

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

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2004</b>	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									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: <b>State of Connecticut Dept of Public Health</b>		Organizational Unit: <b>Bureau of Community Health</b>										
Address (give city, county, state and zip code) <b>410 Capitol Ave MS #11FHS P.O. Box 340308 Hartford, CT 06134 County: Hartford</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Martha Okafor, Division Director</b> Tel Number: <b>(860) 509-8066</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>0</td><td>6</td><td>-</td><td>6</td><td>0</td><td>0</td><td>0</td><td>7</td><td>8</td></tr></table>		0	6	-	6	0	0	0	7	8	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> 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)	
0	6	-	6	0	0	0	7	8				
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: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
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: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Statewide comprehensive program of MCH services</b>					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Statewide</b>												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: <b>10/01/2004</b>	Ending Date: <b>09/30/2005</b>	a. Applicant <b>1</b>	b. Project <b>1-6</b>									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 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										
a. Federal	\$ <u>5,081,795.00</u>											
b. Applicant	\$ <u>407,636.00</u>											
c. State	\$ <u>7,101,000.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>12,590,431.00</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 <b>J. Robert Galvin, M.D., M.P.H.</b>		b. Title <b>Commissioner</b>	c. Telephone Number <b>(860) 509-7101</b>									
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: CT**

**1. FEDERAL ALLOCATION**

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

\$ 5,081,795

A.Preventive and primary care for children:

\$ 1,664,693 ( 32.76% )

B.Children with special health care needs:

\$ 1,804,295 ( 35.51% )

(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:

\$ 168,202 ( 3.31% )

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

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

\$ 407,636

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

\$ 7,101,000

**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

\$ 7,101,000

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

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

\$ 12,590,431

**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: \$ 330,000

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 953,058

j. Education: \$ 0

k. Other:

\$                     

\$                     

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

\$ 1,383,058

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 13,973,489

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: CT**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 5,002,767	\$ 4,297,947	\$ 5,194,317	\$ 0	\$ 5,081,795	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 337,603	\$ 0	\$ 197,803	\$ 0	\$ 407,636	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 8,223,336	\$ 7,019,981	\$ 6,823,652	\$ 0	\$ 7,101,000	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 13,563,706	\$ 11,317,928	\$ 12,215,772	\$ 0	\$ 12,590,431	\$ 0
<b>(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)</b>						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 2,193,260	\$ 1,420,040	\$ 1,761,177	\$ 0	\$ 1,383,058	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 15,756,966	\$ 12,737,968	\$ 13,976,949	\$ 0	\$ 13,973,489	\$ 0
<b>(STATE MCH BUDGET TOTAL)</b>						

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: CT**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,831,430	\$ 4,519,944	\$ 4,874,049	\$ 4,869,568	\$ 4,869,568	\$ 4,179,548
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 577,513	\$ 0	\$ 376,387	\$ 716,724	\$ 518,755	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 8,116,174	\$ 8,059,989	\$ 9,327,940	\$ 8,059,989	\$ 9,413,970	\$ 8,948,734
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 13,525,117	\$ 12,579,933	\$ 14,578,376	\$ 13,646,281	\$ 14,802,293	\$ 13,128,282
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 35,335,364	\$ 34,691,531	\$ 7,434,389	\$ 1,473,910	\$ 7,545,070	\$ 2,104,319
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 48,860,481	\$ 47,271,464	\$ 22,012,765	\$ 15,120,191	\$ 22,347,363	\$ 15,232,601
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

- 1. Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The amount of the federal allocation expended is less than budgeted due to the time lag in filling federal personnel vacancies, delay in the initiation of the Right From The Start (RFTS) program, and the use of carry forward to pay for the Pediatric Primary Care contracts with the Community Health Centers.
- 2. Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Expended differs from Budgeted amount due to a delay in hiring of several positions. Also accounting for the difference in Expended amount is the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.
- 3. Section Number:** Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The amount of the unobligated balance was not spent due to the time lag in filling federal personnel vacancies, delay in the initiation of the Right From The Start (RFTS) program, and the use of carry forward to pay for the Pediatric Primary Care contracts with the Community Health Centers.
- 4. Section Number:** Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
FY2003 Unobligated Balance: Expended differs from budgeted amount due to a delay in hiring of several positions. Also accounting for the difference in Expended amount is the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.

Since the Federal Allocation was not spent, the unobligated balance was not utilized.
- 5. Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
State funds that pay State personnel formerly were used as part of the accounting for maintenance of effort. These personnel, while many are still working on MCH activities, are no longer counted as part of the maintenance of effort. Connecticut achieves the maintenance of effort amount without counting these personnel.
- 6. Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
FY2003 State Funds: Expended differs from Budgeted due to almost \$1 million in budget cuts made to SBHCs as part of the Governor's budget reductions.
- 7. Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The amount of other federal funds expended was more than 5 million dollars less than budgeted because the MCH Director was no longer supervising the AIDS program and the federal AIDS funding. While the federal funding for AIDS program activities still is awarded to Connecticut, the funding is no longer under the oversight of the MCH director.
- 8. Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
FY2003 Other Federal Funds: Expended differs from Budgeted due to finalization of NHSC Search Program, Birth Defects Surveillance Grant and the Oral Health Promotion and Training Grant.

**FORM 4**

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

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

**STATE: CT**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 730,397	\$ 778,046	\$ 663,574	\$ 0	\$ 852,454	\$ 0
b. Infants < 1 year old	\$ 2,171,024	\$ 1,691,535	\$ 1,954,721	\$ 0	\$ 1,712,365	\$ 0
c. Children 1 to 22 years old	\$ 7,174,231	\$ 6,071,776	\$ 5,801,894	\$ 0	\$ 6,127,694	\$ 0
d. Children with Special Healthcare Needs	\$ 3,225,961	\$ 2,573,054	\$ 3,551,180	\$ 0	\$ 3,677,477	\$ 0
e. Others	\$ 0	\$ 32,001	\$ 0	\$ 0	\$ 41,433	\$ 0
f. Administration	\$ 262,093	\$ 171,516	\$ 244,403	\$ 0	\$ 179,008	\$ 0
g. SUBTOTAL	\$ 13,563,706	\$ 11,317,928	\$ 12,215,772	\$ 0	\$ 12,590,431	\$ 0

<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 130,936		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 330,484		\$ 330,484		\$ 330,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 613,437		\$ 579,682		\$ 953,058	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Loan Repayment	\$ 294,500		\$ 294,500		\$ 0	
Primary Care	\$ 121,209		\$ 151,511		\$ 0	
Various Funds	\$ 0		\$ 305,000		\$ 0	
NHSC Search	\$ 153,828		\$ 0		\$ 0	
Various Funds-See Notes	\$ 548,866		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 2,193,260		\$ 1,761,177		\$ 1,383,058	

**FORM 4**

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

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

**STATE: CT**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 987,406	\$ 850,616	\$ 945,848	\$ 738,963	\$ 1,162,226	\$ 596,076
b. Infants < 1 year old	\$ 2,007,179	\$ 1,907,329	\$ 2,121,659	\$ 2,179,926	\$ 2,437,519	\$ 1,771,245
c. Children 1 to 22 years old	\$ 6,172,368	\$ 6,264,407	\$ 7,164,402	\$ 6,512,343	\$ 7,507,904	\$ 6,714,150
d. Children with Special Healthcare Needs	\$ 3,885,090	\$ 3,124,697	\$ 3,870,536	\$ 4,005,922	\$ 3,230,438	\$ 3,778,710
e. Others	\$ 150,080	\$ 161,699	\$ 122,717	\$ 0	\$ 156,406	\$ 0
f. Administration	\$ 322,994	\$ 271,185	\$ 353,214	\$ 209,127	\$ 307,800	\$ 268,101
<b>g. SUBTOTAL</b>	<b>\$ 13,525,117</b>	<b>\$ 12,579,933</b>	<b>\$ 14,578,376</b>	<b>\$ 13,646,281</b>	<b>\$ 14,802,293</b>	<b>\$ 13,128,282</b>

**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	\$ 75,000	\$ 75,000	\$ 75,000
d. Abstinence Education	\$ 330,484	\$ 330,484	\$ 330,484
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 124,919	\$ 0	\$ 0
g. WIC	\$ 33,400,000	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 5,676,080	\$ 5,885,440
i. CDC	\$ 609,513	\$ 614,765	\$ 613,437
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Loan Repayment	\$ 0	\$ 0	\$ 294,500
NHSC Search	\$ 0	\$ 0	\$ 125,000
Primary Care	\$ 591,326	\$ 638,060	\$ 121,209
Drug Free Schools	\$ 104,122	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 35,335,364</b>	<b>\$ 7,434,389</b>	<b>\$ 7,545,070</b>

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

**1. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** PregWomenExpended

**Row Name:** Pregnant Women

**Column Name:** Expended

**Year:** 2002

**Field Note:**

The reduction from budgeted to actual deals with a re-apportionment of the State funded genetic diseases activities among the population groups served. After review of program services, the funding was shifted from women, infants, and children to CSHCN. This resulted in a decrease in the funding expended for women, infants, and children and increased the funding for CSHCN.

This is also partially due to State funded salary and fringe benefits previously budgeted for Maintenance of Effort. Although many of these staff still work in MCH programs they are no longer accounted in MOE.

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

**Field Name:** Children\_0\_1Expended

**Row Name:** Infants <1 year old

**Column Name:** Expended

**Year:** 2002

**Field Note:**

The "Right From The Start" program experienced a delay in start-up in FY 02 which resulted in \$105,000 of \$404,150 that was budgeted being spent. Some of this funding was apportioned to Infants<1 year old.

Also, there was a re-apportionment of the State funded genetic diseases activities among the population groups served. After review of program services, the funding was shifted from women and infants to CSHCN. This resulted in a decrease in the funding expended for women, infants, and children and increased the funding for CSHCN.

This is also partially due to State funded salary and fringe benefits previously budgeted for Maintenance of Effort. Although many of these staff still work in MCH programs they are no longer accounted in MOE.

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

**Field Name:** Children\_0\_1Expended

**Row Name:** Infants <1 year old

**Column Name:** Expended

**Year:** 2003

**Field Note:**

FY2003 Infants <1 year old: Expended differs from Budgeted amount due to the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.

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

**Field Name:** Children\_1\_22Expended

**Row Name:** Children 1 to 22 years old

**Column Name:** Expended

**Year:** 2002

**Field Note:**

The "Right From The Start" program experienced a delay in start-up in FY02. This resulted in \$105,000 of \$404,150 that was budgeted being spent. Some of this funding was apportioned to Children 1 to 22 years old. Also, the funding for the Pediatric Primary care programs within the Community Health Centers was paid for with carryover funds rather than with FY02 money. Most of this funding was apportioned to children 1 to 22 years old.

Also, there was a re-apportionment of the State funded genetic diseases activities among the population groups served. After review of program services, the funding was shifted from women and infants to CSHCN. This resulted in a decrease in the funding expended for women, infants, and children and increased the funding for CSHCN.

This is also partially due to State funded salary and fringe benefits previously budgeted for Maintenance of Effort. Although many of these staff still work in MCH programs they are no longer accounted in MOE.

**5. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** Children\_1\_22Expended

**Row Name:** Children 1 to 22 years old

**Column Name:** Expended

**Year:** 2003

**Field Note:**

FY2003 Children 1 to 22 years old: Expended differs from budgeted amount due to almost \$1 million in budget cuts made to SBHCs as part of the Governor's budget reductions.

**6. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** CSHCNExpended

**Row Name:** CSHCN

**Column Name:** Expended

**Year:** 2002

**Field Note:**

The increase to actual expenditures is the result of the re-class of funding from pregnant women and children and adolescents to CSHCN along with the additional re-class of salary and fringe benefits from budgeted to actual.

Also, there was a re-apportionment of the State funded genetic diseases activities among the population groups served. After review of program services, the funding was shifted from women, infants, and children to CSHCN. This resulted in a decrease in the funding expended for women, infants, and children and increased the funding for CSHCN.

This increase is partially offset by a decrease in State funded salary and fringe benefits previously budgeted for Maintenance of Effort (MOE). Although many of these staff still work in MCH programs they are no longer accounted in MOE.

**7. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** CSHCNExpended

**Row Name:** CSHCN

**Column Name:** Expended

**Year:** 2003

**Field Note:**

FY2003 CSHCN: Expended differs from budgeted amount due to the re-apportionment of staff time to different population groups and also due to a shift in the selection of State programs used to comprise the State Match.

**8. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AllOthersExpended

**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2002

**Field Note:**  
Maintenance of Effort budget vs actual is now zero due to re-class of salary and fringe benefits. MOE salary and fringe benefits are not used.

9. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AllOthersExpended

**Row Name:** All Others

**Column Name:** Expended

**Year:** 2003

**Field Note:**

FY2003 All Others: Expended differs from budgeted amount due to the reapportionment of WMACH staff time to serving men and non-childbearing women.

10. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2002

**Field Note:**

The amount of reduction in expended vs budgeted in administration relates to an early retirement of a Health Program Associate during the period. This impacts salary and fringe benefits.

11. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2003

**Field Note:**

FY2003 Administration: Administrative support staff retired and the position was not refilled.

**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 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 5,571,420	\$ 4,402,608	\$ 4,900,550	\$ 0	\$ 4,489,036	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,211,877	\$ 1,932,420	\$ 2,408,519	\$ 0	\$ 2,638,757	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 520,066	\$ 453,825	\$ 557,452	\$ 0	\$ 485,450	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,260,343	\$ 4,529,075	\$ 4,349,251	\$ 0	\$ 4,977,188	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (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.)	\$ 13,563,706	\$ 11,317,928	\$ 12,215,772	\$ 0	\$ 12,590,431	\$ 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: CT**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 34,670	\$ 626,819	\$ 324,368	\$ 4,901,684	\$ 3,626,083	\$ 5,024,758
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 6,965,000	\$ 5,804,295	\$ 7,191,010	\$ 3,316,234	\$ 4,846,365	\$ 2,590,471
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,235,074	\$ 945,185	\$ 1,031,242	\$ 414,046	\$ 1,313,764	\$ 513,587
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,290,373	\$ 5,203,634	\$ 6,031,756	\$ 5,014,317	\$ 5,016,081	\$ 4,999,466
<b>V. Federal-State Title V Block Grant Partnership Total</b> (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.)	\$ 13,525,117	\$ 12,579,933	\$ 14,578,376	\$ 13,646,281	\$ 14,802,293	\$ 13,128,282

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The expenditures for direct services was greater than expended because of a re-apportionment of State funds to School Based Health Centers (SBHC) from enabling services and population based services to direct services. When the FY02 budget was drafted, more of the State funding to SBHC was apportioned to enabling and population based services. Then, after review of program activities, it was felt that SBHC activities are more appropriately listed under direct services. This resulted in greater expenditures under direct services and lower expenditures under enabling services and population based services.

Also there were more funds spent in Planned Parenthood for the maintenance of effort than expected.
- 2. Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
FY2003 Direct Health Care Services: Expended differs from Budgeted due to budget cuts made to SBHCs as part of the Governor's budget reductions.
- 3. Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The Right from the Start program experienced a delay in start up in FY02 resulted in only \$105,000 of the \$404,150 that was budgeted being spent. The majority of this funding was apportioned to Enabling Services.

Also, the expenditures for enabling services was lower than expended because of a re-apportionment of State funds to School Based Health Centers (SBHC) from enabling services and population based services to direct services. When the FY02 budget was drafted, more of the State funding to SBHC was apportioned to enabling and population based services. Then, after review of program activities, it was felt that SBHC activities are more appropriately listed under direct services. This resulted in greater expenditures under direct services and lower expenditures under enabling services and population based services.

Also, many DPH personnel funded by MCHBG had been apportioned to enabling services. However, after review of program activities, it was felt that the services they provide are better described as infrastructure building.
- 4. Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
FY2003 Enabling Services: Expended differs from Budgeted amount due to the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.
- 5. Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The expenditures for population based services was less than expended because of a re-apportionment of State funds to School Based Health Centers (SBHC) from enabling services and population based services to direct services. When the FY02 budget was drafted, more of the State funding to SBHC was apportioned to enabling and population based services. Then, after review of program activities, it was felt that SBHC activities are more appropriately listed under direct services. This resulted in greater expenditures under direct services and lower expenditures under enabling services and population based services.

Also, State funded personnel had been used to calculate the maintenance of effort (MOE). Although many of these personnel still work in the MCH area, their salary and fringe benefits are no longer used to calculate the MOE.
- 6. Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
FY2003 Population-Based Services: Expended differs from Budgeted amount due to a delay in hiring of several positions.
- 7. Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Many DPH personnel funded by MCHBG had been apportioned to enabling services. However, after review of program activities, it was felt that the services they provide are better described as infrastructure building. This increase in infrastructure building services was offset by a drop in State funded personnel costs budgeted as part of the Maintenance of Effort (MOE). State funded personnel had been used to MOE and although many of these personnel still work in the MCH area, their salary and fringe benefits are no longer used to calculate the MOE.
- 8. Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
FY2003 Infrastructure Building Services: Expended differs from Budgeted amount due to a delay in hiring of several positions. Also, accounting for the difference were budget cuts made to SBHCs as part of the Governor's budget reductions and the withholding of payment to the Dept of Social Services for the Healthy Start Program due to a contractual dispute regarding a different contract. This money will be paid to DSS in the near future.

**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: 43,777

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	43,777	100	56	2	2	100
Congenital Hypothyroidism	43,777	100	51	12	12	100
Galactosemia	43,777	100	29	1	1	100
Sickle Cell Disease	43,777	100	42	23	23	100

**Other Screening (Specify)**

Biotinidase Deficiency	43,777	100	2	1	1	100
Hemoglobinopathies	43,777	100	823	0	0	
Homocystinuria	43,777	100	37	0	0	
Congenital Adrenal Hyperplasia (CAH)	43,777	100	42	1	1	100
Maple Syrup Urine Disease (MSUD)	43,777	100	24	1	1	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

Source: CT Dept of Public Health, Vital Statistics, State Laboratory and Newborn Screening Program, CY2003

### FIELD LEVEL NOTES

**1. Section Number:** Main

**Field Name:** BirthOccurence

**Row Name:** Total Births By Occurence

**Column Name:** Total Births By Occurence

**Year:** 2005

**Field Note:**

Column A Footnote (1) - Number of CY2003 occurrent births as of 3/18/04 is actually 43,299, but the form will not allow a discordant entry vs what's reported in column A. This number (43,777) is larger in that it includes samples obtained on babies born in CT, babies born out of state, adopted babies born in another state or country, and any other child for whom proof of NBS is unavailable. Also, there is an overlap of babies born in December of 2002 (actually tested in 2003) as there will be with the babies born in December of 2003 (will be tested in 2004). Unsatisfactory specimen reports from the State Laboratory are aggressively monitored and tracked by the Tracking Unit to assure that a satisfactory specimen is received.

**2. Section Number:** Main

**Field Name:** Phenylketonuria\_OneScreenNo

**Row Name:** Phenylketonuria

**Column Name:** Receiving at least one screen

**Year:** 2005

**Field Note:**

Column A Footnote (1) - Number of CY2003 occurrent births as of 3/18/04 was 43,299. This number,43,777, includes samples obtained on babies born in CT, babies born out of state, adopted babies born in another state or country, and any other child for whom proof of NBS is unavailable. Also, there is an overlap of babies born in December of 2002 (actually tested in 2003) as there will be with the babies born in December of 2003 (will be tested in 2004). Unsatisfactory specimen reports from the State Laboratory are aggressively monitored and tracked by the Tracking Unit to assure that a satisfactory specimen is received.

Column A Footnote (2) - Indicates number of "First Blood" screens in CY2003.

**3. Section Number:** Main

**Field Name:** Phenylketonuria\_Confirmed

**Row Name:** Phenylketonuria

**Column Name:** Confirmed Cases

**Year:** 2005

**Field Note:**

Column C Footnote (3) - Not included in this number are 5 confirmed Hyperphes.

**4. Section Number:** Main

**Field Name:** Galactosemia\_Confirmed

**Row Name:** Galactosemia

**Column Name:** Confirmed Cases

**Year:** 2005

**Field Note:**

Column C Footnote (4) - Not included in this number are 3 D/Gs, 1 D/D, and 1 carrier (N/G).

**5. Section Number:** Other Screening Types

**Field Name:** Other

**Row Name:** All Rows

**Column Name:** All Columns

**Year:** 2005

**Field Note:**

Column C - Other Screening Footnote (5) - 1) Hemoglobin Traits - Traits are not confirmed. A blank entry or an entry of "not applicable/available" was not possible with this electronic form, so zeroes were entered.

**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**

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	4,900	33.1		57.6	3.5	5.8
Infants < 1 year old	47,572	24.9	0.1	71.2	2.8	1.0
Children 1 to 22 years old	90,568	16.8	0.1	10.4	21.7	51.0
Children with Special Healthcare Needs	2,986	28.4	4.3	64.7	2.0	0.6
Others	43,529	23.1	1.1	7.9	21.3	46.6
<b>TOTAL</b>	<b>189,555</b>					

**FORM NOTES FOR FORM 7**

This data represents individuals who were served by Title V programs during FFY ending 9/30/03. Participants who have benefitted by more than one program may be counted more than once since there is no mechanism in place currently to provide unduplicated counts across programs. Counts on form 7 will not match form 8 data which is based, in large part, on Vital Statistics CY2002 data.

**FIELD LEVEL NOTES**

None

**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: 2002

**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
<b>DELIVERIES</b>								
Total Deliveries in State	42,224	33,984	5,129	222	304	1,604		981
Title V Served	42,224	33,984	5,129	222	304	1,604		981
Eligible for Title XIX	16,936	12,322	4,166	31	66	351		0
<b>INFANTS</b>								
Total Infants in State	41,996	33,827	5,072	221	300	1,600		976
Title V Served	41,996	33,827	5,072	221	300	1,600		976
Eligible for Title XIX	16,857	12,271	4,146	27	65	348		0

**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
<b>DELIVERIES</b>								
Total Deliveries in State	34,591	6,996	637					6,996
Title V Served	34,591	6,996	637					6,996
Eligible for Title XIX	11,342	5,594	0					5,594
<b>INFANTS</b>								
Total Infants in State	34,414	6,959	623					6,959
Title V Served	34,414	6,959	623					6,959
Eligible for Title XIX	11,289	5,568	0					5,568

## FORM NOTES FOR FORM 8

Data Source for Title XIX data = CT Dept of Social Services, enrolled estimates, FFY2002.

Other data is from CT Dept of Public Health, Vital Statistics, CY2002.

The Dept of Public Health's Title V staff serve all infants through the newborn hearing and screening programs. Data for "unduplicated count" of persons served by the Title V program do not reflect the magnitude of services provided in the state in that any given infant might be served on more than one occasion during a year by more than one of the state's multi-faceted Title V supported programs. The number of "Deliveries" is estimated as the number of fetal deaths plus infants. The number "Served by the Title V program" is also estimated as the total for the state since no other available data source tracks this information specific to Title V served.

### FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_All

**Row Name:** Total Infants in State

**Column Name:** Total All Races

**Year:** 2005

**Field Note:**

Information in this table is CY2002 Vital Statistics based. Form 7's data is FFY2003 programmatic information.

2. **Section Number:** I. Unduplicated Count By Race

**Field Name:** InfantsTitleV\_All

**Row Name:** Title V Served

**Column Name:** Total All Races

**Year:** 2005

**Field Note:**

Data in this cell will not match form 7's information in that Form 8's information is CY2002 Vital Statistics based and Form 7 is FFY03 programmatic data.

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

	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>	<b>FY 2001</b>
1. State MCH Toll-Free "Hotline" Telephone Number	Please Dial 211	1-800-505-2000	211	211	211
2. State MCH Toll-Free "Hotline" Name	MCH Information & Referral Services				
3. Name of Contact Person for State MCH "Hotline"	Sharon Tarala				
4. Contact Person's Telephone Number	(860) 509-8074	(860) 509-8074	(860) 509-8074	(860) 509-8074	(860) 509-8074
5. Number of calls received on the State MCH "Hotline" this reporting period			111,955	89,636	77,659

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

	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>	<b>FY 2001</b>
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. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM NOTES FOR FORM 9**

Number of calls increased due to continued marketing of the 211 phone number.

**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:**

Footnote for FY2003 #5: Number of calls increased by 25% due to continued marketing of the 211 phone number.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2005**  
*[SEC. 506(A)(1)]*  
**STATE: CT**

1. State MCH Administration:  
*(max 2500 characters)*

The Department of Public Health, the state's leader in public health policy and advocacy, is the agency which administers Connecticut's Title V program. Title V funding allows the state to address the health concerns of the Maternal and Child populations in areas of need throughout the state through community-based programs and interventions. These programs include Pregnancy-Related Mortality Surveillance (PRMS), Genetics and Universal Newborn Screening, Children with Special Health Care Needs, School Based Health Centers (SBHC), Oral Health, and the Right From the Start Program (RFTS). The health needs of the population along the continuum from birth through the reproductive years are addressed by these programs. Additionally, state capacity supported by Title V funding allows for ongoing planning and policy-making activities regarding the state's MCH population, whether it be within the department, between state agencies, or in other pertinent statewide health care arenas.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>5,081,795</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>407,636</u>
4. State Funds (Line 3, Form 2)	\$ <u>7,101,000</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>12,590,431</u></b>

9. Most significant providers receiving MCH funds:

CSHCN program –Community Based Case Managemen  
MCH Info. & Referral Service - United Way Infoline  
School Based and Community Health Centers  
Right From the Start for Pregnant & Parenting Teens

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

a. Pregnant Women	<u>4,900</u>
b. Infants < 1 year old	<u>47,572</u>
c. Children 1 to 22 years old	<u>90,568</u>
d. CSHCN	<u>2,986</u>
e. Others	<u>43,529</u>

11. Statewide Initiatives and Partnerships:

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

The state CSHCN program is administered by two regional centers- Connecticut Children's Medical Center in Hartford, and the Children's Hospital at Yale, New Haven. These centers are responsible for coordinating CSHCN access to specialty and subspecialty services, linkage to a medical home, care coordination services, including access of necessary durable medical equipment, medication prescriptions and specialized formulas for children with these special needs that are determined to be eligible as being uninsured or underinsured. . The Right From the Start Program (RFTS) provides intensive case management services to pregnant and parenting teens under 20 years of age. The goal of the program is to promote healthy birth outcomes and subsequent repeat births to teens. The program has integrated the USPHS/Smoke Free Families "5As" smoking cessation intervention model for pregnant women. The program also provides breastfeeding information and support. The Right From the Start Program (RFTS) provides intensive case management services to pregnant and parenting teens under 20 years of age. The goal of the program is to promote healthy birth outcomes and subsequent repeat births to teens. The program has integrated the USPHS/Smoke Free Families "5As" smoking cessation intervention model for pregnant women. The program also provides breast-feeding information and support.

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

The Universal Newborn Screening Program is a population-based initiative that screens all newborns delivered in CT for the following eight diseases: biotinidase deficiency, congenital hypothyroidism, galactosemia, homocystinuria, maple syrup urine disease, phenylketonuria, congenital adrenal hyperplasia, Tyrosinemia, LCHADD (3-Hydroxy Long-Chain ACYL-CoA Dehydrogenase Deficiency), and MCADD (Medium-Chain ACYL-CoA Dehydrogenase Deficiency) and hemoglobinopathies. The goal of the program is to assure that all newborns with positive screenings are referred for confirmation of these conditions with appropriate treatment and follow-up as early as possible. The Department has contracted with an Obstetrician/Gynecologist to perform record reviews for the Pregnancy Related Mortality Surveillance Program. and . The case summaries are reviewed in collaboration with the Maternal Mortality Committee of the Connecticut State Medical Society. The Medical Society identifies preventable causes of pregnancy-related mortality and, in concert with the DPH, facilitate educational programs to prevent such deaths. Through its Pregnancy-Related Mortality Surveillance (PRMS) Program, the DPH has had a Memorandum of Agreement (MOA) with the University of Connecticut Health Center (UCHC), to review all pregnancy-related deaths. The initial review of cases is conducted in collaboration with the Maternal Mortality Committee of the Connecticut State Medical Society. While the process remains the same, the Department will be contracting with a different physician to perform record reviews and present case summaries to the State Medical Society. The Medical Society will identify preventable causes of pregnancy-related mortality and, in concert with the DPH, facilitate educational programs to prevent such deaths. Subsequent to Medical Society review, cases of pregnancy-related mortality will be reviewed by the Statewide Pregnancy-Related Mortality Case Review Team supported by the State Mortality/Morbidity Review Support grant from the MCHB.

c. Infrastructure Building Services:  
*(max 2500 characters)*

Schools in Connecticut enhance access to health care services for students, especially those most in need, by providing these services in the school setting. School-Based Health Centers provide a wide range of health care services, including dental health, mental health, and social services through an interdisciplinary team. SBHCs are an important source of health care and provide a "medical home" for thousands of uninsured and underinsured children and youth in the state. The Oral Health Program is dedicated to meeting the oral health objectives of Healthy People 2010. Its highest priority is the enhancement of availability and access to quality dental care for underserved

children. Programming efforts include: baby bottle tooth decay, school-based dental clinics, oral facial injury prevention, tobacco use cessation, child abuse recognition and reporting, fluoridation surveillance, oral-facial anomalies registry and referral, and dental care providers directory. In collaboration with the CT Chapter of ACOG, the DPH is focusing on the integration of Oral Health screenings during prenatal visits. The Oral Health Program is dedicated to meeting the oral health objectives of Healthy People 2010. Its highest priority is the enhancement of availability and access to quality dental care for underserved children. Programming efforts include: baby bottle tooth decay, school-based dental clinics, oral facial injury prevention, tobacco use cessation, child abuse recognition and reporting, fluoridation surveillance, oral-facial anomalies registry and referral, and dental care providers directory.

12. The primary Title V Program contact person:

Name Martha Okafor,Ph.C.,MPA  
Title Director, Family Health Division  
Address Department of Public Health410 Capitol Avenue, MS#1  
City Hartford  
State CT  
Zip 06134-0308  
Phone (860) 509-7832  
Fax (860) 509-7720  
Email martha.okafor@po.state.ct.us  
Web \_\_\_\_\_

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

Name Dorothy Pacyna,RN,MS  
Title Supervisor,Child, Adolescent and School Health Unit  
Address Department of Public Health410 Capitol Avenue, MS#1  
City Hartford  
State CT  
Zip 06134-0308  
Phone (860) 509-7516  
Fax (860) 509-7720  
Email dorothy.pacyna@po.state.ct.us  
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: CT**

**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	_____	_____	_____	_____	100
Annual Indicator	_____	_____	_____	100.0	100.0
Numerator	_____	_____	_____	43	41
Denominator	_____	_____	_____	43	41
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
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	_____	_____	_____	_____	59.8
Annual Indicator	_____	_____	_____	59.8	59.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	59.8	59.8	59.8	59.8	59.8
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	_____	_____	_____	_____	56.9
Annual Indicator	_____	_____	_____	56.9	56.9
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	56.9	56.9	56.9	56.9	56.9
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	_____	_____	_____	_____	61.3
Annual Indicator	_____	_____	_____	61.3	61.3
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	61.3	61.3	61.3	61.3	61.3
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 # 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	_____	_____	_____	_____	76.8
Annual Indicator	_____	_____	_____	76.8	76.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	76.8	76.8	76.8	76.8	76.8
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	_____	_____	_____	_____	5.8
Annual Indicator	_____	_____	_____	5.8	5.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.8	5.8	5.8	5.8
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.

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>82</u>
<b>Annual Indicator</b>	<u>86.0</u>	<u>88.0</u>	<u>82.0</u>	<u>78.0</u>	<u>91.1</u>
<b>Numerator</b>	<u>75,253</u>	<u>76,374</u>	<u>71,373</u>	<u>67,372</u>	<u>78,103</u>
<b>Denominator</b>	<u>87,503</u>	<u>86,789</u>	<u>87,040</u>	<u>86,374</u>	<u>85,734</u>
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>91.4</u>	<u>91.7</u>	<u>92</u>	<u>92</u>	<u>92</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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.

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>21.3</u>	<u>17.9</u>	<u>16.6</u>	<u>16.1</u>	<u>14</u>
<b>Annual Indicator</b>	<u>18.7</u>	<u>16.7</u>	<u>16.2</u>	<u>14.0</u>	
<b>Numerator</b>	<u>1,192</u>	<u>1,077</u>	<u>1,044</u>	<u>982</u>	
<b>Denominator</b>	<u>63,585</u>	<u>64,362</u>	<u>64,362</u>	<u>69,947</u>	
<b>Is the Data Provisional or Final?</b>				Provisional	

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>14</u>	<u>13.8</u>	<u>13.8</u>	<u>13.6</u>	<u>13.6</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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	30	35	30	30	26
Annual Indicator	25.1	26.0	26.0	26.0	26.0
Numerator	283	357	357	357	357
Denominator	1,128	1,374	1,374	1,374	1,374
Is the Data Provisional or Final?				Final	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 # 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	2.6	0.8	0.8	1	0.7
Annual Indicator	0.8	1.1	1.0	0.7	
Numerator	5	7	7	5	
Denominator	654,304	666,135	709,075	729,316	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.7	0.7	0.6	0.6	0.6
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	67	69	69.3	69.4	73.2
Annual Indicator	68.1	67.8	69.3	73.2	
Numerator	29,485	28,923	29,597	30,741	
Denominator	43,296	42,660	42,708	41,996	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	73.2	73.4	73.4	73.5	73.5
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 # 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	0	95	96	95	97
Annual Indicator	NaN	45.5	93.0	96.9	100.0
Numerator	0	19,594	39,266	41,347	41,852
Denominator	0	43,020	42,231	42,655	41,868
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	99.9	99.9	99.9	99.9	99.9
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	5.7	5.6	4.8	4.8	4.5
Annual Indicator	5.9	4.3	4.8	4.5	
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.4	4.3	4.3	4.3
Annual Indicator					
Numerator					
Denominator					

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

**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	37	40.1	44.1	44.1	43.2
Annual Indicator	38.1	43.4	40.1	43.1	44.2
Numerator	79,566	90,390	91,893	101,043	111,992
Denominator	208,822	208,218	229,317	234,466	253,576
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	44.3	44.3	44.4	44.4	44.5
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 # 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	1.4	1.5	1.5	1.5
Annual Indicator	1.6	1.6	1.5	1.6	
Numerator	698	690	649	663	
Denominator	43,296	42,660	42,708	41,687	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.4	1.4	1.4	1.4
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.

**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	4.5	4.5	4.5	9.2	5.6
Annual Indicator	5.2	7.8	9.7	5.6	
Numerator	11	17	21	13	
Denominator	209,565	216,627	216,627	230,667	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.6	5.5	5.5	5.4	5.4
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.

**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	86.2	86	86.2	83.1	87.5
Annual Indicator	83.4	82.3	83.1	87.5	
Numerator	582	568	539	580	
Denominator	698	690	649	663	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	87.5	87.5	87.6	87.6	87.6
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	89.1	89.1	89.1	88.9	88.8
Annual Indicator	85.6	85.5	88.8	88.5	
Numerator	37,074	36,773	36,823	36,358	
Denominator	43,296	43,030	41,478	41,080	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	88.9	89	89.1	89.2	89.2
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 # 1**

The percentage of CSHCN clients enrolled in the State CSHCN program that have a written health care service plan.(was numbered 25 in a prior year)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85%	85%	95%	95%	95
Annual Indicator	75.0	92.7	95.5	92.6	95.7
Numerator	461	644	513	647	512
Denominator	615	695	537	699	535
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	96	97	98	98	98
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 degree to which the Connecticut State Department of Public Health improves mental health screening, assessment, referral and linkages to services and supports in Title V funded programs.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			2	5	9
Annual Indicator		0	2	5	9
Numerator		0	2	5	9
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	11	12	12	12
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**

Pediatric Mortality due to injury. (The rate of deaths to children aged 1-19 caused by unintentional and intentional injury). (Was #22 in a prior year)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	14.0	11.2	10.9	11.5	11.7
Annual Indicator	11.7	11.2	11.9	11.9	
Numerator	101	99	105	109	
Denominator	863,869	882,762	882,629	916,836	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	11.5	11.2	11	10.8	10.6
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**

The degree to which Title V programs target services to racial and/or ethnic groups with disparities in pregnancy outcomes.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			1	4	7
Annual Indicator		0	1	4	6
Numerator		0	1	4	6
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8	9	10	11	12
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 # 5**

The degree to which the Connecticut Department of Public Health has developed and implemented a Statewide Genetics Plan.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			3	6	8
Annual Indicator		0	4	4	6
Numerator		0	4	4	6
Denominator	10	10	10	10	10
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7	8	9	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**

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report accurate information on pregnancy-related mortality.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			2	4	5
Annual Indicator		1	3	5	5
Numerator		1	3	5	5
Denominator	7	7	7	7	7
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	7	7	7
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 7**

The degree to which the State of Connecticut Department of Public Health improves education, diagnosis, and case management for asthma.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			1	8	11
Annual Indicator		0	1	8	10
Numerator		0	1	8	10
Denominator	14	14	14	14	14
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	12	13	14	14	14
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 community-based public health care facilities that provide comprehensive dental services for needy or vulnerable children and their families.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	30%	35%	37%	38.5%	36
Annual Indicator	28.8	33.3	36.3	42.5	41.2
Numerator	44	29	37	48	49
Denominator	153	87	102	113	119
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	42	43	44	45	45
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 # 9**

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report information on all children with special health care needs in the State.

**Annual Objective and Performance Data**

	1999	2000	2001	2002	2003
Annual Performance Objective		4	10	16	17
Annual Indicator		4	7	9	13
Numerator		4	7	9	13
Denominator	18	18	18	18	18
Is the Data Provisional or Final?					

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	15	16	17	18	18
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

None

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CY2003 CDPH Newborn screening program supplied the percentage of confirmed cases who also received appropriate followup. (For more info. on CT's newborn screening procedures/data see also the detailed note with Form 6.)
2. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.  
CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.
3. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 from the SLAITS Survey have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 from the national SLAITS Survey have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Centers for Disease Control N.I.S. data 2002 survey for 4: 3: 1: 3: 3:.. CT ranks #1 among states for immunization success rate. Denominator represents CY 2000-2001 resident births. The numerator is not an actual #, but a synthetic estimate based on the percentage derived from the National Immunization Survey Sampling data of children with DOB 8/99-11/01.) Web source: [http://www.cdc.gov/nip/coverage/nis/02-03/tab03\\_antigen\\_state.xls](http://www.cdc.gov/nip/coverage/nis/02-03/tab03_antigen_state.xls)
8. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
CDPH Vital Statistics for Connecticut are provisional for 2002 at this time. We do not anticipate having final 2003 data until a year from now.
9. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for this measure requires a state survey of third grade children.  
CT has no new data since the last such survey was funded SFY2000.
10. **Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
CT Department of Public Health, Vital Statistics, 2002.
11. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005

**Field Note:**

Source: Mother's survey, Ross Products Division, Abbott Laboratories, Inc. Percent is derived from CY2002 mail survey sampling with numerator and denominator derived from projections to DPH birth data.

12. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
CY2003 CT Newborn Screening Program data matched with EVRS and AVIS system. No data available for 1999 or prior as the program started in 2000.
13. **Section Number:** Performance Measure #13  
**Field Name:** PM13  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: US Bureau of the Census, Current Population Survey based on three year rolling averages, 2002.
14. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
CT Dept of Social Services, Form CMS416, FFY2003.
15. **Section Number:** Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health, Vital Statistics, CY2002 Provisional
16. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health, Vital Statistics CY2002 Provisional
17. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health, Vital Statistics CY2002 Provisional  
Sixteen of CT's acute hospitals with self-declared NICU's were included in this survey.
18. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health, Vital Statistics CY2002 Provisional
19. **Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
19. State Performance Measure #1  
Source: CSHCN Centers. If this measure were assessed for those who were known to the program 3 months or longer, we expect it would be substantially higher.
20. **Section Number:** State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
State Performance Measure #2  
FY2003 accomplishments towards achieving this goal included 4 more of the 12 criteria now totalling 9 cumulative steps completed thus far. New steps accomplished are:  
Implement data collection & evaluation methods within the  
1)SBHC,  
2)CSHCN,  
3)Right From the Start Program, and  
4)Pediatric Primary Care Clinics located within CHC's  
to determine the extent to which appropriate mental hlth screening, assessment, referral & linkages are in place.
21. **Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health, Vital Statistics, Provisional CY2002
22. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

22. State Performance Measure #4

With 2 new steps completed in 2003, DPH staff & colleagues have now accomplished 6 of the 12 criteria that comprise this measure. The 2 Steps accomplished were:

- 1) Select Title V programs/locations for expanded effort to reduce racial/ethnic disparities in adverse pregnancy outcomes; and
- 2) Develop & implement outreach programs to expand enrollment of high risk groups in selected Title V program/locations.

**23. Section Number:** State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

23. State Performance Measure #5

In 2003, 2 new criteria/steps were completed totalling 6 of the 10 criteria now accomplished.

The 2 new steps accomplished were:

DPH's Family Health Div. will

- 1) develop partnerships with consumer groups and other services (CT PKU Planning Group, March of Dimes, CT Dept of Education, CT Local Health, & Dept of Insurance) to identify & address special needs of children with genetic & metabolic disorders; and
- 2) identify stakeholders & expand the Genetic Advisory Committee (GAC) to provide a forum for the exchange of genetic information among consumers, healthcare professionals, policymakers, & educators.

**24. Section Number:** State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

24. State Performance Measure #6

No additional steps were completed in 2003. 5 of 7 steps have been accomplished to date.

**25. Section Number:** State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

25. State Performance Measure #7

In 2003, DPH accomplished 2 more of the 14 criteria/steps that comprise this measure, totalling 10 of the 14 accomplished thus far.

The 2 new steps accomplished were:

- 1) Among children with special health care needs diagnosed with asthma, implement evaluation of asthma triggers in homes by the CSHCN case manager; and
- 2) Using information gathered from the asthma needs assessments, implement activities related to asthma education, diagnosis, or management that assist the Community Health Centers(CHCs) in providing services to children with asthma.

**26. Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

26. State Performance Measure #8

CY2003 survey of safety net providers. Oral Health Services have been reduced in scope in many places due to budget difficulties across the state.

**27. Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

27. State Performance Measure #9

In 2003, DPH accomplished 4 more of the 18 criteria that comprise this measure resulting in 13 of the 18 steps accomplished to date.

The 4 newly accomplished steps include:

- 1) Initiate a CSHCN Registry Advisory Committee with representation from the disciplines of epidemiology, hospital administration, maternal & child health, genetics, early intervention, the March of Dimes, family advocacy, & public health; and
- 2) Begin receiving reports of cases from the module added to the electronic Newborn Screening System;
- 3) Begin tracking referrals of newborns to CSHCN Centers and the Birth-to-Three program using the module added to the electronic Newborn Screening System; and
- 4) Begin using the CSHCN Registry's data management system by the end of 2002.

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

**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	6.4	6	6	6	6.2
Annual Indicator	6.1	6.6	6.1	6.3	
Numerator	262	282	259	265	
Denominator	43,296	43,030	42,659	41,996	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.1	6	5.9	5.9	5.8
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	1.6	1.6	1.8	1.9	2.5
Annual Indicator	1.9	2.5	3.6	2.7	
Numerator	10.6	14.5	16.5	14	
Denominator	5.6	5.7	4.6	5.1	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	2.2	2.1	2	1.9
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	4.4	4.6	4.6	4.5	4.4
Annual Indicator	4.7	5.0	4.5	4.5	
Numerator	204	213	193	189	
Denominator	43,296	43,030	42,659	41,996	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.3	4.3	4.2	4.2
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.

**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	1.8	1.3	1.3	1.5	1.6
Annual Indicator	1.3	1.6	2.1	1.8	
Numerator	58	69	89	76	
Denominator	43,296	43,030	42,659	41,996	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.4	1.3	1.2	1.2
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.

**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	10	9.3	9.2	8.4	9.2
Annual Indicator	9.3	9.3	8.4	9.3	
Numerator	405	404	360	391	
Denominator	43,530	43,253	42,859	42,224	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.1	9	8.9	8.8	8.7
Annual Indicator					
Numerator					
Denominator					

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

**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	16.8	16	15.3	15.2	13
Annual Indicator	16.0	15.3	13.8	13.1	
Numerator	105	102	92	90	
Denominator	654,304	666,135	666,002	686,169	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	13	13	13	12.9	12.9
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**

Source: Outcome Measures #01-06 are from the CT Dept of Public Health, Vital Statistics, 2002 provisional data.

**FIELD LEVEL NOTES**

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.

    2    

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.

    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.

    2    

**Total Score:**     15    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

Source: CT Dept of Public Health, Family Advocate, CSHCN Centers Family Advocates (parents of CSHCN), Outreach workers, Family Resource Specialists, members of the Family Advisory Committee, representatives from Family Voices FFY03.

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE: CT 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. Enhance CSHCN services.
2. Reduce the health disparities between whites and other racial/ethnic groups.
3. Encourage the adoption of healthy habits among children and adolescents.
4. Reduce teen pregnancy.
5. Reduce the frequency and/or severity of injuries to children and adolescents.
6. Improve access to and quality of care for women and children.
7. Improve data capacity related to Maternal and Child Health issues.
8. Enhance Oral Health services.
9. Enhance referrals for Mental Health services.
10. Improve recognition, diagnosis, and case management for asthma.

**FORM NOTES FOR FORM 14**

Connecticut's list of Priority Needs was developed in conjunction with the 5 year needs assessment. This list may change next year as we revisit this process.

**FIELD LEVEL NOTES**

None

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

STATE: CT

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.	<b>Data-related Issues - Data Systems Development</b> 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>	Develop Web-based reporting system for Title V programs (first priority: CSHCN Program)	To improve provider access to comprehensive, electronic health care info in order to provide coordinated care planning in a timely manner. Web-based reporting eliminates the need for paper-submission and is less burdensome on the Title V providers.	Unknown
2.	<b>Data-related Issues - Data Systems Development</b> 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>	Assistance with development of adequate data reporting systems that capture quality of services and properly evaluate outcomes of programs in addition to utilization. Need to assess current programs' level of male involvement.	As a result of reorganization, and as identified through Division's strategic planning, need to assess and acknowledge male involvement and enhance where indicated.	Unknown and New Haven Family Alliance for Men
3.	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>			
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: <u>                    </u>			
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: <u>                    </u>			
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: <u>                    </u>			
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: CT**

SP #     1    

<b>PERFORMANCE MEASURE:</b>	The percentage of CSHCN clients enrolled in the State CSHCN program that have a written health care service plan.(was numbered 25 in a prior year)
<b>STATUS:</b>	Active
<b>GOAL</b>	To assure CSHCN clients will receive coordinated and comprehensive primary and specialty health care which is documented and monitored.
<b>DEFINITION</b>	<p>At least 95% of state CSHCN clients will have a written health care service plan that documents the quality and use of services and is subject to periodic monitoring.</p> <p><b>Numerator:</b> The number of clients enrolled in the State CSHCN program with a written health care service plan.</p> <p><b>Denominator:</b> The total number of clients enrolled in the State CSHCN program.</p> <p><b>Units:</b> 100   <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	1-5. Usual primary care provider. 1-14. Special needs of children. 16-23. Service systems for children with special health care needs.
<b>DATA SOURCES AND DATA ISSUES</b>	State CSHCN programs.
<b>SIGNIFICANCE</b>	Children with chronic and disabling conditions receive services by a multitude of sub specialty providers. A written health care plan helps to maximize the delivery of health care services by coordinating and assuring the provision of necessary and quality health care services.

SP # 2

**PERFORMANCE MEASURE:**

The degree to which the Connecticut State Department of Public Health improves mental health screening, assessment, referral and linkages to services and supports in Title V funded programs.

**STATUS:**

Active

**GOAL**

To improve access to screening, assessment, referral and linkages to mental health supports and services for families in Title V.

**DEFINITION**

This measure has eleven component steps that are tracked in form 11 each year by summing the number of yes responses to each criteria statement. In summary, the approach to achieving this goal incorporates: a) Formation of a DPH workgroup that will facilitate, b) Identifying appropriate standards for mental health programs (especially as may relate to three targeted DPH programs: CSHCN, School-based Health Centers and Pediatric Primary Care Programs), c) Inventory and develop a plan for assessment of current programs, d) Implementation of data collection and evaluation methods in programs to determine the extent to which appropriate mental health screening, assessment, referral and linkages are in place, e) Provide training and technical assistance to Title V funded programs to meet identified needs, and f) Increase screening and utilization of community based mental health services by Title V families by 5% per year over the baseline in years 3,4 and 5.

**Numerator:**

Numerator: Sum of the scores for 12 criteria/indicators. 0 = No 1 = Yes Total of the twelve indicator check boxes equals a possible 0 through 12.

**Denominator:**

Denominator: Total possible number of points in twelve(12) indicator boxes.

**Units:** 12 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

6-2. Feelings and depression among children with disabilities.

18-6. (Developmental) Increase the number of persons seen in primary health care who receive mental health screening and assessment.

18-7. Treatment for children with mental health problems.

**DATA SOURCES AND DATA ISSUES**

Source: Staff assessments from DPH progress reports, meeting minutes and various data sources on degree of completion of criteria. Existing Family Health Division programs with activity (current or potential) in this area include: School based Health Centers, Pediatric Primary Care Centers, Community Health Centers, APP/YPP, Children with Special Health Care Needs. SBHC database contains encounter data on more than 20,000 mental health/social service visits per year. CSHCN programs develop care plans for children served which may include activities to address psychosocial needs. Family Health Division provides training and workshops to improve the capacity of our providers to meet the mental health needs of the population.

**SIGNIFICANCE**

There is an increasing emphasis on the federal/state levels for improved systems of mental health(MH)svcs. The Surgeon General(S.G.)Report on MH defined that MH is fundamental to hlth, that M disorders are real hlth conditions, & in the U.S., MH programs like gen. hlth programs are rooted in a pop-based public hlth model. This Report defines MH as the successful performance of M. functions, resulting in productive activities, fulfilling relationships w/other people, the ability to adapt to change, to cope w/adversity from early childhood until late life, MH is the springboard of thinking/communicating skills/learning/emotional growth, resilience, & self-esteem. Discussion taken from HP2010 Conf. Ed., measure 18-7: For children <18 lifelong M disorders may start in childhood or adolescence. For many, normal develop. is disrupted by biological/enviro/psychosocial factors, which impair their MH, interfere w/education/social interactions & keep them from realizing their full potential.

SP #        3

**PERFORMANCE MEASURE:**

Pediatric Mortality due to injury. (The rate of deaths to children aged 1-19 caused by unintentional and intentional injury). (Was #22 in a prior year)

**STATUS:**

Active

**GOAL**

To reduce the number of deaths to children aged 1-19 caused by intentional and unintentional injuries.

**DEFINITION**

Pediatric mortality due to injury.

**Numerator:**

Number of deaths to children aged 1-19 caused by injuries. This includes unintentional injuries, suicides and homicides.

**Denominator:**

All children in the state aged 1-19.

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

18-1. Suicide  
15-32. Homicides  
15-13. Deaths from unintentional injuries.

**DATA SOURCES AND DATA ISSUES**

Numerator: CT Dept. of Public Health, Vital Records, Table 9 of Registration Report. ICD-9 codes E800-E999 through CY1998 and ICD-10 for subsequent years. Denominator: Connecticut population estimate for residents 1-19, CT Dept. of Public Health, Table 1 of Registration Report. Infant deaths (age less than 1) have been excluded here because the magnitude of the problem is less dramatic in this age group. Only 6 of the 322 Connecticut infant deaths in 1995 were due to injury.

**SIGNIFICANCE**

Injuries account for three out of four deaths to children age 1-19 (186 of 250 deaths in CT in 1995).

SP # 4

**PERFORMANCE MEASURE:**

The degree to which Title V programs target services to racial and/or ethnic groups with disparities in pregnancy outcomes.

**STATUS:**

Active

**GOAL**

To reduce disparities among racial and/or ethnic groups in the occurrence of poor birth outcomes (i.e., low birth weight, infant or maternal mortality).

**DEFINITION**

This measure has twelve component steps that are tracked in form 11 each year by summing the number of yes responses to each statement. In summary, the approach to achieving this goal incorporates: a) Formation of a DPH workgroup that will facilitate, b) Identifying populations by racial/ethnic group as well as geographic locations at increased risk of adverse pregnancy outcomes, c) Establish an inter-disciplinary workgroup including consumers to mount a coordinated statewide Perinatal Initiative, d) Describe culturally competent and developmentally appropriate strategies to address adverse pregnancy outcomes within Title V programs, e) Profile the population served by the Title V programs and implement strategies to enhance services to the at-risk where indicated, and f) Reduce racial/ethnic disparities in pregnancy outcomes in Title V program/locations selected for expanded effort by 5% by September 30, 2005.

**Numerator:**

Numerator: Sum of the scores for 12. 0 = No 1 = Yes Total of the twelve indicator check boxes equals a possible 0 through 12.

**Denominator:**

Total possible number of points in twelve (12) indicator boxes (12).

**Units:** 12 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

9-1. Intended Pregnancy  
9-2. Birth Spacing  
16-1. Fetal and Infant Deaths  
16-4. Maternal Deaths  
16-6. Prenatal Care  
16-10. Low birth weight and very low birth weight  
16-14. Developmental disabilities  
16-17. Prenatal substance exposure

**DATA SOURCES AND DATA ISSUES**

Source: Staff assessments from progress reports & various data sources on degree of completion of criteria. Vital Statistics. Data from quarterly reports on number of clients seen and proportions of those who are of racially/ethnically disparate groups for obstetric outcomes.

**SIGNIFICANCE**

The disparities in pregnancy outcomes between whites and other racial/ethnic groups parallel other disparities among the same groups; lead poisoning, sexually transmitted diseases, asthma and other health problems that are related to the physical and socio-economic environments in which people live. Population groups who are at risk for most or all of these should be given high priority for Title V services to help narrow these disparities.

SP # 5

**PERFORMANCE MEASURE:**

The degree to which the Connecticut Department of Public Health has developed and implemented a Statewide Genetics Plan.

**STATUS:**

Active

**GOAL**

Develop an infrastructure whereby a Statewide Genetics Plan will be developed and implemented.

**DEFINITION**

This measure has ten component steps that are tracked in form 11 each year by summing the number of yes responses to each statement. In summary, the approach to achieving this goal incorporates: a) Family Health Division(FHD) staff will review survey data from three recent surveys to determine genetic educational and service needs, b)FHD will expand the Genetic Advisory Committee(GAC) to provide a forum for the exchange of genetic information among consumers, health care professionals, policymakers and educators, c)FHD will develop partnerships with academic institutions, consumer groups and related professionals to promote genetic education and identify needs, d) FHD with the GAC will develop, implement and evaluate a statewide Genetics Plan.

**Numerator:**

Numerator: Number of Yes answers for 10 criteria/indicators. 0 = No 1 = Yes Total of the ten indicator check boxes equals a possible 0 through 10.

**Denominator:**

Total possible number of points, ten (10) in ten indicator boxes.

**Units:** 10 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-20. Newborn bloodspot screening

21-16. State-based surveillance system

**DATA SOURCES AND DATA ISSUES**

Source: Staff assessments from progress reports, meeting minutes and various data sources on degree of completion of criteria. Survey and research projects:\* New England Metabolic Consortium Survey, 1999\* CT Hospital Genetic Services Survey, 2000\* The Future of Pediatric Education II Project

**SIGNIFICANCE**

With the rapid expansion in the field of human genetics including the Human Genome Project, it becomes difficult for public health officials, policymakers, healthcare providers, and the general public to keep abreast of new information and its potential implications. Therefore, a Statewide Genetics Plan is needed to address the multitude of issues related to the advancement of genetic medicine so as to prevent disease and improve health.

**PERFORMANCE MEASURE:**

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report accurate information on pregnancy-related mortality.

**STATUS:**

Active

**GOAL**

To decrease preventable maternal mortalities.

**DEFINITION**

This measure has seven component steps that are tracked in form 11 each year by summing the number of yes responses to each statement. In summary, the approach to achieving this goal incorporates: a) changes in the death certificate itself, development of record abstract form and review of cases by a board-certified obstetrician/gynecologist in accordance with Centers for Disease Control protocols, b) regular reviews of deaths by the CT State Medical Society's Perinatal Morbidity and Maternal Mortality subcommittees, c) regular reporting of pregnancy-related mortality in DPH publications, and d) annual provider prevention education by in-services, newsletter articles etc.

**Numerator:**

Numerator: Number of Yes answers for 7 criteria/indicators. 0 = No 1 = Yes Total of the seven indicator check boxes equals a possible 0 through 7.

**Denominator:**

Denominator: Total possible number of points in seven (7) indicator boxes.

**Units:** 7 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-4. Maternal Deaths

**DATA SOURCES AND DATA ISSUES**

Source: Staff assessments from progress reports & various data sources on degree of completion of criteria. This requires data from the Maternal and Child Health Unit of the Family Health Division in the form of meeting minutes, reports from Vital Records, matching of deaths of women of childbearing age with fetal death and live birth records, review of death certificate categories, medical record reviews, and other documentation of progress toward these indicators.

**SIGNIFICANCE**

In 1992, CT's maternal mortality rate was 10.5 per 100,000 live births. In the absence of a computer matching system and a check-off box on the state death certificate to indicate whether a death of a female of childbearing age was, in fact, pregnancy-related, the validity of the data is unknown. In order to document accurately the causes of maternal deaths and implement systems to reduce those deaths that are preventable, a valid and reliable data collection and reporting system is essential.

SP # 7

**PERFORMANCE MEASURE:**

The degree to which the State of Connecticut Department of Public Health improves education, diagnosis, and case management for asthma.

**STATUS:**

Active

**GOAL**

To improve education, diagnosis, and case management for asthma.

**DEFINITION**

This measure has 14 component steps tracked in form 11 each year by summing the number of yes responses to each criteria statement. In summary, the approach to achieving this goal incorporates: a)Formation of a DPH workgroup that will facilitate, b)Identifying appropriate standards for asthma programs (especially as may relate to three targeted DPH programs: CSHCN, School-based Health Centers and Pediatric Primary Care Programs), c)Inventory and develop a plan for assessment of current programs, d)Implementation of data collection and evaluation methods in programs to determine the extent to which appropriate asthma screening, assessment, referral and linkages are in place, e)Provide training and technical assistance to Title V funded programs to meet identified needs, f)Develop and implement a training resource manual with Info-line for daycare providers and schools on managing asthma, and g) Continue and enhance asthma surveillance including Title V program data.

**Numerator:**

Numerator: Total number of Yes answers for 14 criteria/indicators. 0 = No 1 = Yes Total of the fourteen indicator check boxes equals a possible 0 through 14.

**Denominator:**

Total possible number of points in fourteen (14) indicator boxes (14).

**Units:** 14 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

1-9a. Reduce hospitalization rates for ambulatory-sensitive conditions, specifically- pediatric as  
24-2a. Reduce hospitalizations for asthma, specifically in children under age 5 years.24-1a,b and c. Reduce asthma deaths, specifically in children A) under 5, b) ages 5-14, and c) adolescents and young adults.

**DATA SOURCES AND DATA ISSUES**

Source: Staff assessments from DPH progress reports, meeting minutes & various data sources on degree of completion of criteria. We will work to enhance the current asthma surveillance system which includes hospital discharge data and census information. Also, this will require that we evaluate and modify Title V data systems so that they capture appropriate information on asthma.

**SIGNIFICANCE**

A more comprehensive asthma program will help ensure that children are diagnosed, receive proper education, and case management services where necessary.

SP # 8

**PERFORMANCE MEASURE:**

Percent of community-based public health care facilities that provide comprehensive dental services for needy or vulnerable children and their families.

**STATUS:**

Active

**GOAL**

To enhance access to oral health care.

**DEFINITION**

Percent of community-based public health care facilities that provide comprehensive dental services.

**Numerator:**

Number of Community Health Centers and public schools with full-service dental clinics.

**Denominator:**

Number of Community Health Centers and School-based Health Centers in the state.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-2. Untreated dental decay

21-14. Health centers with oral health service components.

21-12. Dental services for low-income children.

**DATA SOURCES AND DATA ISSUES**

This measure requires primary data collection such as a DPH survey of community-based public health care facilities.

**SIGNIFICANCE**

Studies & reports from the State Department of Public Health (DPH), Department of Social Services (DSS), & the Children's Health Council reveal that the dental provider network in CT is inadequate to meet the oral health care access needs of economically disadvantaged children & their families. In addition, CT is seeing a rapid growth in the population of dentally underinsured and uninsured people. Community-based public health care facilities have historically proven to be effective "safety net" providers in meeting the medical and dental needs of these vulnerable populations. The CT DPH has recently achieved a federal grant to support community-based oral health care systems' development and integration statewide. Through this and related initiatives, it is anticipated that oral health care access for needy populations will be enhanced, at least in part, through an increase in the number of community-based public health care facilities that provide dental services.

**PERFORMANCE MEASURE:**

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report information on all children with special health care needs in the State.

**STATUS:**

Active

**GOAL**

To enhance program planning and development in order to work toward the improved health and well-being of children with special health care needs in the State.

**DEFINITION**

This measure has eighteen component steps that are tracked in form 11 each year by summing the number of yes responses to each criteria statement. In summary, the approach to achieving this goal incorporates: a) obtain external funding source for the development of a CSHCN Registry, b) formation of a CSHCN Registry Advisory Committee that will have representation of both providers and consumers, c) adopt an operational definition of CSHCN and specifications for a CSHCN Registry, d) file required state documents with the CT Department of Information Technology(DoIT) to build a data management system and contract with staff with necessary system expertise to build a system ensuring that confidentiality is maintained, evaluate and modify the Registry's components as indicated.

**Numerator:**

Numerator: Number of Yes answers for 18 criteria/indicators. 0 = Not Met 1 = Met Total of the eighteen indicator check boxes equals a possible 0 through 18.

**Denominator:**

Total possible number of points in eighteen (18) indicator boxes (18).

**Units:** 18 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

12-12. Reduce the prevalence of serious developmental disabilities arising from events in the prena  
14-10. (Developmental) Increase the proportion of State and local public health agencies that meet performance standards for the essential public health services.  
21-16. State-based surveillance system

**DATA SOURCES AND DATA ISSUES**

Source: Staff assessments from DPH progress reports, meetingminutes & various data sources on degree of completion of criteria. Under CGS 19a-53 and 19a-54, all licensed healthcare professionals must report any child with a special health care need to the Department of Public Health.

**SIGNIFICANCE**

A CSCHN registry will provide data on the total number of children with special health care needs in the state. This data will allow improved planning and implementation of services in this population.

**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**

**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
<b>Annual Indicator</b>	30.0	36.2	NaN	NaN	36.2
<b>Numerator</b>	669	662	0	0	662
<b>Denominator</b>	223,344	183,107	0	0	183,107
<b>Is the Data Provisional or Final?</b>				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
<b>Annual Indicator</b>	79.0	90.0	74.0	80.2	84.6
<b>Numerator</b>	10,522	11,101	10,925	12,155	13,108
<b>Denominator</b>	13,324	12,328	14,766	15,163	15,497
<b>Is the Data Provisional or Final?</b>				Final	Final

**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
<b>Annual Indicator</b>	78.8	82.4	74.4	80.2	74.6
<b>Numerator</b>	134	168	218	210	403
<b>Denominator</b>	170	204	293	262	540
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**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
<b>Annual Indicator</b>	86.7	86.7	85.6	84.6	
<b>Numerator</b>	34,514	34,484	34,598	34,021	
<b>Denominator</b>	39,800	39,796	40,426	40,213	
<b>Is the Data Provisional or Final?</b>				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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>35.0</u>	<u>33.9</u>	<u>43.6</u>	<u>39.7</u>	<u>45.4</u>
<b>Numerator</b>	<u>35,097</u>	<u>16,309</u>	<u>22,857</u>	<u>20,144</u>	<u>24,073</u>
<b>Denominator</b>	<u>100,320</u>	<u>48,083</u>	<u>52,468</u>	<u>50,741</u>	<u>52,981</u>
<b>Is the Data Provisional or Final?</b>				Provisional	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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>4.2</u>	<u>5.3</u>	<u>7.3</u>	<u>7.3</u>	<u>7.3</u>
<b>Numerator</b>	<u>204</u>	<u>273</u>	<u>368</u>	<u>382</u>	<u>396</u>
<b>Denominator</b>	<u>4,900</u>	<u>5,150</u>	<u>5,050</u>	<u>5,220</u>	<u>5,419</u>
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**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:**  
Source: CY2000 CT Hospital Association, CHIME program
2. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Social Services, Form CMS 416, FY2003
3. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Social Services, HUSKY B Participation Report, SFY03.
4. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health, Vital Statistics, CY2002
5. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Social Services, Form CMS 416, FY2003
6. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: US Social Security Administration SORD File 100% data, CY2002-3 for denominator. Numerator data estimated based on 2001 percent experienced with old methodology. CSHCN program is in a transition phase to regional medical home models. Data systems will be built into these new programs effecting a new methodology for capturing this information.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2001	Other	<u>9.1</u>	<u>6.9</u>	<u>7.4</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Other	<u>0</u>	<u>0</u>	<u>6.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2001	Other	<u>79.3</u>	<u>91.5</u>	<u>88.8</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>	2001	Other	<u>80</u>	<u>88.5</u>	<u>86.6</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>	2003	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>16</u> ) (Age range _____ to _____ ) (Age range _____ to _____ )	2003	<u>185</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>185</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>	2003	<u>300</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u> ) (Age range _____ to _____ ) (Age range _____ to _____ )	2003	<u>300</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>300</u>

## FORM NOTES FOR FORM 18

DATA SOURCE :  
CT Dept of Public Health, Vital Statistics

Limited hospital-supplied data on Medicaid status of vital events is currently available. The last extensive DSS match producing data for IMR was in 2000. Provisional 2002 vital statistics are available only for state totals, therefore no Medicaid information is reported for IMR.

### FIELD LEVEL NOTES

- Section Number:** Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
"Other" data source: Data related to payment source is taken from hospital-based information which usually becomes available/gets reported one year behind state vital statistics data.
- Section Number:** Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The form requires entry of a number even where none is available.  
Zeroes should read "not available"
- Section Number:** 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:** 2005  
**Field Note:**  
"Other" data source: Data related to payment source is taken from hospital-based information which usually becomes available/gets reported one year behind state vital statistics data
- Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Note: Doesn't equal HSCI#04 yr 2002 because this more detailed info. comes from 2001.

**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)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	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)	2	Yes
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)	2	Yes
Pediatric Nutrition Surveillance System (PedNSS)	2	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: CT**

**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
<b>Annual Indicator</b>	7.6	7.5	7.4	7.8	_____
<b>Numerator</b>	3,275	3,183	3,139	3,245	_____
<b>Denominator</b>	42,969	42,660	42,341	41,687	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**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
<b>Annual Indicator</b>	5.7	5.7	5.5	5.7	_____
<b>Numerator</b>	2,358	2,331	2,224	2,287	_____
<b>Denominator</b>	41,313	41,001	40,626	39,915	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**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
<b>Annual Indicator</b>	1.6	1.6	1.5	1.6	_____
<b>Numerator</b>	698	690	649	663	_____
<b>Denominator</b>	42,969	42,660	42,341	41,687	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**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
<b>Annual Indicator</b>	1.3	1.2	1.1	1.2	_____
<b>Numerator</b>	520	481	438	467	_____
<b>Denominator</b>	41,313	41,001	40,626	39,448	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 03A**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	4.5	3.9	4.7	3.0	
Numerator	30	26	33	21	
Denominator	668,413	666,135	709,075	709,075	
Is the Data Provisional or Final?				Provisional	

**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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.7	10.6	1.0	0.8	
Numerator	5	7	7	6	
Denominator	668,413	66,135	709,075	709,075	
Is the Data Provisional or Final?				Provisional	

**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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	17.0	17.1	22.0	24.2	
Numerator	65	69	89	98	
Denominator	381,897	404,198	404,198	404,198	
Is the Data Provisional or Final?				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 04A**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	180.6	190.7	192.5		
Numerator	1,259	1,377	1,383		
Denominator	697,011	722,044	718,530		
Is the Data Provisional or Final?				Provisional	

**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	<u>26.8</u>	<u>27.0</u>	<u>22.1</u>		
Numerator	<u>187</u>	<u>195</u>	<u>159</u>		
Denominator	<u>697,011</u>	<u>722,044</u>	<u>718,530</u>		
Is the Data Provisional or Final?				Provisional	

**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	<u>165.1</u>	<u>161.1</u>	<u>149.7</u>		
Numerator	<u>639</u>	<u>655</u>	<u>624</u>		
Denominator	<u>386,963</u>	<u>406,460</u>	<u>416,916</u>		
Is the Data Provisional or Final?				Provisional	

**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	<u>26.4</u>	<u>27.1</u>	<u>23.4</u>	<u>28.1</u>	<u>25.3</u>
Numerator	<u>2,555</u>	<u>2,859</u>	<u>2,470</u>	<u>2,962</u>	<u>2,666</u>
Denominator	<u>96,934</u>	<u>105,336</u>	<u>105,336</u>	<u>105,336</u>	<u>105,336</u>
Is the Data Provisional or Final?				Provisional	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	<u>5.2</u>	<u>7.1</u>	<u>5.7</u>	<u>7.4</u>	<u>6.6</u>
Numerator	<u>3,219</u>	<u>4,399</u>	<u>3,511</u>	<u>4,550</u>	<u>4,046</u>
Denominator	<u>618,221</u>	<u>617,215</u>	<u>617,215</u>	<u>617,215</u>	<u>617,215</u>
Is the Data Provisional or Final?				Provisional	Provisional

## FORM NOTES FOR FORM 20

None

### FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CDPH, Vital Statistics, CY2002
2. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CDPH, Vital Statistics, CY2002
3. **Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CDPH, Vital Statistics, CY2002
4. **Section Number:** Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CDPH, Vital Statistics, CY2002
5. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Numerator = CT Dept of Public Health, Vital Statistics, CY2002  
Denominator = 2000 Census
6. **Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Numerator = CT Dept of Public Health, Vital Statistics, CY2002  
Denominator = 2000 Census
7. **Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Numerator = CT Dept of Public Health, Vital Statistics, CY2002  
Denominator = 2000 Census
8. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health; Numerator = Office of Health Care Access, Hospital discharges of CT residents by 1st mentioned E codes: 800-69, 880-929 for unintentional injuries, and 810-9 for motor vehicle traffic injury. Denominator data = Table 1, CT Registration Report
9. **Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health; Numerator = Office of Health Care Access, Hospital discharges of CT residents by 1st mentioned E codes: 800-69, 880-929 for unintentional injuries, and 810-9 for motor vehicle traffic injury. Denominator data = Table 1, CT Registration Report
10. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: CT Dept of Public Health; Numerator = Office of Health Care Access, Hospital discharges of CT residents by 1st mentioned E codes: 800-69, 880-929 for unintentional injuries, and 810-9 for motor vehicle traffic injury. Denominator data = Table 1, CT Registration Report
11. **Section Number:** Health Status Indicator #05A  
**Field Name:** HSI05A  
**Row Name:**  
**Column Name:**

**Year:** 2005

**Field Note:**

Source: CT Dept of Public Health, STD Control Program, 2003  
Provisional data. Denominator = 2000 Census

12. **Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Source: CT Dept of Public Health, STD Control Program, 2003  
Provisional data. Denominator = 2000 Census

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
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**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: 2000 Is this data from a State Projection? No

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	43,030	31,534	5,062	149	1,334	24	1,997	2,930
Children 1 through 4	180,314	132,139	21,215	627	5,589	199	8,368	12,177
Children 5 through 9	244,144	183,455	29,289	866	5,806	97	9,060	15,571
Children 10 through 14	241,587	184,621	28,343	792	5,475	108	7,363	14,885
Children 15 through 19	216,627	163,290	25,861	813	5,642	121	6,490	14,410
Children 20 through 24	187,571	135,635	23,041	769	6,742	166	6,070	15,148
Children 0 through 24	1,113,273	830,674	132,811	4,016	30,588	715	39,348	75,121

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

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	35,013	6,449	1,568
Children 1 through 4	114,981	27,244	38,089
Children 5 through 9	169,586	33,785	40,773
Children 10 through 14	171,770	31,173	38,644
Children 15 through 19	151,420	29,174	36,033
Children 20 through 24	109,624	24,473	53,474
Children 0 through 24	752,394	152,298	208,581

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**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: 2002 Is this data from a State Projection? No

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	49	31	17	0	0	0	0	1
Women 15 through 17	982	685	261	4	5	0	17	10
Women 18 through 19	1,915	1,385	441	5	28	0	38	18
Women 20 through 34	29,702	23,837	3,649	190	1,525	0	305	196
Women 35 or older	9,042	7,885	703	22	342	0	41	49
Women of all ages	41,690	33,823	5,071	221	1,900	0	401	274

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

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	26	22	1
Women 15 through 17	495	478	9
Women 18 through 19	1,184	711	20
Women 20 through 34	24,372	5,087	243
Women 35 or older	8,332	640	70
Women of all ages	34,409	6,938	343

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**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: 2002 Is this data from a State Projection? No

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	274	178	73	0	0	9	2	12
Children 1 through 4	34	23	9	0	0	2	0	0
Children 5 through 9	26	18	6	0	0	1	0	1
Children 10 through 14	30	21	7	0	0	0	0	2
Children 15 through 19	110	85	21	0	1	2	0	1
Children 20 through 24	158	125	30	0	0	0	0	3
Children 0 through 24	632	450	146	0	1	14	2	19

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

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	198	48	28
Children 1 through 4	26	5	3
Children 5 through 9	19	2	5
Children 10 through 14	23	3	4
Children 15 through 19	88	15	7
Children 20 through 24	116	18	24
Children 0 through 24	470	91	71

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

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	924,702	695,039.0	109,770.0	3,247.0	23,846.0	450.0	32,278.0	60,072.0	2000
Percent in household headed by single parent	22.9	16.5	49.2	36.1	9.3	31.9	35.3	47.4	2000
Percent in TANF (Grant) families	3.9	3.5	10.3	2.0	1.5	0.9			2002
Number enrolled in Medicaid	265,455	193,140.0	65,301.0	481.0	6,427.0	106.0			2003
Number enrolled in SCHIP	20,971	15,844.0	2,559.0	65.0	598.0	18.0	4.0	1,883.0	2003
Number living in foster home care	5,312	1,819.0	1,886.0		64.0		522.0	1,021.0	2001
Number enrolled in food stamp program	79,880	55,325.0	23,377.0	115.0	1,047.0	16.0			2003
Number enrolled in WIC	59,969	16,605.0	15,683.0	110.0	756.0			26,815.0	2003
Rate (per 100,000) of juvenile crime arrests	25,506.0	17,706.0	7,466.0	36.0	163.0				2001
Percentage of high school drop-outs (grade 9 through 12)	2.6	1.9	4.1	4.9	2.4				2002

**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)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	641,770.0	127,825.0	155,107.0	2000
Percent in household headed by single parent	19.6	43.3		2000
Percent in TANF (Grant) families	3.3	11.9		2002
Number enrolled in Medicaid	177,768.0	87,687.0		2003
Number enrolled in SCHIP	18,294.0	2,677.0		2003
Number living in foster home care	3,869.0	1,443.0		2001
Number enrolled in food stamp program	49,633.0	30,247.0		2003
Number enrolled in WIC	35,829.0	24,140.0		2003
Rate (per 100,000) of juvenile crime arrests			25,506.0	2001
Percentage of high school drop-outs (grade 9 through 12)		5.4		2002

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

Reporting Year: 2000 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	687,385
Living in urban areas	657,912
Living in rural areas	183,955
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>841,867</b>

**Note:**

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

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

Reporting Year: 2000 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	328,716.0
Percent Below: 50% of poverty	2.8
100% of poverty	6.6
200% of poverty	15.8

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

Reporting Year: 2000 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	841,841.0
Percent Below: 50% of poverty	0
100% of poverty	10.3
200% of poverty	0

**FORM NOTES FOR FORM 21**

HSI#06,10,11 and 12 2000 Bureau of the Census is the latest source CT has for this detailed information and likewise for HSI#09 for both 0-19 population count and household data .

HSI#09 CT Dept of Social Services provided data on TANF, Medicaid, SCHIP, and the Food Stamp program. State Police annual report provided data on juvenile crime arrests. CT Dept of Education provided drop-out information.

**FIELD LEVEL NOTES**

None