

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: VI
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/6/2004	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER 6B04 MC-00349									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER DUNS/SSN 043577068									
5. APPLICANT INFORMATION												
Legal Name: Virgin Islands Department of Health		Organizational Unit: MCH & CSHCN Program										
Address (give city, county, state and zip code) 9048 Sugar Estate St. Thomas, VI 00802 County:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Darlene A. Carty, MA Ed, RTT Tel Number: (340) 774-0117										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>6</td><td>7</td><td>0</td><td>6</td><td>7</td><td>0</td><td>0</td><td>0</td><td>1</td></tr></table>		6	7	0	6	7	0	0	0	1	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
6	7	0	6	7	0	0	0	1				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align: center;"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal & Child Health Services Block Grant					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): U.S. Virgin Islands												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant Virgin Islands	b. Project Virgin Islands									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>1,641,229.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>1,245,435.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>118,361.00</u>											
g. TOTAL	\$ <u>3,005,025.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative Darlene A. Carty, MA Ed, RTT		b. Title Commissioner of Health	c. Telephone Number (340) 774-0117									
d. Signature of Authorized Representative		e. Date Signed										

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: VI

1. FEDERAL ALLOCATION

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

\$ 1,641,229

A. Preventive and primary care for children:

\$ 492,369 (30%)

B. Children with special health care needs:

\$ 604,957 (36.86%)

(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:

\$ 164,122 (10%)

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

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

\$ 0

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

\$ 1,245,435

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)

\$ 118,361

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 1,169,459

\$ 1,363,796

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

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

\$ 3,005,025

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: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 100,000

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 111,748

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

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

\$ 311,748

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 3,316,773

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506(a)(1-3)]

STATE: VI

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,626,336	\$ 1,626,336	\$ 1,621,413	\$ 0	\$ 1,641,229	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,254,406	\$ 1,254,406	\$ 1,216,060	\$ 0	\$ 1,245,435	\$ 0
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>	\$ 126,813	\$ 126,813	\$ 120,288	\$ 0	\$ 118,361	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,007,555	\$ 3,007,555	\$ 2,957,761	\$ 0	\$ 3,005,025	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 598,050	\$ 598,050	\$ 697,587	\$ 0	\$ 311,748	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 3,605,605	\$ 3,605,605	\$ 3,655,348	\$ 0	\$ 3,316,773	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

STATE: VI

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,573,102	\$ 1,590,703	\$ 1,573,102	\$ 1,590,703	\$ 1,589,475	\$ 1,589,475
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,239,999	\$ 1,338,868	\$ 1,339,999	\$ 944,932	\$ 1,254,406	\$ 1,254,406
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 <i>(Line8, Form 2)</i>	\$ 2,813,101	\$ 2,929,571	\$ 2,913,101	\$ 2,535,635	\$ 2,843,881	\$ 2,843,881
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 425,916	\$ 381,519	\$ 228,922	\$ 228,922	\$ 212,050	\$ 212,050
9. Total <i>(Line11, Form 2)</i>	\$ 3,239,017	\$ 3,311,090	\$ 3,142,023	\$ 2,764,557	\$ 3,055,931	\$ 3,055,931
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 451,133	\$ 451,133	\$ 443,664	\$ 0	\$ 450,753	\$ 0
b. Infants < 1 year old	\$ 451,133	\$ 451,133	\$ 443,664	\$ 0	\$ 450,754	\$ 0
c. Children 1 to 22 years old	\$ 902,267	\$ 902,267	\$ 887,328	\$ 0	\$ 901,508	\$ 0
d. Children with Special Healthcare Needs	\$ 902,266	\$ 902,266	\$ 887,329	\$ 0	\$ 901,508	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 300,756	\$ 300,756	\$ 295,776	\$ 0	\$ 300,502	\$ 0
g. SUBTOTAL	\$ 3,007,555	\$ 3,007,555	\$ 2,957,761	\$ 0	\$ 3,005,025	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 136,000		\$ 136,509		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 100,000		\$ 100,000	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 250,000		\$ 249,330		\$ 0	
i. CDC	\$ 112,050		\$ 111,748		\$ 111,748	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 598,050		\$ 697,587		\$ 311,748	

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 421,965	\$ 439,436	\$ 436,965	\$ 380,345	\$ 426,582	\$ 426,582
b. Infants < 1 year old	\$ 421,965	\$ 439,436	\$ 436,965	\$ 380,345	\$ 426,582	\$ 426,582
c. Children 1 to 22 years old	\$ 843,930	\$ 878,871	\$ 873,930	\$ 760,691	\$ 853,164	\$ 853,164
d. Children with Special Healthcare Needs	\$ 843,931	\$ 878,871	\$ 873,930	\$ 760,691	\$ 853,165	\$ 853,165
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 281,310	\$ 292,957	\$ 291,311	\$ 253,563	\$ 284,388	\$ 284,388
g. SUBTOTAL	\$ 2,813,101	\$ 2,929,571	\$ 2,913,101	\$ 2,535,635	\$ 2,843,881	\$ 2,843,881

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	\$ 128,922	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 180,000	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 112,050
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Sickle Cell	\$ 0	\$ 100,000	\$ 0
Sickle Cell Grant	\$ 145,916	\$ 0	\$ 0
III. SUBTOTAL	\$ 425,916	\$ 228,922	\$ 212,050

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

None

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: VI

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,867,555	\$ 2,867,555	\$ 2,817,761	\$ 0	\$ 2,765,025	\$ 0
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.)	\$ 20,000	\$ 20,000	\$ 15,000	\$ 0	\$ 25,000	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 70,000	\$ 70,000	\$ 75,000	\$ 0	\$ 125,000	\$ 0
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.)	\$ 50,000	\$ 50,000	\$ 50,000	\$ 0	\$ 90,000	\$ 0
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.)	\$ 3,007,555	\$ 3,007,555	\$ 2,957,761	\$ 0	\$ 3,005,025	\$ 0

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: VI

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,653,101	\$ 2,779,571	\$ 2,753,101	\$ 2,375,635	\$ 2,703,881	\$ 2,703,881
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.)	\$ 20,000	\$ 15,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 90,000	\$ 50,000	\$ 90,000	\$ 90,000	\$ 70,000	\$ 70,000
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.)	\$ 50,000	\$ 85,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000
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.)	\$ 2,813,101	\$ 2,929,571	\$ 2,913,101	\$ 2,535,635	\$ 2,843,881	\$ 2,843,881

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

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

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

STATE: VI

Total Births by Occurrence: 1,610

Reporting Year: 2003

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	1,589	98.7	1	0	0	
Congenital Hypothyroidism	1,589	98.7	6	2	2	100
Galactosemia	1,589	98.7	1	0	0	
Sickle Cell Disease	1,589	98.7	9	8	8	100

Other Screening (Specify)

Maple Syrup Urine Disease (MSUD)	1,589	98.7	0	0	0	
G6PD	1,589	98.7	11	3	3	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

None

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: VI

Reporting Year: 2003

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	261	80.0	0.0	9.0	11.0	
Infants < 1 year old	1,610	50.0	0.0	20.0	30.0	
Children 1 to 22 years old	3,565	60.0	0.0	10.0	30.0	
Children with Special Healthcare Needs	1,067	40.0	0.0	16.0	44.0	
Others	1,619	50.0	0.0	25.0	25.0	
TOTAL	8,122					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2005
Field Note:
This data represents prenatal clients receiving care at the MCH Prenatal Clinic on St. Croix. Data from the Community Health Prenatal Clinic is unavailable.

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: VI

Reporting Year: 2003

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	1,610	315	1,213	_____	60	_____	_____	22
Title V Served	261	_____	261	_____	_____	_____	_____	_____
Eligible for Title XIX	208	_____	208	_____	_____	_____	_____	_____
INFANTS								
Total Infants in State	1,610	315	1,213	_____	60	_____	_____	22
Title V Served	1,589	304	1,203	_____	60	_____	_____	22
Eligible for Title XIX	673	75	572	_____	13	_____	_____	13

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,203	224	183	6	2	215	1	0
Title V Served	219	42	0	_____	_____	_____	_____	0
Eligible for Title XIX	175	42	0	_____	_____	_____	_____	0
INFANTS								
Total Infants in State	1,203	224	183	6	2	215	1	0
Title V Served	1,203	224	183	6	2	215	1	0
Eligible for Title XIX	551	113	9	_____	_____	_____	_____	0

FORM NOTES FOR FORM 8

The data for total Title V deliveries reflect only clients served at MCH Prenatal clinic on St. Croix. This data is not available from Community Health Prenatal Services.

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2005
Field Note:
The number of prenatal clients on St. Croix only. Data for Community Health prenatal clinic on St. Thomas is unavailable.
2. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
Data from MCH Prenatal Clinic on St. Croix. Data from St. Thomas is not available.
Hispanic sub-category data is not collected.
3. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
Hispanic sub-category data is not collected.
4. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data represents only infants registered and receiving services at MCH clinics. Data on Hispanic sub-categories is not collected.
5. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2005
Field Note:
This information is not reported by the Health-Pro data system in sub-categories.
6. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data provided for infants receiving services at MCH clinics only. Hispanic sub-category data is not collected.
7. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
Data on Hispanic sub-categories is not collected.
8. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2005
Field Note:
Data on Hispanic sub-categories is not collected.

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(340)773-4951</u>	<u>(340)713-9924</u>	<u>(340) 713-9924</u>	<u>(340) 713-9924</u>	<u>(340) 713-9924</u>
2. State MCH Toll-Free "Hotline" Name	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH Information Desk	MCH Information Desk	MCH Information Desk
3. Name of Contact Person for State MCH "Hotline"	<u>Juliette Canegata</u>	<u>Delta Edney</u>	<u>Delta Edney</u>	<u>Delta Edney</u>	<u>Delta Edney</u>
4. Contact Person's Telephone Number	<u>(340) 773-4951</u>	<u>(340) 713-9924</u>	<u>(340) 713-9924</u>	<u>(340) 713-9924</u>	<u>(340) 713-9924</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>100</u>	<u>125</u>	<u>200</u>

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u> </u>				
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u> </u>				
4. Contact Person's Telephone Number	<u> </u>				
5. Number of calls received on the State MCH "Hotline" this reporting period	<u> 0</u>				

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: calls_2

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

Column Name: FY

Year: 2003

Field Note:

Number of calls estimated. Relocation of administrative office resulted in unavailability of adequate phone service for several months.

State _____ VI
Zip _____ 00802
Phone _____ (340) 774-0117
Fax _____ (340) 777-4001
Email _____ darlene_carty@usvi-doh.org
Web _____

State _____ VI
Zip _____ 00802
Phone _____ (340) 776-3580
Fax _____ (340) 774-8633
Email _____ cppenn02@islands.vi
Web _____

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: VI

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	96	96	96	97	98
Annual Indicator	95.2	94.8	98.5	98.3	98.7
Numerator	1,687	1,595	1,753	1,669	1,589
Denominator	1,772	1,682	1,780	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	35	35	40
Annual Indicator					
Numerator					
Denominator					

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

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>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____ 20	_____ 20	_____ 25	_____ 25	_____ 30
Annual Indicator					
Numerator					
Denominator					

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

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>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

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

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>					
	1999	2000	2001	2002	2003
Annual Performance Objective	30	30	30	30	30
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

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.

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>86</u>	<u>90</u>	<u>90</u>	<u>91</u>	<u>92</u>
Annual Indicator	<u>85.5</u>	<u>92.0</u>	<u>85.0</u>	<u>96.0</u>	<u>82.0</u>
Numerator	<u>4,167</u>	<u>3,717</u>	<u>3,132</u>	<u>3,315</u>	<u>7,330</u>
Denominator	<u>4,875</u>	<u>4,041</u>	<u>3,685</u>	<u>3,454</u>	<u>8,940</u>
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 08

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

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>55</u>	<u>50</u>	<u>50</u>	<u>49</u>	<u>30</u>
Annual Indicator	<u>33.1</u>	<u>31.1</u>	<u>31.8</u>	<u>25.2</u>	<u>7.9</u>
Numerator	<u>99</u>	<u>93</u>	<u>97</u>	<u>77</u>	<u>24</u>
Denominator	<u>2,991</u>	<u>2,991</u>	<u>3,051</u>	<u>3,051</u>	<u>3,051</u>
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>20</u>	<u>20</u>	<u>15</u>	<u>15</u>	<u>15</u>
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	40	50	55	56	30
Annual Indicator	0.0	0.0	0.0	30.4	0.0
Numerator	0	0	0	2,475	0
Denominator	6,034	6,034	8,148	8,148	8,148
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	35	35	35
Annual Indicator					
Numerator					
Denominator					

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

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>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.6	3.6	3.4	3.4	3.3
Annual Indicator	3.4	4.3	10.6	0.0	0.0
Numerator	1	1	3	0	0
Denominator	29,683	23,241	28,405	28,405	28,405
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>42</u>	<u>75</u>	<u>81</u>	<u>82</u>	<u>55</u>
Annual Indicator	<u>79.1</u>	<u>59.4</u>	<u>54.1</u>	<u>53.5</u>	<u>86.0</u>
Numerator	<u>1,402</u>	<u>999</u>	<u>958</u>	<u>908</u>	<u>1,384</u>
Denominator	<u>1,772</u>	<u>1,682</u>	<u>1,772</u>	<u>1,698</u>	<u>1,610</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>85</u>	<u>85</u>	<u>85</u>	<u>85</u>	<u>85</u>
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>96</u>	<u>96</u>	<u>96</u>	<u>97</u>	<u>90</u>
Annual Indicator	<u>41.4</u>	<u>56.3</u>	<u>35.9</u>	<u>47.0</u>	<u>94.5</u>
Numerator	<u>733</u>	<u>947</u>	<u>637</u>	<u>798</u>	<u>1,521</u>
Denominator	<u>1,772</u>	<u>1,682</u>	<u>1,772</u>	<u>1,698</u>	<u>1,610</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	20	18	16	15
Annual Indicator	25.2	25.2	25.5	13.4	9.0
Numerator	10,079	10,079	10,079	5,277	3,565
Denominator	40,031	40,031	39,502	39,502	39,502
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	92	96	97	98	98
Annual Indicator	95.9	98.3	87.3	62.9	54.9
Numerator	11,299	9,894	8,787	8,933	7,807
Denominator	11,783	10,061	10,071	14,210	14,210
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	50	50	55	55	55
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.5	1.5	1	1	2
Annual Indicator	2.6	2.1	1.8	2.0	2.2
Numerator	46	36	32	34	36
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	12.2	10	8	8	8
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	9,719	8,688	8,688
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

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

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>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	25	30	35	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

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

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>				
	1999	2000	2001	2002	2003
Annual Performance Objective	77	90	90	90	65
Annual Indicator	59.8	64.1	66.3	64.5	63.2
Numerator	1,059	1,078	1,175	1,095	1,018
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 1

Percent of pregnant women who receive no prenatal care

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.5	3.5	3.3	3.3	3
Annual Indicator	6.1	4.5	2.8	4.5	4.5
Numerator	108	76	49	77	72
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.5	2.5	2.5	2
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 2

The rate (per 1,000) of reported cases of HIV-positive mothers who received antiviral treatment to reduce perinatal transmission of HIV.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	180	150	150	10	10
Annual Indicator	0.6	0.6	0.0	2.9	0.0
Numerator	1	1	0	5	0
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 3

Percent of prenatal patients certified with the medical assistance program (MAP)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	55	60	60	61	30
Annual Indicator	0.0	0.0	25.5	23.9	13.0
Numerator	0	0	452	406	209
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	20	20	20
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 4

Rate of asthma hospitalizations

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	330	160	150	150	20
Annual Indicator				15.8	0.0
Numerator				45	0
Denominator				28,405	28,405
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 6

Incidence of STD (not including HIV) during Pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.0	0.0	1.7	0.0	0.0
Numerator	0	0	30	0	0
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 7

The percent of teen mothers who received parenting skills training.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	50	75	75	76	77
Annual Indicator	0.0	0.0	0.0	0.0	93.3
Numerator	0	0	0	0	250
Denominator	290	276	272	255	268
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	77	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 8

Percent of infants diagnosed with hearing loss who are receiving appropriate early intervention services by age six months.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____ 95
Annual Indicator	_____	_____	_____	_____	_____ 98.7
Numerator	_____	_____	_____	_____	_____ 1,589
Denominator	_____	_____	_____	_____	_____ 1,610
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____ 95	_____ 95	_____ 97	_____ 97	_____ 99
Annual Indicator					
Numerator					
Denominator					

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

FORM NOTES FOR FORM 11

The territory does not have a Level III facility for high risk deliveries. Patients requiring these services are transferred off-island.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The Virgin Islands did not participate in the National SLAITS telephone survey. The State Title V needs assessment is anticipated to provide information needed to address this performance measure.
2. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The MCH program is in the process of developing and implementing a medical home model in collaboration with the 330 funded Community Centers and private primary care pediatricians. Information obtained from the State Title V needs assessment is anticipated to address this performance measure.
3. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
Information obtained from the five year needs assessment is anticipated to address this measure.
5. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
The numerator represents Year 2000 Census data for this population in the territory.
The denominator is the number of children with immunizations completed by 35 months.
All data obtained from the Immunization Program Registry.
7. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
Denominator reflects 2000 Census data.
The DOH Division of Dental Health reported no sealants offered during this fiscal year due to insufficient funding.
8. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
There are twelve recorded deaths in the age group 14 and younger. Motor vehicle crashes is not listed as cause of death.
9. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
The numerator represents only children registered and receiving services at the MCH clinics.
Data from the Medical Assistance Program is unavailable.
10. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2005
Field Note:
There is 1 recorded death in the age group 15-19. The cause of death is not available from the Vital Statistics Registry.
11. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:

Year: 2005

Field Note:

There are no Level III facilities in the Virgin Islands. All high-risk prenatal patients are transferred off-island for care.

12. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

Incomplete data received on this measure at time of report. Complete data not expected by due date of this report.

13. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

This data is not reported by the Medical Assistance Program.

The data reported only reflects prenatal clients receiving services at the MCH Prenatal Clinic on St. Croix. St. Thomas data is unavailable.

14. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

Denominator reflects average of three years. Numerator reflects actual number of teens receiving parenting skills and counseling from several community based agencies throughout the territory.

See narrative discussion under SPM #7.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: VI

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.3	7	6.9	6.8	6.7
Annual Indicator	10.7	8.3	3.4	2.9	5.0
Numerator	19	14	6	5	8
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.7	6.71	6.6	6.6	6.5
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.5	1	1	1	1
Annual Indicator	3.9	0.9	In,fin,ity	0.2	0.2
Numerator	13.139	8.501	3.8	1.5	1.8
Denominator	3.4	9.7	0	6.5	8
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6	4.5	4.4	4.3	4.2
Annual Indicator	8.5	5.9	3.4	2.9	4.3
Numerator	15	10	6	5	7
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.2	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.1	2	2	2	1.8
Annual Indicator	2.3	2.4	0.0	0.0	0.6
Numerator	4	4	0	0	1
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.6	1.6	1.5	1.5	
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	14	9.5	9.5	9	8.9
Annual Indicator			9.5	8.7	8.1
Numerator			17	15	13
Denominator			1,797	1,722	1,610
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.8	8.8	8.8	8.8	8.5
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	30	28	25	25	25
Annual Indicator	21.0	14.0	35.2	7.5	44.9
Numerator	6	4	10	2	12
Denominator	28,506	28,506	28,416	26,733	26,733
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

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

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

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

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.

 1

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

 2

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

 1

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).

 1

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

 3

Total Score: 11

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: VI FY: 2005

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. To improve access to prenatal care and reproductive health services.
2. To increase healthy births
3. To increase certification and enrollment in family support programs.
4. To increase linkage of special needs children with needed health and community-based support services.
5. To assure adherence to good nutrition standards.
6. To improve access to primary and preventive health care services for infants and children.
7. To improve early childhood development while reducing child abuse.
8. To promote community partnerships.
9. To increase awareness about genetic risk.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

**FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: VI

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Youth Health Plan Development.	Adolescent health promotion and wellness are areas that need to be addressed. Training in evidence-based strategies to improve services to this population is requested.	Dr. Richard Kriepe and staff of the LEAH Program at the University of Rochester.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Training for development of territorial comprehensive children's mental health plan.	Children and adolescents with mental health disorders continues to increase significantly. Training for staff and partners is needed in screening, referral and advocacy.	As determined by MCHB.
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Training on standards for cultural competence.	The program serves a diverse, multi-lingual population. Staff training and development in this area will assist in addressing the varying cultural and linguistic needs of the populations served.	Nat'l Center on Cultural Competence or as determined by MCHB.
4.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 1 </u>	Provide training on newborn genetic / metabolic screening and follow-up for children identified with disorder. Provide training on current and emerging issues in genetics.	Training needed for professional staff providing services to children identified with genetic disorder.	Dr. Kenneth Pass and staff. New York State Dept. of Health, Wadsworth Laboratory or as determined by MCHB.
5.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Assessment of existing data system. Develop capacity for standard and uniform program data collection and analysis.	Enhance data system to provide adequate and accurate information for program planning, needs assessment and policy development using current methods are inadequate.	HRSA/MCHB Office of Information Technology or as determined by MCHB.
6.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	To develop a plan for addressing childhood obesity.	Obese and overweight children are fast becoming a major public health issue in the territory. Addressing lifestyle and health behavior changes should be part of a holistic approach to medical care.	V.I. WIC Program or other TA providers as determined by MCHB.
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: VI

SP # 1

PERFORMANCE MEASURE:

Percent of pregnant women who receive no prenatal care

STATUS:

Active

GOAL

To reduce the percent of pregnant women who received no prenatal care.

DEFINITION

Prenatal care is the provision of comprehensive reproductive personal health services to a pregnant woman.

Numerator:

The number of births to women who received no prenatal care.

Denominator:

The total number of livebirths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16.6 The proportion of pregnant women who receive early and adequate prenatal care.
16.6a Care beginning in the first trimester of pregnancy.

16.6b Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Livebirth records. Any product of gestation, regardless of length of gestation period is considered a livebirth if the fetus shows signs of life.

SIGNIFICANCE

Undesirable outcomes of pregnancy result from the lack of prenatal care.

SP # 2

PERFORMANCE MEASURE:

The rate (per 1,000) of reported cases of HIV-positive mothers who received antiviral treatment to reduce perinatal transmission of HIV.

STATUS:

Active

GOAL

To reduce the prevalence of HIV-positive mothers giving birth.

DEFINITION

HIV-positive mothers are those women giving birth who were diagnosed, through appropriate testing, to have been infected with the human immunodeficiency virus (HIV)

Numerator:

The number of births in which the mother was HIV positive

Denominator:

Total number of live births per 1,000.

Units: 1000 **Text:** 2

HEALTHY PEOPLE 2010 OBJECTIVE

13.17 (Developmental) Reduce new case of perinatally acquired HIV infection.
Perinatal transmission accounts for virtually all new cases of HIV infection in children.

DATA SOURCES AND DATA ISSUES

HIV/AIDS Surveillance System. Live births records and HIV records.

SIGNIFICANCE

HIV counseling and education efforts should focus on women of childbearing age.

SP # 3

PERFORMANCE MEASURE:

Percent of prenatal patients certified with the medical assistance program (MAP)

STATUS:

Active

GOAL

To increase the number of eligible prenatal patients certified by MAP.

DEFINITION

Prenatal patients are pregnant mothers who receive comprehensive reproductive personal health care.

Numerator:

Unduplicated count of eligible prenatal patients certified by MAP.

Denominator:

Total unduplicated count of eligible prenatal patients certified by MAP.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to 1.1 Increase the proportion of persons with health insurance to 100 percent.

DATA SOURCES AND DATA ISSUES

Prenatal records of MCH, Community Health Centers, and Family Health Centers. Some patients may receive services from more than one clinic.

SIGNIFICANCE

MAP certified clients may seek prenatal care earlier in their pregnancy. MAP certified clients may more consistently utilize services.

SP # 4

PERFORMANCE MEASURE:

Rate of asthma hospitalizations

STATUS:

Active

GOAL

To reduce asthma hospitalizations

DEFINITION

Asthma hospitalizations are those children (persons 0 to 16 years of age) admitted to hospitals for asthma.

Numerator:

Number of children 0 to 16 years of age hospitalized due to asthma (unduplicated count).

Denominator:

Population 0 to 16 years of age.

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

24.2 Reduce hospitalization for asthma.

24.3 Reduce hospital emergency department visits for asthma.

DATA SOURCES AND DATA ISSUES

Emergency department discharges, hospital admissions and population estimated.

SIGNIFICANCE

This measure indicated exposure to poor air quality, particularly in the home. Effective methods must be derived to preventing asthma and the implementation of outreach programs. The frequency and severity of asthma episodes can be reduced by effective use of medications and by reducing exposure to known triggers of asthma attacks.

SP # 6

PERFORMANCE MEASURE:

Incidence of STD (not including HIV) during Pregnancy.

STATUS:

Active

GOAL

To reduce the percent of STD (not including HIV) during pregnancy.

DEFINITION

STD - sexually transmitted disease.

Numerator:

Number of livebirths in which the mother had an STD during pregnancy.

Denominator:

Total livebirths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

25-17. (Developmental) Increase the proportion of pregnant females screened for sexually transmitt

DATA SOURCES AND DATA ISSUES

Livebirth records.

SIGNIFICANCE

Early diagnosis and treatment will often prevent serious complications of pregnancy. Early and regular prenatal care is the best insurance against problems in pregnancy.

SP # 7

PERFORMANCE MEASURE:

The percent of teen mothers who received parenting skills training.

STATUS:

Active

GOAL

To increase the percent of teen mothers obtaining parenting skills training.

DEFINITION

Parenting skills training classes are programs to enhance the skills of parents in providing for development and learning of their children.

Numerator:

Number of teen mothers who received parenting skills training.

Denominator:

Total number of teen births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific objective.

DATA SOURCES AND DATA ISSUES

MCH, Community Health Centers, and Family Health Centers prenatal clinic records./2005/Parent Empowerment classes are provided to captive and voluntary audiences by the Women's Coalition of St. Croix; Lutheran Social Services-Queen Louise Home for Children, St. Croix; The Village-V. I. Partners In Parenting-Parents As Teachers Program, Territorial; Family Resource Center, St. Thomas/St. John; University Cooperative Extension Service in conjunction with the V. I. Housing Authority, and the V.I. Perinatal Partnership-A program of the Department of Health-MCH.

SIGNIFICANCE

Successful parenting skills training may reduce child abuse and neglect.

SP # 8

PERFORMANCE MEASURE:

Percent of infants diagnosed with hearing loss who are receiving appropriate early intervention services by age six months.

STATUS:

Active

GOAL

To reduce morbidity associated with significant hearing loss through early detection, identification and intervention. To facilitate developmentally appropriate language skills. To provide newborn hearing screening services to all infants in the territory and to develop a system that will ensure early diagnosis of infant hearing loss.

DEFINITION

Significant permanent hearing loss or impairment is one of the most common birth abnormalities. When undetected this leads to speech, language, cognitive and developmental delays. Early intervention and access to habilitation results in improved outcomes.

Numerator:

The number of infants whose hearing has been screened before hospital discharge by otoacoustic emissions and / or auditory brainstem responses that are referred for audiological diagnostic evaluation.

Denominator:

Number of births in the calendar year.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 28-11: Newborn hearing screening, evaluation and intervention.

The standard estimate of congenital hearing loss is 1 in 1,000 live births. Early appropriate intervention for hearing loss is a critical factor in providing habilitation during the first three years of life when the development of language is most intense.

DATA SOURCES AND DATA ISSUES

Integrated newborn metabolic / genetic / hearing screening database. Records of newborn hearing screening and referrals. Audiological assessment and diagnostic evaluation reports.

SIGNIFICANCE

The advantages of early detection of confirmed permanent hearing loss or impairments are indisputable. Children who are enrolled in early intervention services develop significantly better in language ability and social development. A family-centered approach provides support to families in developing the communication skills of their infant with a hearing loss.

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: VI

HEALTH SYSTEMS CAPACITY MEASURE # 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>				
	1999	2000	2001	2002	2003
Annual Indicator	555.6	187.1	0.0	52.6	0.0
Numerator	500	160	0	45	0
Denominator	8,999	8,553	8,553	8,553	8,553
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	24.5	27.4	1.7
Numerator	0	0	434	466	10
Denominator	0	0	1,772	1,698	583
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 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>				
	1999	2000	2001	2002	2003
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,772	1,682	1,772	1,698	1,610
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 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>				
	1999	2000	2001	2002	2003
Annual Indicator	34.7	35.8	47.4	45.1	48.0
Numerator	615	601	840	763	772
Denominator	1,772	1,680	1,772	1,691	1,610
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	NaN	8.7
Numerator	0	0	0	0	144
Denominator	0	0	0	0	1,657
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 08

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
According to data received from the Roy L. Schneider Hospital MIS Department, there were no admissions for ages 0-5 during fiscal year 2003. For ages 5-16 years the average length of stay was 1 day.
2. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
Data reported by Medical Assistance Program - EPSDT Participation.
3. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
The Medical Assistance Program received a waiver from CMS to use SCHIP funds to supplement acute care for children eligible for MAP. This is due to the Medicaid cap in the territory which limits available Medicaid or SCHIP funds for eligible families.
4. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
Data for this indicator is not available from the Vital Statistics Registry for this reporting period.
5. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2005
Field Note:
This information is not available from the Medical Assistance Program or the Division of Dental Health Services.
6. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
The Virgin Islands does not receive SSI funds. Rehabilitative services are provided by Title V on an individual basis and the Division of Vocational Rehabilitation, Department of Human Services after eligibility is determined.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2003	Matching data files	<u>8.1</u>	<u>2.4</u>	<u>10.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2003	Matching data files	<u>3.3</u>	<u>1</u>	<u>4.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2003	Matching data files	<u>33.2</u>	<u>30</u>	<u>63.2</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2003	Matching data files	<u>30</u>	<u>18</u>	<u>48</u>

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

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>	2003	<u>250</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>)	2003	<u>250</u>
(Age range <u>6</u> to <u>14</u>)		<u>250</u>
(Age range <u>15</u> to <u>21</u>)		<u>250</u>
c) <i>Pregnant Women</i>	2003	<u>250</u>

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

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>	2003	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>)	2003	<u>200</u>
(Age range <u>6</u> to <u>14</u>)		<u>200</u>
(Age range <u>15</u> to <u>21</u>)		<u>200</u>
c) <i>Pregnant Women</i>	2003	<u>299</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2005

Field Note:

Data on Medicaid vs non-Medicaid births is not available from the Vital Statistics or Medical Assistance Program. Estimates are based on percent of low birth weight infants and average percent of prenatal patients with Medical Assistance.

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

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	2	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*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: VI

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	No
Other:		

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

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

HEALTH STATUS INDICATOR MEASURE # 01A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	9.9	9.0	9.5	12.1	_____
Numerator	176	151	169	205	_____
Denominator	1,772	1,682	1,772	1,698	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	8.4	8.3	8.7	10.5	_____
Numerator	144	137	151	173	_____
Denominator	1,707	1,651	1,728	1,653	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	2.6	2.1	1.8	2.0	_____
Numerator	46	36	32	34	_____
Denominator	1,772	1,682	1,772	1,698	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	2.1	1.9	1.6	1.7	_____
Numerator	36	31	28	28	_____
Denominator	1,707	1,651	1,728	1,653	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator			3.5	0.0	
Numerator			1	0	
Denominator	29,683	29,683	28,405	28,405	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03B

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator				0.0	
Numerator				0	
Denominator	29,683	29,683		28,405	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03C

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator				6.8	
Numerator				1	
Denominator	17,387	17,387		14,604	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04A

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator					
Numerator					
Denominator	29,683	29,683			
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 04B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	17,387	17,387	_____	_____	_____
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 04C

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	17,387	17,387	_____	_____	_____
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 05A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	54.0	89.9	76.0	_____
Numerator	_____	245	408	278	_____
Denominator	_____	4,540	4,540	3,657	_____
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 05B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	27.3	9.7	13.5	_____
Numerator	_____	314	111	155	_____
Denominator	_____	11,494	11,494	11,494	_____
Is the Data Provisional or Final?				Provisional	

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI**

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: 0 Is this data from a State Projection? No

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	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	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			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

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: 0 Is this data from a State Projection? No

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	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

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			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI**

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: 0 Is this data from a State Projection? No

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	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

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			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI**

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)*

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	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

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				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI**

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

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
Total - all children 0 through 19	0

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

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI**

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

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI**

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: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None