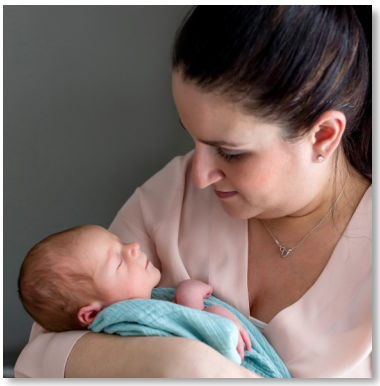
New Hampshire

MCH Title V Block Grant - July 2022

Protecting and Improving the Health of New Hampshire's Families









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Rev. July 2022

State Priority Need

2

Decrease the use and abuse of alcohol, tobacco and other substances among pregnant women

Objectives:

1. By July 1, 2023, decrease the percentage of women with Medicaid Managed Care plans who smoke during pregnancy from 22.6% in 2021 to 21% or less in 2022.

2. By July 1, 2023, decrease the percentage of women who smoke during pregnancy from 2.2% in 2021 to 2% or less, among deliveries not paid by NH Medicaid.

3. By July 1, 2023, the MCH–funded Primary Care sites will screen at least 90% of their prenatal patients for tobacco use.

4. By July 1, 2023, the MCH-funded Primary Care sites will offer quit smoking assistance/resources to 90% of pregnant women screening position for tobacco use.

5. By July 1, 2023, 50% of OB-GYN staff at 6 of 12 MCH-funded Primary Care practices will complete the e-learning module evaluation for 'Supporting Pregnant and Postpartum Women to Quit Tobacco.'

Strategies

- Continue to monitor the number of CHC clinical staff that complete the e-learning module "Supporting Pregnant and Postpartum Women to Quit Tobacco."
- Promote tobacco cessation for pregnant persons through collaborations with TPCP for social marketing campaigns and print materials in provider offices.
- Incorporate discussion of smoking cessation into the Plan of Safe Care, which is discussed with at-risk women during pregnancy and prior to hospital discharge after delivery.

Evidence-based / Informed Strategy Measure

Percentage of postpartum women whose infant was monitored for the effects of *in utero* substance exposure who had a documented Plan of Safe/Supported Care (POSC).

National Performance Measure #14.1

Percent of women who smoke during pregnancy

National Outcome Measures

- Rate of severe maternal morbidity per 10,000 delivery hospitalizations
- Maternal mortality rate per 100,000 live births
- Percent of low birth weight deliveries (<2,500 grams)
- Percent of preterm births (< 37 weeks)
- Percent early term births (37, 38 weeks)
- Perinatal mortality rate per 1,000 live-births plus fetal deaths
- Infant mortality rate per 1,000 live births
- Neonatal mortality rate per 1,000 live births
- Post neonatal mortality rate per 1,000 live births
- Preterm-related mortality rate per 100,000 live births
- Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
- Percent of children, ages 0 –17, in excellent or very good health

State Priority Need

5

Decrease unintentional injury in children ages 0-21

Objective:

1. By January 2023, 50% of infants enrolled in MIECHV HFA home visiting will always be placed to sleep on their back, without bed-sharing or soft bedding.

Strategies

- Collaborate with the home visiting program on their materials and education for families on placing their infant to sleep on their back in a separate approved sleep surface without soft objects or loose bedding
- Develop a training tool for home visitors, DCYF personnel, law enforcement, service providers (anyone who goes into the family's home) on safe sleep practices
- Utilize home visiting and PRAMS data to inform key stakeholders about safe sleep and education needed
- Promote public education on safe sleep
- Utilize the SUID committee recommendations regarding risk factors and identify possible points of intervention
- Utilize the Safe Sleep Workgroup to identify methods for carrying out the recommendations identified during the SUID case reviews

Evidence-based / Informed Strategy Measure

Percent of infants enrolled in Health Families America (HFA) home visiting who are always placed to sleep on their back, without bed-sharing or soft bedding

National Performance Measure #5

A) Percent of infants placed to sleep on their back;

B) Percent of infants placed to sleep on a separate approved sleep surface;

C) Percent of infants placed to sleep without soft objects or loose bedding

National Outcome Measures

- Infant mortality rate per 1,000 live births
- Post neonatal mortality rate per 1,000 live births
- Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Priority Need

7

Improve access to standardized developmental screening, assessment and follow-up for children and adolescents

Objective:

To increase from 36% to 46%, the percentage of children, ages 9-35 months, who receive a developmental screening using a parent-completed screening tool, by 2025.

Strategies

- Trainings care providers
- Effective referrals
- Empowering families

National Performance Measure #6

Percent of children ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year

Evidence-based / Informed Strategy Measure

To increase the number of provider sites including, but not limited to, child care centers, health care providers and other community-based organizations completing and reporting ASQ/ASQ-SE results to Watch Me Grow (WMG).

National Outcome Measures

- Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
- Percent of children, ages 0 - 17, in excellent or very good health

State Priority Need

5

Decrease unintentional injury in children ages 0-21

Objective:

Reduce the rate of hospitalizations for non-fatal injury from 135.7 (2016) to 74.0 (2023) per 100,000 adolescents ages 10-19

Strategies

- Use of statewide partners to promote the Teen Driver Safety Program and increase participation of high school previously working with program and new schools wanting to work with the program
- Use of peer groups within schools to increase seatbelt usage and overall teen driving safety culture
- Continue to explore virtual platforms to get messaging out to teen drivers
- Increase utilization of teen driver website
- Increase parental participation and understanding of teen driving issues
- Provide "Pool Safely" information to parents and children during at least one public event/year
- Raise public and professional awareness of suicide prevention
- Address the mental health and substance abuse needs of all residents
- Facilitate and annual Suicide Prevention Conference and extend invitations to high school staff
- Support the suicide prevention goals of the NH Suicide Prevention Council
- Work with the Brain Injury Association of NH (BIANH) to collect data from all NH high schools regarding Return to Play and Return to Learn policies

National Performance Measure #7.2

Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19.

Evidence-based / Informed Strategy Measure

- Percentage of high school students who wear a seatbelt (when driving or as a passenger).
- The rate of emergency visits for drowning per 100,000 children ages 0-19
- Percentage of high school students who report seriously considering suicide (from BFRS survey)
- Percentage of students sustaining a concussion from playing a sport or being physically active (from BRFS survey)

National Outcome Measures

- Child Mortality rate, ages 1-9, per 100,000
- Adolescent mortality rate, ages 10-19, per 100,000
- Adolescent motor vehicle mortality rate, ages 15-19, per 100,000
- Adolescent suicide rate, ages 15-19, per 100,000

State Priority Need

1

Improve access to needed healthcare services for all MCH populations

Objective:

Increase the percentage of adolescents ages 12-21 who have had a preventive medical visit at MCH-funded Community Health Centers (CHCs) from a baseline of 53% in SFY19 to 64% by 2025.

Strategies

- **Enhance capacity of CHCs to improve access and quality of adolescent services by:**
  - Overseeing the new MCH and Primary Care School-based Setting grant, for behavioral and acute medical care
  - Establish performance measures that align with national guidelines and promote *Bright Futures* recommendations
  - Ensuring contracted CDCs utilize QI processes to increase the percentage of adolescents with a well-visit
  - Providing education, resources, and Qi support thought newsletters, Lunch & Learns, and site visits
- **Collaborate and build partnerships by:**
  - Networking with other states' Adolescent Health Care Coordinators
  - Working with public and private partners through the NH Pediatric Improvement Partnership
  - Contracting wit CHCs and provision of oversight on primary care services
  - Establishing various mechanisms to inform providers and the public about adolescent preventive services via social media, community events, newsletters, etc.
  - Looking for opportunities to engage youth in program development and review
- **Increase educational opportunities for the new Child & Adolescent Health Nurse Coordinator**, including participation in a Train-the-Trainer workshop for the ASQ

National Performance Measure #10

Percent of adolescents ages 12-17 with a preventive medical visit in the past year.

National Outcome Measures

- Adolescent mortality rate, ages 10-19, per 100,000
- Adolescent motor vehicle mortality rate, ages 15-19, per 100,000
- Adolescent suicide rate, ages 15-19, per 100,000
- Percent of children ages 3-17 with a mental/behavioral condition who receive treatment or counseling
- Percent of children ages 0-17 in excellent or very good health
- Percent of adolescents 10-17 who are obese (BMI at/above the 95th percentile)
- Percent of children 6 months - 17 years who vaccinated annually against seasonal flu
- Percent of adolescents, ages 13-17, who have received at least one dose of the HPV vaccine
- Percent of adolescents, ages 13 17, who have received at least one dose of the Tdap vaccine
- Percent of adolescents, ages 13-17, who have received at least one dose of the meningococcal conjugate vaccine
- Teen birth rate, ages 15-19, per 1,000 females

Evidence-based Strategy Measure

Percentage of adolescents ages 12-21 at the MCH-contracted health centers who have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

State Priority Need

1

Improving access to needed healthcare services for all MCH populations

Objectives:

- By May 15, 2023, increase the number of pediatric health care practices that adopt transition policies from a baseline of 31 providers (out of 44 respondents to the survey) identified in May 2022
- By June 30, 2023, 70% of CSHCN enrolled in Title V programs, ages 14-20 and/or their family caregiver, who identified a transition goal in the previous year, will meet at least one of the previous year's goals

Strategies

- Communications and Social Media
- Health Care Professional Workforce Development
- Measurement and Assessment Data Improvements
- Other workforce development including Title V staff, family support, MCOs, youth, families, etc.
- Transition Readiness Assessment Questionnaire (TRAQ)

National Performance Measure #12

Percentage of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transitions to adult health care

National Outcome Measures

NOM 17.2 Percentage of CSHCN, ages 0-17, who receive care in a well-functioning system

Evidence-based Strategy Measure

Percentage of young adults with special health care needs, ages 18-21, who identify an adult health care provider at discharge from the Title V program

State Priority Need

6

Increase family support and access to trained respite and childcare providers

Objective:

To increase the percentage of families reporting access to respite care when needed, from 62% to 75% on the BFCS Needs Assessment and Satisfaction Survey, by 2025

Strategies

- Re-determine the needs of families regarding respite
- Collect and analyze data to support policy development and funding for respite
- Review Relias trainings to support updated best practice standards
- Re-engage the Caregiver Integration Team and assess the capacity to continue with environmental scan and strategic planning
- Include respite screening and access in Quality Improvement projects
- Attend the ARCH national respite conference
- Assess the capacity to influence other sectors necessary to achieve goals

State Performance Measure #2

Percentage of families enrolled in the Bureau for Family Centered Services (BFCS) who report who report access to respite

National Outcome Measures

n/a

Evidence-based Strategy Measure

n/a

State Priority Need

3

Increase the focus of Title V on the Social Determinants of Health and the resolution of barriers impacting the health of the MCH population

Objective:

Increase the percentage of Enabling Services (ES) workplans that have met or exceeded their target to 75% by 2025.

Strategies

- Require all MCH-contracted CHCs to submit a 2-yr ES workplan as a contract deliverable at the start of each contract period.
- Review ES work plans and provide feedback/ technical assistance to ensure they include specific, measurable, achievable, realistic and timely (SMART) objectives/goals and a target for each State Fiscal Year (SFY)
- Monthly calls will occur between the MCH QI Clinical Staff and the CHC QI staff to share updates, need for technical assistance, etc.
- Learning communities and communities of practice on specific ES topics will be set up and implemented monthly
- Updates to the ES workplans will be formally submitted twice per year; these will be reviewed and if the target has not been attained, feedback and/or technical assistance will be provided and the CHC will need to submit a revised ES plan

State Performance Measure #1

Percentage of Enabling Services (ES) workplans that have been met or exceeded on an annual basis

National Outcome Measures

n/a

Evidence-based Strategy Measure

n/a

State Priority Need

4

Improve access to mental health services for children, adolescents and women in the perinatal period

Objective:

- Increase the percentage of enrolled providers who receive Pediatric Mental Health Care consultation in the NH Pediatric Mental Health Care Access Program (PMHCA) from a baseline of 23% in 2020 to 41% by 2026

Strategies

- Provide NH pediatric primary care providers with additional training on the assessment and treatment of children with mental health concerns by:
  - ◊ Development of a Pediatric Mental Health Project ECHO series facilitated by the Pediatric Mental Health Team faculty of local subject matter experts
  - ◊ Recruitment of pediatric primary care practices across NH to participate in the Pediatric Mental Health Project ECHO, targeting those in rural/ underserved areas
- Provide teleconsultation opportunities as needed for primary care providers with the PMHCA pediatric mental health team faculty members
- Continue teleconsultation services by:
  - ◊ Increased NH pediatric primary care physician satisfaction with using teleconsultation as a way to build their knowledge and confidence in treating children with mental health conditions
  - ◊ Development of a plan for program sustainability

State Performance Measure #3

Percentage of enrolled pediatric primary care providers who received pediatric mental health teleconsultation from the Pediatric Mental Health Care Access (PMHCA) Program

National Outcome Measures

n/a

Evidence-based Strategy Measure

n/a