

TITLE V BLOCK GRANT APPLICATION

FORMS (2-21)

STATE: **SC**

APPLICATION YEAR: **2013**

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

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424]) \$ 11,298,304
 Of the Federal Allocation (1 above), the amount earmarked for:

A. Preventive and primary care for children:

\$ 5,315,309 (47.05 %)

B. Children with special health care needs:

\$ 3,508,450 (31.05 %)

(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:

\$ 1,025,243 (9.07 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424) \$ 326,540

3. STATE MCH FUNDS (Item 15c of the SF 424) \$ 8,139,403

4. LOCAL MCH FUNDS (Item 15d of SF 424) \$ 5,877,399

5. OTHER FUNDS (Item 15e of SF 424) \$ 27,387,354

6. PROGRAM INCOME (Item 15f of SF 424) \$ 13,999,073

7. TOTAL STATE MATCH (Lines 3 through 6) \$ 55,403,229

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 11,445,986

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 67,028,073

(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: \$ 0
- b. SSDI: \$ 126,173
- c. CISS: \$ 0
- d. Abstinence Education: \$ 0
- e. Healthy Start: \$ 0
- f. EMSC: \$ 0
- g. WIC: \$ 95,697,527
- h. AIDS: \$ 0
- i. CDC: \$ 417,123
- j. Education: \$ 105,483
- k. Home Visiting: \$ 0
- l. Other:

- Children's Trust \$ 53,164
- Family Planning \$ 6,716,459
- Infant Health PRAMS \$ 204,362
- Newborn Hearing \$ 455,705
- Nurse Fam Ptnership \$ 110,164
- Pers Responsibility \$ 891,386
- Rape Prevention \$ 485,605
- Sexual Assault \$ 211,483

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) \$ 105,474,634

11. STATE MCH BUDGET TOTAL \$ 172,502,707

(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: SC

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,526,057	\$ 10,754,161	\$ 11,526,057	\$ 12,037,520	\$ 11,407,861	\$ 10,650,388
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 119,290	\$ 67,134	\$ 17,342	\$ 2,718	\$ 148,046	\$ 52,690
3. State Funds <i>(Line3, Form2)</i>	\$ 14,300,654	\$ 15,645,132	\$ 16,140,604	\$ 11,087,537	\$ 15,506,362	\$ 10,266,235
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 12,714,152	\$ 13,947,601	\$ 13,793,076	\$ 10,258,566	\$ 9,456,549	\$ 6,728,922
5. Other Funds <i>(Line5, Form2)</i>	\$ 385,130	\$ 37,099,911	\$ 179,748	\$ 37,144,551	\$ 35,004,371	\$ 31,542,677
6. Program Income <i>(Line6, Form2)</i>	\$ 19,733,388	\$ 11,761,994	\$ 15,247,364	\$ 13,312,046	\$ 16,087,306	\$ 9,607,474
7. Subtotal	\$ 58,778,671	\$ 89,275,933	\$ 56,904,191	\$ 83,842,938	\$ 87,610,495	\$ 68,848,446
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 123,050,699	\$ 99,064,432	\$ 102,257,087	\$ 107,593,152	\$ 58,548,563	\$ 99,739,972
9. Total <i>(Line11, Form2)</i>	\$ 181,829,370	\$ 188,340,365	\$ 159,161,278	\$ 191,436,090	\$ 146,159,058	\$ 168,588,418
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,406,437	\$ 11,572,823	\$ 11,366,578	\$ _____	\$ 11,298,304	\$ _____
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 199,538	\$ 162,154	\$ 612,543	\$ _____	\$ 326,540	\$ _____
3. State Funds <i>(Line3, Form2)</i>	\$ 11,181,420	\$ 10,476,784	\$ 9,052,174	\$ _____	\$ 8,139,403	\$ _____
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 6,514,290	\$ 5,788,842	\$ 5,833,678	\$ _____	\$ 5,877,399	\$ _____
5. Other Funds <i>(Line5, Form2)</i>	\$ 32,774,592	\$ 27,350,140	\$ 34,167,550	\$ _____	\$ 27,387,354	\$ _____
6. Program Income <i>(Line6, Form2)</i>	\$ 16,133,189	\$ 8,603,653	\$ 13,860,222	\$ _____	\$ 13,999,073	\$ _____
7. Subtotal	\$ 78,209,466	\$ 63,954,396	\$ 74,892,745	\$ 0	\$ 67,028,073	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 109,735,712	\$ 107,714,224	\$ 102,322,902	\$ _____	\$ 105,474,634	\$ _____
9. Total <i>(Line11, Form2)</i>	\$ 187,945,178	\$ 171,668,620	\$ 177,215,647	\$ 0	\$ 172,502,707	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2011
Field Note:
TBD
2. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2010
Field Note:
TBA
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010
Field Note:
TBA
4. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2011
Field Note:
TBD
5. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2010
Field Note:
TBA
6. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2011
Field Note:
TBD
7. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2011
Field Note:
TBD
8. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2010
Field Note:
TBA
9. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2010
Field Note:
TBA

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,851,390	\$ 1,358,528	\$ 3,092,196	\$ 869,695	\$ 1,333,185	\$ 800,464
b. Infants < 1 year old	\$ 4,049,724	\$ 3,974,039	\$ 3,662,194	\$ 2,969,811	\$ 3,899,904	\$ 2,730,867
c. Children 1 to 22 years old	\$ 11,790,841	\$ 5,067,482	\$ 10,795,155	\$ 5,025,101	\$ 4,972,948	\$ 4,946,429
d. Children with Special Healthcare Needs	\$ 13,230,812	\$ 13,306,911	\$ 14,184,674	\$ 12,136,311	\$ 13,058,671	\$ 12,729,109
e. Others	\$ 23,897,227	\$ 63,811,584	\$ 22,976,105	\$ 60,984,177	\$ 62,621,182	\$ 46,220,900
f. Administration	\$ 2,958,677	\$ 1,757,389	\$ 2,193,867	\$ 1,857,843	\$ 1,724,605	\$ 1,420,677
g. SUBTOTAL	\$ 58,778,671	\$ 89,275,933	\$ 56,904,191	\$ 83,842,938	\$ 87,610,495	\$ 68,848,446
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	\$ 33,659		\$ 121,174		\$ 161,974	
c. CISS	\$ 5,034		\$ 287,755		\$ 15,226	
d. Abstinence Education	\$ 306,525		\$ 670,435		\$ 888,324	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 116,017,768		\$ 86,535,311		\$ 43,844,417	
h. AIDS	\$ 0		\$ 892,468		\$ 890,967	
i. CDC	\$ 180,556		\$ 544,383		\$ 380,326	
j. Education	\$ 5,640,542		\$ 6,447,861		\$ 5,860,209	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Afr Amer Risk Reduct	\$ 412,966		\$ 659,769		\$ 220,669	
Family Planning	\$ 0		\$ 5,907,530		\$ 6,117,930	
Infant Hlth PRAMS	\$ 0		\$ 0		\$ 168,501	
Dept Ed Social Work	\$ 0		\$ 19,189		\$ 0	
PRAMS	\$ 0		\$ 171,212		\$ 0	
ECCS	\$ 2,727		\$ 0		\$ 0	
Integr Sys CSHCN	\$ 255,427		\$ 0		\$ 0	
Oral Hlth Int Sys	\$ 5,663		\$ 0		\$ 0	
Univ Nbrn Hearing	\$ 189,832		\$ 0		\$ 0	
III. SUBTOTAL	\$ 123,050,699		\$ 102,257,087		\$ 58,548,563	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 811,259	\$ 929,968	\$ 870,738	\$	\$ 974,663	\$
b. Infants < 1 year old	\$ 2,770,267	\$ 2,694,163	\$ 2,970,614	\$	\$ 2,823,645	\$
c. Children 1 to 22 years old	\$ 4,687,461	\$ 3,746,046	\$ 5,380,683	\$	\$ 5,315,309	\$
d. Children with Special Healthcare Needs	\$ 11,320,863	\$ 10,235,383	\$ 13,846,615	\$	\$ 10,727,300	\$
e. Others	\$ 56,886,603	\$ 44,860,152	\$ 50,278,696	\$	\$ 45,626,925	\$
f. Administration	\$ 1,733,013	\$ 1,488,684	\$ 1,545,399	\$	\$ 1,560,231	\$
g. SUBTOTAL	\$ 78,209,466	\$ 63,954,396	\$ 74,892,745	\$ 0	\$ 67,028,073	\$ 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	\$ 107,922		\$ 104,550		\$ 126,173	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 101,862,845		\$ 93,763,842		\$ 95,697,527	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 377,857		\$ 356,670		\$ 417,123	
j. Education	\$ 0		\$ 0		\$ 105,483	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Children's Trust	\$ 0		\$ 0		\$ 53,164	
Family Planning	\$ 6,941,795		\$ 6,911,902		\$ 6,716,459	
Infant Health PRAMS	\$ 0		\$ 180,099		\$ 204,362	
Newborn Hearing	\$ 0		\$ 0		\$ 455,705	
Nurse Fam Ptnership	\$ 0		\$ 0		\$ 110,164	
Pers Responsibility	\$ 0		\$ 334,799		\$ 891,396	
Rape Prevention	\$ 0		\$ 0		\$ 485,605	
Sexual Assault	\$ 0		\$ 198,108		\$ 211,483	
Nurse Fam Ptnrshp	\$ 109,769		\$ 212,759		\$ 0	
Univ Nwbm Hearing	\$ 211,668		\$ 260,173		\$ 0	
EHDI Tracking	\$ 123,856		\$ 0		\$ 0	
III. SUBTOTAL	\$ 109,735,712		\$ 102,322,902		\$ 105,474,634	

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: 2011
Field Note:
TBD
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2010
Field Note:
TBD
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2011
Field Note:
TBD
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2010
Field Note:
TBD
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2011
Field Note:
TBD
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2010
Field Note:
TBD
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
TBD
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2010
Field Note:
TBD
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2011
Field Note:
TBD
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2010
Field Note:
TBD
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
TBD

12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2010

Field Note:

TBD

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: SC

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.)	\$ 11,320,704	\$ 4,793,713	\$ 8,605,097	\$ 11,908,704	\$ 4,704,287	\$ 10,289,771
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WMC, and Education.)	\$ 46,729,125	\$ 84,438,151	\$ 47,862,035	\$ 70,614,223	\$ 82,862,961	\$ 57,855,455
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 383,659	\$ 42,321	\$ 412,056	\$ 753,452	\$ 41,531	\$ 339,530
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.)	\$ 345,183	\$ 1,748	\$ 25,003	\$ 566,559	\$ 1,716	\$ 363,690
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.)	\$ 58,778,671	\$ 89,275,933	\$ 56,904,191	\$ 83,842,938	\$ 87,610,495	\$ 68,848,446

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: SC

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.)	\$ 11,108,549	\$ 9,337,689	\$ 11,193,124	\$	\$ 9,786,463	\$
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.)	\$ 65,869,599	\$ 54,120,457	\$ 62,934,664	\$	\$ 56,721,511	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 702,827	\$ 273,935	\$ 369,338	\$	\$ 287,100	\$
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.)	\$ 528,491	\$ 222,315	\$ 395,619	\$	\$ 232,999	\$
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.)	\$ 78,209,466	\$ 63,954,396	\$ 74,892,745	\$ 0	\$ 67,028,073	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2011
Field Note:
TBD
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2010
Field Note:
TBD
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
TBD
4. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
TBD
5. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
TBD
6. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2010
Field Note:
TBD
7. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2011
Field Note:
TBD
8. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2010
Field Note:
TBD

FORM 6

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

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

STATE: SC

Total Births by Occurrence: 55,599

Reporting Year: **2010**

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	55,813	100.4	6	3	3	100
Congenital Hypothyroidism	55,813	100.4	1,543	16	16	100
Galactosemia	55,813	100.4	369	1	1	100
Sickle Cell Disease	55,813	100.4	79	79	79	100
Other Screening (Specify)						
Biotinidase Deficiency	55,813	100.4	7	0	0	
Cystic Fibrosis	55,813	100.4	165	9	9	100
Other Amino Acid Disorders	55,813	100.4	518	3	3	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	55,813	100.4	222	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	55,813	100.4	7	5	5	100
Other Organic and Fatty Acid Disorders	55,813	100.4	280	6	6	100
Other Sickle Cell Trait	55,813	100.4	1,650	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: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2013
Field Note:
This number is an estimate.
2. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2013
Field Note:
This number is an estimate.
3. **Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2013
Field Note:
This number is an estimate.
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2013
Field Note:
This number is an estimate.
5. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2013
Field Note:
This data is correct. There were 79 presumed positive cases of Sickle Cell Disease for 2010 births in South Carolina and all 79 of these were confirmed cases.

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

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

STATE: **SC**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	19,820	23,144	20,103	17,796	15,847
Infants < 1 year old	22,943	20,100	55,800	58,436	57,884
Children 1 to 22 years old	76,494	52,671	91,913	130,855	98,581
Children with Special Healthcare Needs	7,380	9,420	8,254	8,254	8,254
Others	97,684	94,916	0	0	0
Total	224,321	200,251	176,070	215,341	180,566

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	20,830	100.0				
Infants < 1 year old	58,325	100.0				
Children 1 to 22 years old	98,717	100.0				
Children with Special Healthcare Needs	3,461	100.0				
Others	16,016					
TOTAL	195,349					

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:
Pregnant Women Served is an unduplicated count of pregnant women receiving services through the following programs: Quitline Referrals, Post Partum Newborn Home Visits, Nurse Family Partnership, and Family Planning Clients with positive pregnancy tests
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:
The number of infants served is equal to the occurent births in South Carolina.
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:
Children served is an unduplicated count of children receiving services through the following Title V programs: Oral Health School Program, School Nursing Contract, Lead Screening, Nurse Family Partnership, MEGA Contract services
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:
In previous years, the number reported for CSHCN served was not unduplicated. Therefore, there will be a considerable decline from previous years to the number reported for 2011, which is unduplicated.

For 2011, the CSHCN served is an unduplicated count of CSHCN receiving services through the following Title V programs: Children's Rehabilitative Services, Camp Burnt Gin, and MEGA contract
5. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
Others receiving services includes calls to the Care Line

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: SC

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	57,399	36,885	18,330	242	950	49	872	71
Title V Served	57,399	36,885	18,330	242	950	49	872	71
Eligible for Title XIX	29,153	15,112	13,588					453
INFANTS								
Total Infants in State	58,325	37,457	18,653	244	965	49	886	71
Title V Served	57,399	36,885	18,330	242	950	49	872	71
Eligible for Title XIX	29,153	15,112	13,588					453

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	52,395	4,984	20	3,121	71	389	0	1,403
Title V Served	52,395	4,984	20	3,121	71	389	0	1,403
Eligible for Title XIX	26,153	2,294	6					2,294
INFANTS								
Total Infants in State	53,270	5,034	21	3,144	71	393	0	1,426
Title V Served	52,395	4,984	20	3,121	71	389	0	1,403
Eligible for Title XIX	26,153	2,294	6					2,294

FORM NOTES FOR FORM 8

The Delivery data are based on 2010 occurrent birth data, whereas the Infant data are based on 2011 population statistics.

There may be discrepancies between the number of infants in the state versus the number of infants served by Title V due to the current public health structure in South Carolina. While we may reach almost all infants in the state with our MCH programs, we are only able to quantify our reach to those that are delivered in SC hospitals. The number of infants served by Title V is likely an underestimate.

FIELD LEVEL NOTES

None

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

	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: SC

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 868-0404	(800) 868-0404	(800) 868-0404	(800) 868-0404	(800) 868-0404
2. State MCH Toll-Free "Hotline" Name	The Careline	The Careline	The Careline	The Careline	The Careline
3. Name of Contact Person for State MCH "Hotline"	Tracey McCloud	Tracey McCloud	Tracey McCloud	Tracey McCloud	Kathy Swanson
4. Contact Person's Telephone Number	803-898-0899	803-898-0899	803-898-0899	803-898-0899	(803) 898-0743
5. Contact Person's Email	mcdoutl@dhec.sc.gov	mcdoutl@dhec.sc.gov	mcdoutl@dhec.sc.gov	mcdoutl@dhec.sc.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	16016	17227	15000

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

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

1. State MCH Administration:
(max 2500 characters)

The South Carolina General Assembly created the Department of Health and Environmental Control (DHEC) in 1973. The agency is under the supervision of the Board of Health and Environmental Control, which has seven members, one from each of the six congressional districts and one at large. The governor, with consent and approval from the senate, appoints the Board members. DHEC is headed by Director Catherine Templeton and contains four Deputy Areas: Health Services, Health Regulations, Environmental Quality Control, and Ocean and Coastal Resource Management. DHEC is a centralized public health organization with central, regional, and local public health offices carrying out various aspects of public health practice. Oversight of the Title V program is housed within the Maternal and Child Health Bureau, which is in the Health Services Deputy Area. The MCH Bureau works centrally to plan, implement, and monitor Title V programs and activities. In addition to the MCH Bureau, Title V funding also supports programs/initiatives within 8 Public Health Regions encompassing 46 counties. Regional offices and their local health departments offer a range of services. Central office staff works in coordination and collaboration with the regional leadership to develop plans and assure services are provided that are meaningful to each region.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,298,304
3. Unobligated balance (Line 2, Form 2)	\$ 326,540
4. State Funds (Line 3, Form 2)	\$ 8,139,403
5. Local MCH Funds (Line 4, Form 2)	\$ 5,877,399
6. Other Funds (Line 5, Form 2)	\$ 27,387,354
7. Program Income (Line 6, Form 2)	\$ 13,999,073
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 67,028,073

9. Most significant providers receiving MCH funds

	<u>Local and Regional Health Offices</u>
	<u>Five Perinatal Regional Hospitals</u>

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

a. Pregnant Women	20,830
b. Infants < 1 year old	58,325
c. Children 1 to 22 years old	96,717
d. CSHCN	3,461
e. Others	16,016

11. Statewide Initiatives and Partnerships:

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

As the public health focus shifts to more population-based services, MCH provides fewer direct services. County health departments continue to provide pregnancy testing for women. Postpartum Newborn Home Visits have been a longstanding Title V strategy to assure infants are connected with pediatric primary care, and mothers are connected to family planning services. Nurse-Family Partnership is also provided in some health regions. MCH provides limited direct care to CSHCN in selected locations for specialty clinics.

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

Population-based programs include newborn metabolic and hearing screening, birth defects surveillance, Fetal and Infant Mortality Review, and various MCH awareness campaigns. The newborn metabolic screening program continues to provide screening for 28 metabolic disorders and follow up for every infant born in SC. The SC Birth Defects Program continues surveillance for 42 of the 45 recommended birth defects. Current MCH awareness campaigns address breastfeeding, safe sleep practices, shaken baby syndrome prevention, preconception health, and prematurity prevention.

c. Infrastructure Building Services:
(max 2500 characters)

As evident by the state performance measures, MCH is working to improve capacity for providing epidemiological and program information to stakeholders. Efforts to integrate surveillance program data within existing web-based platforms have been successful. The MCH Bureau has also deemed increasing evaluation capacity a focus, specifically related to the MCHB National Performance Measures. The MCH Bureau is also working closely with the staff in the regions to increase program planning and evaluation capacity.

12. The primary Title V Program contact person:

Name Brenda Martin
 Title Director, MCH Bureau
 Address 1751 Calhoun Street
 City Columbia
 State SC
 Zip 29201
 Phone 803-898-3780
 Fax 803-898-2065
 Email martinb@dhec.sc.gov
 Web _____

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

Name Cheryl Weller
 Title Director, Division of CSHCN
 Address 1751 Calhoun Street
 City Columbia
 State SC
 Zip 29203
 Phone 803-898-0789
 Fax 803-898-0613
 Email wellerj@dhec.sc.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)

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	75	80	80	65	65
Annual Indicator	59.4	60.4	60.4	60.4	73.6
Numerator	93,727	93,727	93,727	93,727	126,986
Denominator	157,801	155,101	155,101	155,101	172,559
Data Source		CSHCN	CSHCN	CSHCN	CSHCN Survey

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	80	85	90	95	100
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:

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.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

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:

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.

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	95	95	95	55	55
Annual Indicator	50.6	53.1	53.1	53.1	45.3
Numerator	79,820	79,820	79,820	79,820	77,480
Denominator	157,801	150,264	150,264	150,264	170,925
Data Source		CSHCN	CSHCN	CSHCN	CSHCN Survey

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	49	54	59	64	69
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:

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.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

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:

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.

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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	90	90	90	65	65
Annual Indicator	60.1	61.2	61.2	61.2	54.1
Numerator	94,845	94,845	94,845	94,845	93,799
Denominator	157,801	155,099	155,099	155,099	173,314
Data Source		CSHCN	CSHCN	CSHCN	CSHCN Survey
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	59	64	69	74	79
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

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.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

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:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

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.

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	80	85	85	65	100
Annual Indicator	59.8	91.7	91.7	91.7	63.9
Numerator	94,339	143,848	143,848	143,848	110,357
Denominator	157,801	156,846	156,846	156,846	172,674
Data Source		CSHCN	CSHCN	CSHCN	CSHCN Survey

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	70	70	75	75	80
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:

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.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

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:

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.

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	92	94	94	50	40
Annual Indicator	41.4	37.2	37.2	37.2	41.0
Numerator	22,093	22,093	22,093	22,093	28,533
Denominator	53,368	59,389	59,389	59,389	69,664
Data Source		CSHCN	CSHCN	CSHCN	CSHCN Survey

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	45	50	55	60	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

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.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

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: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

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.

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 HepatitisB.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	90	90	90	85	74
Annual Indicator	81.6	78.8	68.0	77.7	76.5
Numerator	97,920	96,136	82,368	71,967	70,875
Denominator	120,000	122,000	121,130	92,648	92,648
Data Source		Immunization	Immunization	Immunization	Immunization

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	80	85	90	95	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1. Section Number: Form11_Performance Measure #7
- Field Name: PM07
- Row Name:
- Column Name:
- Year: 2010
- Field Note:
While 2010 data are provisional they are not merely a reflection of the 2009 data.

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	25	25	24	24	19
Annual Indicator	27.3	26.8	23.6	20.9	20.9
Numerator	2,540	2,519	2,202	2,017	2,017
Denominator	93,198	94,091	93,484	96,443	96,443
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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	19	17	16	15	15
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2010
Field Note:
 While 2010 data are provisional they are not merely a reflection of the 2009 data.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	45	50	50	30	26
Annual Indicator	23.7	23.7	23.7	23.7	23.7
Numerator	629	629	629	629	629
Denominator	2,657	2,657	2,657	2,657	2,657
Data Source		MCH	MCH	MCH	MCH

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	26	28	30	33	36
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

Needs Assessment

- 2. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

Data are only collected every 5 years. The Division of Oral health will conduct another needs assessment in 2012.

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	3.6	3.5	3.5	3.5	3.1
Annual Indicator	5.3	3.4	3.3	3.1	3.1
Numerator	46	30	30	28	28
Denominator	870,430	879,360	896,740	895,440	895,440
Data Source		Injury Prev	Injury Prev	Injury Prev	Injury Prev

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

	2012	2013	2014	2015	2016
Annual Performance Objective	2.9	2.7	2.5	2.3	2.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 data reflect provisional estimates based on 2009 figures

2. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	61	65	65	42	38
Annual Indicator	37.1	35.3	35.4	35.7	35.7
Numerator	20,600	19,912	19,332	18,408	18,408
Denominator	55,591	56,471	54,595	51,566	51,566
Data Source		PRAMS	PRAMS	PRAMS	PRAMS

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	39	43	47	51	55
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 data reflect provisional estimates based on 2009 figures

2. **Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	100	100	100	100	100
Annual Indicator	97.9	95.1	96.1	96.6	96.2
Numerator	58,573	57,431	55,633	53,682	51,779
Denominator	59,808	60,403	57,884	55,599	53,808
Data Source		MCH	MCH	MCH	MCH

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	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 While 2010 data are provisional they are not merely a reflection of the 2009 data.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8	7	7	9	11.1
Annual Indicator	10.7	12.8	12.8	12.3	14.3
Numerator	112,000	137,000	137,000	137,000	153,000
Denominator	1,042,000	1,070,000	1,072,000	1,112,000	1,070,000
Data Source		ORS	ORS	ORS	ORS

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	13	12	11	10	9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2010
Field Note:
 While 2010 data are provisional they are not merely a reflection of the 2009 data.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	<u>28</u>	<u>28</u>	<u>28</u>	<u>28</u>	<u>26</u>
Annual Indicator	<u>4.2</u>	<u>29.9</u>	<u>32.5</u>	<u>46.9</u>	<u>48.0</u>
Numerator	<u>35,313</u>	<u>28,209</u>	<u>34,601</u>	<u>33,310</u>	<u>34,637</u>
Denominator	<u>837,910</u>	<u>94,496</u>	<u>106,543</u>	<u>71,091</u>	<u>72,124</u>
Data Source		MCH	WIC	WIC	WIC
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	<u>44</u>	<u>40</u>	<u>36</u>	<u>32</u>	<u>28</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #14
 Field Name: PM14
 Row Name:
 Column Name:
 Year: 2010
 Field Note:
 While 2010 data are provisional they are not merely a reflection of the 2009 data.

2. Section Number: Form11_Performance Measure #14
 Field Name: PM14
 Row Name:
 Column Name:
 Year: 2009
 Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	10	10	10	10	9
Annual Indicator	9.5	9.6	9.5	9.3	9.3
Numerator	5,903	6,039	5,775	5,423	5,423
Denominator	62,316	63,077	60,682	58,325	58,325
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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	8.5	8	7.5	7	7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 While 2010 data are provisional they are not merely a reflection of the 2009 data.

2. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	6	6	5.5	3	7
Annual Indicator	3.8	9.7	7.2	7.0	7.0
Numerator	12	31	23	23	23
Denominator	318,280	321,140	321,260	328,990	328,990
Data Source		Injury Prev	Injury Prev	Injury Prev	Injury Prev
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	6.8	6.5	6.2	6	6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 data reflect provisional estimates based on 2009 figures.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	84	84	86	75	80
Annual Indicator	71.9	73.9	78.1	78.6	78.6
Numerator	931	873	822	807	807
Denominator	1,294	1,181	1,053	1,027	1,027
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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	80	82	84	86	86
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2010
Field Note:
 While 2010 data are provisional they are not merely a reflection of the 2009 data.

2. **Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	76	80	90	75	75
Annual Indicator	68.6	69.0	70.3	72.1	72.1
Numerator	43,159	43,512	42,675	42,039	42,039
Denominator	62,933	63,077	60,682	58,325	58,325
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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	75	75	75	75	77
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 While 2010 data are provisional they are not merely a reflection of the 2009 data.

2. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Birth File not available

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

Form Level Notes for Form 11

State Performance Measure 3: This performance measure originally included parents; however, training has been targeted towards providers, and providers are the only audience captured in the data. In the second year of implementation, efforts far exceeded expectations; therefore, the denominator has been increased for 2011 and coming years. State Performance Measure 4: The denominator indicates the total number of participants on the CSHCN Advisory Council. The numerator indicates the number of parents or family members on the CSHCN Advisory Council.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Increase the number of perinatal regions with an established pre/inter-conception health coalition working to identify and address pre/interconception health needs of women.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	3
Annual Indicator	_____	_____	_____	2	1
Numerator	_____	_____	_____	2	1
Denominator	5	5	5	5	5
Data Source				Self Assess	Self Assess
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	3	3	3	3	3
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

None

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Reduce the percent of combined infant deaths due to SIDS and accidents due to unsafe sleeping environments

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 1
Annual Indicator	_____	1.5	1.1	1.3	1.3
Numerator	_____	94	66	74	74
Denominator	_____	63,077	60,682	58,325	58,325
Data Source		Vital Records	Vital Records	Vital Records	Vital Records
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 0.9	_____ 0.8	_____ 0.8	_____ 0.8	_____ 0.8

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 #2
- Field Name:** SM2
- Row Name:**
- Column Name:**
- Year:** 2010
- Field Note:**
2010 data reflect provisional estimates based on 2009 figures.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Increase the percent of early childhood service providers trained in social/emotional development using an established evidence based curriculum

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	50
Annual Indicator	_____	_____	_____	32.2	41.0
Numerator	_____	_____	_____	103	1,721
Denominator	_____	_____	_____	320	4,200
Data Source				MCH	MCH
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50
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 #3
Field Name: SM3
Row Name:
Column Name:
Year: 2011
Field Note:

Numerator combines providers trained in 2010 and 2011 since the denominator reflects the total goal of providers trained by 2014.

This performance measure originally included parents; however, training has been targeted towards providers, and providers are the only audience captured in the data. In the second year of implementation, efforts far exceeded expectations; therefore, the denominator has been increased for 2011 and coming years.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Increase the number of parents or caregivers participating in the planning, implementation, and evaluation of DHEC programs and services for children with special needs

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	0.1
Annual Indicator	_____	_____	_____	0.0	0.0
Numerator	_____	_____	_____	0	0
Denominator	_____	_____	_____	10	10
Data Source				CSHCN	CSHCN
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0.1	0.2	0.2	0.3	0.3
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

None

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Increase the percent of public health regions who plan, implement, and evaluate programs at least one optional program in each of four established MCH population groups

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	8
Annual Indicator	_____	_____	_____	0.0	71.9
Numerator	_____	_____	_____	0	23
Denominator	_____	_____	_____	32	32
Data Source				MCH	MCH
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	81.3	90.6	100	100	100
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

None

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Increase regional satisfaction with the quality of technical support provided by central office MCH

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 3
Annual Indicator	_____	_____	_____	_____ 0	_____ 3
Numerator	_____	_____	_____	_____ 0	_____ 3
Denominator	_____ 5	_____ 5	_____ 5	_____ 5	_____ 5
Data Source				MCH	MCH
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 4	_____ 5	_____ 5	_____ 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 #6
- Field Name:** SM6
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**
The actual indicator value is 3.43.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Increase the number of epidemiological reports completed, distributed, and available to agency leadership/partners

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 2
Annual Indicator	_____	_____	_____	_____ 0	_____ 4
Numerator	_____	_____	_____	_____ 0	_____ 4
Denominator	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
Data Source				Self Assess	Self Assess
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4

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

None

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

Increase the percent of national performance measures with a formal improvement plan that includes measurable goals, objectives, and benchmarks to evaluate progress towards improvement.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	5
Annual Indicator	_____	_____	_____	0.0	22.2
Numerator	_____	_____	_____	0	4
Denominator	_____	_____	_____	18	18
Data Source				MCH	MCH
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	44.4	66.6	83.3	100	100
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

None

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Reduce the annual rate of maternal deaths

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	2.5
Annual Indicator	_____	3.2	3.0	2.4	2.4
Numerator	_____	20	18	14	14
Denominator	_____	63,077	60,682	58,325	58,325
Data Source		Vital Records	Vital Records	Vital Records	Vital Records
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5
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 #9

Field Name: SM9

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data reflect provisional estimates based on 2010 figures. The SCHIP Stand alone program no longer exists in SC.

2. Section Number: Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data are updated and final.

OUTCOME MEASURE # 02

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	1.8	1.8	1.7	1.7	1.7
Annual Indicator	2.3	2.0	2.3	2.3	2.3
Numerator	13.8	12	11.5	11.8	11.8
Denominator	6	6	5	5.2	5.2
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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	1.7	1.7	1.7	1.7	1.7
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

1. Section Number: Form12_Outcome Measure 2
 Field Name: OM02
 Row Name:
 Column Name:
 Year: 2010
 Field Note:
 2010 data reflect provisional estimates based on 2009 figures

2. Section Number: Form12_Outcome Measure 2
 Field Name: OM02
 Row Name:
 Column Name:
 Year: 2009
 Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	5.9	5.9	5.3	4.7	4.7
Annual Indicator	5.7	4.9	4.3	4.6	4.6
Numerator	357	311	260	266	266
Denominator	62,933	63,077	60,682	58,325	58,325
Data Source		Vital Records	Vital Records	Vital Records	

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	4.7	4.5	4.5	4.3	4.3
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: 2010
Field Note:
2010 data reflect provisional estimates based on 2009 figures.
2. Section Number: Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2009
Field Note:
2009 data reflect provisional estimates based on 2008 figures.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	2	2	2	2.9	2.9
Annual Indicator	2.9	3.1	2.8	2.8	2.8
Numerator	181	194	170	164	164
Denominator	62,933	63,077	60,682	58,325	58,325
Data Source		Vital Records	Vital Records	Vital Records	

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	2.9	2.7	2.7	2.5	2.5
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 4
Field Name: OM04
Row Name:
Column Name:
Year: 2010
Field Note:
2010 data reflect provisional estimates based on 2009 figures.
2. Section Number: Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2009
Field Note:
2009 data reflect provisional estimates based on 2008 figures.

OUTCOME MEASURE # 05

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	8.1	8	8	8	8
Annual Indicator	8.2	7.6	7.0	7.4	7.4
Numerator	518	484	427	433	433
Denominator	63,512	63,512	61,217	58,870	58,870
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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	7.2	7.2	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

1. Section Number: Form12_Outcome Measure 5
 Field Name: OM05
 Row Name:
 Column Name:
 Year: 2010
 Field Note:
 2010 data reflect provisional estimates based on 2009 figures.

2. Section Number: Form12_Outcome Measure 5
 Field Name: OM05
 Row Name:
 Column Name:
 Year: 2009
 Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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	21	21	20	20	20
Annual Indicator	25.2	20.9	21.3	20.1	20.1
Numerator	204	171	178	168	168
Denominator	810,226	818,280	836,080	836,440	836,440
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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	20	19.5	19.5	19	19
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: 2010
 Field Note:
 2010 data reflect provisional estimates based on 2009 figures.

2. Section Number: Form12_Outcome Measure 6
 Field Name: OM06
 Row Name:
 Column Name:
 Year: 2009
 Field Note:
 2009 data reflect provisional estimates based on 2008 figures.

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

Form Level Notes for Form 12

None

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

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

_____ 1

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

_____ 0

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

_____ 1

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).

_____ 0

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

_____ 0

Total Score: _____ 5

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

In July 2012, the scope of work of the contract with Family Connection was expanded to address parental participation issues .

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE SC 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. Improve overall pre/inter-conception health status of South Carolina women
2. Reduce the number of infant deaths due to SIDS/Positional asphyxiation
3. Increase knowledge of appropriate child social-emotional development among parents and early childhood service providers
4. Improve systems for obtaining parental involvement in the planning, implementation, and evaluation of DHEC programs and services for CSHCN
5. Promote and support regional based planning of MCH programs/initiatives
6. Increase the degree to which MCH is actively engaged in ongoing assessment and assurance activities
7. Improve planning and coordination of activities related to existing national performance measures
8. Invest in building existing MCH workforce leadership competencies and skills related to data analysis and program evaluation
9. Reduce the annual rate of maternal deaths
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: SC

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.	General Systems Capacity 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>N/A</u>	Decreasing disparities related to birth outcomes	SC is committed to decreasing disparities related to infant mortality and poor birth outcomes. Assistance is requested from others who have attained success in reducing racial disparities.	Unknown
2.	State 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>9</u>	Reducing maternal mortality	SC is committed to reducing maternal deaths; however, assistance is needed in developing an effective surveillance system to monitor maternal deaths. Strategies on a public health approach to decreasing maternal deaths would also be helpful.	Unknown
3.	Other 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>N/A</u>	Capturing the number of Title V Individual Served	As public health services shift toward population based service, it has become increasingly difficult to quantify the number of children, pregnant women, and CSHCN populations served with Title V funds.	Unknown
4.	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: _____			
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: SC

SP() # _____ 1

PERFORMANCE MEASURE:

Increase the number of perinatal regions with an established pre/inter-conception health coalition working to identify and address pre/interconception health needs of women.

STATUS:

Active

GOAL:

Mobilize community partners for the purpose of assessing pre/inter-conception health needs, developing plans to address identified issues, implementing programs, and evaluating progress towards pre-interconception health improvement.

DEFINITION:

A scaling measure will values ranging from 1-6 will be used to monitor progress towards this objective. Scaling values will correspond to the following index: 1) No coalition or activity 2) Established pre/inter-conception health coalition 3) Completion of assessment 4) Development of a plan 5) Implementing of a program 6) Evaluation and feedback to stakeholders

Numerator:

The aggregate mean scale value of all four coalitions in a given year.

Denominator:

Full implementation with a scale value of 5 will serve as the denominator

Units: 5 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Self assessment of progress towards performance measures

SIGNIFICANCE

There is universal agreement across the state pre/inter-conception health is a primary area in need of improvement. Although there is universal agreement on need, addressing the issues is much more complicated. Pre/inter-conception health is a broad topic with many potential areas of program focus. Currently, no infrastructure exists to provide ongoing assessment, planning, and evaluation of progress towards improving this critical area. MCH will fill this void by building local infrastructure and providing a venue for improving the health of women.

SP() # 2

PERFORMANCE MEASURE:

Reduce the percent of combined infant deaths due to SIDS and accidents due to unsafe sleeping environments

STATUS:

Active

GOAL

Reduce the percent of combined infant deaths due to SIDS and accidents due to unsafe sleeping environments by informing and educating the public, families, and child care providers on AAP approved prevention messages related to SIDS, with particular focus on safe sleep environments.

DEFINITION

Combined percent of infant death due to SIDS and accidents related to unsafe sleep environments will be monitored.

Numerator:

Combined number of deaths coded as SIDS and Accidents related to unsafe sleep environments

Denominator:

Total number of live births

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

South Carolina Vital Records

SIGNIFICANCE

The 2008 post-neonatal infant mortality rate has increased by 6.9% from 2007, with a 19% increase noted among white infants. Increases in deaths due to SIDS are the primary driver of the post-neonatal mortality rate. Disentangling deaths due to SIDS compared to deaths due to accidental suffocation stemming from an unsafe sleeping environment can be a challenge. SIDS is an exclusionary diagnosis which can make consistency in coding an issue when monitoring deaths due to these two causes. Regardless of coded nuisances, it is evident the net effect of both causes of death continues to increase.

SP() # 3

PERFORMANCE MEASURE:

Increase the percent of early childhood service providers trained in social/emotional development using an established evidence based curriculum

STATUS:

Active

GOAL

Improve the level of prevention and treatment of behavioral/emotional health issues among children by training parents and early childhood service providers using the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) curriculum.

DEFINITION

Target populations of parents and early childhood service providers have been identified. Program staff will monitor the number of individuals from the target population trained using the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) curriculum.

Numerator:

Number of parents and early childhood service providers trained in curriculum

Denominator:

Total number parents, service providers, professionals targeted for training (320)

Units: 100 Text: Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Internal Program Records

SIGNIFICANCE

Improving the prevention and treatment of behavioral/emotional health issues among children has been identified as a modifiable risk factor that can improve school readiness and academic achievement. Parents and early childhood caregivers continue to struggle with the understanding of how to prevent and address emotional/behavioral health issues. At the national level early child care and education providers report behavior/social skill problems are among the greatest challenges they face. Delayed development and low academic achievement can have a significant influence on the life trajectory of children.

SP() # _____ 4

PERFORMANCE MEASURE:

Increase the number of parents or caregivers participating in the planning, implementation, and evaluation of DHEC programs and services for children with special needs

STATUS:

Active

GOAL

Obtain meaningful parental involvement in the planning, implementation, and evaluation of programs and services for children with special needs by establishing a broad based advisory council to the Division of CSHCN inclusive of parents

DEFINITION

The ratio of parents of children with special needs serving on the broad based advisory council to the Division of CSHCN will be monitored to measure progress.

Numerator:

Number of parents on broad based advisory council to the Division of CSHCN

Denominator:

Total number of members on the broad based advisory council to the Division of CSHCN

Units: 2 **Text:** Ratio

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Internal Program Reporting

SIGNIFICANCE

The MCH Bureau and the Division of CSHCN anticipates many policy shifts at the federal and state level stemming from health care reform. These will have a significant impact on state programs and services. Having an established system in place to obtain parental perspective on important policy decisions impacting programs and services for CSHCN delivered through Title V will become increasingly important.

SP() # _____ 5

PERFORMANCE MEASURE:

Increase the percent of public health regions who plan, implement, and evaluate programs at least one optional program in each of four established MCH population groups

STATUS:

Active

GOAL

Promote and support regional based public health planning

DEFINITION

Each public health region will be expected to develop and maintain targeted programs around 4 established MCH population groups that include: Reproductive age and pregnant women, mothers and infants, children and adolescents, and children with special health care needs.

Numerator:

Number of plans submitted for each of the 4 populations in each of the 8 public health regions

Denominator:

Total number of plans expected from all public health regions and population groups (32)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Internal Program Reporting

SIGNIFICANCE

Geographically South Carolina is not a large state; however, there is significant variability across the State related to population demographics, health needs, health system capacity, and culture. Fostering the Agency value of "local solutions to local problems," MCH will promote and support region based planning of MCH programs/initiatives.

SP() # _____ 6

PERFORMANCE MEASURE:

Increase regional satisfaction with the quality of technical support provided by central office MCH

STATUS:

Active

GOAL

Increase the quality of technical assistance provided to regional staff implementing MCH programs/initiatives

DEFINITION

A scaled survey of the current level of satisfaction with the quality of central office support and coordination of efforts will be developed and used to monitor this measure.

Numerator:

Aggregate value of regional leadership survey results

Denominator:

Measure of satisfaction with scale values ranging from 1-5

Units: 5 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Internal program satisfaction survey

SIGNIFICANCE

During needs assessment site visits, regional staff often commented on frustrations associated with balancing competing program demands and conflicting expectations. Inherently, regional staff must work with multiple central office program staff from multiple Bureau's and programs. However, improved coordination from central office to support region based MCH activities should improve the quality of support provided and minimize frustration.

SP() # _____ 7

PERFORMANCE MEASURE:

Increase the number of epidemiological reports completed, distributed, and available to agency leadership/partners

STATUS:

Active

GOAL

Increase the degree to which MCH is actively engaged in ongoing assessment and assurance activities

DEFINITION

A total of four epidemiological reports completed, distributed, and available to agency leadership/partners has been set as the annual target by MCH leadership.

Numerator:

Actual number of epidemiological reports completed, distributed, and available to agency leadership/partners annually

Denominator:

Annual target number of epidemiological reports completed, distributed, and available to agency leadership/partners (4 per year)

Units: 4 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Internal Program Report

SIGNIFICANCE

The changing landscape of health care at the national level coupled with the movement move away from the provision of direct services provides valuable insight into the future role of public health. MCH must be in a position to provide assessment and assurance functions within the state as the health care environment continues to change. Specifically, MCH should be monitoring the health status of women and children, diagnosing and investigating health and health system issues impacting population health, informing families and the public about health issues, and evaluating the effectiveness, accessibility, and quality of personal health and population based maternal and child health services. As health care evolves, the ability to assess changes in population health and assure services are being provided will be a critical role for MCH.

SP() # _____ 8

PERFORMANCE MEASURE:

Increase the percent of national performance measures with a formal improvement plan that includes measurable goals, objectives, and benchmarks to evaluate progress towards improvement.

STATUS:

Active

GOAL

Improve planning and coordination of activities related to existing national performance measures

DEFINITION

Progress towards meeting this performance measure will be measured by monitoring the number of existing national performance measure with a formal improvement plan as evidenced by a logic model or other formal evaluation tool.

Numerator:

The number of formal improvement plans as evidenced by a logic model

Denominator:

Total number of existing national performance measures (18)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Self reported program data.

SIGNIFICANCE

HRSA MCHB provides 18 national performance measures for which all Title V agencies are responsible. As capacity continues to decrease the need to focus on coordinating efforts related to existing HRSA MCHB has surfaced as a critical need. It is not uncommon for multiple staff and programs to be engaged in activities that can have an impact on existing measures. However, these efforts are not often not consistently coordinated and considered as a collective strategy for improving performance around a specific measure.

SP() # _____ 9

PERFORMANCE MEASURE:

Reduce the annual rate of maternal deaths

STATUS:

Active

GOAL

A multi-tiered process will be used to establish a State wide maternal mortality review process. MCH will work with vital records to establish data exchange protocol, will establish an abstraction tool, establish a review process in each of the four perinatal regions, and establish a state-level review.

DEFINITION

In 2007, there were approximately 20 maternal deaths identified through vital records reporting with a rate of 3.17 maternal deaths for every 10,000 live births.

Numerator:

Annual number of maternal deaths (<42 days, ICD-10 codes A34; O00-O95; O98-O99)

Denominator:

Annual number of live births

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will be obtained from South Carolina Vital Records

SIGNIFICANCE

Maternal death continues to be an international standard by which a nation's commitment to women's health can be evaluated. Its primary measures are whether or not a woman can expect to survive complications that arise during pregnancy, delivery and post-partum. Despite great advancements in deaths from pregnancy related complications, studies indicate as many as half of all deaths due to complications during pregnancy could be prevented if women had better access to care, received better quality care and made positive changes in their health and lifestyle habits. The number of maternal deaths has risen sharply over the past several years. However, significant changes in coding and definitions associated with maternal mortality make it impossible to determine any long-term trends using existing data sources. Establishing a formal review process can provide valuable information on long term trends and potential preventive recommendations.

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: SC

Form Level Notes for Form 17

SC no longer has an SCHIP stand alone program.

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		2011
			2009	2010	
Annual Indicator	36.9	30.9	29.5	30.1	30.4
Numerator	1,047	949	926	943	920
Denominator	283,488	307,354	313,594	313,594	302,297

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:

2011 data are provisional, but not an estimate carried over from 2010.

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

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	83.5	85.3	85.1	81.8	83.5
Numerator	34,235	34,959	35,038	32,192	32,111
Denominator	40,981	40,989	41,189	39,374	38,478

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:

2011 data are provisional, but not carried over from 2010.

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

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>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</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

None

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.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	86.0	86.8	88.3	87.6	87.6
Numerator	53,969	54,626	53,427	50,969	50,969
Denominator	62,753	62,898	60,516	58,165	58,165

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 #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

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

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data reflect provisional estimates based on 2008 figures.

HEALTH SYSTEMS CAPACITY #07A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	85.6	86.4	76.0	73.6	75.9
Numerator	421,130	417,235	456,062	487,855	518,049
Denominator	492,000	483,127	600,152	662,594	682,423

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:

2011 data are provisional, but not carried over from 2010.

Under 200% FPL from the Census data is used as a denominator since Medicaid expanded its coverage of children.

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

Field Name: HSC07A

Row Name:

Column Name:

Year: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

Under 200% FPL from the Census data is shown since Medicaid expanded its coverage of children.

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

Field Name: HSC07A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: U.S. Census Bureau, 2008 American Community Survey, 2008 1-Year PUMS Data.

Data is provisional and is not from a state projection.

Note: Under 185% FPL was used from the Census data since Medicaid allows for income disregards which would drop the FPL to 150% and below.

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	<u>62.3</u>	<u>65.0</u>	<u>67.4</u>	<u>69.0</u>	<u>68.5</u>
Numerator	<u>62,878</u>	<u>65,236</u>	<u>71,204</u>	<u>77,473</u>	<u>80,418</u>
Denominator	<u>100,885</u>	<u>100,319</u>	<u>105,590</u>	<u>112,348</u>	<u>117,404</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 #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

While 2011 data are provisional they are not merely a reflection of the 2010 data.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

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.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	23.1	22.1	22.7	22.7	22.1
Numerator	4,337	4,000	4,000	4,000	4,000
Denominator	18,760	18,109	17,599	17,599	18,128

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 #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data reflect provisional estimates based on 2009 figures.

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

INDICATOR #05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2010	Payment source from birth certificate	12	7.6	9.9
b) Infant deaths per 1,000 live births	2010	Payment source from birth certificate	9.2	5	7.4
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	Payment source from birth certificate	64.1	80	72.1
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2010	Payment source from birth certificate	87.4	88	87.6

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

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> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2011	200
c) <i>Pregnant Women</i>	2011	185

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

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>		_____
b) <i>Medicaid Children</i> (Age range ____ 1 to ____ 19) (Age range ____ to ____) (Age range ____ to ____)	2011	_____ _____ _____ _____ _____
c) <i>Pregnant Women</i>		_____

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Infant

Row Name: Infants

Column Name:

Year: 2013

Field Note:

The SCHIP stand alone program does not exist anymore; however, historically, infants <1 were not eligible for SCHIP, only Medicaid.

2. **Section Number:** Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2013

Field Note:

Pregnant women are eligible for Medicaid, not SCHIP. However, the SCHIP stand alone program no longer exists.

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

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	3	Yes
Annual linkage of birth certificates and newborn screening files	1	No
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: SC

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	No
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

None

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	10.2	9.9	10.0	9.9	9.9
Numerator	6,401	6,239	6,057	5,782	5,782
Denominator	62,933	63,077	60,682	58,325	58,325

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: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data reflect provisional estimates based on 2008 figures.

HEALTH STATUS INDICATOR #01B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	8.3	8.1	8.0	8.1	8.1
Numerator	5,035	4,943	4,710	4,584	4,584
Denominator	60,783	60,954	58,515	56,363	56,363

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: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data reflect provisional estimates based on 2008 figures.

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	2.1	1.9	1.8	1.9	1.9
Numerator	1,294	1,181	1,111	1,104	1,104
Denominator	62,933	63,077	60,682	58,325	58,325

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: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data reflect provisional estimates based on 2008 figures.

HEALTH STATUS INDICATOR #02B

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	1.7	1.5	1.4	1.6	1.6
Numerator	1,030	886	834	864	864
Denominator	60,783	60,954	58,515	55,454	55,454

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: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

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	13.9	11.9	10.7	8.7	8.7
Numerator	121	105	96	78	78
Denominator	870,430	879,360	896,740	896,440	896,440

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 Notes1. **Section Number:** Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data reflect provisional estimates based on 2009 figures.

2. **Section Number:** Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 data reflect provisional estimates based on 2008 figures.

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	5.3	3.4	3.3	3.1	3.1
Numerator	46	30	30	28	28
Denominator	870,430	879,360	896,740	896,440	896,440

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 Notes1. **Section Number:** Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data reflect provisional estimates based on 2009 figures.

2. **Section Number:** Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 data reflect provisional estimates based on 2008 figures.

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	41.8	36.0	32.3	26.8	26.8
Numerator	259	225	206	177	177
Denominator	620,320	625,010	636,890	661,480	661,480

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: 2010

Field Note:

2010 data reflect provisional estimates based on 2009 figures.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data reflect provisional estimates based on 2008 figures.

HEALTH STATUS INDICATOR #04A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	9,158.1	8,583.3	8,740.2	9,085.0	9,085.0
Numerator	79,715	75,478	78,378	81,351	81,351
Denominator	870,430	879,360	896,750	886,440	886,440

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 Notes1. **Section Number:** Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data reflect provisional estimates based on 2009 figures.

2. **Section Number:** Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 data reflect provisional estimates based on 2008 figures.

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	515.5	460.4	478.7	516.6	516.6
Numerator	4,487	4,049	4,293	4,626	4,626
Denominator	870,430	879,360	896,750	896,440	896,440

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 #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data reflect provisional estimates based on 2009 figures.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data reflect provisional estimates based on 2008 figures.

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	<u>2,773.4</u>	<u>2,766.2</u>	<u>2,639.9</u>	<u>2,496.2</u>	<u>2,496.2</u>
Numerator	<u>17,204</u>	<u>17,289</u>	<u>16,813</u>	<u>16,512</u>	<u>16,512</u>
Denominator	<u>620,320</u>	<u>625,020</u>	<u>636,890</u>	<u>661,480</u>	<u>661,480</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: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data reflect provisional estimates based on 2009 figures.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

Information not yet available

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	52.8	53.2	55.2	51.3	51.8
Numerator	8,199	8,378	8,603	8,250	8,322
Denominator	155,330	157,541	155,810	160,740	160,740

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 #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

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		2011
			2009	2010	
Annual Indicator	16.3	16.0	15.1	16.1	17.1
Numerator	11,824	11,610	11,434	12,371	13,126
Denominator	723,460	723,460	758,630	767,570	767,570

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 #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

While 2010 data are provisional they are not merely a reflection of the 2009 data.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

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: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

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	70,982	33,568	28,870	0	2,266	0	6,278	0
Children 1 through 4	257,702	167,318	86,582	0	5,052	0	8,750	0
Children 5 through 9	303,656	193,902	98,063	0	2,871	0	8,820	0
Children 10 through 14	265,629	173,241	78,934	0	3,777	0	9,677	0
Children 15 through 19	287,056	192,498	88,082	1,198	3,361	0	1,917	0
Children 20 through 24	325,013	204,469	117,712	0	1,523	0	1,309	0
Children 0 through 24	1,520,038	964,996	498,243	1,198	18,850	0	36,751	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	66,565	4,417	0
Children 1 through 4	250,343	17,359	0
Children 5 through 9	278,361	25,296	0
Children 10 through 14	253,896	11,733	0
Children 15 through 19	277,980	9,077	0
Children 20 through 24	307,297	17,715	0
Children 0 through 24	1,434,442	85,597	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

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	107	46	55	1	0	0	5	0
Women 15 through 17	2,017	977	961	8	5	1	61	4
Women 18 through 19	4,830	2,467	2,212	21	10	4	110	6
Women 20 through 34	45,033	29,346	14,042	171	752	38	633	51
Women 35 or older	6,333	4,617	1,383	43	198	6	77	9
Women of all ages	58,320	37,453	18,653	244	965	49	886	70

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	95	12	0
Women 15 through 17	1,834	182	1
Women 18 through 19	4,478	352	0
Women 20 through 34	41,115	3,900	18
Women 35 or older	5,744	588	1
Women of all ages	53,266	5,034	20

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

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	430	185	209	1	6	0	5	24
Children 1 through 4	73	37	32	0	0	0	1	3
Children 5 through 9	38	19	19	0	0	0	0	0
Children 10 through 14	57	35	19	0	0	0	0	3
Children 15 through 19	199	112	81	1	2	0	1	2
Children 20 through 24	323	207	106	2	4	1	0	3
Children 0 through 24	1,120	595	466	4	12	1	7	35

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	378	25	27
Children 1 through 4	62	8	3
Children 5 through 9	37	1	0
Children 10 through 14	48	6	3
Children 15 through 19	191	6	2
Children 20 through 24	290	25	8
Children 0 through 24	1,006	71	43

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HEALTH STATUS INDICATORS
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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	1,213,479	767,759	366,069	0	22,206	894	26,529	0	2010
Percent in household headed by single parent	34.7	22.0	62.2	0.0	4.6	0.0	16.3	0.0	2010
Percent in TANF (Grant) families	3.1	1.6	6.3	0.0	0.3	0.0	0.0	0.0	2010
Number enrolled in Medicaid	548,196	0	0	0	0	0	0	548,196	2010
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2010
Number living in foster home care	4,838	2,300	2,194	9	5	6	249	75	2010
Number enrolled in food stamp program	357,278	151,140	202,651	1,430	1,390	363	0	304	2010
Number enrolled in WIC	162,301	83,751	74,591	644	1,544	283	0	1,488	2010
Rate (per 100,000) of juvenile crime arrests	1,964.9	1,210.3	3,488.9	0.0	0.0	0.0	0.0	488.9	2009
Percentage of high school drop-outs (grade 9 through 12)	2.9	2.7	3.3	5.6	1.3	0.0	0.0	0.0	2009

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	1,190,649	21,937	0	2010
Percent in household headed by single parent	34.7	25.6	0.0	2010
Percent in TANF (Grant) families	3.0	8.9	0.0	2010
Number enrolled in Medicaid	0	0	548,196	2010
Number enrolled in SCHIP	0	0	0	2010
Number living in foster home care	4,610	228	0	2010
Number enrolled in food stamp program	351,654	27,573	0	2010
Number enrolled in WIC	137,342	24,958	0	2010
Rate (per 100,000) of juvenile crime arrests	1,941.1	2,172.2	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	2.9	3.6	0.0	2009

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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? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	937,966
Living in rural areas	271,033
Living in frontier areas	0
Total - all children 0 through 19	1,208,999

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

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

Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	4,520,975
Percent Below: 50% of poverty	7.2
100% of poverty	17
200% of poverty	37.4

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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: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,189,565
Percent Below: 50% of poverty	10.2
100% of poverty	25.4
200% of poverty	46.5

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None