

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: CT
APPLICATION YEAR: 2014

- [**FORM 2 - MCH BUDGET DETAILS**](#)
- [**FORM 3 - STATE MCH FUNDING PROFILE**](#)
- [**FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS**](#)
- [**FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**](#)
- [**FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED**](#)
- [**FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDULICATED\) UNDER TITLE V**](#)
- [**FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX**](#)
- [**FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA**](#)
- [**FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2013**](#)
- [**FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES**](#)
- [**FORM 12 - NATIONAL AND STATE OUTCOME MEASURES**](#)
- [**FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS**](#)
- [**FORM 14 - LIST OF MCH PRIORITY NEEDS**](#)
- [**FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING**](#)
- [**FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS**](#)
- [**FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA**](#)
- **FORM 18**
 - [**MEDICAID AND NON-MEDICAID COMPARISON**](#)
 - [**MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)**](#)
 - [**SCHIP ELIGIBILITY LEVEL \(HSCI 06\)**](#)
- **FORM 19**
 - [**GENERAL MCH DATA CAPACITY \(HSCI 09A\)**](#)
 - [**ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)**](#)
- [**FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA**](#)
- **FORM 21**
 - [**POPULATION DEMOGRAPHICS DATA \(HSI 06\)**](#)
 - [**LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)**](#)
 - [**INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)**](#)
 - [**MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)**](#)
 - [**GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)**](#)
 - [**POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)**](#)
 - [**POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)**](#)

FORM 2
MCH BUDGET DETAILS FOR FY 2014
[Secs. 504 (d) and 505(a)(3)(4)]
STATE: CT

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 1,363,097 (30.76 %)

B.Children with special health care needs:

\$ 1,758,632 (39.68 %)

(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:

\$ 172,409 (3.89 %)

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

\$ 4,431,905

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 380,028

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 6,780,181

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 6,777,191

\$ 6,780,181

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 11,592,114

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: \$ 91,045

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 750,000

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 1,184,816

j. Education: \$ 0

k. Home Visiting: \$ 9,936,510

l. Other: \$ 0

ASD \$ 300,000

B-DI \$ 300,000

PCO \$ 138,734

PREP \$ 595,189

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 13,296,294

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 24,888,408

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

- 1. **Section Number:** Form2_Main
Field Name: FedAlloc
Row Name: Federal Allocation
Column Name:
Year: 2014
Field Note:
Estimated award amount based on FY2013 award

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

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 4,729,890	\$ 4,581,699	\$ 4,729,890	\$ 4,459,931	\$ 4,748,137	\$ 4,563,402
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 533,846	\$ 533,846	\$ 450,581	\$ 450,581	\$ 166,438	\$ 166,438
3. State Funds <i>(Line3, Form 2)</i>	\$ 7,100,000	\$ 7,040,000	\$ 7,100,000	\$ 7,100,000	\$ 7,095,000	\$ 6,780,181
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 12,363,736	\$ 12,155,545	\$ 12,280,471	\$ 12,010,512	\$ 12,009,575	\$ 11,510,021
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 1,494,321	\$ 1,494,321	\$ 6,778,683	\$ 6,778,683	\$ 2,284,695	\$ 2,284,695
9. Total <i>(Line11, Form 2)</i>	\$ 13,858,057	\$ 13,649,866	\$ 19,059,154	\$ 18,789,195	\$ 14,294,270	\$ 13,794,716
(STATE MCH BUDGET TOTAL)						

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

	FY 2012		FY 2013		FY 2014	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 4,693,379	\$ 4,287,280	\$ 4,667,308		\$ 4,431,905	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 288,206	\$ 288,206	\$ 115,099		\$ 380,028	
3. State Funds <i>(Line3, Form 2)</i>	\$ 7,940,000	\$ 6,780,181	\$ 7,940,000		\$ 6,780,181	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
7. Subtotal	\$ 12,921,585	\$ 11,355,667	\$ 12,722,407	\$ 0	\$ 11,592,114	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 3,197,317	\$ 3,197,317	\$ 13,134,792		\$ 13,296,294	
9. Total <i>(Line11, Form 2)</i>	\$ 16,118,902	\$ 14,552,984	\$ 25,857,199	\$ 0	\$ 24,888,408	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2012
Field Note:
The projected Maintenance of Effort amount for FFY12 at the time of the original application overestimated the amount of state contracts for that year.

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

	FY 2009		FY 2010		FY 2011	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 724,160	\$ 746,143	\$ 988,779	\$ 850,681	\$ 772,130	\$ 785,208
b. Infants < 1 year old	\$ 1,242,291	\$ 1,257,931	\$ 1,316,142	\$ 1,243,050	\$ 1,230,464	\$ 1,138,002
c. Children 1 to 22 years old	\$ 6,022,249	\$ 5,936,766	\$ 5,854,736	\$ 5,842,485	\$ 5,810,242	\$ 5,375,425
d. Children with Special Healthcare Needs	\$ 4,158,214	\$ 4,013,701	\$ 3,825,901	\$ 3,788,416	\$ 3,917,316	\$ 3,959,361
e. Others	\$ 28,048	\$ 26,631	\$ 58,628	\$ 95,022	\$ 45,827	\$ 39,717
f. Administration	\$ 188,774	\$ 174,373	\$ 236,285	\$ 190,858	\$ 233,596	\$ 212,308
g. SUBTOTAL	\$ 12,363,736	\$ 12,155,545	\$ 12,280,471	\$ 12,010,512	\$ 12,009,575	\$ 11,510,021
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 750,000		\$ 750,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 602,630		\$ 595,977		\$ 582,991	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
CYSHCN Integration	\$		\$ 299,506		\$ 300,000	
ECP	\$ 140,000		\$ 105,000		\$ 132,000	
EHDI	\$ 149,999		\$ 149,988		\$ 299,874	
PCO	\$ 119,830		\$ 119,830		\$ 119,830	
FirstTime Motherhood	\$		\$ 500,000		\$	
Immunizations	\$		\$ 4,158,382		\$	
CYSHCN Integ.	\$ 296,862		\$		\$	
Partnership	\$ 85,000		\$		\$	
III. TOTAL	\$ 1,494,321		\$ 6,778,683		\$ 2,284,695	

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

	FY 2012		FY 2013		FY 2014	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 856,774	\$ 666,374	\$ 747,469		\$ 1,346,355	
b. Infants < 1 year old	\$ 1,084,061	\$ 1,029,109	\$ 1,128,215		\$ 2,857,650	
c. Children 1 to 22 years old	\$ 7,037,242	\$ 6,064,582	\$ 6,973,358		\$ 4,976,410	
d. Children with Special Healthcare Needs	\$ 3,647,950	\$ 3,328,003	\$ 3,607,791		\$ 2,192,649	
e. Others	\$ 48,354	\$ 47,607	\$ 49,475		\$ 46,641	
f. Administration	\$ 247,204	\$ 219,992	\$ 216,099		\$ 172,409	
g. SUBTOTAL	\$ 12,921,585	\$ 11,355,667	\$ 12,722,407	\$ 0	\$ 11,592,114	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 91,045	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 750,000		\$ 750,000		\$ 750,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 306,016		\$ 855,269		\$ 1,184,816	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 10,244,349		\$ 9,936,510	
l. Other						
ASD	\$		\$		\$ 300,000	
EHDI	\$ 300,000		\$ 300,000		\$ 300,000	
PCO	\$ 149,788		\$ 138,734		\$ 138,734	
PREP	\$ 596,440		\$ 596,440		\$ 595,189	
ECP	\$ 140,000		\$ 150,000			
Home Visiting	\$ 855,073					
III. TOTAL	\$ 3,197,317		\$ 13,134,792		\$ 13,296,294	

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: 2012

Field Note:

FFY12 Pregnant Women expenditures were less than the budgeted amount due to the reallocation of carryover funds to activities that had a slightly different focus compared to our original plans.

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

Field Name: Children_1_22Expended

Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2012

Field Note:

FFY12 Children 1 to 22 expenditures were less than the budgeted amount due to the reallocation of carryover funds to activities that had a slightly different focus compared to our original plans.

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

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2011

Field Note:

FFY11 All Others expenditures were less than the budgeted amount due to the reallocation of carryover funds to activities that had a slightly different focus compared to our original plans.

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

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2012

Field Note:

The projected amounts for salary and fringe for staff charged to Administration in FFY12 were higher than what the actual expenditures ended up being (i.e., the actual salaries and fringer were lower than projected).

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

STATE: CT

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ <u>4,488,240</u>	\$ <u>4,449,794</u>	\$ <u>4,503,220</u>	\$ <u>4,645,449</u>	\$ <u>4,487,936</u>	\$ <u>4,280,846</u>
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.)	\$ <u>2,208,077</u>	\$ <u>2,221,267</u>	\$ <u>2,211,755</u>	\$ <u>2,252,771</u>	\$ <u>2,230,771</u>	\$ <u>2,157,885</u>
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ <u>688,156</u>	\$ <u>644,202</u>	\$ <u>821,126</u>	\$ <u>787,727</u>	\$ <u>952,809</u>	\$ <u>810,027</u>
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.)	\$ <u>4,979,263</u>	\$ <u>4,840,282</u>	\$ <u>4,744,370</u>	\$ <u>4,324,565</u>	\$ <u>4,338,059</u>	\$ <u>4,261,263</u>
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.)	\$ <u>12,363,736</u>	\$ <u>12,155,545</u>	\$ <u>12,280,471</u>	\$ <u>12,010,512</u>	\$ <u>12,009,575</u>	\$ <u>11,510,021</u>

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

TYPE OF SERVICE	FY 2012		FY 2013		FY 2014	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ <u>4,514,936</u>	\$ <u>3,873,835</u>	\$ <u>4,513,435</u>	\$ _____	\$ <u>4,938,078</u>	\$ _____
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.)	\$ <u>2,247,454</u>	\$ <u>2,049,811</u>	\$ <u>2,265,056</u>	\$ _____	\$ <u>1,682,027</u>	\$ _____
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ <u>764,366</u>	\$ <u>686,809</u>	\$ <u>792,683</u>	\$ _____	\$ <u>851,175</u>	\$ _____
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.)	\$ <u>5,394,829</u>	\$ <u>4,745,212</u>	\$ <u>5,151,233</u>	\$ _____	\$ <u>4,120,834</u>	\$ _____
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.)	\$ <u>12,921,585</u>	\$ <u>11,355,667</u>	\$ <u>12,722,407</u>	\$ <u>0</u>	\$ <u>11,592,114</u>	\$ <u>0</u>

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: 2012
Field Note:
The budgeted FY12 Direct Health Care Services had been overestimated based on the overestimated State Maintenance of Effort amount at the time of the FY12 application (see Form 3 note).
2. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2012
Field Note:
The budgeted FY12 Population Based Services had been overestimated based on the overestimated State Maintenance of Effort amount at the time of the FY12 application (see Form 3 note).
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
FFY11 Population-Based Services expenditures were less than the budgeted amount due to the reallocation of personnel and carryover funds to activities that had a slightly different focus compared to our original plans.
4. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2012
Field Note:
The budgeted FY12 Infrastructure Building Services had been overestimated based on the overestimated State Maintenance of Effort amount at the time of the FY12 application (see Form 3 note).

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: CT						
Total Births by Occurrence: <u>37,292</u>				Reporting Year: 2012		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	37,113	99.5	16	0	0	
Congenital Hypothyroidism	37,113	99.5	509	6	6	100
Galactosemia	37,113	99.5	202	8	2	25
Sickle Cell Disease	37,113	99.5	42	11	11	100
Other Screening (Specify)						
Biotinidase Deficiency	37,113	99.5	62	12	12	100
Congenital Adrenal Hyperplasia	37,113	99.5	172	5	5	100
Homocystinuria	37,113	99.5	51	0	0	
Maple Syrup Urine Disease	37,113	99.5	38	0	0	
beta-ketothiolase deficiency	37,113	99.5	11	0	0	
Tyrosinemia Type I	37,113	99.5	55	1	1	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	37,113	99.5	7	1	1	100
Argininosuccinic Acidemia	37,113	99.5	37	0	0	
Citrullinemia	37,113	99.5	23	1	1	100
Isovaleric Acidemia	37,113	99.5	15	0	0	
Propionic Acidemia	37,113	99.5	19	0	0	
Carnitine Uptake Defect	37,113	99.5	45	1	1	100
3-Methylcrotonyl-CoA Carboxylase Deficiency	37,113	99.5	14	1	1	100
Methylmalonic acidemia (Cbl A/B)	37,113	99.5	111	0	0	
Multiple Carboxylase Deficiency	37,113	99.5	18	0	0	
Trifunctional Protein Deficiency	37,113	99.5	12	0	0	
Glutaric Acidemia Type I	37,113	99.5	43	1	0	0
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	37,113	99.5	13	0	0	
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	37,113	99.5	12	0	0	
DiGeorge Syndrome	37,113	99.5	0	1	1	100
CLOVES Syndrome	37,113	99.5	0	1	1	100
Hemoglobinopathies HGB	37,113	99.5	42	17	17	100

Homocystinuria HCY	37,113	99.5	106	1	1	100
Hypermethionemia	37,113	99.5	107	0	0	
Malonic Aciduria MA	37,113	99.5	4	0	0	
Carnitine Palmitoyl Transferase Deficiency Type 1	37,113	99.5	13	0	0	
Carnitine Palmitoyl Transferase Deficiency Type 2	37,113	99.5	2	0	0	
Carnitine/Acylcarnitine Translocase Deficiency CACT	37,113	99.5	13	0	0	
Glutaric Acidemia Type 2 GA-II	37,113	99.5	19	1	1	100
2,4 Dienoyl CoA Reductase Deficiency DCR	37,113	99.5	4	0	0	
3-Hydroxy-3- Methylglutaryl CoA Lyase Deficiency HMG	37,113	99.5	13	0	0	
3-Methylglutaconic Aciduria 3MGA	37,113	99.5	14	0	0	
Hyperornithinemia- Hyperammonemia- Homocitrullinuria HHH	37,113	99.5	28	0	0	
Nonketotic Hyperglycinemia NKH	37,113	99.5	22	0	0	
Ornithine Transcarbamylase Deficiency OTC	37,113	99.5	123	1	1	100
Ornithine Carbamoyltransferase Deficiency, Carbamoyl Phosphate Synthetase I Deficiency CPS	37,113	99.5	123	0	0	
Short Chain Acyl-CoA Dehydrogenase Deficiency SCADD	37,113	99.5	52	6	6	100
Ethylmalonic Acidemia EDA	37,113	99.5	52	0	0	
Isobutyryl-CoA dehydrogenase deficiency IBD	37,113	99.5	52	0	0	
Short Chain 3- Hydroxyacyl-CoA Dehydrogenase Deficiency	37,113	99.5	12	0	0	
2-Methyl 3 Hydroxy Butyric Aciduria 2M3HBA	37,113	99.5	14	0	0	
2-Methyl Butyryl-CoA Dehydrogenase Deficiency 2MBG	37,113	99.5	14	0	0	
Ethylmalonic Encephalopathy EE	37,113	99.5	10	0	0	
Formiminoglutamic Acidemia, Glutamate Formiminotransferase Deficiency FIGLU	37,113	99.5	50	0	0	
Defects of Biopterin Cofactor Biosynthesis BIOPT-BS	37,113	99.5	16	0	0	
Defects of Biopterin Cofactor Regeneration BIOPT-REG	37,113	99.5	16	0	0	
Hyperphenylalaninemia						

H-PHE	37,113	99.5	16	3	3	100
Severe Combined Immunodeficiency Syndrome SCID	37,113	99.5	152	2	2	100
Hemoglobin Traits*	37,113	99.5	908	908	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

Source: CT DPH State Lab Newborn Lab Tracking Program

(1) Use occurrent births as denominator.

(2) Report only those from resident births.

(3) Use number of confirmed cases as denominator.

*LAB does not confirm traits

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main

Field Name: BirthOccurence

Row Name: Total Births By Occurence

Column Name: Total Births By Occurence

Year: 2014

Field Note:

2012 Occurrent Births provisional

FORM 7

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V (By Class of Individuals and Percent of Health Coverage)

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

STATE: CT

Number of Individuals Served - Historical Data by Annual Report Year

Types of Individuals Served	2007	2008	2009	2010	2011
Pregnant Women	7,556	9,098	8,117	7,557	8,225
Infants < 1 year old	41,722	51,060	54,106	54,856	51,208
Children 1 to 22 years old	142,752	125,611	147,788	172,931	162,551
Children with Special Healthcare Needs	33,140	29,547	35,650	36,438	45,477
Others	178,477	157,290	198,197	216,157	260,255
Total	403,647	372,606	443,858	487,939	527,716

Reporting Year: 2012

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	4,117	51.1	7.7	13.7	27.2	0.4
Infants < 1 year old	48,419	42.8	4.7	2.1	4.2	46.1
Children 1 to 22 years old	179,864	55.8	8.4	14.4	20.9	0.2
Children with Special Healthcare Needs	48,044	6.1	0.2	2.5	0.2	91.0
Others	324,335	35.9	4.7	15.9	24.2	19.2
TOTAL	604,779					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2014
Field Note:

Source: Data on services provided to pregnant women obtained from reports from CHCs, Planned Parenthoods, and the DPH Healthy Start Program. Data for 2011-2012.

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: 2014
Field Note:

Source: 2011-2012 data from CHC reports, DPH Vital Statistics, and DPH Healthy Start program.

The difference between the total number of infants <1 on Form 7 and the number of births on Form 6 is approx. 30% higher. This was the case in last year's MCHBG FFY2013 application. the difference is probably due to the variability of reporting time periods across programs serving infants <1 that does not easily match a calendar year reporting time period.

3. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2014
Field Note:

Source: 2011-2012 data from CHC reports, Planned Parenthood, the DPH Healthy Start program, and DPH School Based Health Center reports.

4. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2014
Field Note:

Source: 2011-2012 data from CHCs on EPSDT services provided, data obtained by the DPH Children and Youth with Special Health Care Needs program, and the DPH Infoline.

5. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2014
Field Note:

Source: 2011-2012 data from CHC reports, Planned Parenthood, the DPH Healthy Start program, and Infoline reports.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX
(BY RACE AND ETHNICITY)

[Sec. 506(a)(2)(C-D)]

STATE: CT

Reporting Year: 2011

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	37,239	28,762	5,137	252	452	1,810	0	826
Title V Served	37,239	28,762	5,137	252	452	1,810	0	826
Eligible for Title XIX	14,676	10,279	3,515	66	421	0	0	395
INFANTS								
Total Infants in State	37,030	28,633	5,076	250	443	1,805	0	823
Title V Served	37,030	28,633	5,076	250	443	1,805	0	823
Eligible for Title XIX	14,676	10,279	3,515	66	421	0	0	395

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(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	28,586	8,653	258	951	79	4,495	2,739	389
Title V Served	28,586	8,653	258	951	79	4,495	2,739	389
Eligible for Title XIX	5,590	9,086	0	0	0	0	0	9,086
INFANTS								
Total Infants in State	28,439	8,591	233	949	79	4,475	2,726	362
Title V Served	28,439	8,591	233	949	79	4,475	2,726	362
Eligible for Title XIX	5,590	9,066	0	0	0	0	0	9,066

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2014
Field Note:
CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2011.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2014
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2014
Field Note:
CT DSS 2010 data. There has been major challenges to obtain updated data from DSS since 2010.
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2014
Field Note:
CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2011.
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2014
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
6. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2014
Field Note:
CT DSS 2010 data. There has been major challenges to obtain updated data from DSS since 2010.
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2014
Field Note:
CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2011.
8. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2014
Field Note:
Numbers are the same as total deliveries in the state, as Title V staff in the Family Health Section of the CT Department of Public Health serve all infants through the newborn hearing and screening programs under state mandates. No distinction is made in services provided to infants qualifying under Title V.
9. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2014
Field Note:
CT DSS 2010 data. There has been major challenges to obtain updated data from DSS since 2010.

10. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalNotHispanic

Row Name: Total Infants in State

Column Name: Total Not Hispanic or Latino

Year: 2014

Field Note:

CT DPH Vital Statistics Provisional data. "Deliveries" include births and fetal deaths for CT2011.

11. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2014

Field Note:

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

12. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2014

Field Note:

CT DSS 2010 data. There has been major challenges to obtain updated data from DSS since 2010.

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

	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

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

	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
1. State MCH Toll-Free "Hotline" Telephone Number	211 Infoline	211 Infoline	211 Infoline	211 Infoline	211 Infoline
2. State MCH Toll-Free "Hotline" Name	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services
3. Name of Contact Person for State MCH "Hotline"	Robin Tousey-Ayers	Robin Tousey-Ayers	Robin Tousey-Ayers	Meryl Tom	Meryl Tom
4. Contact Person's Telephone Number	(860) 509-8074	(860) 509-8074	(860) 509-8057	(860) 509-8057	(860) 509-8057
5. Contact Person's Email	Robin.Tousey-Ayers@ct.gov	Robin.Tousey-Ayers@ct.gov	Robin.Tousey-Ayers@ct.gov	Meryl.Tom@ct.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	176189	169085	196193

FORM NOTES FOR FORM 9

Source: MCH Information Referral Services (211 Infoline). This year, the figure has increased after two years of a decline.

FIELD LEVEL NOTES

- 1. **Section Number:** Form9_Main
Field Name: cname_2
Row Name: Name of contact person for state MCH hotline
Column Name: FY
Year: 2012
Field Note:
Robin Tousey-Ayers assumed the responsibility for monitoring the MCH I&R contractor beginning with the contract period Oct 2009 - Sept 2010.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2014
[Sec. 506(a)(1)]
STATE: CT

1. State MCH Administration:
(max 2500 characters)

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

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>4,431,905</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>380,028</u>
4. State Funds (Line 3, Form 2)	\$ <u>6,780,181</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>11,592,114</u>

9. Most significant providers receiving MCH funds:

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

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

a. Pregnant Women	<u>4,117</u>
b. Infants < 1 year old	<u>48,419</u>
c. Children 1 to 22 years old	<u>179,864</u>
d. CSHCN	<u>48,044</u>
e. Others	<u>324,335</u>

11. Statewide Initiatives and Partnerships:

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

The state CYSHCN program has transitioned from a regional center model to a community based, pediatric practice based approach. To date there are 53 pediatric practices that provide care coordination including enhancing access to: specialty and subspecialty services, durable medical equipment, medication prescriptions and specialized formulas for children with special needs. Care Coordinators are co-located or embedded in the pediatric practices. The CYSHCN program provides funding for respite and family support services and works closely with the Family Support Network, Parents Available to Help/CT Family Voices, and other Family Support organizations. The program also provides technical assistance to practices implementing Person Centered Medical Home through the state's Medicaid program. SBHC in CT enhance access to health care services for students, especially those most in need, by providing services in the school setting. SBHC provide a wide range of health care services, including dental, mental health, and social services through an interdisciplinary team. As a major safety net provider, SBHC are an important source of health care for uninsured and underinsured children and youth in the state.

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

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

c. Infrastructure Building Services:
(max 2500 characters)

Advancements to the Maven data system were completed by moving the Newborn Screening System (NBS) module from the outdated servers at the Bureau of Enterprise Systems and Technology (BEST) to a state-of-the-art virtual server that will be maintained by DPH IT staff. This will allow more control over the performance and future enhancements to the Maven: NBS module. Additional progress on the Maven: NBS module included enhancements to the application such as the EVRS (Electronic Vital Records System) Roster Import; working toward implementation of the CYSHCN module; and solving a system issue so that screening tests are correctly processed between the Maven: NBS system and the Laboratory Information Management System (LIMS). The CT Immunization Registry (CIRTS) is 100% complete in its migration to Maven. Anticipated future enhancements include a streamlined process for updating and sharing the Primary Care Provider list in the Maven: NBS application with other Maven modules including, but not limited to, the CIRTS, Childhood Lead, and TB. Although not through utilization of MCHB TA funds, DPH and its partners received technical assistance to enhance the knowledge of current issues regarding program planning for Adolescents. Through MCHB TA funds DPH will: (1) work to develop strategies for interventions to address women who smoke during successive pregnancies and other issues related to birth outcomes; (2) work to educate consumers and providers regarding the impact of the Affordable Care Act on resources available for CYSHCN; and (3) develop strategies to integrate efforts to address Chronic Disease with Maternal and Child Health.

12. The primary Title V Program contact person:

Name	<u>Rosa M. Biaggi, MPH, MPA</u>
Title	<u>Chief, Family Health Section, Title V Director</u>
Address	<u>CT Department of Public Health</u>
City	<u>Hartford</u>
State	<u>CT</u>
Zip	<u>06134</u>
Phone	<u>(860) 509-8074</u>
Fax	<u>(860) 509-7720</u>
Email	<u>rosa.biaggi@ct.gov</u>
Web	<u></u>

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

Name	<u>Mark Keenan, RN, MBA</u>
Title	<u>CYSHCN Director</u>
Address	<u>CT Department of Public Health</u>
City	<u>Hartford</u>
State	<u>CT</u>
Zip	<u>06134</u>
Phone	<u>(860) 509-8074</u>
Fax	<u>(860) 509-7720</u>
Email	<u>mark.keenan@ct.gov</u>
Web	<u></u>

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	77	68	66	72	80
Denominator	77	68	66	72	80
Data Source	CT DPH Newborn Screening Program	CT DPH Newborn Screening Program	CT DPH Newborn Screening Program	CT DPH Newborn Screening Program	CT DPH Newborn Screening Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CY2011 CT DPH Newborn Screening Program supplied the percentage of confirmed cases that also received appropriate follow-up. (For more information on CT's newborn screening procedures/data, see also the detailed note with Form # 6)

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY2011 CT DPH Newborn Screening Program supplied the percentage of confirmed cases that also received appropriate follow-up. (For more information on CT's newborn screening procedures/data, see also the detailed note with Form # 6) *21 Additional cases confirmed abnormal

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 CT DPH Newborn Screening Program supplied the percentage of confirmed cases that also received appropriate follow-up. (For more information on CT's newborn screening procedures/data, see also the detailed note with Form # 6) *12 Additional cases confirmed abnormal

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

	2008	2009	2010	2011	2012
Annual Performance Objective	59.8	59.8	59.8	59.8	70.4
Annual Indicator	57.8	57.8	57.8	70.4	70.4
Numerator					
Denominator					
Data Source	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2013	2014	2015	2016	2017
Annual Performance Objective	70.4	70.4	70.4	70.4	70.4
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2012

Field Note:

Source: For 2011-2014, indicator data came 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: 2011

Field Note:

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

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

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

3. Section Number: Form11_Performance Measure #2

Field Name: PM02

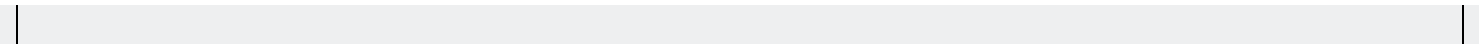
Row Name:

Column Name:

Year: 2010

Field Note:

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



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>					
	2008	2009	2010	2011	2012
Annual Performance Objective	48.5	48.5	48.5	48.5	46
Annual Indicator	48.5	48.5	48.5	46	46
Numerator					
Denominator					
Data Source	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	46	46.2	46.2	46.3	46.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: For 2011-2014, indicator data came 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 NPM3. However, the same questions were used to generate the NPM3 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:** 2011**Field Note:**

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2001 and 2005-2006 surveys are not comparable for NPM3. However, the same questions were used to generate the NPM3 indicator for both the 2005-2006 and 2009-2010, therefore these two surveys are comparable.

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

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

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the

two surveys are not comparable for PM#03.

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>				
	2008	2009	2010	2011	2012
Annual Performance Objective	61.7	61.7	61.7	61.7	59.6
Annual Indicator	61.7	61.7	61.7	59.6	59.6
Numerator					
Denominator					
Data Source	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	59.6	59.6	59.6	59.6	59.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4

Field Name: PMD4

Row Name:

Column Name:

Year: 2012

Field Note:

Source: For 2011-2014, indicator data came 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 NPM4 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: PMD4

Row Name:

Column Name:

Year: 2011

Field Note:

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

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

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

3. Section Number: Form11_Performance Measure #4

Field Name: PMD4

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM4 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>				
	2008	2009	2010	2011	2012
Annual Performance Objective	89.4	89.4	89.4	89.4	67.8
Annual Indicator	89.4	89.4	89.4	66.8	66.8
Numerator					
Denominator					
Data Source	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	67	67	67.2	67.2	67.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2012

Field Note:

Source: For 2011-2014, indicator data came 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: 2011

Field Note:

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

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

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

3. Section Number: Form11_Performance Measure #5

Field Name: PM05

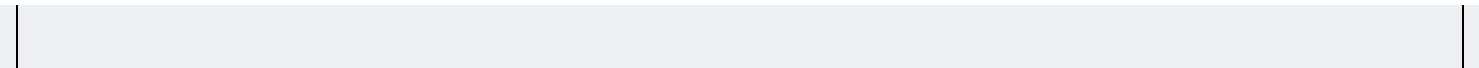
Row Name:

Column Name:

Year: 2010

Field Note:

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



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>					
	2008	2009	2010	2011	2012
Annual Performance Objective	43.3	43.3	43.3	43.3	46
Annual Indicator	43.3	43.3	43.3	46	46
Numerator					
Denominator					
Data Source	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2012**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 NPM6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM6 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:** 2011**Field Note:**

Source: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

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

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

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2010

Field Note:

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

PERFORMANCE MEASURE # 07

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

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	89	89.4	83.6	89.8	82
Annual Indicator	83.2	83.1	85.0	82.0	80.0
Numerator	29,207	29,091	30,019	27,988	26,381
Denominator	35,111	35,000	35,309	34,136	32,969
Data Source	CIRTS	CIRTS	CIRTS	CIRTS	CIRTS

Check this box if you cannot report the numerator because

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

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

fewer than 5 and therefore a 3-year moving average cannot

be applied.

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

Is the Data Provisional or Final?

Final

Provisional

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	82.2	82.4	82.6	82.8	83
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2012

Field Note:

Source: Connecticut Immunization Registry and Tracking System (CIRTS), 2009 birth cohort.

The CIRTS data provide a more accurate picture regarding childhood immunization coverage rates for CT children. The immunization coverage rate for children born in 2009 was 80% for the 4:3:1:3:3:1 series. The 32,969 children represent 87% of the 37,743 births recorded in Connecticut for 2009. A total of 3,196 children or 8% of the 37,743 births refused registry enrollment. (This is preliminary data.)

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

3. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

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

PERFORMANCE MEASURE # 08

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	12.2	11.9	11.5	10.5	8.3
Annual Indicator	11.7	10.7	8.4	7.3	7.3
Numerator	846	766	620	534	534
Denominator	72,503	71,840	74,039	72,814	72,814
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	7.2	7.2	7.1	7.1	7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CY2012 Vital Statistics data Provisional.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY2011 Vital Statistics data Provisional.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 Vital Statistics data are final.

Annual performance objectives for 2011-2015 were updated using these more recent data.

PERFORMANCE MEASURE # 09

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

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	38	34	23.9	24.5	23.9
Annual Indicator	18.0	26.1	29.2	23.2	23.2
Numerator	4,276	6,147	6,867	7,183	7,183
Denominator	23,747	23,535	23,544	31,004	31,004
Data Source	CT Dept. of Social Services SCHIP Division	CT Dept. of Social Services SCHIP Division	CT Dept. of Social Services SCHIP Division	CT Dept. of Social Services SCHIP Division	CT Dept. of Social Services SCHIP Division

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2013	2014	2015	2016	2017
Annual Performance Objective	23.9	23.9	23.9	23.9	23.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CT Department of Social Services data will be made available at a later date due to data system delay with the data source.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CT Department of Social Services SCHIP Division. The denominator represents all 8 and 9 year olds enrolled in SCHIP and the numerator represents all 8 and 9 year olds who received dental sealants.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CT Department of Social Services SCHIP Division. The denominator represents all 8 and 9 year olds enrolled in SCHIP and the numerator represents all 8 and 9 year olds who received dental sealants.

Annual performance objectives for 2011-2015 were updated using these more recent data.

PERFORMANCE MEASURE # 10

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	1.3	1.2	1.2	1	0.6
Annual Indicator	1.0	0.8	0.6	0.9	0.9
Numerator	7	5	4	6	6
Denominator	667,742	660,975	664,942	654,187	654,187
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	0.6	0.6	0.6	0.6	0.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CY 2011 and CY 2012 data are provisional.

CT Dept. of Public Health, HISR, Vital Statistics.

The annual indicator is a rolling average of 2009, 2010, and 2011 numerator (5, 4, 6) and denominator (660975, 664942, 654187) CY numbers.

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY 2011 data are provisional.

CT Dept. of Public Health, HISR, Vital Statistics.

The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (7, 5, 4) and denominator (667742, 660975, 664942) CY numbers.

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY 2010 data are final.

CT Dept. of Public Health, HISR, Vital Statistics.

The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (7, 5, 4) and denominator (667742, 660975, 664942) CY numbers.

PERFORMANCE MEASURE # 11

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

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	48	49	45	49.8	50.3
Annual Indicator	42.9	41.9	49.3	47.1	48.4
Numerator					
Denominator					
Data Source	CDC National Immunization Survey	CDC National Immunization Survey	CDC National Immunization Survey	CDC National Immunization Survey	CDC National Immunization Survey

Check this box if you cannot report the numerator because

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

Yes Yes Yes

Provisional Provisional

Annual Objective and Performance Data

	2013	2014	2015	2016	2017
Annual Performance Objective	48.9	49.4	49.9	50.4	50.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2012

Field Note:

Source: State-level data reported by the CDC, Breastfeeding Report Card - United States, 2012, from the National Immunization Survey (NIS), based on birth cohort year (2009).

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

Annual performance objectives for 2013-2017 were updated based on the most recent data.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

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

3. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

PERFORMANCE MEASURE # 12

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	99.2	99.3	99.4	99.3	99.3
Annual Indicator	99.4	99.0	99.3	98.9	98.5
Numerator	40,672	39,070	38,254	37,572	36,748
Denominator	40,930	39,481	38,538	37,988	37,292
Data Source	CT DPH EHDI Program	CT DPH EHDI Program	CT DPH EHDI Program	CT DPH EHDI Program	CT DPH EHDI Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	99.3	99.3	99.3	99.3	99.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00. Denominator data collected on 4/9/2013 from Vital Records. Annual Performance Objectives for 2012-2016 were updated using the most recent data.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00. Denominator data collected on 6/15/12 from Vital Records.

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

3. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00. Denominator data collected on 6/14/11 from Vital Records.

Annual performance objectives for 2011-2015 were updated using these more recent data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>5.9</u>	<u>5.1</u>	<u>5</u>	<u>4.7</u>	<u>6</u>
Annual Indicator	<u>5.2</u>	<u>5.4</u>	<u>7.7</u>	<u>6</u>	<u>5.3</u>
Numerator					
Denominator					
Data Source	US Bureau of Census, Current Population Survey	US Bureau of Census, Current Population Survey	US Bureau of Census, Current Population Survey	US Bureau of Census, Current Population Survey	US Bureau of Census, Current Population 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

Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	<u>5.3</u>	<u>5.3</u>	<u>5.2</u>	<u>5.2</u>	<u>5.2</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: US Bureau of Census, Current Population Survey, Table HI05: Health Insurance Coverage Status and Type of Coverage by State and age for All people; 2011.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: US Bureau of Census, Current Population Survey, 2010 Table Package, table HI05. Annual performance objectives for 2012-2016 were updated based on the most recent data.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: US Bureau of Census, Current Population Survey, 2009 Table Package, Table HI05. Annual performance objectives for 2011-2015 were updated based on the most recent data.

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>					
	2008	2009	2010	2011	2012
Annual Performance Objective	32.1	32	31.9	30.6	31
Annual Indicator	31.0	31.4	30.7	31.2	26.7
Numerator	7,944	8,928	8,719	8,671	6,201
Denominator	25,623	28,432	28,401	27,793	23,228
Data Source	CDC's Pediatric Nutrition Surveillance System	CDC's Pediatric Nutrition Surveillance System	CDC's Pediatric Nutrition Surveillance System	CDC's Pediatric Nutrition Surveillance System	CT 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>					
	2013	2014	2015	2016	2017
Annual Performance Objective	25	25	25	24.5	24
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: State of Connecticut, WIC Program, Statewide WIC Information System (SWIS), based on three (3) quarterly reports (note: this is a new Outcome Objective for the CT WIC Program).

Nutrition Outcome Objective 5a: Overweight in Children: The prevalence of overweight (BMI = 85th percentile to < 95th percentile) for children 2-4 years of age does not exceed 10%.

Nutrition Outcome Objective 5b: Obesity in Children: The prevalence of obesity (BMI = 95th percentile) for children 2-4 years of age does not exceed 15%. Combined Overweight/Obesity in Children Objective (BMI = 85th percentile): = 25%.

Annual performance objectives for 2013-2017 were updated based on the most recent data and the change in data source.

Notes: The Centers for Disease Control & Prevention's (CDC), Pregnancy & Pediatric Nutrition Surveillance System (PNSS/PedNSS) reports are no longer being produced. It is important to note that the PedNSS reports included ALL children 2-4 years of age enrolled in WIC, while the WIC Outcome Objective limits its analysis to only those children 2-4 years of age who had been enrolled in WIC for at least one year, serving as a proxy measure for the impact of WIC services.

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: Centers for Disease Control & Prevention (CDC), 2011 Pediatric Nutrition Surveillance (PedNSS); Connecticut, Calendar Year 2011 data, Table 2C, run date March 25, 2011. (Note: PedNSS data in Connecticut come exclusively from WIC.)

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

3. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: Centers for Disease Control & Prevention (CDC), 2010 Pediatric Nutrition Surveillance (PedNSS); Connecticut, Calendar Year 2010 data, Table 2C, run date March 25, 2011. (Note: PedNSS data in Connecticut come exclusively from WIC.)

PERFORMANCE MEASURE # 15

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	0.2	0.1	0.1	0.1	0.1
Annual Indicator	0.2	0.1	0.1	0.2	0.2
Numerator	65	54	42	62	62
Denominator	39,854	38,362	37,028	37,303	37,303
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	0.1	0.1	0.1	0.1	0.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CY 2012 data are provisional. CT DPH, Vital Statistics. Percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low; however, this information is self-reported by the mother on the birth certificate.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY 2011 data are provisional. CT DPH, Vital Statistics. Percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low; however, this information is self-reported by the mother on the birth certificate.

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY 2010 data are final.

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

PERFORMANCE MEASURE # 16

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	6.4	6.3	5.5	5.5	5.2
Annual Indicator	5.6	5.9	5.2	5.5	5.5
Numerator	14	15	13	14	14
Denominator	250,373	253,362	251,523	252,973	252,973
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	5.4	5.4	5.3	5.3	5.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CY 2011 data CY 2012 data are provisional. CT Dept. of Public Health, HISR, Vital Statistics. The annual indicator is a rolling average of 2009, 2010 and 2011 numerator (15, 13, 14) and denominator (253362, 250834, 252973) CY numbers.

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY 2010 data are final. CY 2011 data are provisional. CT Dept. of Public Health, HISR, Vital Statistics. The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (14, 15, 13) and denominator (250373, 253362, 250834) CY numbers.

3. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CT Dept. of Public Health, HISR, CY 2008 final Vital Statistics. The annual indicator is a rolling average of 2008, 2009, and 2010 numerator (14, 15, 9) and denominator (250373, 253362, 250834) CY numbers.

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>					
	2008	2009	2010	2011	2012
Annual Performance Objective	87.5	87.6	86.5	86.6	86.7
Annual Indicator	86.6	85.6	86.3	87.9	87.9
Numerator	529	475	485	499	499
Denominator	611	555	562	568	568
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	88	88	88.1	88.1	88.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CY 2012 data are provisional. CT DPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICU's were included in this survey.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY 2011 data are provisional. CT DPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICU's were included in this survey.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY2010 data are provisional, CT DPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICU's were included in this survey. Annual performance objectives for 2011-2015 have been updated based on the most recent data.

PERFORMANCE MEASURE # 18

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	87.3	87.6	88.5	88.9	87.7
Annual Indicator	87.6	88.1	87.5	86.2	86.2
Numerator	34,898	33,792	32,401	31,929	31,929
Denominator	39,845	38,362	37,028	37,030	37,030
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	87.7	87.9	88.1	88.3	88.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CY2012 data are provisional, CT DPH Vital Statistics.

Annual performance objectives for 2013-2017 have been updated based on the most recent data.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY2011 data are provisional, CT DPH Vital Statistics.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CY2010 data are final, CT DPH Vital Statistics.

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

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

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective				3	6
Annual Indicator			2	5	6
Numerator			2	5	6
Denominator			7	7	7
Data Source			HIP-Kids	EPHT Portal	EPHT Portal
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	7	7	7	7	7
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 #1

Field Name: SM1

Row Name:

Column Name:

Year: 2012

Field Note:

Source: The number of databases that have migrated to the MAVEN application; and their integration through simple data sharing exports/imports of information between databases using the EPHT Portal.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2011

Field Note:

Source: The number of databases that have migrated to the MAVEN application; and their integration through simple data sharing exports/imports of information between databases using the EPHT Portal.

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2010

Field Note:

Source: FFY 2012 application is the first year of reporting on this new SPMs. The 2010 Annual performance objective is 2.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective				60	66
Annual Indicator			58.5	65.1	69.8
Numerator			17,158	18,052	14,978
Denominator			29,307	27,742	21,458
Data Source			Survey of SBHCs in 2011	SBHC Year-end Reports	SBHC Year-end Reports
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	66	67	68	68	68
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2012**Field Note:**

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

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2011**Field Note:**

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

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2010**Field Note:**

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

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective				31	33
Annual Indicator			29.2	29.2	29.2
Numerator			447	447	447
Denominator			1,533	1,533	1,533
Data Source			Dept Social Services	Dept Social Services	Dept Social Services
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	33	35	35	35	35
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 #3**Field Name:** SMB**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: Data is provisional due to system delay with the data source, Department of Social Services.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SMB**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: Data is provisional due to system delay with the data source, Department of Social Services.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SMB**Row Name:****Column Name:****Year:** 2010**Field Note:**

New state performance measure for FFY 2012.

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

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective				82	83
Annual Indicator			80.5	82.0	82.7
Numerator			43,494	44,535	45,363
Denominator			54,045	54,289	54,855
Data Source			CT WIC database (SWIS)	CT WIC database (SWIS)	CT WIC database (SWIS)
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	83	83.5	84	84.5	84.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2012**Field Note:**

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

Redemption rates for fruit & vegetable checks are used as a proxy measure for consumption. These rates vary by Participant Category, with breastfeeding women continuing to show the highest rate followed by children, and postpartum (non-breastfeeding) women demonstrating the lowest redemption rate.

For FFY 2012, the rates were as follows: women overall: 80.9% [pregnant women: 82.8%; breastfeeding women: 87.0%; and postpartum (non-breastfeeding) women: 72.0%], and children (12-59 months old): 84.1%. The overall rate of 82.7% for FFY 2012 represents an increase of 0.7% over last year. Although we fell short of this year's Performance Objective by 0.3%, each WIC Participant Category improved at least slightly over last year [average improvement: 0.6%; range: 0.2% (breastfeeding women) to 0.9% (postpartum women)].

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2011**Field Note:**

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

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

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2010**Field Note:**

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

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

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Number of developmental screenings performed for 0-6 year olds participating in the state Medicaid Program (HUSKY - Health Insurance for Uninsured Kids and Youth) within the last twelve months.

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective				29	28
Annual Indicator			26.2	26.9	20.9
Numerator			14,462	18,406	27,752
Denominator			55,100	68,370	132,792
Data Source			Medicaid Claims Data	Medicaid Claims Data	Medicaid Claims Data
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	22	22.5	23	23.5	24
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 #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: The measure was changed to include children through six years of age, and is now the total number of screenings indicated in 2012 Medicaid Claims data obtained from the CT Department of Social Services (this is more reliable than data available for the previous measure – the number of 0-3 year olds who received a developmental screening). The Annual Indicator is the number of screenings divided by the number of 0-6 year olds eligible for Medicaid for any length of time. A new baseline is determined as 20.9. This is not comparable to previous years.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2011**Field Note:**

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

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2010**Field Note:**

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

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

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective				4	5
Annual Indicator			3	3	2
Numerator			3	3	2
Denominator			3	3	2
Data Source			Quarterly and annual program reports.	Quarterly and annual program reports.	Quarterly and annual program reports.
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	2	2	2	2	2
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:** 2012**Field Note:**

Source: The 2012-2016 Annual Performance Objectives have been updated using the most recent data. Source: Case Management tri-annual and annual program reports. The DPH concluded the 5-year Case Management for Pregnant Women programs in Waterbury, New Haven and Hartford. The two case management programs funded by the MCHBG serve pregnant women (statewide) with Axis I mental health diagnoses served by the DMHAS' "Young Adult Services Program and pregnant women in Waterbury.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: The 2012-2016 Annual Performance Objectives have been updated using the most recent data. The denominator in this measure was changed to reflect the MCH funded case management programs in New Haven, Hartford and Waterbury. DPH also implemented evidence-based home visiting programs with MIECHV Formula Grant Funding, in four communities (Ansonia/Derby, New London, New Britain, and Windham) identified through the Statewide MIECHV Needs Assessment as in very high need of maternal and infant services.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2010**Field Note:**

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

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective				12	15
Annual Indicator					
Numerator					
Denominator		3	6	6	12
Data Source		ASAPS	ASAPS	ASAPS	ASAPS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	14	14	14	14	14
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 #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: DPH staff uses a Geographic Information System (GIS) based mapping system called Application Submission and Processing System (ASAPS) to submit HPSA applications that can then identify the number of HPSAs in CT.

Annual Performance Objectives have been updated based on the most recent data.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: Application Submission and Processing System (ASAPS). Five Mental HPSA's were designated during this time. Of the five (5), four (4) were county designations.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: DPH staff was trained to use a Geographic Information System (GIS) based mapping system called Application Submission & Processing System (ASAPS) to submit HPSA applications. that can then identify the number of HPSAs in CT.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective				12	12
Annual Indicator			10	8	12
Numerator					
Denominator					
Data Source			VitalRecords	VitalRecords	Vital Records
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2013	2014	2015	2016	2017
Annual Performance Objective	14	16	18	20	20
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: 2010 and 2011 Vital Statistics

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: 2009 and 2010 Vital Statistics

3. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: 2008 and 2009 Vital Statistics

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

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	5.3	5.3	5.2	5.2	5.1
Annual Indicator	5.9	5.5	5.2	5.0	5.0
Numerator	240	215	196	186	186
Denominator	40,388	38,857	37,713	37,030	37,030
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	4.9	4.9	4.9	4.8	4.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CT DPH 2011 Vital Statistics data is provisional. CT DPH 2012 Vital Statistics data is not available. The 2013-2017 Annual Performance Objectives have been updated using the most recent data.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CT DPH 2011 Vital Statistics data is provisional.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CT DPH 2010 Vital Statistics data.

OUTCOME MEASURE # 02

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	2.9	2.8	2.7	2.6	2.5
Annual Indicator	2.9	2.8	2.9	2.5	2.5
Numerator	12.8	12.7	11.8	10	10
Denominator	4.4	4.6	4.1	4	4
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	2.4	2.3	2.2	2.1	2
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CT DPH 2011 Vital Statistics data is provisional. CT DPH 2012 Vital Statistics data is not available.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CT DPH 2011 Vital Statistics data is provisional;

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CT DPH 2010 Vital Statistics data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	3.9	3.8	3.7	3.6	3.5
Annual Indicator	4.4	4.2	3.8	3.5	3.5
Numerator	179	163	144	129	129
Denominator	40,388	38,857	37,447	37,030	37,030
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is					
fewer than 5 and therefore a 3-year moving average cannot					
be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2013	2014	2015	2016	2017
Annual Performance Objective	3.4	3.3	3.2	3.1	3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual				
Denominator	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:** 2012**Field Note:**

Source: CT DPH 2011 Vital Statistics data is provisional. CT DPH 2012 Vital Statistics data is not available.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CT DPH 2011 Vital Statistics is provisional.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CT DPH 2010 Vital Statistics.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	1.4	1.4	1.3	1.3	1.2
Annual Indicator	1.5	1.4	1.2	1.5	1.5
Numerator	61	54	44	57	57
Denominator	40,388	38,857	37,447	37,030	37,030
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2013	2014	2015	2016	2017
Annual Performance Objective	1.1	1.1	1	1	1
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CT DPH 2011 Vital Statistics data is provisional. 2012 Vital Statistics Data not available. Annual Performance Objectives may need to be adjusted when the data is finalized.

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CT DPH 2011 Vital Statistics data is provisional.

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CT DPH 2010 Vital Statistics data.

OUTCOME MEASURE # 05

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	8.4	8.3	8.2	8.1	8
Annual Indicator	8.8	9.0	9.1	9.1	9.1
Numerator	356	351	341	338	338
Denominator	40,388	39,045	37,644	37,239	37,239
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	9	9	8.9	8.9	8.8
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CT DPH 2011 Vital Statistics data is provisional. 2012 Vital Statistics Data not available. The 2013-2017 Annual Performance Objectives have been updated using the most recent data.

2. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CT DPH 2011 Vital Statistics data is provisional.

3. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: CT DPH 2010 Vital Statistics data.

OUTCOME MEASURE # 06

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

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	13.3	13.2	13.1	13	13
Annual Indicator	11.4	10.6	8.0	14.4	14.4
Numerator	71	66	50	89	89
Denominator	621,130	619,759	626,930	616,869	616,869
Data Source	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics	DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2013	2014	2015	2016	2017
Annual Performance Objective	13	13	13	13	13
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CT DPH 2011 Vital Statistics data is provisional. 2012 data not available.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CT DPH 2011 Vital Statistics data is provisional.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CT DPH 2010 Vital Statistics data.

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

Form Level Notes for Form 12

None

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

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

 3

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

 3

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

 3

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

 3

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

 3

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

 3

Total Score: 18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: CT FY: 2014

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

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

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

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: CT

APPLICATION YEAR: 2014

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	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>2</u>	Consultant to provide training or workshop to SBHC coordinators on Results Based Accountability (RBA).	SBHC coordinators have different levels of expertise regarding outcome based quality reporting; efforts to improve SBHC mental health screening will be reported in a Child Health Report Card RBA format.	TBD
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>4</u>	Consultant to provide training or workshop around Health Reform and the potential impact on CYSHCN.	CYSHCN medical home community partners and staff have varying degrees of knowledge regarding Health Reform and potential gaps in coverage.	TBD
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>3</u>	Consultant to provide training or workshop around the integration of Chronic Disease programs with MCH programs.	Chronic Disease and MCH program staff as well as their community partners have varied expertise and knowledge regarding an approach to establishing priorities across systems and integrating existing services.	TBD
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: _____			

	measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # 1

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

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

Units: 7 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

23-11 (Developmental). Performance standards for essential public health services.

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 2

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

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

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 3

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

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

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

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 4

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

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

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

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 5

PERFORMANCE MEASURE:

Number of developmental screenings performed for 0-6 year olds participating in the state Medicaid Program (HUSKY - Health Insurance for Uninsured Kids and Youth) within the last twelve months.

STATUS:

Active

GOAL

Increased awareness and recognition of the importance of early identification of developmental delays on the part of providers as evidenced by an increase in the number of developmental screenings performed for 0-6 year olds participating in the state Medicaid Program (HUSKY - Health Insurance for Uninsured Kids and Youth) within the last twelve months; thereby facilitating subsequent evaluation and referral to services.

DEFINITION

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

Numerator:

Number of developmental screenings performed for 0-6 year olds participating in the state Medicaid Program (HUSKY - Health Insurance for Uninsured Kids and Youth) within the last twelve months.

Denominator:

The number of 0-6 year olds eligible for Medicaid for any length of time.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

1-6 Difficulties or delays in obtaining needed health care

DATA SOURCES AND DATA ISSUES

18-6 (Developmental) mental health screening

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

SIGNIFICANCE

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

SP() # 6

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

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

Units: 2 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

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

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 7

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

None.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2020 OBJECTIVE

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

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

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 9

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

Not applicable

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2020 OBJECTIVE

None

DATA SOURCES AND DATA ISSUES

Annual Connecticut Vital Statistics data

SIGNIFICANCE

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

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

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

	<u>Annual Indicator Data</u>				
	2008	2009	2010	2011	2012
Annual Indicator	<u>33.8</u>	<u>35.0</u>	<u>31.8</u>	<u>33.8</u>	<u>33.8</u>
Numerator	<u>715</u>	<u>737</u>	<u>642</u>	<u>666</u>	<u>666</u>
Denominator	<u>211,637</u>	<u>210,470</u>	<u>202,106</u>	<u>197,096</u>	<u>197,096</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

- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2012
Field Note:
 Source: CY 2011 in-patient hospitalization data. CY 2012 data is not available.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: CY 2011 in-patient hospitalization data.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: CY 2010 in-patient hospitalization data.

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

	2008	2009	2010	2011	2012
Annual Indicator	94.2	86.5	81.6	81.6	81.6
Numerator	16,833	15,542	10,500	10,500	10,500
Denominator	17,866	17,961	12,872	12,872	12,872

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 #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2012

Field Note:

Source: 2012 DSS data not available. Repeated 2010 data. We have been having major challenges getting updated data from DSS since 2010.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

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

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

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

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>				
	2008	2009	2010	2011	2012
Annual Indicator	83.9	83.9	83.9	83.9	83.9
Numerator	366	366	366	366	366
Denominator	436	436	436	436	436
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 #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: 2012 DSS data not available. Repeated 2010 data. We have been having major challenges getting updated data from DSS since 2010.

2. Section Number: Form17_Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: DSS informed us that "SCHIP is not included in the CMS 416 report for CT and this measure is not separately tracked."

3. Section Number: Form17_Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: DSS informed us that "SCHIP is not included in the CMS 416 report for CT and this measure is not separately tracked."

HEALTH SYSTEMS CAPACITY #04

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

	<u>Annual Indicator Data</u>				
	2008	2009	2010	2011	2012
Annual Indicator	79.0	80.3	78.7	76.7	76.7
Numerator	31,382	30,542	29,354	28,315	28,315
Denominator	39,739	38,012	37,298	36,894	36,894
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CT Dept of Public Health, prov. 2011, Vital Statistics.

CY2012 Vital Statistics data not available.

2. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CT Dept of Public Health, prov. 2011, Vital Statistics.

3. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2010**Field Note:**

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

HEALTH SYSTEMS CAPACITY #07A

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

	<u>Annual Indicator Data</u>				
	2008	2009	2010	2011	2012
Annual Indicator	<u>54.9</u>	<u>52.5</u>	<u>48.9</u>	<u>48.9</u>	<u>48.9</u>
Numerator	<u>156,715</u>	<u>157,840</u>	<u>146,284</u>	<u>146,284</u>	<u>146,284</u>
Denominator	<u>285,538</u>	<u>300,731</u>	<u>299,441</u>	<u>299,441</u>	<u>299,441</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: 2012 DSS data not available. Repeated 2010 data. We have been having major challenges getting updated data from DSS since 2010.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2011**Field Note:**

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

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2010**Field Note:**

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

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

	2008	2009	2010	2011	2012
Annual Indicator	52.3	52.1	73.3	73.3	73.3
Numerator	29,283	30,567	43,660	43,660	43,660
Denominator	55,971	58,683	59,554	59,554	59,554

Check this box if you cannot report the numerator because

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

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

fewer than 5 and therefore a 3-year moving average cannot

be applied.

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2012

Field Note:

Source: 2012 DSS data not available. Repeated 2010 data. We have been having major challenges getting updated data from DSS since 2010.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

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

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

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

HEALTH SYSTEMS CAPACITY #08

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

	<u>Annual Indicator Data</u>				
	2008	2009	2010	2011	2012
Annual Indicator	8.8	9.6	11.1	42.3	42.3
Numerator	546	624	760	3,013	3,013
Denominator	6,230	6,475	6,829	7,127	7,127
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 #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: 2011 data are from the CYSHCN Access database that includes information from active Medical Homes. FFY 2012 MCHBG Review Summary Statement recommended CT use a broader interpretation of the term "rehabilitative services" for numerator. The numerator is the number of children and youth <16 receiving SSI in the CT Medial Home Initiative for Children and Youth with Special Health Care Needs program. The denominator is the actual number of CT residents <16 receiving SSI 7127. (<http://www.childhealthdata.org/browse/title/state-ssi-data>)

2012 data was not updated because the demoninator data is not available. The website will be rechecked when TVIS reopens in September.

2. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: 2011 data are from the CYSHCN Access database that includes information from active Medical Homes. FFY 2012 MCHBG Review Summary Statement recommended CT use a broader interpretation of the term "rehabilitative services" for numerator. The numerator is the number of children and youth <16 receiving SSI in the CT Medial Home Initiative for Children and Youth with Special Health Care Needs program. The denominator is the actual number of CT residents <16 receiving SSI 7127. (<http://www.childhealthdata.org/browse/title/state-ssi-data>)

3. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: 2010 data are from the CYSHCN Access database that includes information from active Medical Homes. A total of 8,264 CYSHCN received services from the program. An estimated 9.2% of these receive SSI of 760 for the numerator. The denominator is the actual number of CT residents <16 receiving SSI 6829.

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

INDICATOR#05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2010	Matching data files	<u>8.6</u>	<u>7.7</u>	<u>8</u>
b) Infant deaths per 1,000 live births	2010	Matching data files	<u>6.1</u>	<u>3.5</u>	<u>4.5</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	Matching data files	<u>80.4</u>	<u>91.7</u>	<u>87.5</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2010	Matching data files	<u>74.5</u>	<u>83.2</u>	<u>80</u>

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2012	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>22</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2012	<u>185</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2012	<u>250</u>

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2012	<u>300</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2012	<u>300</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2012	<u>250</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2014
Field Note:
no change in FPL from 2010
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2014
Field Note:
no change in FPL from 2010
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2014
Field Note:
no change in FPL from 2010
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2014
Field Note:
No change from 2010
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2014
Field Note:
No change from 2010
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2014
Field Note:
No change from 2010
7. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2014
Field Note:
CT DPH Vital Statistics Provisional 2010 matched births to Medicaid eligibility information.
8. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2014
Field Note:
CT DPH Vital Statistics Provisional 2010 matched births to Medicaid eligibility information.
9. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2014
Field Note:
CT DPH Vital Statistics Provisional 2010 matched births to Medicaid eligibility information.
10. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2014

Field Note:

CT DPH Vital Statistics Provisional 2010 matched births to Medicaid eligibility information.

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

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

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

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

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

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

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

Notes:

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

Annual Indicator Data

	2008	2009	2010	2011	2012
Annual Indicator	<u>8.0</u>	<u>8.0</u>	<u>8.0</u>	<u>7.7</u>	<u>7.7</u>
Numerator	<u>3,214</u>	<u>3,106</u>	<u>2,981</u>	<u>2,842</u>	<u>2,842</u>
Denominator	<u>40,087</u>	<u>38,597</u>	<u>37,419</u>	<u>36,982</u>	<u>36,982</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is
 fewer than 5 and therefore a 3-year moving average cannot
 be applied.

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CY2012 Vital Statistics data not available. Used CY2011 provisional.

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY2011 Vital Statistics data is provisional.

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 Vital Statistics data.

HEALTH STATUS INDICATOR #01B

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

Annual Indicator Data

	2008	2009	2010	2011	2012
Annual Indicator	5.8	5.8	5.7	6.6	6.6
Numerator	2,235	2,121	2,049	2,346	2,346
Denominator	38,309	36,775	35,677	35,457	35,457

Check this box if you cannot report the numerator because

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

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

fewer than 5 and therefore a 3-year moving average cannot

be applied.

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CY2012 Vital Statistics data not available. Used CY2011 provisional.

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY2011 Vital Statistics data is provisional.

3. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 Vital Statistics data.

HEALTH STATUS INDICATOR #02A

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

Annual Indicator Data

	2008	2009	2010	2011	2012
Annual Indicator	<u>1.5</u>	<u>1.4</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>
Numerator	<u>611</u>	<u>555</u>	<u>562</u>	<u>564</u>	<u>564</u>
Denominator	<u>40,087</u>	<u>38,597</u>	<u>37,419</u>	<u>36,892</u>	<u>36,892</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is					
fewer than 5 and therefore a 3-year moving average cannot					
be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CY2012 Vital Statistics data not available. Used CY2011 provisional.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY2011 Vital Statistics is provisional.

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 Vital Statistics data.

HEALTH STATUS INDICATOR #02B

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

Annual Indicator Data

	2008	2009	2010	2011	2012
Annual Indicator	<u>1.0</u>	<u>1.1</u>	<u>1.1</u>	<u>1.1</u>	<u>1.1</u>
Numerator	<u>402</u>	<u>394</u>	<u>397</u>	<u>378</u>	<u>378</u>
Denominator	<u>38,309</u>	<u>36,766</u>	<u>35,677</u>	<u>35,457</u>	<u>35,457</u>

Check this box if you cannot report the numerator because

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

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

fewer than 5 and therefore a 3-year moving average cannot

be applied.

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CY2012 Vital Statistics data not available. Used CY2011 provisional Vital Statistics data.

2. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY2011 Vital Statistics data is provisional.

3. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 Vital Statistics 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

	2008	2009	2010	2011	2012
Annual Indicator	3.3	2.9	1.2	3.4	3.4
Numerator	22	19	8	22	22
Denominator	663,576	660,975	664,942	654,187	654,187
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is					
fewer than 5 and therefore a 3-year moving average cannot					
be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CY2011 Vital Statistics data is provisional. CY2012 Vital Statistics data is not available..

Denominator is from July 1, 2011 census estimates for Connecticut.

2. Section Number: Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY2011 Vital Statistics data is provisional.

Denominator is from July 1, 2011 census estimates for Connecticut.

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

Source: CY2010 Vital Statistics data.

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

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

	2008	2009	2010	2011	2012
Annual Indicator	0.9	0.8	0.6	0.9	0.9
Numerator	6	5	4	6	6
Denominator	663,576	660,975	664,942	654,187	654,187
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is					
fewer than 5 and therefore a 3-year moving average cannot					
be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: CY2011 Vital Statistics data is provisional. CY2012 Vital Statistics data is not available. Denominator is from July 1, 2011 census estimates for Connecticut.

2. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: CY2011 Vital Statistics data is provisional. Denominator is from July 1, 2011 census estimates for Connecticut.

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

Source: CY2010 Vital Statistics data.

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

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

	2008	2009	2010	2011	2012
Annual Indicator	15.6	10.5	15.9	11.2	11.2
Numerator	67	51	76	54	54
Denominator	428,772	487,560	478,732	480,161	480,161

Check this box if you cannot report the numerator because

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

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

fewer than 5 and therefore a 3-year moving average cannot

be applied.

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2012

Field Note:

Source: CY2011 Vital Statistics data is provisional. CY2012 Vital Statistics data is not available. Denominator is from July 1, 2011 census estimate for Connecticut.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

Source: CY2011 Vital Statistics data is provisional. Denominator is from July 1, 2011 census estimate for Connecticut.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2010

Field Note:

Source: CY2010 Vital Statistics data.

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

HEALTH STATUS INDICATOR #04A

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

Annual Indicator Data

	2008	2009	2010	2011	2012
Annual Indicator	231.6	216.0	215.0	200.8	200.8
Numerator	1,537	1,428	1,425	1,325	1,325
Denominator	663,576	660,975	662,827	659,697	659,697

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 #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2012

Field Note:

Source: 2012 data is not available. Three year average of 2009, 2010, 2011 In-patient Hospitalization data for both numerator and denominator.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Three year average of 2009, 2010, 2011 In-patient Hospitalization data for both numerator and denominator.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Three year average of 2008, 2009, 2010 In-patient Hospitalization data for both numerator and denominator.

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

	2008	2009	2010	2011	2012
Annual Indicator	17.3	13.2	13.9	11.1	11.1
Numerator	115	87	92	73	73
Denominator	663,576	660,975	662,827	659,697	659,697

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: 2012

Field Note:

Source: 2012 data not available. Three year average of 2009, 2010, 2011 In-patient Hospitalization data for both numerator and denominator.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Three year average of 2009, 2010, 2011 In-patient Hospitalization data for both numerator and denominator.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Three year average of 2008, 2009, 2010 In-patient Hospitalization data for both numerator and denominator.

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

	2008	2009	2010	2011	2012
Annual Indicator	136.0	113.8	113.5	101.6	101.6
Numerator	583	505	511	475	475
Denominator	428,772	443,810	450,249	467,379	467,379

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: 2012

Field Note:

Source: 2012 data not available. Three year average of 2009, 2010, 2011 In-patient Hospitalization data for both numerator and denominator.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Three year average of 2009, 2010, 2011 In-patient Hospitalization data for both numerator and denominator.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Three year average of 2008, 2009, 2010 In-patient Hospitalization data for both numerator and denominator.

HEALTH STATUS INDICATOR #05A

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

Annual Indicator Data

	2008	2009	2010	2011	2012
Annual Indicator	32.5	32.5	30.3	27.8	25.6
Numerator	3,426	3,427	3,190	3,389	3,124
Denominator	105,335	105,335	105,335	121,885	121,885

Check this box if you cannot report the numerator because

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

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

fewer than 5 and therefore a 3-year moving average cannot

be applied.

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2012

Field Note:

Source: 2012 CT DPH STD MS, CT STD Control Program. Denominator from the latest Census.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

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

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

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

HEALTH STATUS INDICATOR #05B

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

Annual Indicator Data

	2008	2009	2010	2011	2012
Annual Indicator	8.9	8.9	9.5	10.9	11.3
Numerator	5,511	5,487	5,857	6,214	6,442
Denominator	617,215	617,215	617,215	569,380	569,380
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is					
fewer than 5 and therefore a 3-year moving average cannot					
be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2012**Field Note:**

Source: 2012 CT DPH STD MS, CT STD Control Program. Denominator from the latest Census.

2. Section Number: Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2011**Field Note:**

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

3. Section Number: Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2010**Field Note:**

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	27,964	20,938	4,996	91	1,939	0	0	0
Children 1 through 4	121,954	91,731	20,368	527	9,328	0	0	0
Children 5 through 9	174,606	136,349	26,083	637	11,537	0	0	0
Children 10 through 14	193,572	153,870	28,870	736	10,096	0	0	0
Children 15 through 19	208,160	166,446	31,666	794	9,254	0	0	0
Children 20 through 24	184,004	143,612	30,039	599	9,754	0	0	0
Children 0 through 24	910,260	712,946	142,022	3,384	51,908	0	0	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	27,964	9,354	0
Children 1 through 4	121,954	37,824	0
Children 5 through 9	174,606	44,845	0
Children 10 through 14	193,572	44,068	0
Children 15 through 19	208,160	44,813	0
Children 20 through 24	184,004	43,184	0
Children 0 through 24	910,260	224,088	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

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	24	18	6	0	0	0	0	0
Women 15 through 17	534	370	140	2	0	2	0	20
Women 18 through 19	1,483	1,031	370	7	1	12	0	62
Women 20 through 34	27,490	21,204	3,796	210	259	1,427	0	594
Women 35 or older	7,449	6,009	763	31	183	364	0	99
Women of all ages	36,980	28,632	5,075	250	443	1,805	0	775

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	9	15	0
Women 15 through 17	247	284	0
Women 18 through 19	741	737	0
Women 20 through 34	21,090	6,268	0
Women 35 or older	6,350	1,054	0
Women of all ages	28,437	8,358	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

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	186	107	49	0	1	9	0	20
Children 1 through 4	34	18	7	0	0	1	0	8
Children 5 through 9	29	18	3	0	1	1	0	6
Children 10 through 14	26	15	4	0	0	0	0	7
Children 15 through 19	65	39	13	0	1	1	0	11
Children 20 through 24	179	127	34	0	0	1	0	17
Children 0 through 24	519	324	110	0	3	13	0	69

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	136	47	3
Children 1 through 4	20	14	0
Children 5 through 9	20	9	0
Children 10 through 14	19	7	0
Children 15 through 19	59	6	0
Children 20 through 24	148	31	0
Children 0 through 24	402	114	3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

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

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	907,160	717,151	138,315	6,953	44,741	0	0	0	2011
Percent in household headed by single parent	7.6	5.3	19.9	0.0	4.4	0.0	22.9	0.0	2011
Percent in TANF (Grant) families	100.0	67.7	29.7	0.7	1.4	0.2	0.3	0.0	2012
Number enrolled in Medicaid	280,206	209,598	59,743	1,774	8,408	299	384	0	2012
Number enrolled in SCHIP	14,017	9,763	1,525	15	619	24	329	1,742	2012
Number living in foster home care	4,515	2,684	1,339	1	21	3	436	31	2012
Number enrolled in food stamp program	156,067	112,507	39,348	951	2,843	189	229	0	2012
Number enrolled in WIC	56,584	36,820	13,500	2,440	1,423	639	1,714	48	2012
Rate (per 100,000) of juvenile crime arrests	2,567.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	2.8	1.0	3.9	2.1	1.0	0.0	0.0	0.0	2010

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	726,256	180,904	0	2011
Percent in household headed by single parent	6.0	20.8	0.0	2011
Percent in TANF (Grant) families	60.0	40.0	0.0	2012
Number enrolled in Medicaid	193,207	86,998	0	2012
Number enrolled in SCHIP	10,763	3,224	30	2012
Number living in foster home care	3,059	1,456	0	2012
Number enrolled in food stamp program	102,462	53,605	0	2012
Number enrolled in WIC	28,894	27,642	48	2012
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2011

Percentage of high school drop-outs (grade 9 through 12)	<u>0.0</u>	<u>4.8</u>	<u>0.0</u>	2010
--	------------	------------	------------	------

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>835,718</u>
Living in urban areas	<u>786,653</u>
Living in rural areas	<u>123,070</u>
Living in frontier areas	<u>0</u>
Total - all children 0 through 19	<u>909,723</u>

Note:

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

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

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

POVERTY LEVELS	TOTAL
Total Population	<u>3,471,802</u>
Percent Below: 50% of poverty	<u>5</u>
100% of poverty	<u>10.9</u>
200% of poverty	<u>24.2</u>

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: CT

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>794,737</u>
Percent Below: 50% of poverty	<u>6.8</u>
100% of poverty	<u>14.9</u>
200% of poverty	<u>24.2</u>

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2014
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2011. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2014
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2011. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2014
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2011. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2014
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2011. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2014
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2011. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2014
Field Note:
Source: NCHS Bridged-Race Population Estimates, April 1, 2011. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.
7. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2014
Field Note:
Source: CT DPH Vital Records, Live Births 2011.
8. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2014
Field Note:
Source: CT DPH Vital Records, Live Births 2011.
9. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

10. Section Number: Form21_Indicator 07A

Field Name: Race_Women20to34

Row Name: Women 20 through 34

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

11. Section Number: Form21_Indicator 07A

Field Name: Race_Women35

Row Name: Women 35 or older

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

12. Section Number: Form21_Indicator 07B

Field Name: Ethnicity_Women15

Row Name: Women < 15

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

13. Section Number: Form21_Indicator 07B

Field Name: Ethnicity_Women15to17

Row Name: Women 15 through 17

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

14. Section Number: Form21_Indicator 07B

Field Name: Ethnicity_Women18to19

Row Name: Women 18 through 19

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

15. Section Number: Form21_Indicator 07B

Field Name: Ethnicity_Women20to34

Row Name: Women 20 through 34

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

16. Section Number: Form21_Indicator 07B

Field Name: Ethnicity_Women35

Row Name: Women 35 or older

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Live Births 2011.

17. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Infants

Row Name: Infants 0 to 1

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

18. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children1to4

Row Name: children 1 through 4

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

19. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children5to9

Row Name: children 5 through 9

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

20. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children10to14

Row Name: children 10 through 14

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

21. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children15to19

Row Name: children 15 through 19

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

22. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Children20to24

Row Name: children 20 through 24

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

23. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Infants

Row Name: Infants 0 to 1

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

24. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children1to4

Row Name: children 1 through 4

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

25. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children5to9

Row Name: children 5 through 9

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

26. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children10to14

Row Name: children 10 through 14

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

27. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children15to19

Row Name: children 15 through 19

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

28. Section Number: Form21_Indicator 08B

Field Name: S08_Ethnicity_Children20to24

Row Name: children 20 through 24

Column Name:

Year: 2014

Field Note:

Source: CT DPH Vital Records, Provisional Deaths, 2011.

29. Section Number: Form21_Indicator 09A

Field Name: HSI Race_Children

Row Name: All children 0 through 19

Column Name:

Year: 2014

Field Note:

Source: NCHS Bridged-Race Population Estimates, April 1, 2011. The Bridged-Race Estimates provide figures according to NCHS bridging methodology, NCHS reduced the population counts to four single-race categories.

30. Section Number: Form21_Indicator 09A

Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2014

Field Note:

Source: US Census Bureau, American Community Survey

S0201. Selected Population Profile in the United States

Data Set: 2011 American Community Survey 1-Year Estimates

Notes: Per ACS protocols, numbers for American Indian or Native Alaskan and Native Hawaiian or Other Pacific Islander race groups are not reported because the total population falls below the reporting threshold of 65,000.

Other and Unknown are not reported in ACS.

31. Section Number: Form21_Indicator 09A

Field Name: HSIRace_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

32. Section Number: Form21_Indicator 09A

Field Name: HSIRace_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

33. Section Number: Form21_Indicator 09A

Field Name: HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

34. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

35. Section Number: Form21_Indicator 09A

Field Name: HSIRace_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2014

Field Note:

Source: CT DPH Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Susan Hewes
Calendar Year 2012

36. Section Number: Form21_Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2014

Field Note:

Source: CT Department of Public Safety, Uniform Crime Reports 2011

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

37. Section Number: Form21_Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2014

Field Note:

Source: State Department of Education, Connecticut, Annual Dropout Rates, class year 2009-10. Data is the same as last year due to 2010-2011 not available. Will check for updates in September 2013..

38. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

39. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

40. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

41. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2014

Field Note:

Source: 2012 DSS data.

42. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2014

Field Note:

Source: State Department of Education, Connecticut, Annual Dropout Rates, class year 2009-10. Data is the same as last year due to 2010-2011 not available. Will check for updates in September 2013..

43. Section Number: Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name:

Year: 2014

Field Note:

Source: CT 2011 data from American Community Survey, (<http://factfinder.census.gov>); From Table B01001 SEX BY AGE. Using geo components from the options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area.

44. Section Number: Form21_Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name:

Year: 2014

Field Note:

Source: CT 2011 data from American Community Survey, (<http://factfinder.census.gov>); From Table B01001 SEX BY AGE. Using geo components from the options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area.

45. Section Number: Form21_Indicator 10

Field Name: Rural

Row Name: Living in rural areas

Column Name:

Year: 2014

Field Note:

Source: CT 2011 data from American Community Survey, (<http://factfinder.census.gov>); From Table B01001 SEX BY AGE. Using geo components from the options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area.

46. Section Number: Form21_Indicator 11

Field Name: S11_total

Row Name: Total Population

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1701.

47. Section Number: Form21_Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1701.

48. Section Number: Form21_Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1701.

49. Section Number: Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1701.

50. Section Number: Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1703.

51. Section Number: Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1703.

52. Section Number: Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1703.

53. Section Number: Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2014

Field Note:

Source: U.S. Bureau of Census 2011 American Community Survey, Table #S1701.

54. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2014

Field Note:

Source: CT Department of Children & Families CY2012.