

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: CT
APPLICATION YEAR: 2013

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FORM 2
MCH BUDGET DETAILS FOR FY 2013
[Secs. 504 (d) and 505(a)(3)(4)]
STATE: CT

1. FEDERAL ALLOCATION		\$	<u>4,667,308</u>
	(Item 15a of the Application Face Sheet [SF 424])		
	Of the Federal Allocation (1 above), the amount earmarked for:		
	A. Preventive and primary care for children:		
	\$ <u>1,448,929</u> (<u>31.04</u> %)		
	B. Children with special health care needs:		
	\$ <u>1,798,056</u> (<u>38.52</u> %)		
	(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]		
	C. Title V administrative costs:		
	\$ <u>216,099</u> (<u>4.63</u> %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
2. UNOBLIGATED BALANCE	(Item 15b of SF 424)	\$	<u>115,099</u>
3. STATE MCH FUNDS	(Item 15c of the SF 424)	\$	<u>7,940,000</u>
4. LOCAL MCH FUNDS	(Item 15d of SF 424)	\$	<u>0</u>
5. OTHER FUNDS	(Item 15e of SF 424)	\$	<u>0</u>
6. PROGRAM INCOME	(Item 15f of SF 424)	\$	<u>0</u>
7. TOTAL STATE MATCH	(Lines 3 through 6)	\$	<u>7,940,000</u>
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ <u>6,777,191</u>		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	<u>12,722,407</u>
	(Total lines 1 through 6. Same as line 15g of SF 424)		
9. OTHER FEDERAL FUNDS			
	(Funds under the control of the person responsible for the administration of the Title V program)		
a. SPRANS:	\$ <u>0</u>		
b. SSDI:	\$ <u>100,000</u>		
c. CISS:	\$ <u>0</u>		
d. Abstinence Education:	\$ <u>0</u>		
e. Healthy Start:	\$ <u>750,000</u>		
f. EMSC:	\$ <u>0</u>		
g. WIC:	\$ <u>0</u>		
h. AIDS:	\$ <u>0</u>		
i. CDC:	\$ <u>855,269</u>		
j. Education:	\$ <u>0</u>		
k. Home Visiting:	\$ <u>10,244,349</u>		
l. Other:			
<u>ECP</u>	\$ <u>150,000</u>		
<u>EHDl</u>	\$ <u>300,000</u>		
<u>PCO</u>	\$ <u>138,734</u>		
<u>PREP</u>	\$ <u>596,440</u>		
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	<u>13,134,732</u>
11. STATE MCH BUDGET TOTAL		\$	<u>25,857,199</u>
	(Partnership subtotal + Other Federal MCH Funds subtotal)		

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: CT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 4,803,010	\$ 4,279,309	\$ 4,729,890	\$ 4,581,699	\$ 4,729,890	\$ 4,459,931
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 615,603	\$ 615,603	\$ 533,846	\$ 533,846	\$ 450,581	\$ 450,581
3. State Funds <i>(Line3, Form2)</i>	\$ 7,100,000	\$ 7,110,000	\$ 7,100,000	\$ 7,040,000	\$ 7,100,000	\$ 7,100,000
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 12,518,613	\$ 12,004,912	\$ 12,363,736	\$ 12,155,545	\$ 12,280,471	\$ 12,010,512
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 975,981	\$ 975,981	\$ 1,494,321	\$ 1,494,321	\$ 6,778,683	\$ 6,778,683
9. Total <i>(Line11, Form2)</i>	\$ 13,494,594	\$ 12,980,893	\$ 13,858,057	\$ 13,649,866	\$ 19,059,154	\$ 18,789,195
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: CT

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 4,748,137	\$ 4,563,402	\$ 4,693,379	\$ _____	\$ 4,667,308	\$ _____
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 166,438	\$ 166,438	\$ 288,206	\$ _____	\$ 115,099	\$ _____
3. State Funds <i>(Line3, Form2)</i>	\$ 7,095,000	\$ 6,780,181	\$ 7,940,000	\$ _____	\$ 7,940,000	\$ _____
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
7. Subtotal	\$ 12,009,575	\$ 11,510,021	\$ 12,921,585	\$ 0	\$ 12,722,407	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 2,284,665	\$ 2,284,665	\$ 3,197,317	\$ _____	\$ 13,134,792	\$ _____
9. Total <i>(Line11, Form2)</i>	\$ 14,294,270	\$ 13,794,716	\$ 16,118,902	\$ 0	\$ 25,857,199	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

None

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
 [Secs 506(2)(2)(iv)]
 STATE: CT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 733,788	\$ 742,767	\$ 724,160	\$ 746,143	\$ 988,779	\$ 850,681
b. Infants < 1 year old	\$ 1,242,873	\$ 1,206,425	\$ 1,242,291	\$ 1,257,931	\$ 1,316,142	\$ 1,243,050
c. Children 1 to 22 years old	\$ 6,061,588	\$ 5,903,550	\$ 6,022,249	\$ 5,936,766	\$ 5,854,736	\$ 5,842,485
d. Children with Special Healthcare Needs	\$ 4,219,940	\$ 3,905,649	\$ 4,158,214	\$ 4,013,701	\$ 3,825,901	\$ 3,788,416
e. Others	\$ 32,646	\$ 34,792	\$ 28,048	\$ 26,631	\$ 58,628	\$ 95,022
f. Administration	\$ 227,778	\$ 211,729	\$ 188,774	\$ 174,373	\$ 236,285	\$ 190,868
g. SUBTOTAL	\$ 12,518,613	\$ 12,004,912	\$ 12,363,736	\$ 12,155,545	\$ 12,280,471	\$ 12,010,512
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 750,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 472,583		\$ 602,630		\$ 595,977	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
CYSHCN Integration	\$ 0		\$ 0		\$ 299,506	
ECP	\$ 0		\$ 140,000		\$ 105,000	
EHDI	\$ 0		\$ 149,999		\$ 149,988	
FirstTime Motherhood	\$ 0		\$ 0		\$ 500,000	
Immunizations	\$ 0		\$ 0		\$ 4,158,382	
PCO	\$ 114,830		\$ 119,830		\$ 119,830	
CYSHCN Integ.	\$ 0		\$ 296,862		\$ 0	
Partnership	\$ 0		\$ 85,000		\$ 0	
ECP (CECCS)	\$ 140,000		\$ 0		\$ 0	
Univ. Newborn Hearin	\$ 148,568		\$ 0		\$ 0	
III. SUBTOTAL	\$ 975,981		\$ 1,494,321		\$ 6,778,683	

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
[Secs 506(2)(2)(iv)]
STATE: CT

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 772,130	\$ 785,208	\$ 856,774	\$	\$ 747,469	\$
b. Infants < 1 year old	\$ 1,230,464	\$ 1,138,002	\$ 1,084,061	\$	\$ 1,128,215	\$
c. Children 1 to 22 years old	\$ 5,810,242	\$ 5,375,425	\$ 7,037,242	\$	\$ 6,973,358	\$
d. Children with Special Healthcare Needs	\$ 3,917,316	\$ 3,959,361	\$ 3,647,950	\$	\$ 3,607,791	\$
e. Others	\$ 45,827	\$ 39,717	\$ 48,354	\$	\$ 49,475	\$
f. Administration	\$ 233,596	\$ 212,308	\$ 247,204	\$	\$ 216,099	\$
g. SUBTOTAL	\$ 12,009,575	\$ 11,510,021	\$ 12,921,585	\$ 0	\$ 12,722,407	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 750,000		\$ 750,000		\$ 750,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 582,991		\$ 306,016		\$ 855,269	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 10,244,349	
l. Other						
ECP	\$ 132,000		\$ 140,000		\$ 150,000	
EHDI	\$ 259,874		\$ 300,000		\$ 300,000	
PCO	\$ 119,830		\$ 149,788		\$ 138,734	
PREP	\$ 0		\$ 596,440		\$ 596,440	
Home Visiting	\$ 0		\$ 855,073		\$ 0	
CYSHCN Integration	\$ 300,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 2,284,695		\$ 3,197,317		\$ 13,134,792	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2010
Field Note:
FFY10 Pregnant Women expenditures were less than the budgeted amount due to the reallocation of carryover funds to activities that had a slightly different focus compared to our original plans
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2011
Field Note:
FFY11 All Others expenditures were less than the budgeted amount due to the reallocation of carryover funds to activities that had a slightly different focus compared to our original plans
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2010
Field Note:
FFY10 All Others expenditures were greater than the budgeted amount due to the reallocation of carryover funds to activities that had a slightly different focus compared to our original plans
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
FFY10 Administration expenditures were less than the budgeted amount due to one position being split-funded with other grants.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: CT

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,496,103	\$ 4,490,928	\$ 4,488,240	\$ 4,449,794	\$ 4,503,220	\$ 4,645,449
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,255,962	\$ 2,207,835	\$ 2,208,077	\$ 2,221,267	\$ 2,211,755	\$ 2,252,771
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 701,302	\$ 851,091	\$ 688,156	\$ 644,202	\$ 821,126	\$ 787,727
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,065,246	\$ 4,455,058	\$ 4,979,263	\$ 4,840,282	\$ 4,744,370	\$ 4,324,565
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,518,613	\$ 12,004,912	\$ 12,363,736	\$ 12,155,545	\$ 12,280,471	\$ 12,010,512

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: CT

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,487,936	\$ 4,280,846	\$ 4,514,936	\$	\$ 4,513,435	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,230,771	\$ 2,157,885	\$ 2,247,454	\$	\$ 2,265,066	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 962,809	\$ 810,027	\$ 764,366	\$	\$ 792,683	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,338,069	\$ 4,261,263	\$ 5,394,829	\$	\$ 5,151,233	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,009,575	\$ 11,510,021	\$ 12,921,585	\$ 0	\$ 12,722,407	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
FFY11 Population-Based Services expenditures were less than the budgeted amount due to the reallocation of personnel and carryover funds to activities that had a slightly different focus compared to our original plans.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: CT

Total Births by Occurrence: 37,985

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	37,273	98.1	33	0	0	
Congenital Hypothyroidism	37,273	98.1	719	6	6	100
Galactosemia	37,273	98.1	88	7	7	100
Sickle Cell Disease	37,273	98.1	25	18	18	100
Other Screening (Specify)						
Biotinidase Deficiency	37,273	98.1	130	3	3	100
Congenital Adrenal Hyperplasia	37,273	98.1	255	0	0	
Hemoglobin Traits	37,273	98.1	941	0	0	
Hemoglobinopathies	37,273	98.1	25	7	7	100
Maple Syrup Urine Disease	37,273	98.1	47	1	1	100
Tyrosinemia Type I	37,273	98.1	86	0	0	
Methylmalonic Acidemia (MMA)	37,273	98.1	63	1	1	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	37,273	98.1	16	0	0	
Isovaleric Acidemia	37,273	98.1	41	0	0	
Propionic Acidemia	37,273	98.1	43	0	0	
Camitine Uptake Defect	37,273	98.1	67	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	37,273	98.1	5	1	1	100
Omithine Transcarbamylase Deficiency (OTC)	37,273	98.1	138	0	0	
Camitine/Acylcamitine Translocase Def. (CACT)	37,273	98.1	12	0	0	
Camitine Palmitoyl Transferance I (CPT I)	37,273	98.1	47	0	0	
Camitine Palmitoyl Transferance II (CPT II)	37,273	98.1	11	0	0	
Glutaric Acidemia II (GA II)	37,273	98.1	25	0	0	
Glutaric Acidemia Type I	37,273	98.1	35	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	37,273	98.1	26	0	0	
Homocystinuria Hypermethionemia	37,273	98.1	223	1	1	100
Multiple CoA Carboxylase Def. (MCD)	37,273	98.1	5	0	0	
Short-Chain ACYL-CoA Dehydrogenase Deficiency (SCADD)	37,273	98.1	60	5	5	100
Hyperammonemia-Hyperomithinemia-Homocitullinemia Syndrome (HHH)	37,273	98.1	49	0	0	
Malonic Aciduria	37,273	98.1	86	0	0	
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency/Trifunctional						

Protein Deficiency	37,273	98.1	20	0	0	
Citrullinemia or Argininosuccinic Acid Synthetase Deficiency (ASD)	37,273	98.1	39	0	0	
2, 4, Dienoyl CoA Reductase Def. (DCR)	37,273	98.1	2	0	0	
Beta-Ketothiolase Deficiency and 2M3HBA	37,273	98.1	3	0	0	
Long-Chain Acyl-CoA Dehydrogenase Def. (LCADD)	37,273	98.1	0	0	0	
3-Hydroxy 3-Methylglutaryl-CoA Lyase Def. (HMG)	37,273	98.1	46	0	0	
Neurotic Hyperglycinemia (NKH)	37,273	98.1	66	0	0	
Multiple Acyl-CoA Dehydrogenase Deficiency (MADD)	37,273	98.1	25	0	0	
Argininosuccinic aciduria (ASA) / Argininosuccinase Lyase (ADL)	37,273	98.1	11	0	0	
Argininemia - Arginase Deficiency (Arg)	37,273	98.1	103	0	0	
Short-Chain 3-Hydroxyacyl-CoA Dehydrogenase Def. (SCHADD)	37,273	98.1	23	0	0	
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2013
Field Note:
2011 Occurent Births provisional.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: CT

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	5,182	7,556	9,098	8,117	7,557
Infants < 1 year old	41,719	41,722	51,060	54,106	54,856
Children 1 to 22 years old	116,156	142,752	125,611	147,788	172,931
Children with Special Healthcare Needs	33,620	33,140	29,547	35,650	36,438
Others	171,361	178,477	157,290	198,197	216,157
Total	388,038	403,647	372,606	443,858	487,939

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	8,225	40.2	2.2	13.7	41.5	2.5
Infants < 1 year old	51,208	43.8	0.9	1.2	3.6	50.6
Children 1 to 22 years old	162,551	63.3	4.0	11.5	17.4	3.9
Children with Special Healthcare Needs	45,477	6.2	0.4	2.7	0.3	90.5
Others	260,255	42.4	2.7	15.9	25.1	14.0
TOTAL	527,716					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWbmen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013
Field Note:
Source: Data on services provided to pregnant women obtained from reports from CHCs, Planned Parenthoods, and the DPH Healthy Start Program. Data for 2010-2011.
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Source: 2010-2011 data from CHC reports, DPH Vital Statistics, and DPH Healthy Start program.

The difference between the total number of infants <1 on Form 7 and the number of births on Form 6 is approx. 26% higher. This was the case in last year's MCHBG FFY2012 application. the difference is probably due to the variability of reporting time periods across programs serving infants <1 that does not easily match a calendar year reporting time period.
3. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Source: 2010-2011 data from CHC reports, Planned Parenthood, the DPH Healthy Start program, and DPH School Based Health Center reports.
4. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2013
Field Note:
Source: 2010-2011 data from CHCs on EPSDT services provided, data obtained by the DPH Children and Youth with Special Health Care Needs program, and the DPH Infoline.
5. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
Source: 2010-2011 data from CHC reports, Planned Parenthood, the DPH Healthy Start program, and Infoline reports.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX
(By RACE AND ETHNICITY)
[Sec. 506(a)(2)(C-D)]
STATE: CT

Reporting Year: 2010

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	37,644	29,094	5,130	281	479	1,863	0	797
Title V Served	37,644	29,094	5,130	281	479	1,863	0	797
Eligible for Title XIX	14,676	10,279	3,515	66	421	0	0	385
INFANTS								
Total Infants in State	37,447	28,964	5,084	281	463	1,860	0	795
Title V Served	37,447	28,964	5,084	281	463	1,860	0	795
Eligible for Title XIX	14,676	10,279	3,515	66	421	0	0	385

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	29,188	8,245	211	1,000	85	4,384	2,674	313
Title V Served	29,188	8,245	211	1,000	85	4,384	2,674	313
Eligible for Title XIX	5,590	9,086	0	0	0	0	0	9,086
INFANTS								
Total Infants in State	29,040	8,206	201	997	85	4,362	2,662	301
Title V Served	29,040	8,206	201	997	85	4,362	2,662	301
Eligible for Title XIX	5,590	9,086	0	0	0	0	0	9,086

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
2. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
3. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Black
Row Name: Total Deliveries in State
Column Name: Black or African American
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
4. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Indian
Row Name: Total Deliveries in State
Column Name: American Indian or Native American
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
5. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
6. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
7. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_More
Row Name: Total Deliveries in State
Column Name: More Than One Race Reported
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
8. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
9. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2013
Field Note:
 Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
10. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2013
Field Note:
 Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
11. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_Black
Row Name: Title V Served
Column Name: Black or African American

Year: 2013

Field Note:

Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

12. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_Indian

Row Name: Title V Served

Column Name: American Indian or Native American

Year: 2013

Field Note:

Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

13. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_Asian

Row Name: Title V Served

Column Name: Asian

Year: 2013

Field Note:

Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

14. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_Hawaiian

Row Name: Title V Served

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2013

Field Note:

Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

15. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_More

Row Name: Title V Served

Column Name: More Than One Race Reported

Year: 2013

Field Note:

Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

16. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_RaceOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2013

Field Note:

Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

17. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2013

Field Note:

CT DSS 2010 data.

18. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_White

Row Name: Eligible for Title XIX

Column Name: White

Year: 2013

Field Note:

CT DSS 2010 data.

19. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_Black

Row Name: Eligible for Title XIX

Column Name: Black or African American

Year: 2013

Field Note:

CT DSS 2010 data.

20. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_Indian

Row Name: Eligible for Title XIX

Column Name: American Indian or Native American

Year: 2013

Field Note:

CT DSS 2010 data.

21. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_Asian

Row Name: Eligible for Title XIX

Column Name: Asian

Year: 2013

Field Note:

CT DSS 2010 data.

22. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_Hawaiian

- Row Name:** Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
 CT DSS 2010 data.
- 23. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2013
Field Note:
 CT DSS 2010 data.
- 24. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
 CT DSS 2010 data.
- 25. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 26. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_White
Row Name: Total Infants in State
Column Name: White
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 27. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_Black
Row Name: Total Infants in State
Column Name: Black or African American
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 28. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_Indian
Row Name: Total Infants in State
Column Name: American Indian or Native American
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 29. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_Asian
Row Name: Total Infants in State
Column Name: Asian
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 30. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_Hawaiian
Row Name: Total Infants in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 31. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 32. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional 2010 data.
- 33. Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2013
Field Note:

Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

34. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
35. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
36. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
37. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
38. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
39. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
40. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
41. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2013
Field Note:
CT DSS 2010 data.
42. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2013
Field Note:
CT DSS 2010 data.
43. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2013
Field Note:
CT DSS 2010 data.
44. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleXIX_Indian

- Row Name:** Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2013
Field Note:
 CT DSS 2010 data.
45. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2013
Field Note:
 CT DSS 2010 data.
46. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
 CT DSS 2010 data.
47. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2013
Field Note:
 CT DSS 2010 data.
48. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
 CT DSS 2010 data.
49. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
50. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
51. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_NotReported
Row Name: Total Deliveries in State
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
52. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
53. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
54. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2013
Field Note:
 CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
55. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2013
Field Note:

CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.

56. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2010.
57. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
58. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
59. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
60. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
61. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
62. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
63. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
64. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
65. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
CT DSS 2010 data.
66. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
CT DSS 2010 data.

67. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
CT DSS 2010 data.

68. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2013
Field Note:
CT DSS 2010 data.

69. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2013
Field Note:
CT DSS 2010 data.

70. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2013
Field Note:
CT DSS 2010 data.

71. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2013
Field Note:
CT DSS 2010 data.

72. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
CT DSS 2010 data.

73. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional 2010 data.

74. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional 2010 data.

75. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional 2010 data.

76. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional 2010 data.

77. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2013
Field Note:

CT DPH Vital Statistics Provisional 2010 data.

78. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional 2010 data.
79. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional 2010 data.
80. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2013
Field Note:
CT DPH Vital Statistics Provisional 2010 data.
81. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
82. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
83. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
84. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
85. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
86. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
87. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2013
Field Note:
Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
88. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served

Column Name: Other and Unknown

Year: 2013

Field Note:

Numbers are the same as total infants in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.

89. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2013

Field Note:

CT DSS 2010 data.

90. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

CT DSS 2010 data.

91. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_NotReported

Row Name: Eligible for Title XIX

Column Name: Ethnicity Not Reported

Year: 2013

Field Note:

CT DSS 2010 data.

92. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2013

Field Note:

CT DSS 2010 data.

93. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Cuban

Row Name: Eligible for Title XIX

Column Name: Cuban

Year: 2013

Field Note:

CT DSS 2010 data.

94. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_PuertoRican

Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2013

Field Note:

CT DSS 2010 data.

95. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2013

Field Note:

CT DSS 2010 data.

96. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2013

Field Note:

CT DSS 2010 data.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(a)(E) AND 509(a)(8)]
STATE: CT

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(a)(E) AND 509(a)(8)]
STATE: CT

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	211 Infoline				
2. State MCH Toll-Free "Hotline" Name	MCH Information & Referral Services				
3. Name of Contact Person for State MCH "Hotline"	Robin Tousey-Ayers	Robin Tousey-Ayers	Meryl Tom	Meryl Tom	Meryl Tom
4. Contact Person's Telephone Number	(860) 509-8074	(860) 509-8057	(860) 509-8057	(860) 509-8057	(860) 509-8057
5. Contact Person's Email	Robin.Tousey-Ayers@ct.gov	Robin.Tousey-Ayers@ct.gov	Meryl.Tom@ct.gov		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	169085	196193	207981

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hbtline This reporting period

Column Name: FY

Year: 2011

Field Note:

Source: MCH Information Referral Services (211 Infoline). This figure has decreased during the past two years and is most likely due to the increased utilization of the 2-1-1 website.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
 STATE PROFILE FOR FY 2013
[Sec. 506(a)(1)]
 STATE: CT

1. State MCH Administration:
(max 2500 characters)

The CT DPH, the state's leader in public health policy and advocacy, administers CT's Title V Maternal and Child Health Services Block Grant. Title V funding provides support to the state to address the health concerns of the Maternal and Child population (including women during the interconceptional period, and men) through community-based programs and interventions. These programs include Perinatal Case Management Programs (i.e., state Healthy Start), Newborn Screening, Children and Youth with Special Health Care Needs (CYSHCN), Family Planning and School Based Health Centers (SBHC). These programs address the health needs of the three maternal and child population groups. State capacity supported by Title V funding allows for ongoing assessment, planning, evaluation and policy-making activities regarding the state's MCH population, whether it is within the department, between state agencies, or in collaboration with other MCH organizations and community partners.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>4,667,308</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>115,099</u>
4. State Funds (Line 3, Form 2)	\$ <u>7,940,000</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>12,722,407</u>

9. Most significant providers receiving MCH funds:

<u>CYSHCN community based medical home progs.</u>
<u>School Based Health Centers</u>
<u>Community based providers for Case Mgmt.</u>
<u>Healthy Start (through an MOA with DSS)</u>

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	<u>8,225</u>
b. Infants < 1 year old	<u>51,208</u>
c. Children 1 to 22 years old	<u>162,551</u>
d. CSHCN	<u>45,477</u>
e. Others	<u>260,255</u>

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The state CYSHCN program has transitioned from a regional center model to a community based, pediatric practice based approach. To date there are 47 pediatric practices that provide care coordination including enhancing access to: specialty and subspecialty services, durable medical equipment, medication prescriptions and specialized formulas for children with special needs. Care Coordinators are co-located or embedded in the pediatric practices. The CYSHCN program provides funding for respite and family support services and works closely with the Family Support Network, Parents Available to Help/CT Family Voices, and other Family Support organizations. The program also provides technical assistance to practices implementing Person Centered Medical Home through the state's Medicaid program. SBHC in CT enhance access to health care services for students, especially those most in need, by providing services in the school setting. SBHC provide a wide range of health care services, including dental, mental health, and social services through an interdisciplinary team. As a major safety net provider, SBHC are an important source of health care for uninsured and underinsured children and youth in the state.

b. Population-Based Services:
(max 2500 characters)

The Early Hearing Detection and Intervention Program (EHDI) screens all newborns delivered in CT for hearing impairments and refers them as needed to audiology centers for follow-up and treatment. Newborns are referred to the CT Birth to Three System as appropriate. The Newborn Genetic & Laboratory Screening Program is a population-based initiative that screens all newborns delivered in CT for the legislatively mandated diseases. Infants with positive screening results are referred for confirmation testing, counseling, education, and treatment services. The program provides increased public health awareness of genetic disorders, public health education, and referrals.

c. Infrastructure Building Services:
(max 2500 characters)

DPH is working to create a data warehouse of linked child health data, known as HIP-Kids (Health Informatics Profile for CT Kids). The information from HIP-Kids will be an important data source to enhance DPH's ability to report on performance measures, as well as other outcome measures. Eleven state-mandated databases within DPH contain record-level health data on children, and the HIP-Kids project will combine data from these disparate databases into a single data system. The plan is to comply with agency efforts to utilize a state-of-the-art application (called MAVEN) that will be located on a Public Health Informatics Network (PHIN). The data from newborn hearing screening, the birth defects registry, and the metabolic screening and birth records are fully implemented on the new application, and plans to include the CYSHCN database are underway. Although not through utilization of MCHB TA funds, DPH and its partners received technical assistance to enhance the knowledge of current issues regarding program planning for Adolescents. Through MCHB TA funds DPH will: (1) work to develop strategies for interventions to address women who smoke during successive pregnancies and other issues related to birth outcomes; (2) work to educate consumers and providers regarding the impact of the Affordable Care Act on resources available for CYSHCN; and (3) develop strategies to integrate efforts to address Chronic Disease with Maternal and Child Health.

12. The primary Title V Program contact person:

Name Rosa M. Biaggi, MPH, MPA
 Title Chief, Family Health Section, Title V Director
 Address CT Department of Public Health
 City Hartford
 State CT
 Zip 06134

13. The children with special health care needs (CSHCN) contact person:

Name Mark Keenan
 Title CYSHCN Director
 Address CT Department of Public Health
 City Hartford
 State CT
 Zip 06134

Phone _____ (860) 509-8074
Fax _____ (860) 509-7720
Email _____ rosa.biaggi@ct.gov
Web _____

Phone _____ (860) 509-8074
Fax _____ (860) 509-7720
Email _____ mark.keenan@ct.gov
Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	59.8	59.8	59.8	59.8	59.8
Annual Indicator	57.8	57.8	57.8	57.8	70.4
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	70.4	70.4	70.4	70.4	70.4
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey. However, in 2009-2010 there were wording changes and additions to the questions used to generate this indicator. The data for 2009-2010 are NOT comparable to earlier versions of the survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Annual Performance Objectives for 2012-2016 were updated using the most recent data.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	56.9	48.5	48.5	48.5	48.5
Annual Indicator	48.5	48.5	48.5	48.5	46
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	46	46	46.2	46.2	46.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2001 and 2005-2006 surveys are not comparable for NPM 3. However, the same questions were used to generate the NPM 3 indicator for both the 2005-2006 and 2009-2010, therefore these two surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Annual Performance Objectives for 2012-2016 were updated using the most recent data.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	2007	2008	2009	2010	2011
Annual Performance Objective	61.3	61.7	61.7	61.7	61.7
Annual Indicator	61.7	61.7	61.7	61.7	59.6
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	2012	2013	2014	2015	2016
Annual Performance Objective	59.6	59.6	59.6	59.6	59.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Annual Performance Objectives for 2012-2016 were updated using the most recent data.

2. Section Number: Fom11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Fom11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	76.8	89.4	89.4	89.4	89.4
Annual Indicator	89.4	89.4	89.4	89.4	66.8
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	67.8	67	67	67.2	67.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Annual Performance Objectives for 2012-2016 were updated using the most recent data.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for NPM05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	5.8	43.3	43.3	43.3	43.3
Annual Indicator	43.3	43.3	43.3	43.3	46
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM 6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM 6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Annual Performance Objectives for 2012-2016 were updated using the most recent data.

2. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for NPM#06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	88.6	89	89.4	83.6	89.8
Annual Indicator	83.4	83.2	83.1	85.0	82.0
Numerator	29,765	29,207	29,091	30,019	27,988
Denominator	35,674	35,111	35,000	35,309	34,136
Data Source		CIRTS	CIRTS	CIRTS	CIRTS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	82	82.2	82.4	82.6	82.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Connecticut Immunization Registry and Tracking System (CIRTS), 2008 birth cohort.

The CIRTS data provide a more accurate picture regarding childhood immunization coverage rates for CT children. The immunization coverage rate for children born in 2008 was 82% for the 4:3:1:2*:3:1 series. The 34,136 children represent 85% of the 40,230 births recorded in Connecticut for 2008. A total of 3,190 children or 8% of the 40,230 births refused registry enrollment. Annual Performance Objectives for 2012-2016 were updated using the most recent data.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Connecticut Immunization Registry and Tracking System (CIRTS), 2007 birth cohort.

The CIRTS data provide a more accurate picture regarding childhood immunization coverage rates for CT children. The immunization coverage rate for children born in 2007 was 85% for the 4:3:1:2*:3:1 series. The 35,309 children represent 85% of the 41,413 births recorded in Connecticut for 2007. A total of 17,829 children or 43% of the 41,413 births are also enrolled in Medicaid and 3,924 children or 9% of the 41,413 births refused registry enrollment.

*2006-2007 Birth Cohort, Schedule 4,3,1,2,3,1: 4 DTaP, 3 IPV, 1 MMR, 2 Hib, 3 Hep B, 1 Varicella (Schedule reflects 2 Hib due to the Hib shortage and Feb. 2008 to July 2009 Hib booster dose deferment.)

3. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Connecticut Immunization Registry and Tracking System (CIRTS), 2006 birth cohort.

The CIRTS data provide a more accurate picture regarding childhood immunization coverage rates for CT children. The immunization coverage rate for children born in 2006 was 83.1% for the 4:3:1:2*:3:1 series, which represents 35,000 children or 87% of the 40,260 births recorded in CT.

*2 Hib were measured instead of 3 Hib due to the February 2008-July 2009 Hib shortage and deferment of the Hib booster dose.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	12.3	12.2	11.9	11.5	10.5
Annual Indicator	12.0	11.7	10.7	8.4	8.4
Numerator	885	846	766	620	620
Denominator	74,029	72,503	71,840	74,039	74,039
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(*Explain data in a year note. See Guidance, Appendix IX.*)

Is the Data Provisional or Final?

Provisional Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	8.3	8.3	8.2	8.2	8.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CY2011 Vital Statistics data are not available.
 CY2010 Vital Statistics data are provisional.

2. **Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CY2010 Vital Statistics data provisional.
 Annual performance objectives for 2011-2015 were updated using these more recent data.

3. **Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: Final CY2009 Vital Statistics data as of Sept 2011. The 2005 and 2006 annual objective fields are "locked in" and will not allow us to change the objective to reflect our most recent experience. If we were able to change these fields we would have modified the objective for 2005 to read 12.8 and for 2006 to read 12.3.
 Annual performance objectives for 2010-2014 were updated using these more recent data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	12	38	34	23.9	24.5
Annual Indicator	38.0	18.0	26.1	29.2	23.2
Numerator	1,687	4,276	6,147	6,867	7,183
Denominator	4,440	23,747	23,535	23,544	31,004
Data Source		CT Dept. of Social Services SCHIP Division			

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)
 Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	23.9	23.9	23.9	23.9	23.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CT Department of Social Services SCHIP Division. The denominator represents all 8 and 9 year olds enrolled in SCHIP and the numerator represents all 8 and 9 year olds who received dental sealants.
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CT Department of Social Services SCHIP Division. The denominator represents all 8 and 9 year olds enrolled in SCHIP and the numerator represents all 8 and 9 year olds who received dental sealants.
 Annual performance objectives for 2011-2015 were updated using these more recent data.
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: CT Department of Social Services SCHIP Division. The denominator represents all 8 and 9 year olds enrolled in SCHIP and the numerator represents all 8 and 9 year olds who received dental sealants.
 Annual performance objectives for 2010-2014 were updated using the most recent data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	2007	2008	2009	2010	2011
Annual Performance Objective	1.4	1.3	1.2	1.2	1
Annual Indicator	1.3	1.0	0.8	0.6	0.6
Numerator	9	7	5	4	4
Denominator	672,521	667,742	660,975	664,942	664,942
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	0.6	0.6	0.6	0.6	0.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CY 2010 and CY 2011 data are provisional.
 CT Dept. of Public Health, HISR, Vital Statistics.
 The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (7, 5, 4) and denominator (667742, 660975, 664942) CY numbers.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CY 2010 data are provisional.
 CT Dept. of Public Health, HISR, Vital Statistics.
 The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (7, 5, 4) and denominator (667742, 660975, 664942) CY numbers.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: CT Dept. of Public Health, HISR, CY 2009 final Vital Statistics.
 The annual indicator is a rolling average of 2007, 2008, and 2009 numerator (10, 6, 6) and denominator (668663, 668663, 668663) original numbers.
 Annual performance objectives for 2010-2014 were updated using these most recent data.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	39	48	49	45	49.8
Annual Indicator	43	42.9	41.9	49.3	47.1
Numerator					
Denominator					
Data Source		CDC National Immunization Survey			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and			Yes	Yes	Yes
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50.3	50.3	50.8	51.3	51.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

Source: State-level data reported by the CDC, Breastfeeding Report Card - United States, 2011, from the National Immunization Survey (NIS), based on birth cohort year (2008).

<http://www.cdc.gov/breastfeeding/data/reportcard.htm>

Annual performance objectives for 2012-2016 were updated based on the most recent data.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

Source: This measure monitors the rate of breastfeeding at 6 months of age using information from the National Immunization Survey based on the year of the birth cohort. The birth cohort reported is the CY 2007. Websource: www.cdc.gov/breastfeeding/data/reportcard2.htm

Annual performance objectives for 2011-2015 have been updated using this more recent data.

3. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

Source: This measure monitors the rate of breastfeeding at 6 months of age using information from the National Immunization Survey based on the year of the birth cohort. The birth cohort reported is the CY 2006. Websource: www.cdc.gov/breastfeeding/data/report_card2.htm

Annual performance objectives for 2010-2014 have been updated using this more recent data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	99.1	99.2	99.3	99.4	99.3
Annual Indicator	99.1	99.4	99.0	99.3	98.8
Numerator	41,889	40,672	39,070	38,254	37,546
Denominator	42,266	40,930	39,481	38,538	37,985
Data Source		CT DPH EHDI Program			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	99.3	99.3	99.3	99.3	99.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00. Denominator data collected on 6/15/12 from Vital Records.
 Annual Performance Objectives for 2012-2016 were updated using the most recent data.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00. Denominator data collected on 6/14/11 from Vital Records.
 Annual performance objectives for 2011-2015 were updated using these more recent data.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00. Numerator data collected on 6/16/10.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____	7.6	5.9	5.1	5	4.7
Annual Indicator	_____	6	52	54	7.7	6
Numerator	_____					
Denominator	_____					
Data Source			US Bureau of Census, Current Population Survey			
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>		_____	_____	_____	_____	_____
Is the Data Provisional or Final?					Final	Final
		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	_____	6	5.8	5.8	5.7	5.7
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: US Bureau of Census, Current Population Survey, 2010 Table Package, table HI05. Annual performance objectives for 2012-2016 were updated based on the most recent data.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: US Bureau of Census, Current Population Survey, 2009 Table Package, Table HI05. Annual performance objectives for 2011-2015 were updated based on the most recent data.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: US Bureau of Census, Current Population Survey, 2008 Table Package, Table HI05. Annual performance objectives for 2010-2014 were updated based on the most recent data.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	9.2	32.1	32	31.9	30.6
Annual Indicator	32.2	31.0	31.4	30.7	31.2
Numerator	7,521	7,944	8,928	8,719	8,671
Denominator	23,356	25,623	28,432	28,401	27,793
Data Source		CDC's Pediatric Nutrition Surveillance System			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	31	30.8	30.6	30.4	30.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Fom11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: Centers for Disease Control & Prevention (CDC), 2011 Pediatric Nutrition Surveillance (PedNSS); Connecticut, Calendar Year 2011 data, Table 2C, run date March 25, 2011. (Note: PedNSS data in Connecticut come exclusively from WIC.)
 Annual performance objectives for 2012-2016 were updated using the most recent data.
- Section Number:** Fom11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: Centers for Disease Control & Prevention (CDC), 2010 Pediatric Nutrition Surveillance (PedNSS); Connecticut, Calendar Year 2010 data, Table 2C, run date March 25, 2011. (Note: PedNSS data in Connecticut come exclusively from WIC.)
 Annual performance objectives for 2011-2015 were updated using these more recent data.
- Section Number:** Fom11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: Centers for Disease Control & Prevention (CDC), 2009 Pediatric Nutrition Surveillance (PedNSS); Connecticut, Calendar Year 2009 data, Table 2C, run date March 23, 2010: 15.4% of 2-to-5-year old children enrolled in the Connecticut WIC Program in Calendar Year 2009 had a BMI = 85th and < 95th percentile, and 16.0% had a BMI = 95th percentile, for a combined prevalence of overweight of 31.4% (BMI at or above the 85th percentile).

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	0.2	0.2	0.1	0.1	0.1
Annual Indicator	0.2	0.2	0.1	0.1	0.1
Numerator	79	65	54	42	42
Denominator	40,969	39,854	38,362	37,028	37,028
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0.1	0.1	0.1	0.1	0.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY 2010 data are provisional. CY 2011 data are not available.

CT DPH, Vital Statistics. Percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low, however, this information is self-reported by the mother on the birth certificate.

2. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY 2010 data are provisional.

CY2009 final data, CT DPH, Vital Statistics. Similar to 2006 and 2007 calculations, percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low, however, this information is self-reported by the mother on the birth certificate.

3. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2009

Field Note:

Source: CY2009 final data as of Sept 2011, CT DPH, Vital Statistics. Similar to 2005, 2006 and 2007 calculations, percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low, however, this information is self-reported by the mother on the birth certificate.

Note: The 2005 column was based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. The calculations reported a numerator of 89 and a denominator of 41,086 resulting in an annual indicator of 0.2%. This column is locked and so these updates are not possible to this form.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	3.8	6.4	6.3	5.5	5.5
Annual Indicator	5.2	5.6	5.9	5.2	5.2
Numerator	13	14	15	13	13
Denominator	249,493	250,373	253,362	251,523	251,523
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5.2	5.2	5.1	5.1	5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CY 2010 data are provisional. CY 2011 data are not available. CT Dept. of Public Health, HISR, Vital Statistics. The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (14, 15, 9) and denominator (250373, 253362, 250834) CY numbers
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CY 2010 data are provisional. CT Dept. of Public Health, HISR, CY 2008 final Vital Statistics. The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (14, 15, 9) and denominator (250373, 253362, 250834) CY numbers
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: Final CY2009 data as of Sept 2011, CT Dept of Public Health, Vital Statistics.
 The annual indicator is a rolling average of 2007, 2008, and 2009 numerator (13, 14, 14) and denominator (250994, 250053, 250053) original numbers.
 Annual Performance Objectives for 2010-2014 have been updated based on the most recent data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	87.4	87.5	87.6	86.5	86.6
Annual Indicator	84.9	86.6	85.6	86.3	86.3
Numerator	541	529	475	485	485
Denominator	637	611	555	562	562
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	86.7	86.8	86.9	87	87.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY 2011 data are not available.

CY2010 data are provisional, CT DPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICUs were included in this survey.

2. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 data are provisional, CT DPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICUs were included in this survey.

Annual performance objectives for 2011-2015 have been updated based on the most recent data.

3. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Final CY2009 data as of Sept 2011, CT DPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICUs were included in this survey.

Annual performance objectives for 2011-2015 have been updated based on the most recent data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	87	87.3	87.6	88.5	88.9
Annual Indicator	86.5	87.6	88.1	87.5	87.5
Numerator	35,424	34,898	33,792	32,401	32,401
Denominator	40,969	39,845	38,362	37,028	37,028
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final? _____

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	87.7	88	88.3	88.6	88.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CY2011 data are not available. CY2010 data are provisional, CT DPH Vital Statistics.
 Annual performance objectives for 2012-2016 have been updated based on the most recent data.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CY2010 data are provisional, CT DPH Vital Statistics.
 Annual performance objectives for 2011-2015 have been updated based on the most recent data.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: Final CY2009 data as of Sept 2011, CT DPH Vital Statistics.
 Annual performance objectives for 2010-2014 have been updated based on the most recent data.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (a)(2)(A)(iii)]
STATE: CT

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Cumulative number of core datasets migrated to the MAVEN application as part of efforts to link high-quality child health data to create a Connecticut comprehensive child health profile.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	3
Annual Indicator	_____	_____	_____	2	5
Numerator	_____	_____	_____	2	5
Denominator	7	7	7	7	7
Data Source				HIP-Kids	EPHT Portal
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6	7	7	7	7
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2011
Field Note:
 The number of databases that have migrated to the MAVEN application; and their integration through simple data sharing exports/imports of information between databases using the EPHT Portal.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY 2012 application is the first year of reporting on this new SPMs. The 2010 Annual performance objective is 2.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of students that had a risk assessment with a mental health component conducted during a comprehensive, annual physical exam at a SBHC.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	60
Annual Indicator	_____	_____	_____	58.5	65.1
Numerator	_____	_____	_____	17,158	18,052
Denominator	_____	_____	_____	29,307	27,742
Data Source				Survey of SBHCs in 2011	SBHC Year-end Reports
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	66	66	67	68	68
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

Source: An analysis of year end reports submitted from all SBHC contractors was conducted. All unduplicated medical or mental health visits with a mental health screening component were considered.

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Source: A survey was sent to all SBHCs in CT to collect initial information about usage of risk assessments with a mental health component during annual physical exams. This was used as a baseline for 2010.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Percent of child health/dental providers who serve at risk populations that perform dental caries risk assessments, and provide oral health education and risk-based preventive strategies by age one.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	31
Annual Indicator	_____	_____	_____	29.2	29.2
Numerator	_____	_____	_____	447	447
Denominator	_____	_____	_____	1,533	1,533
Data Source				Dept Social Services	Dept Social Services
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	33	33	35	35	35
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Data will not be available until a later date due to system delays with the data source, Department of Social Services.

2. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

New state performance measure for FFY 2012.

Source: Department of Social Services 2010 data sets combined of child health providers enrolled in Medicaid/SCHIP/HUSKY A and HUSKY B, eligible to bill dental codes on children 23 months and younger. Dental providers enrolled in Medicaid/SCHIP/HUSKY A and HUSKY B billing preventive dental codes on children 23 months and younger. Medicaid/SCHIP billing codes for caries risk assessments, oral health education and fluoride varnish applications.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Increase the redemption rate of fruit and vegetable checks issued to women and children enrolled in the Connecticut WIC program.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	82
Annual Indicator	_____	_____	_____	80.5	82.0
Numerator	_____	_____	_____	43,494	44,535
Denominator	_____	_____	_____	54,045	54,289
Data Source				CT WIC database (SWS)	CT WIC database (SWS)
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	83	83	83.5	84	84.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2011

Field Note:

Source: State of Connecticut WIC Program, Statewide WIC Information System (SWS).

Redemption rates for fruit & vegetable checks tend to vary by Participant Category, with breastfeeding women generally showing the highest rate, followed by children. For FY 2011, the rates were as follows: children (2-4 yrs): 83.4%; pregnant women: 82.1%; breastfeeding women: 86.8%; postpartum (non-breast-feeding) women: 71.1%; and, all women: 80.3%. The overall rate of 82.0% for 2011 – an increase of 1.5 percentage points over last year – met this year's Performance Objective.

- Section Number:** Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CT WIC Program, Statewide WIC Information System (SWS).

Note: The exact wording of this SPM has been updated for FFY 2012 as described in the detail sheet. Data for this measure has only been collected since October 2010 and the percentage only reflects 5 months of data available as of June 13, 2011.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percent of 0-3 year olds participating in the state Medicaid Program (HUSKY - Health Insurance for Uninsured Kids and Youth) who received a developmental screening within the last twelve months.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	29
Annual Indicator	_____	_____	_____	26.2	26.9
Numerator	_____	_____	_____	14,462	18,406
Denominator	_____	_____	_____	55,100	68,370
Data Source				Medicaid Claims Data	Medicaid Claims Data
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	28	28	29	29	30
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

Source: 2012 Medicaid Claims data obtained from the CT Department of Social Services. There will be a change in data as developmental screening in 2011 was reported to DSS through three MCOs – (requiring significant effort to collect and collate) effective Jan 1, 2012 all data is collected directly by DSS and is expected therefore to be streamlined and consistent going forward. The 2012-2016 Annual Performance Objectives have been updated using the most recent data.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

FFY 2012 is the first year for the new state SPMS.

Source: 2010 Medicaid Claims data obtained from the CT Department of Social Services. In 2009, Developmental screening became billable at the same time as well child visits. This led to an increase in uptake of screenings due to this change in payment structure.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The cumulative number of DPH funded Case Management programs whose healthcare professionals complete preconception and interconceptual health screening (including depression) of women.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 4
Annual Indicator	_____	_____	_____	_____ 3	_____ 3
Numerator	_____	_____	_____	_____ 3	_____ 3
Denominator	_____ 8	_____ 8	_____ 8	_____ 8	_____ 8
Data Source					Quarterly and annual Reports
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 5	_____ 5	_____ 6	_____ 6	_____ 7
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Case Management quarterly and annual program reports. The 2012-2016 Annual Performance Objectives have been updated using the most recent data.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2010

Field Note:

The programs that provide Case Management are undergoing a re-structuring during 2011.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Increase the number of People served by increasing the number and area covered by Health Professional Shortage Area (HPSA) Designations in CT.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 12
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____ 3	_____ 6	_____ 5
Data Source			ASAPS	ASAPS	ASAPS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 15	_____ 18	_____ 21	_____ 24	_____ 27

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Numerator

Denominator

Field Level Notes

- Section Number:** Form11_State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: Application Submission and Processing System (ASAPS). Five Mental HPSA's were designated during this time. Of the five (5), four (4) were county designations.
- Section Number:** Form11_State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: DPH staff was trained to use a Geographic Information System (GIS) based mapping system called Application Submission & Processing System (ASAPS) to submit HPSA applications. that can then identify the number of HPSA's in CT.
- Section Number:** Form11_State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: DPH staff had started their training to use a Geographic Information System (GIS) based mapping system called Application Submission & Processing System (ASAPS) to submit HPSA applications. that can then identify the number of HPSA's in CT.

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

Integrate the Life Course Theory (LCT) throughout all state priorities. Increase the number of state priorities that have incorporated LCT into their programs.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 2
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	13	20
Denominator	_____	_____	_____	8	8
Data Source				2010 Semi-decennial needs assessment	2011 Self Report
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 3	_____ 3.5	_____ 4	_____ 4.5	_____ 5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Information from Carol Stone, CT DPH Family Health Section.

2. Section Number: Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2010

Field Note:

Information from Carol Stone, CT DPH Family Health Section. Detailed data source described in Form 16.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

The extent to which the ratios of key perinatal health measures for non-Hispanic Black/African Americans relative to non-Hispanic Whites has changed.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 12
Annual Indicator	_____	_____	_____	_____ 10	_____ 8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				VitalRecords	VitalRecords
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 12	_____ 14	_____ 16	_____ 18	_____ 20

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Numerator

Denominator

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: 2009 and 2010 Vital Statistics

2. **Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: 2008 and 2009 Vital Statistics

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>3</u>	<u>29</u>	<u>28</u>	<u>27</u>	<u>26</u>
Annual Indicator	<u>2.2</u>	<u>29</u>	<u>28</u>	<u>29</u>	<u>29</u>
Numerator	<u>12</u>	<u>128</u>	<u>127</u>	<u>118</u>	<u>118</u>
Denominator	<u>5.5</u>	<u>4.4</u>	<u>4.6</u>	<u>4.1</u>	<u>4.1</u>
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>2.5</u>	<u>24</u>	<u>23</u>	<u>22</u>	<u>2.1</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2011
Field Note:
Source: CT DPH 2010 Vital Statistics data. 2011 Vital Statistics data not available.
2. Section Number: Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2010
Field Note:
Source: CT DPH 2010 Vital Statistics data.
3. Section Number: Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2009
Field Note:
Source: CT DPH final 2009 Vital Statistics data updated Sept 2011.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	4	3.9	3.8	3.7	3.6
Annual Indicator	5.1	4.4	4.2	3.8	3.8
Numerator	211	179	163	144	144
Denominator	41,597	40,388	38,857	37,447	37,447
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	3.5	3.4	3.3	3.2	3.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2011
Field Note:
Source: CT DPH 2010 Vital Statistics. 2011 Vital Statistics Data not available.
2. Section Number: Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2010
Field Note:
Source: CT DPH 2010 Vital Statistics.
3. Section Number: Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2009
Field Note:
Source: CT DPH final 2009 Vital Statistics data updated Sept 2011.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.5	1.4	1.4	1.3	1.3
Annual Indicator	1.5	1.5	1.4	1.2	1.2
Numerator	64	61	54	44	44
Denominator	41,597	40,388	38,857	37,447	37,447
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.2	1.1	1.1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CT DPH 2010 Vital Statistics data. 2011 Vital Statistics Data not available.
- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CT DPH 2010 Vital Statistics data.
- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: CT DPH final 2009 Vital Statistics data updated Sept 2011.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8.5	8.4	8.3	8.2	8.1
Annual Indicator	9.4	8.8	9.0	9.1	9.1
Numerator	394	356	351	341	341
Denominator	41,807	40,388	39,045	37,644	37,644
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	8	7.9	7.8	7.7	7.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CT DPH 2010 Vital Statistics data. 2011 Vital Statistics Data not available.
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CT DPH 2010 Vital Statistics data.
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: CT DPH final 2009 Vital Statistics data updated Sept 2011.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	13.4	13.3	13.2	13.1	13
Annual Indicator	11.3	11.4	10.6	8.0	8.0
Numerator	71	71	66	50	50
Denominator	626,878	621,130	619,759	626,930	626,930
Data Source		DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	13	13	13	13	13
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CT DPH 2010 Vital Statistics data. 2011 data not available.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CT DPH 2010 Vital Statistics data.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

Source: CT DPH final 2009 Vital Statistics data.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (a)(2)(B)(iii) AND 506 (a)(2)(A)(iii)]
STATE: CT

Form Level Notes for Form 12

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: CT

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

_____3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

_____3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

_____3

4. Family members are involved in service training of CSHCN staff and providers.

_____3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

_____3

6. Family members of diverse cultures are involved in all of the above activities.

_____3

Total Score: _____18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Source: Department of Public Health, CYSHCN Program

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE CT FY: 2013

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Enhance Data Systems
2. Improve Mental/Behavioral Health Services
3. Enhance Oral Health Services
4. Reduce Obesity among the three target MCH populations
5. Enhance Early Identification of Developmental Delays, Including Autism
6. Improve the Health Status of Women, particularly related to depression
7. Improve Linkages to Services/Access to Care
8. Integrate the Life Course Theory throughout all state priorities
9. Reduce Health Disparities within the three MCH target populations
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: CT

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>4</u>	Consultant to provide training or workshop around Health Reform and the potential impact on CYSHCN.	CYSHCN medical home community partners and staff have varying degrees of knowledge regarding Health Reform and potential gaps in coverage.	TBD – possibly the Catalyst Center
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>3</u>	Consultant to provide training or workshop around the integration of Chronic Disease programs with MCH programs	Chronic Disease and MCH program staff as well as their community partners have varied expertise and knowledge regarding an approach to establishing priorities across systems and integrating existing services.	TBD
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>18</u>	Consultant to conduct and analyze qualitative data from consumer focus groups to understand how prenatal care in the state can be improved.	Prenatal care initiation and adequacy of prenatal care needs to be improved in the state, especially among women of low income.	TBD
4.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>18</u>	Conference and speakers to highlight maternity care initiatives in the state.	Many new initiatives are underway within CT to address LBW and PTB, yet many professionals are not aware of these activities.	TBD
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure			

to which this issue pertains by entering
the measure number here: _____

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: CT

SP() # _____ 1

PERFORMANCE MEASURE: Cumulative number of core datasets migrated to the MAVEN application as part of efforts to link high-quality child health data to create a Connecticut comprehensive child health profile.

STATUS: Active

GOAL: To increase the number of core databases migrated to the MAVEN application that will facilitate the linking of disparate databases to create a comprehensive child health profile.

DEFINITION: Number of databases migrated to the MAVEN application beginning with an identified core set of seven (7) databases.

Numerator:
Cumulative number of databases migrated to the MAVEN application at the end of the current year.

Denominator:
Total number of core databases (7) identified for migration to the MAVEN application.

Units: 7 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE: 23-11 (Developmental). Performance standards for essential public health services.

DATA SOURCES AND DATA ISSUES: The extent to which databases are migrated to a MAVEN application to facilitate the provision of high-quality child health data and simplify data sharing. The ability to provide comprehensive child health information will greatly enhance public health assurance and assessment activities. The seven core databases to be migrated to the MAVEN application are: Newborn Laboratory Screening, Newborn Hearing Screening, CYSHCN Registry, Birth Defects Registry, Birth Records, Death Records, and the Immunization Registry. The Death Registry is undergoing a major upgrade. The Childhood Lead Surveillance System will replace the Death Records as one of the seven core databases since it is already in MAVEN. The linkage of the seven core databases will be completed using the Environmental Public Health Tracking (EPHT) portal. The EPHT portal has the functionality to extract the necessary data elements from MAVEN and link this information using appropriately defined matching algorithms.

SIGNIFICANCE: Insufficient data and research are available to adequately support MCH program development and the evaluation of existing programs, especially in terms of obtaining new funding and reporting information for existing grants and initiatives. Databases containing child health information are housed in different areas of the agency. These data are currently not linked, and they are analyzed in isolation of one another, thus limiting essential public health functions. The migration of child database to the MAVEN application will facilitate the linkage of child health information at the record level. The availability of linked high-quality child health data will support the agency's public health assurance, assessment and evaluation activities, interdivisional public health research activities and initiatives, and inform public health policy.

SP() # 2

PERFORMANCE MEASURE:

Percent of students that had a risk assessment with a mental health component conducted during a comprehensive, annual physical exam at a SBHC.

STATUS:

Active

GOAL

SBHC students that visit a SBHC clinic for a comprehensive, annual physical exam receive a risk assessment with a mental health component.

DEFINITION

Data reported by the DPH-funded school-based health centers do not specify risk assessments performed in the context of general physical exams. The literature suggests that one-fifth of school-age children have mental health or substance abuse issues. Fewer than half get any treatment. A pilot mental health safety network profile will attempt to establish a reliable way to collect screening data and to track the mental health care resources on and off-site that are prepared to move a child in need from assessment to further evaluation and treatment.

Numerator:

Number of SBHC students that visited a SBHC clinic for an annual physical exam and received a risk assessment with a mental health component.

Denominator:

Number of SBHC students that visited a SBHC clinic for a comprehensive, annual physical exam.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

1-4b Source of ongoing care (Children and youth aged 17 years and under).

DATA SOURCES AND DATA ISSUES

A survey was sent to all SBHCs in CT to collect initial information about usage of risk assessments with a mental health component during annual physical exams. This was used as a baseline for 2010. Fiscal year end reports (July 1 through June 30 annually) will provide site level data regarding risk assessments with a mental health component. Visit data that involves risk assessment is generally recorded as "physical exam" and will also be used. Quarterly reports will track availability of mental health care resources, including personnel. Physical exam data will be captured from an electronic database provided by the contractor. Collaborations with SBHC staff, program coordinators, and clinicians will continue in order to refine best practices to collect mental health data.

SIGNIFICANCE

Annually, about one out of every five CT children has a mental health or substance abuse problem. [CT Voices for Children, February 2006, "Building a Community-Based Children's Mental Health System]. More than half receive no treatment. In 2008-2009, mental health primary diagnoses accounted for more than one-third (37%) of all clinic visits. Service demand exists across the student age spectrum, but decreases in the later high school years for males, probably due in part to their higher dropout rate, especially at large urban schools. Less than one-third (31%) of students who came in to the clinic for mental health reasons had private insurance. Almost half (48%) were covered by Medicaid and twenty percent had no insurance coverage. Some SBHCs are providing more than just initial screening; almost one-third of students who were seen for mental health had 10 or more mental health visits. Children with chronic conditions such as obesity, hypertension and diabetes would benefit from a mental health safety network that is well defined as to its on-site care components and ongoing analysis of how the safety net screens and follows children with mental health care needs.

SP() # _____ 3

PERFORMANCE MEASURE:

Percent of child health/dental providers who serve at risk populations that perform dental caries risk assessments, and provide oral health education and risk-based preventive strategies by age one.

STATUS:

Active

GOAL

Reduce the prevalence of dental caries through increased recognition of the importance of early dental caries prevention prior to tooth eruption, dental visits beginning at age one, fluoride varnish applications (where appropriate) and the importance of optimal oral health for the mother.

DEFINITION

The number of child health providers/dental providers who serve at risk populations that administer dental caries risk assessments, oral health education and appropriate risk-based preventive strategies each year as a percentage of the total number of child health/dental providers of Medicaid, HUSKY A and Husky B.

Numerator:

The number of child health providers/dental providers administered dental caries risk assessments, oral health education and appropriate risk-based prevention strategies in the past 12 months

Denominator:

The total number of Medicaid/SCHIP child health/dental providers.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

21-1 Reduce the proportion of children and adolescents who have dental caries experience

21-2 Reduce the proportion of children, adolescents, and adults with untreated dental decay.

DATA SOURCES AND DATA ISSUES

Medicaid/SCHIP data from the Department of Social Services. Medicaid/SCHIP billing codes for caries risk assessments, oral health education, and fluoride varnish applications. Annual surveys of Community Health Centers. Not all Community Health Center medical staff that incorporate oral health into their practice bill for these procedures.

SIGNIFICANCE

Dental Caries is the single most common chronic childhood disease, 5 times more common than asthma and 7 times more common than hay fever. The disease, Dental Caries, is a chronic, progressive, and cumulative bacterial infection. Dental caries (tooth decay), left untreated, can lead to cavities. Prolonged lack of treatment can lead to tooth loss, systemic infection, and the entry of toxins and by products of inflammation into the bloodstream. Dental disease can affect an individual's ability to eat a balanced diet, how they communicate with others and their self-esteem. Dental disease in a young child can affect their development, school readiness, and school attendance.

SP() # _____ 4

PERFORMANCE MEASURE:

Increase the redemption rate of fruit and vegetable checks issued to women and children enrolled in the Connecticut WIC program.

STATUS:

Active

GOAL

To increase the consumption of fruits and vegetables among participants enrolled in the Connecticut WIC Program.

DEFINITION

The percentage of fruit and vegetable checks redeemed by pregnant, breastfeeding and postpartum women, and children aged 1 to 5 years, enrolled in the Connecticut Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program.

Numerator:

The number of fruit and vegetable checks redeemed by participants enrolled in the WIC Program in Connecticut.

Denominator:

The number of fruit and vegetable checks issued to participants enrolled in the WIC Program in Connecticut.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

19-5. Increase the proportion of persons aged 2 years and older who consume at least two daily servings

19-6 Increase the proportion of persons aged 2 years and older who consume at least three daily servings

DATA SOURCES AND DATA ISSUES

Each fruit and vegetable check issued by the Connecticut WIC Program is captured in the Statewide WIC Information System (SMS) database, as is information on the redemption – or other disposition – of each check issued. Final “close out” figures will be used to determine redemption rates, since monthly checks are generally issued on a quarterly basis, thereby taking up to three (3) months for a check to be redeemed, and up to four (4) months to “clear”. Only those checks that have been “voided” will be excluded from the analysis.

SIGNIFICANCE

The association between an increase in the consumption of fruits and vegetables and a decrease in obesity rates has been well established by the scientific community. The assumption implicit in this indicator is that an increase in the redemption rate of WIC fruit and vegetable checks will result in a closely corresponding increase in fruit and vegetable consumption. This increased availability and access to fruits and vegetables will provide WIC participants with the opportunity and an important tool to improve their diets, and will help contribute to reducing obesity rates within this population. Preliminary analyses to determine the baseline for this indicator showed an average redemption rate of 80.7% for the 6-month period between October 2010 and March 2011. By participant category, breastfeeding women achieved the highest redemption rate (85.8%), followed by children (82.1%), then pregnant women (80.4%); postpartum (non-breast-feeding) women showed the lowest rate at 69.8%. Given the slight but fairly steady month-to-month increase over this period, it is anticipated that redemption rates will continue to improve in FFY2012.

SP() # 5

PERFORMANCE MEASURE:

Percent of 0-3 year olds participating in the state Medicaid Program (HUSKY - Health Insurance for Uninsured Kids and Youth) who received a developmental screening within the last twelve months.

STATUS:

Active

GOAL

Increased awareness and recognition of the importance of early identification of developmental delays on the part of providers as evidenced by an increase in the percentage of 0 to 3 year olds receiving a developmental screening within the last twelve months, thereby facilitating subsequent evaluation and referral to services.

DEFINITION

Claims data reported by the Department of Social Services (DSS), Connecticut's Medicaid agency, indicated the number of developmental screenings performed by providers participating in the HUSKY (Health Insurance for Uninsured Kids and Youth) were as follows: in CY 2008, 5,064 developmental screenings were done for 0-3 year olds, and 1,184 for 4-6 year olds. The number of developmental screenings performed for 0-3 year olds increased dramatically (by approximately 80%) in 2009 for a total of 9,041 screened. An increase was also reported in the number of developmental screenings for 4-6 year olds with 1,396 screened (approximately increased by 18%). However, despite this recent progress in developmental screening, significant improvement remains to be made, as there are approximately 55,100 children 0-3 years old and 48,700 children 4-6 years old enrolled in the HUSKY program.

Numerator:

Number of 0-3 year olds in the state Medicaid program who received a developmental screening within the last 12 months.

Denominator:

Number of 0-3 year olds in the state Medicaid program in the last 12 months.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

1-6 Difficulties or delays in obtaining needed health care

18-6 (Developmental) mental health screening

DATA SOURCES AND DATA ISSUES

The most consistent and largest data source available for developmental screening is Department of Social Services claims data. As the denominator for this population is also well defined and available, DSS claims data will be used as the matrix for this measure. Medicaid data will be used to reflect outcomes in the system generally. In 2009, Developmental Screenings became billable at the same time as well child visits. This led to an increase in uptake of screenings due to this change in payment structure.

SIGNIFICANCE

The 2005/2006 National Survey of CSHCN revealed that 3.8% of Connecticut's CSHCN population, or roughly 5,057 children were diagnosed with Autism Spectrum Disorder (ASD). The rapid rise in prevalence of ASD in Connecticut mirrors the national trend with the 1998 prevalence rate of 1.8% growing to 4.2% in 2004 and reaching 7.4% in 2008 in looking at Connecticut students with an individualized education program for an Autism Spectrum Disorder (CSDE, 2009). Early identification is recognized as an important component of meeting the needs of Children and Youth with Special Health Care Needs, including those with ASD, and therefore the focus will be on the 0-3 population and provider education.

SP() # _____ 6

PERFORMANCE MEASURE:

The cumulative number of DPH funded Case Management programs whose healthcare professionals complete preconception and interconceptual health screening (including depression) of women.

STATUS:

Active

GOAL

To increase the number of DPH funded Case Management programs whose healthcare professionals complete preconception and interconceptual health screening (including depression) of women.

DEFINITION

The percent increase of the number of DPH funded Case Management programs whose healthcare professionals complete preconception and interconceptual health screening (including depression) of women.

Numerator:

Number of additional DPH funded Case Management programs whose healthcare professionals complete preconception and interconceptual health screening (including depression) of women within a fiscal year.

Denominator:

Cumulative number of DPH funded Case Management programs whose healthcare professionals complete preconception and interconceptual health screening (including depression) of women within a fiscal year.

Units: 8 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

16-10, 16-11, 16-12, and 16-13: Risk Factors

DATA SOURCES AND DATA ISSUES

The number of DPH funded Case Management programs whose healthcare professionals complete preconception health screening (including depression) of women. The implementation of reporting by the DPH funded Case Management programs of the number of healthcare professionals complete preconception and interconceptual health screening (including depression) of women will be a stepwise process as contract language can be updated to require this reporting.

SIGNIFICANCE

A woman's health across the lifespan includes her reproductive years, as well as pre-reproductive and post-reproductive years. Because of its relationship to infant and child health, the reproductive period is an especially important time, and particularly before a woman is pregnant and between pregnancies. A good way to incorporate all aspects of a woman's preconception and interconceptual health is with screening tools. A screening tool screens a woman for a variety of potential concerns, including diet and exercise, use of existing prescriptions, reproductive health, home environment, lifestyle, family history, and genetics. There are many preconception and interconceptual screening tools available, some of which are evidence-based. All preconception and interconceptual screening tools provide information to the practitioner; some provide information to the woman, too, so that she can be actively involved in making healthy choices. Use of a culturally-sensitive and evidence-based screening tool can address many risk factors for pregnancy and birth complications before a woman becomes pregnant and between pregnancies, and needs to be encouraged as a best-practice protocol among professional service providers who serve women.

SP() # _____ 7

PERFORMANCE MEASURE:

Increase the number of People served by increasing the number and area covered by Health Professional Shortage Area (HPSA) Designations in CT.

STATUS:

Active

GOAL

To promote and provide access to health care programs and services especially among the underserved populations.

DEFINITION

The Connecticut Department of Public Health (DPH) Primary Care Office (PCO) works with the United States Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Bureau of Health Professions, Office of Shortage Designation to identify medically underserved areas in Connecticut that may qualify for a federal designation as a) Medically Underserved Area or Population (MUA/P), or b) Health Professional Shortage Area (HPSA). HPSA's can be designated as underserved areas for primary care, dental or mental health care. Identifying needy areas in the state and then obtaining a federal designation are the first steps toward getting the necessary resources to improve health care services and access in local communities.

Numerator:

The number of Health Professional Shortage Area designations approved by HRSA as a new or re-designated HPSA each year.

Denominator:

None.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2020 OBJECTIVE

1-5: Increase the proportion of persons with a usual primary care provider

1-6: Decrease proportion of families that experience difficulties or delays in obtaining health care

DATA SOURCES AND DATA ISSUES

Connecticut ranks fifth in the nation in terms of physicians per 100,000 population compared to the U.S. average of 281 per 100,000, and ranked 23rd in terms of numbers of dentists (Kasprak 2006). However, not all individuals with Connecticut licenses are accessible because of location, language, finance or other important access criteria, to those in need. Some practitioners do not take insurance, or refuse to serve Medicaid/Medicare patients due to low reimbursement rates. Health care providers are not evenly distributed throughout the state. Rural Connecticut's people also experience deep socioeconomic and health contrasts: some of our state's poorest—and richest—residents live in rural areas where access to jobs, health care, and transportation may be difficult.

SIGNIFICANCE

Health Professional Shortage Area (HPSA) designations increased by seven between 2007 and 2010. Connecticut currently has 98 designations representing all or part(s) of 32 towns and 8 of the 8 counties. The seven new HPSA designations approved include: 2 Dental, 3 Mental Health, and 2 Primary Care designations. HPSA designations tend to be clustered in communities of the state with lower income.

SP() # _____ 8

PERFORMANCE MEASURE:

Integrate the Life Course Theory (LCT) throughout all state priorities. Increase the number of state priorities that have incorporated LCT into their programs.

STATUS:

Active

GOAL

Increase the number of programs that serve the MCH population using life course theory in the preventive strategies that address early childhood determinants of adult health within the public health programs managed by DPH.

DEFINITION

Average current stage of change for all other eight state priorities. Stage 1=Pre-contemplation Stage, no activity; Stage 2 = Contemplation Stage, The relevance of Lifecourse Theory (LCT) is understood; Stage 3 = Preparation, LCT is incorporated into at least one action step in the program; Stage 4 = Action, LCT action step is being implemented; Stage 5 = Maintenance, LCT is fully incorporated; Stage 6 = Termination.

Numerator:

Sum total of current stage level for state priorities 1-7, and 9, as reported by the lead for each state priority.

Denominator:

Sum total of state priorities surveyed.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Transtheoretical Model of Change (TMC) identifies five progressive stages that ultimately lead to sustained change. A sixth stage of change involves relapse, which can occur when funding is severely restricted, but is not considered in this application. Applying this modified approach to LCT among state priorities, there are five stages of change associated with the full incorporation of LCT into public health programs identified as CT priorities by the 2010 semi-decennial needs assessment. Activities for the subsequent year are designed to help state priority leads progress to the next stage. Current stage of change is obtained for each of the state priorities by interviewing the staff person within DPH who is lead on that state priority. The average stage among all State priorities represents the state performance measure, and reveals the stage-specific activities that are needed to move the priorities to the next progressive stage.

SIGNIFICANCE

The general concept of life course theory is to address early childhood determinants of adult health, before health conditions are realized in adulthood. An extension of the theory is that accumulating years of poor health and multiple risk factors lead to racial and ethnic disparities in adult health status. To address reduced health status and its disparities in adults, interventions are needed in childhood that decrease the risk factors of poor health in adulthood and that maximize protective factors. This can be accomplished with, for instance, regular preventive health care, appropriate immunizations, and a culture of regular exercise and good eating. It is expected that some preventive interventions of childhood conditions are regularly implemented within DPH, but a paradigm shift in thinking is needed to focus public health initiatives on children, with the intention of curbing poor health in adulthood.

SP() # _____ 9

PERFORMANCE MEASURE:

The extent to which the ratios of key perinatal health measures for non-Hispanic Black/African Americans relative to non-Hispanic Whites has changed.

STATUS:

Active

GOAL

Reduce the degree of disparity in key perinatal health measures among non-Hispanic Black/African Americans relative to non-Hispanic Whites.

DEFINITION

Assess progress towards eliminating disparities in key perinatal measures for non-Hispanic Black/African Americans relative to non-Hispanic Whites. Key Perinatal Indicators Infant mortality rate Neonatal mortality rate Post neonatal mortality rate Feto-infant mortality rate (i.e., perinatal mortality rate) Low birth weight (singletons) Very low birth weight (singletons) Preterm delivery Late/No Prenatal Care Non-Adequate Prenatal Care Births to teens

Numerator:

The sum of scores representing the change in the ratio of each perinatal indicator of interest among non-Hispanic Black/African Americans vs. non-Hispanic Whites.

Denominator:

Not applicable

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2020 OBJECTIVE

None

DATA SOURCES AND DATA ISSUES

Annual Connecticut Vital Statistics data

SIGNIFICANCE

The greatest degree of disparity in perinatal measures exists for non-Hispanic Black/African Americans relative to non-Hispanic Whites in CT. A composite measure of the change in disparity ratios for key perinatal measures will determine if progress is being made toward eliminating disparities in non-Hispanic Black/African Americans over time.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: CT

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	37.3	33.8	35.0	31.8	31.8
Numerator	788	715	737	642	642
Denominator	210,985	211,637	210,470	202,106	202,106

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY 2010 in-patient hospitalization data. CY 2011 data is not available.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY 2010 in-patient hospitalization data.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Source: CY 2009 in-patient hospitalization data provided by J.Morin, FHS, PHI Branch. Numerator is 2009 hospital discharge data and denominator is 2009 population estimates, provided by K. Backus- Table 1 of the Registration Report.

HEALTH SYSTEMS CAPACITY #02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>86.6</u>	<u>94.2</u>	<u>86.5</u>	<u>81.6</u>	<u>81.6</u>
Numerator	<u>15,133</u>	<u>16,833</u>	<u>15,542</u>	<u>10,500</u>	<u>10,500</u>
Denominator	<u>17,475</u>	<u>17,866</u>	<u>17,961</u>	<u>12,872</u>	<u>12,872</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

Source: 2011 DSS data not available. Repeated 2010 data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY 2010 from DSS 2010 CMS 416 report. DSS informed us that "the CMS 416 report specs changed significantly for the 2010 report."

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Source: CT Dept of Social Services, 2009 CMS 416 report.

HEALTH SYSTEMS CAPACITY #03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>82.0</u>	<u>83.9</u>	<u>83.9</u>	<u>83.9</u>	<u>83.9</u>
Numerator	<u>445</u>	<u>366</u>	<u>366</u>	<u>366</u>	<u>366</u>
Denominator	<u>543</u>	<u>436</u>	<u>436</u>	<u>436</u>	<u>436</u>
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: DSS informed us that "SCHIP is not included in the CMS 416 report for CT and this measure is not separately tracked."

2. **Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: DSS informed us that "SCHIP is not included in the CMS 416 report for CT and this measure is not separately tracked."

3. **Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: CT Dept. of Social Services was not able to report on this measure for 2009 due to the HUSKY participation report no longer being available. SFY2008 data used.

HEALTH SYSTEMS CAPACITY #04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>79.1</u>	<u>79.0</u>	<u>80.3</u>	<u>78.7</u>	<u>78.7</u>
Numerator	<u>32,152</u>	<u>31,382</u>	<u>30,542</u>	<u>29,354</u>	<u>29,354</u>
Denominator	<u>40,659</u>	<u>39,739</u>	<u>38,012</u>	<u>37,298</u>	<u>37,298</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CT Dept of Public Health, prov. 2010, Vital Statistics

CY2011 Vital Statistics data not available.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CT Dept of Public Health, prov. 2010, Vital Statistics

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Final CY2009 Vital Statistics data, updated Sept 2011.

HEALTH SYSTEMS CAPACITY #07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>52.2</u>	<u>54.9</u>	<u>52.5</u>	<u>48.9</u>	<u>48.9</u>
Numerator	<u>145,359</u>	<u>156,715</u>	<u>157,840</u>	<u>146,284</u>	<u>146,284</u>
Denominator	<u>278,677</u>	<u>285,538</u>	<u>300,731</u>	<u>299,441</u>	<u>299,441</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY 2011 data not available. From DSS 2010 CMS 416 report.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY 2010 data from DSS 2010 CMS 416 report. DSS informed us that "data is an issue for this figure."

3. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: CT Dept. of Social Services, 2009 CMS 416 report, representing the percentage of children under 21 who received a well child visit during the noted Fiscal year.

HEALTH SYSTEMS CAPACITY #07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	53.0	52.3	52.1	73.3	73.3
Numerator	29,007	29,283	30,567	43,660	43,660
Denominator	54,775	55,971	58,683	59,554	59,554

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY 2010 data from DSS CMS 416 report. CY 2011 data not available. However other measures reported by DSS have questioned the validity of the data from this report.

2. **Section Number:** Fom17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY 2010 data from DSS CMS 416 report. However other measures reported by DSS have questioned the validity of the data from this report.

3. **Section Number:** Fom17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: CT Dept. of Social Services, FFY2009.

HEALTH SYSTEMS CAPACITY #08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>8.8</u>	<u>8.8</u>	<u>9.6</u>	<u>11.1</u>	<u>42.3</u>
Numerator	<u>546</u>	<u>546</u>	<u>624</u>	<u>760</u>	<u>3,013</u>
Denominator	<u>6,230</u>	<u>6,230</u>	<u>6,475</u>	<u>6,829</u>	<u>7,127</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: 2011 data are from the CYSHCN Access database that includes information from active Medical Homes. FFY 2012 MCHBG Review Summary Statement recommended CT use a broader interpretation of the term "rehabilitative services" for numerator. The numerator is the number of children and youth <16 receiving SSI in the CT Medial Home Initiative for Children and Youth with Special Health Care Needs program. The denominator is the actual number of CT residents <16 receiving SSI 7127.
- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: 2010 data are from the CYSHCN Access database that includes information from active Medical Homes. A total of 8,264 CYSHCN received services from the program. An estimated 9.2% of these receive SSI of 760 for the numerator. The denominator is the actual number of CT residents <16 receiving SSI 6829.
- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: 2009 data are from the CYSHCN Access database that includes information from active Medical Homes. A total of 6782 CYSHCN received services from the program. An estimated 9.2% of these receive SSI of 624 for the numerator. The denominator is the actual number of CT residents <16 receiving SSI 6475.

FORM 18
 HEALTH SYSTEMS CAPACITY INDICATOR #05
 (MEDICAID AND NON-MEDICAID COMPARISON)
 STATE: CT

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2009	Matching data files	9	7.5	8.1
b) <i>Infant deaths per 1,000 live births</i>	2009	Matching data files	6.9	3.5	4.8
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Matching data files	79.6	91.9	87.2
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2009	Matching data files	74.1	82.2	79.2

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
 STATE: CT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2011	185
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 22) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2011	185
c) <i>Pregnant Women</i>	2011	250

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
 STATE: CT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	_____300
b) <i>Medicaid Children</i> (Age range ____1 to ____19) (Age range ____ to ____) (Age range ____ to ____)	2011	_____300 _____ _____
c) <i>Pregnant Women</i>	2011	_____250

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
no change in FPL from 2010
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2013
Field Note:
no change in FPL from 2010
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
no change in FPL from 2010
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
No change from 2010
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2013
Field Note:
No change from 2010
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
No change from 2010
7. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Statistics Provisional 2009 matched births to Medicaid eligibility information.
8. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Statistics Provisional 2009 matched births to Medicaid eligibility information.
9. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Statistics Provisional 2009 matched births to Medicaid eligibility information.
10. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Statistics Provisional 2009 matched births to Medicaid eligibility information.

FORM 19
 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
 STATE: CT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
 STATE: CT

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: _____		

*Where:
 1 = No
 2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
 1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2013
Field Note:
CT received funding for PRAMS in September 2011.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: CT

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

The percent of live births weighing less than 2,500 grams.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	8.1	8.0	8.0	8.0	8.0
Numerator	3,357	3,214	3,106	2,961	2,981
Denominator	41,308	40,087	38,597	37,419	37,419

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY 2011 Vital Statistics data not available. Used CY2010 final.

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY 2010 Vital Statistics data.

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Final CY 2009 Vital Statistics data updated Sept 2011.

HEALTH STATUS INDICATOR #01B

The percent of live singleton births weighing less than 2,500 grams.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	5.9	5.8	5.8	5.7	5.7
Numerator	2,336	2,235	2,121	2,049	2,049
Denominator	39,473	38,309	36,775	35,677	35,677

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY 2011 Vital Statistics data not available. Used CY2010 final.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY 2010 Vital Statistics data.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: CY 2009 final Vital Statistics data, updated Sept 2011.

HEALTH STATUS INDICATOR #02A

The percent of live births weighing less than 1,500 grams

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	1.5	1.5	1.4	1.5	1.5
Numerator	637	611	555	562	562
Denominator	41,308	40,087	38,597	37,419	37,419

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY 2011 Vital Statistics data not available. Used CY2010 final.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY 2010 Vital Statistics data.

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Final CY 2009 Vital Statistics data, updated Sept 2011.

HEALTH STATUS INDICATOR #02B

The percent of live singleton births weighing less than 1,500 grams.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.1	1.0	1.1	1.1	1.1
Numerator	431	402	394	397	397
Denominator	39,473	38,309	36,766	35,677	35,677

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY 2011 Vital Statistics data not available. Used CY2010 final Vital Statistics data.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY 2010 Vital Statistics data.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Final CY 2009 Vital Statistics data, updated Sept 2011.

HEALTH STATUS INDICATOR #03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	3.7	3.3	2.9	1.2	1.2
Numerator	25	22	19	8	8
Denominator	669,187	663,576	660,975	664,942	664,942

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY2011 Vital Statistics data are not available.

Used CT DPH final Vital Statistics data for 2010.

Denominator is from July 1, 2010 census estimates for Connecticut.

2. **Section Number:** Fom20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY2010 Vital Statistics data.

Denominator is from July 1, 2010 census estimates for Connecticut.

3. **Section Number:** Fom20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Final CY 2009 Vital Statistics data, updated 2009. Denominator is based on July 1, 2009 census estimates for Connecticut.

HEALTH STATUS INDICATOR #03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	1.2	0.9	0.8	0.6	0.6
Numerator	8	6	5	4	4
Denominator	672,521	663,576	660,975	664,942	664,942

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY2011 Vital Statistics data are not available. Used CT DPH final Vital Statistics data for 2010. Denominator is from July 1, 2010 census estimates for Connecticut.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY2010 Vital Statistics data.

Denominator is from July 1, 2010 census estimates for Connecticut.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Final CY 2009 Vital Statistics data, updated Sept 2011.

Denominator is from July 1, 2009 census estimates for Connecticut.

HEALTH STATUS INDICATOR #03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	15.8	15.6	10.5	15.9	15.9
Numerator	75	67	51	76	76
Denominator	474,211	428,772	487,560	478,732	478,732

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY2011 Vital Statistics data are not available. Used CT DPH final Vital Statistics data for 2010, updated Sept 2011. Denominator is from July 1, 2010 census estimate for Connecticut.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY2010 Vital Statistics data.

Denominator is from July 1, 2010 census estimate for Connecticut.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: Final CY 2009 Vital Statistics data, updated Sept 2011. Denominator is from July 1, 2009 estimated census for Connecticut.

HEALTH STATUS INDICATOR #04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	228.8	231.6	216.0	225.5	225.5
Numerator	1,530	1,537	1,428	1,498	1,498
Denominator	668,663	663,576	660,975	664,405	664,405

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes1. **Section Number:** Fom20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 Hospitalization data not available.

2011 Population estimates not available.

Used 3 year average of 2007, 2008, 2009 for both numerator and denominator (1530, 1537, 1428 and 668663, 663576, 660975, respectively).

2. **Section Number:** Fom20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 Hospitalization data not available.

2010 Population estimates not available.

Used 3 year average of 2007, 2008, 2009 for both numerator and denominator (1530, 1537, 1428 and 668663, 663576, 660975, respectively).

3. **Section Number:** Fom20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: CY 2009 hospitalization data.

Hospital Discharge data: CT Hospital Association

Population Data: Backus, K, Mueller, LM (2010) State-level Bridged Race Estimates for Connecticut, 2009, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

HEALTH STATUS INDICATOR #04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	18.8	17.3	13.2	16.4	16.4
Numerator	126	115	87	109	109
Denominator	668,663	663,576	660,975	664,404	664,404

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

2011 Hospital discharge data not available.

2011 Population estimates not available.

Used 3 year average for numerator and denominator (126, 115, 87 and 668663, 663576, 660975, respectively).

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Hospital discharge data not available.

2010 Population estimates not available.

Used 3 year average for numerator and denominator (126, 115, 87 and 668663, 663576, 660975, respectively).

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: CY 2009 hospitalization data.

Hospital Discharge data: CT Hospital Association

Population data: Backus, K, Mueller, LM (2010) State-level Bridged Race Estimates for Connecticut, 2009, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

HEALTH STATUS INDICATOR #04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	148.7	136.0	113.8	133.2	133.2
Numerator	705	583	505	598	598
Denominator	474,211	428,772	443,810	448,931	448,931

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 Hospital discharge data not available.

2011 Population data not available.

Used 3 year average for numerator and denominator (705, 583, 505 and 474211, 428772, 443810, respectively).

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 Hospital discharge data not available.

2010 Population data not available.

Used 3 year average for numerator and denominator (705, 583, 505 and 474211, 428772, 443810, respectively).

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: CY 2009 hospitalization data.

Hospital Discharge data: CT Hospital Association

Population Data: Backus, K, Mueller, LM (2010) State-level Bridged Race Estimates for Connecticut, 2009, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

HEALTH STATUS INDICATOR #05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	31.6	32.5	32.5	30.3	27.8
Numerator	3,328	3,426	3,427	3,190	3,389
Denominator	105,335	105,335	105,335	105,335	121,885

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: 2011 CT DPH STD MIS, CT STD Control Program. Denominator from the latest Census.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: 2010 CT DPH STD MIS, CT STD Control Program. Denominator from 2000 Census.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: 2009 CT DPH STD MIS, CT STD Control Program. Denominator from 2000 Census.

HEALTH STATUS INDICATOR #05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	8.1	8.9	8.9	9.5	10.9
Numerator	4,996	5,511	5,487	5,857	6,214
Denominator	617,215	617,215	617,215	617,215	569,380

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: 2011 CT DPH STD MIS, CT STD Control Program. Denominator from the latest Census.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: 2010 CT DPH STD MIS, CT STD Control Program. Denominator from 2000 Census.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: 2009 CT DPH STD MIS, CT STD Control Program. Denominator from 2000 Census.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #06A - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	38,012	28,811	6,484	353	2,364	0	0	0
Children 1 through 4	164,094	126,628	26,357	1,333	9,766	0	0	0
Children 5 through 9	222,571	176,208	32,959	1,646	11,758	0	0	0
Children 10 through 14	240,265	193,052	35,322	1,714	10,177	0	0	0
Children 15 through 19	250,834	200,622	38,845	1,833	9,534	0	0	0
Children 20 through 24	227,898	180,950	34,490	1,651	10,807	0	0	0
Children 0 through 24	1,143,674	906,271	174,467	8,530	54,406	0	0	0

HSI #06B - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	28,659	9,353	0
Children 1 through 4	126,560	37,534	0
Children 5 through 9	178,775	43,796	0
Children 10 through 14	196,888	43,377	0
Children 15 through 19	206,786	44,048	0
Children 20 through 24	186,146	41,752	0
Children 0 through 24	923,814	219,860	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	20	15	5	0	0	0	0	0
Women 15 through 17	617	421	168	1	0	6	0	21
Women 18 through 19	1,645	1,159	403	13	0	10	0	60
Women 20 through 34	27,175	20,950	3,766	232	266	1,436	0	525
Women 35 or older	7,897	6,418	742	35	197	408	0	97
Women of all ages	37,354	28,963	5,084	281	463	1,860	0	703

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	6	14	0
Women 15 through 17	296	322	0
Women 18 through 19	865	783	0
Women 20 through 34	21,075	6,015	0
Women 35 or older	6,798	1,071	0
Women of all ages	29,040	8,205	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	188	109	59	0	3	0	0	17
Children 1 through 4	21	11	7	0	3	0	0	0
Children 5 through 9	11	10	1	0	0	0	0	0
Children 10 through 14	18	11	5	0	1	0	0	1
Children 15 through 19	84	54	20	0	2	0	0	8
Children 20 through 24	175	128	31	1	5	0	0	10
Children 0 through 24	497	323	123	1	14	0	0	36

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	127	58	3
Children 1 through 4	15	6	0
Children 5 through 9	8	3	0
Children 10 through 14	13	5	0
Children 15 through 19	74	10	0
Children 20 through 24	133	39	3
Children 0 through 24	370	121	6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	915,776	725,321	139,977	6,879	43,599	0	0	0	2010
Percent in household headed by single parent	7.1	5.2	18.5	0.0	5.9	0.0	26.4	0.0	2010
Percent in TANF (Grant) families	100.0	67.5	29.9	0.6	1.5	0.3	0.3	0.0	2011
Number enrolled in Medicaid	272,431	203,739	58,318	1,701	8,037	295	341	0	2011
Number enrolled in SCHIP	15,271	10,717	1,598	24	636	18	303	1,975	2011
Number living in foster home care	4,935	2,892	1,479	3	24	2	454	81	2011
Number enrolled in food stamp program	151,074	108,609	38,533	864	2,686	182	200	0	2011
Number enrolled in WIC	55,930	36,703	13,255	2,541	1,331	582	1,321	197	2011
Rate (per 100,000) of juvenile crime arrests	2,349.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	2.8	1.0	3.9	2.1	1.0	0.0	0.0	0.0	2010

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	737,668	178,108	0	2010
Percent in household headed by single parent	5.9	22.1	0.0	2010
Percent in TANF (Grant) families	59.0	41.0	0.0	2011
Number enrolled in Medicaid	187,420	85,010	0	2011
Number enrolled in SCHIP	11,868	3,328	75	2011
Number living in foster home care	3,350	1,585	0	2011
Number enrolled in food stamp program	98,978	52,096	0	2011
Number enrolled in WIC	28,530	27,202	197	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	0.0	4.8	0.0	2010

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*
 Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	838,955
Living in urban areas	792,185
Living in rural areas	122,561
Living in frontier areas	0
Total - all children 0 through 19	914,746

Note:
 The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	3,466,977
Percent Below: 50% of poverty	4.7
100% of poverty	10.1
200% of poverty	23.1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	805,841
Percent Below: 50% of poverty	6.2
100% of poverty	12.8
200% of poverty	23.1

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2010. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2010. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2010. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2010. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2010. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2010. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
7. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
8. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
9. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
10. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
11. **Section Number:** Form21_Indicator 07A

- Field Name:** Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
12. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
13. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
14. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
15. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
16. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2013
Field Note:
Source: CT DPH Vital Records, Live Births 2010.
17. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2013
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2010. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
18. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
Source: US Census Bureau, American Community Survey S0201. Selected Population Profile in the United States
Data Set: 2010 American Community Survey 1-Year Estimates
Notes: Per ACS protocols, numbers for American Indian or Native Alaskan and Native Hawaiian or Other Pacific Islander race groups are not reported because the total population falls below the reporting threshold of 65,000.
Other and Unknown are not reported in ACS.
19. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
Source: Connecticut Department of Social Services, September 2011 TFA data from DMF 81211. Since the percent of TANF families out of all CT families is unknown, the Total All Races percent of TANF families is shown as 100%.
20. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
Source: CT Department of Social Services, HCFA Medicaid data from September 2011, DMF81211.
21. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
Source: CT Department of Social Services 2011 SCHIP Enrollee data

22. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
Source: Connecticut Department of Social Services, September 2011 Supplemental Nutritional Assistance Program data from DMF 81211.
23. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WCNb
Row Name: Number enrolled in WIC
Column Name:
Year: 2013
Field Note:
Source: CT DPH Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Susan Hewes
Calendar Year 2011
24. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
Source: CT Department of Public Safety, Uniform Crime Reports 2010
Notes: Data for juvenile offenders not available by race or ethnicity. Number represents the total rate for all arrests for children 0 through 19 years of age at the time of the arrest.
25. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
Source: State Department of Education, Connecticut, Annual Dropout Rates, class year 2009-10.

http://sdeportal.ct.gov/Cedar/WEB/ct_report/DropoutDTViewer.aspx
26. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
Source: US Census Bureau, American Community Survey
S0201. Selected Population Profile in the United States
Data Set: 2010 American Community Survey 1-Year Estimates
27. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
Source: Connecticut Department of Social Services, September 2011 TFA data from DMF 81211.
28. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
Source: CT Department of Social Services, HCFA Medicaid data from September 2011, DMF81211.
29. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
Source: CT Department of Social Services 2011 SCHIP Enrollee data
30. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
Source: Connecticut Department of Social Services, September 2011 Supplemental Nutritional Assistance Program data from DMF 81211.
31. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_WCNb
Row Name: Number enrolled in WIC
Column Name:
Year: 2013
Field Note:
Source: CT DPH Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Susan Hewes
Calendar Year 2011
32. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013

Field Note:

Source: CT Department of Public Safety, Uniform Crime Reports 2010

Notes: Data for juvenile offenders not available by race or ethnicity. Number represents the total rate for all arrests for children 0 through 19 years of age at the time of the arrest.

33. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
Source: State Department of Education, Connecticut, Annual Dropout Rates, class year 2009-10.

http://sdeportal.ct.gov/Cedar/WEB/ct_report/DropoutDTViewer.aspx
34. **Section Number:** Form21_Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2013
Field Note:
Source: CT 2010 data from American Community Survey; (<http://factfinder.census.gov>); From Table B01001 SEX BY AGE. Using geo components from the options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area.
35. **Section Number:** Form21_Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2013
Field Note:
Source: CT 2010 data from American Community Survey; (<http://factfinder.census.gov>); From Table B01001 SEX BY AGE. Using geo components from the options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area.
36. **Section Number:** Form21_Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2013
Field Note:
Source: CT 2010 data from American Community Survey; (<http://factfinder.census.gov>); From Table B01001 SEX BY AGE. Using geo components from the options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area.
37. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2013
Field Note:
Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1701.
38. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1701.
39. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1701.
40. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1701.
41. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2013
Field Note:
Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1703.
42. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1703.
43. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:

Year: 2013

Field Note:

Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1703.

44. Section Number: Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2013

Field Note:

Source: U.S. Bureau of Census 2010 American Community Survey, Table #S1701.

45. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

Source: CT DCF. This data represents children who spent any amount of time in a DCF Foster, Relative or Special Study home during CY11.

46. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

Source: CT DCF. This data represents children who spent any amount of time in a DCF Foster, Relative or Special Study home during CY11.