers. A total of 207 respondents answered some or all of the questions. DPH developed an online survey for partner agencies and organizations. These methods provided opportunities for the community to offer feedback and identify the health needs of the targeted MCH populations.

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://perfddata.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 2011 CT's state match is \$7,095,000);
- 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 2011 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**

	21531	21531	21531
PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions	27.00	27.10	28.35
Maternal & Child Health/ Preventive & Primary Care for Children	2,907,742	2,686,936	2,626,363
Children and Youth with Special Health Care Needs	2,207,802	2,368,960	2,288,212
TOTAL BUDGETED	5,115,544	5,055,896	4,914,575
SOURCE OF FUNDS			
Block Grant	4,748,137	4,748,137	4,748,137
Carry Forward From Prior Year	533,846	450,581	166,438
TOTAL FUNDS AVAILABLE	5,281,983	5,198,718	4,914,575

- (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 FFY10 and FFY11, respectively.
- (2) Carry forward was due to vacated positions and delays in filling vacant positions.

TABLE B-1

**Maternal and Child Health Block Grant
PROGRAM EXPENDITURES**

Maternal & Child Health/ Preventive & Primary Care for Children

	21531	21531	21531
Maternal & Child Health/ Preventive & Primary Care for Children	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE)	14.00	12.80	13.50
Personal Services	979,532	852,132	920,991
Fringe Benefits	542,679	542,283	582,067
Other Expenses	14,135	26,600	45,804
Equipment	0	0	0
Grants to:			
Local Government	207,421	116,858	116,858
Other State Agencies	210,000	205,000	205,000
Private agencies	953,975	944,063	755,644
TOTAL EXPENDITURES	2,907,742	2,686,936	2,626,363
SOURCE OF FUNDS	Sources of FFY 09 Allocations	Sources of FFY 10 Allocations	Sources of FFY 11 Allocations
Carry Forward Funds	240,231	369,913	19,288
Federal Block Grant Funds	2,764,413	2,526,350	2,607,075
TOTAL SOURCES OF FUNDS	3,004,644	2,896,263	2,626,363

TABLE B-2

Maternal and Child Health Block Grant

PROGRAM EXPENDITURES

Children and Youth with Special Health Care Needs

	21531	21531	21531
Children and Youth with Special Health Care Needs	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE)	13.00	14.30	14.85
Personal Services	617,927	735,611	758,401
Fringe Benefits	342,342	468,130	479,309
Other Expenses	6,350	8,400	20,150
Equipment	0	0	0
Grants to:			
Local Government	0	0	0
Other State Agencies	3,100	3,100	3,100
Private agencies	1,238,083	1,153,719	1,027,251
TOTAL EXPENDITURES	2,207,802	2,368,960	2,288,212
SOURCE OF FUNDS	Sources of FFY 09 Allocations	Sources of FFY 10 Allocations	Sources of FFY 11 Allocations
Carry Forward Funds	293,615	80,668	147,150
Federal Block Grant Funds	1,983,724	2,221,787	2,141,062
TOTAL SOURCES OF FUNDS	2,277,339	2,302,455	2,288,212

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 FFY 2009
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 and teens. ¹	4,783
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.	207,981
	To provide information to consumers and providers on pregnancy exposure services.	DPH Newborn Screening Tracking Program provides funding to the Univ. of CT Health Center (UCHC) to provide information on occupational and environmental exposures, medications, etc. during pregnancy through a toll-free telephone line.	841
Family Planning Services	To prevent unintended pregnancies and risky health behaviors.	DPH provides funding to Planned Parenthood of Southern New England to provide reproductive health prevention services and education to men and women.	35,015
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.	144 parents, 153 WIC staff, 400 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.	6,417 sealants placed

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2009
School-Based Primary and Behavioral Health Services	To promote the health of children and youth through preventive and primary interventions.	DPH provides funding to 19 contractors in 23 communities to implement 75 SBHC sites and 10 Expanded Health Services Programs.	20,409
Injury Prevention	To provide information and training on prevention of motor vehicle related injuries to providers and families.	DPH contracts with CCMC (Safe Kids Connecticut) to provide training and resources on child transportation safety issues.	351 parents/caregivers 500 children

Footnotes:

1. The programs include State Healthy Start, and the three case management programs in Hartford, New Haven, and Waterbury.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2009
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.	DPH continued the community-based system of care coordination. To date, there are 34 pediatric practices participating in the medical home project. 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.	6,782 Ongoing
Newborn Hearing Screening	To provide early hearing detection and intervention to infants and minimize speech and language delays.	All CT newborns are screened prior to hospital discharge. DPH participates on the Early Hearing Detection and Intervention Task Force to discuss and identify issues relevant to early identification of hearing loss.	39,056 Ongoing
Newborn Genetic Screening	To provide early identification of infants at increased risk for selected metabolic or genetic diseases so that medical treatment can be promptly initiated to avert complications and prevent irreversible problems and death.	All CT newborns are screened for 40 disorders prior to hospital discharge or within the first 4 days of life. DPH refers newborns identified with abnormal results to primary care physicians and state designated Regional Treatment Centers for confirmation testing, treatment and follow-up services.	39,589

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2009
		<p>The Newborn Screening Program Advisory Committee (formerly entitled the Genetics Advisory Committee) is comprised State Laboratory staff, as well as CT's Endocrine and Genetic treatment center clinicians and Sickle Cell community-based organizations that work on behalf of their consumers (newborns who have been diagnosed with a metabolic or genetic disease, and their families). Meetings are conducted to identify and address current and emerging issues.</p>	<p>Meets quarterly</p>

TABLE D
SELECTED PERINATAL HEALTH INDICATORS
Connecticut, 2003-2008

Infant Mortality Rate ¹	YEAR	Race/Ethnicity			
		All Races	White/Cauc	Black/Afr Am	Hispanic
Infant mortality rate (per 1,000 live births)	2008	5.9	4.5	13.0	6.7
	2007	6.6	5.5	11.9	6.4
	2006	6.2	4.5	14.6	7.2
	2005	5.7	4.2	12.9	7.5
	2004	5.6	4.6	13.5	8.0
	2003	5.4	4.6	11.7	5.2

Teen Births ¹	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 (%)	2008	7.0	3.1	12.9	15.7
	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

Singleton Low Birth Weight Rate ²	YEAR	Race/Ethnicity			
		All Races	non-Hispanic White/Cauc	non-Hispanic Black/Afr Am	Hispanic
Rate of singleton low birth weight; less than 2,500 g or 5.5 lbs (per 100 live births)	2008	5.8	4.2	11.9	6.8
	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 ²	YEAR	Race/Ethnicity			
		All Races	non-Hispanic White/Cauc	non-Hispanic Black/Afr Am	Hispanic
Rate of singleton very low birth weight; less than 1,500g or 3.5 lbs (per 100 live births)	2008	1.1	0.7	2.6	1.2
	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

Late/No Prenatal Care ¹	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 after the first trimester, or who did not receive prenatal care	2008	12.4	8.1	19.8	19.9
	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

¹ - Data obtained from Registration Report Tables for calendar years 2003 - 2008 (http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601&dphPNavCtr=|#46987), accessed on July 19, 2010.

² - Data obtained by C. Stone, FHS, DPH, using birth records for calendar years 2003-2008, kindly provided by HISR, DPH.

Infant Mortality:

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 is identified as a priority in the semi-decennial Maternal and Child Health Needs Assessment conducted in 2010 by DPH. During calendar year 2008, the infant mortality rate was 2.9 times higher among the Black/African American population than among the White/Caucasian population (**Table D**) (13.0 deaths per 1,000 live births among Black/African American women *versus* 4.5 per 1,000 among White/Caucasian women). The infant mortality within the Hispanic population was 1.5 times higher than that among White/Caucasian women (6.7 deaths per 1,000 live births). Compared to national statistics, while Connecticut 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 continue to work closely with the city of Hartford on the implementation of the federal *Hartford Healthy Start Program*, as well as continue its collaboration with the federal New Haven Healthy Start program and other case management programs.

Births to Teens:

The percent of teen births to Hispanic women in calendar year 2008 was 5.0 times higher than the percent among non-Hispanic White/Caucasian women (**Table D**) (15.7% and 3.1% teen births to Hispanic and non-Hispanic White/Caucasian women, respectively). The percent of teen births among non-Hispanic Black/African American women in 2008 was 4.2 times higher than that of non-Hispanic White/Caucasian (12.9% teen births). During calendar years 2003-2007, the percent of teen births declined slightly among non-Hispanic Black/African American women and among Hispanic women. In collaboration with other state and local health agencies, DPH recently submitted a grant application for federal funding to address teen pregnancy prevention. We will continue to seek funding opportunities to fund other programs.

Singleton Low Birth Weight and Very Low Birth Weight:

During calendar year 2008, the rate of singleton low birth weight infants among non-Hispanic Black/African American women was 2.8 times higher than that among non-Hispanic White/Caucasian women (**Table D**) (11.9 per 100 live births among non-Hispanic Black/African American women *versus* 4.2 per 100 live births among non-Hispanic White/Caucasian women). The rate of low birth weight babies among Hispanic women in 2008 was 1.6 times that among non-Hispanic White/Caucasian women (6.8 per 100 live births), an increase from calendar year 2007. Whereas the singleton low birth weight rate among non-Hispanic White/Caucasian women decreased from 2007 to 2008, that among non-Hispanic Black/African American women increased to the highest rate since calendar year 2003. In addition, the rate of very low birth weight among non-Hispanic Black/African American women decreased for the second consecutive year, but remained 3.8 times higher than that among non-Hispanic White/Caucasian women. The Family Health Section within DPH has developed a Strategic Plan for Addressing Low Birth Weight, and funding will be utilized to implement some of the recommendations such as promoting CenteringPregnancy® in DPH funded case management programs and early entry into prenatal care.

Late or No Prenatal Care:

During calendar year 2008, receipt of late or no prenatal care among non-Hispanic Black/African American women was 2.4 times greater than among non-Hispanic White/Caucasian women (**Table D**) (19.8% among non-Hispanic Black/African American women *versus* 8.1% among non-Hispanic White/Caucasian women). Receipt of late or no prenatal care among Hispanic women was also 2.4 times greater (19.9%). Between calendar years 2003-2006, the percent of late or no prenatal care among all race groups increased, however calendar year 2007 exhibited a slight decrease in late/no prenatal care, and an apparent decreasing trend became evidence in calendar year 2008. 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 and case management programs.

III. Allocations by Program Category

Maternal and Child Health Services Block Grant List of Block Grant Funded Programs:

FFY 2010 Estimated Contract Expenditures
FFY 2011 Proposed Contract Expenditures

	21531	21531
Maternal and Child Health/ Preventive & Primary Care for Children	FFY10 Estimated Expenditures (including carryover funds)	FFY11 PROPOSED Expenditures (including carryover funds)
Perinatal Case Management	341,137	350,574
Healthy Start	200,000	200,000
Family Planning (1)	20,083	20,083
Information and Referral (1)	183,867	183,867
School Based Health Services (1)	273,691	273,691
Perinatal Health (2)	70,000	0
Oral Health	5,000	5,787
Injury Prevention (3)	40,000	30,000
Other (4)	124,286	13,500
Total	1,258,064	1,077,502
Children with and Youth Special Health Care Needs	FFY10 Estimated Expenditures (including carryover funds)	FFY11 PROPOSED Expenditures (including carryover funds)
Medical Home Community Based Care Coordination Services (5)	1,086,079	974,212
Family Planning (1)	1,057	1,057
Genetics	31,000	31,000
Information and Referral (1)	9,677	9,677
School Based Health Services (1)	14,405	14,405
Other (4)	22,458	0
Total	1,164,676	1,030,351
Grand Total	2,422,740	2,107,853

Footnotes:

1. These contracts are allocated to both program categories to reflect dual focus of programming to both Maternal and Child Health and Children and Youth with Special Health Care Needs.
2. The allocation for this line item is from carry forward dollars, funds which are used for one-time activities. In FFY10, activities enhanced 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.

In FFY11, funds were not allocated to this line item. The funds that were allocated in FFY10 were year 2 funds for a two-year project period. The project activities were intended to be self-sustaining at the end of the project period.

3. There was a decrease in the allocation of funds for the injury prevention program due to a significant decrease in carry forward funds available for use during FFY 2011 compared to FFY 2010.
4. "Other" one-time activities for FFY11 will include: a) \$8,500 to the State Laboratory for Newborn Screening materials; and b) \$5,000 to hold a training in partnership with the Department of Children and Families to prevent Shaken Baby Syndrome.
5. In FFY10, the Medical Home Community Based Care Coordination of Services line item was used to provide: a) continued funding for care coordination services; b) other services for CYSHCN including, but not limited to, enhancing respite services and extended services funds for this population; and c) Training in 1) outreach, youth in transition, matching and follow up to family consultants; 2) outreach to professional partners in the community, including community health centers, hospitals, early intervention, and school based programs; 3) accessing services to families of CYSHCN; and 4) "Working Together in a Medical Emergency" to parents of children with special health care needs, emergency services providers, first responders, school nurses, DCF nurses, DDS nurses and caseworkers..

In FFY11, 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.