HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

NEW HAMPSHIRE

State Snapshot

FY 2023 Application / FY 2021 Annual Report

November 2022

Title V Federal-State Partnership - New Hampshire

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2023 Application/FY2021 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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MCH Director	Bureau Chief/CSHCN Director	NHFV Lead Trainer
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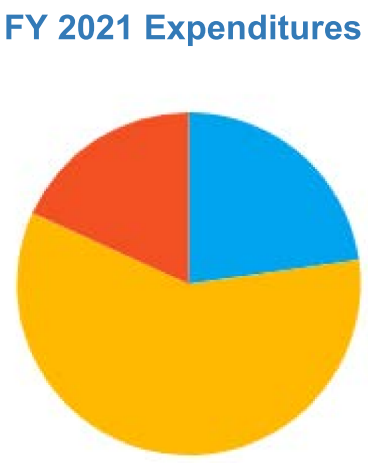
State Hotline

Name: Maternal and Child Health | Telephone: (603) 271-4517

Funding by Source

Source	FY 2021 Expenditures
Federal Allocation	$1,956,193
State MCH Funds	$5,073,836
Local MCH Funds	$0
Other Funds	$1,564,582
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$422,635	$1,609,425
Enabling Services	$821,724	$1,871,089
Public Health Services and Systems	$711,834	$1,593,322

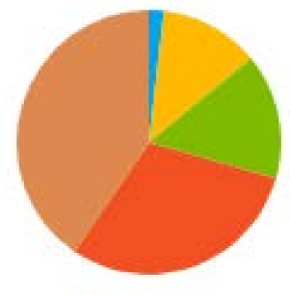
Percentage Served by Title V

Population Served	Percentage Served	FY 2021 Expenditures
Pregnant Women	100.0%	$154,757
Infants < 1 Year	100.0%	$1,036,034
Children 1 through 21 Years	100.0%	$1,299,965
CSHCN (Subset of all infants and children)	100.0%	$2,553,695
Others *	40.0%	$3,427,898

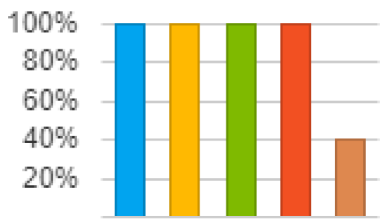
*Others– Women and men, over age 21.

FY 2021 Expenditures

Total: $8,472,349

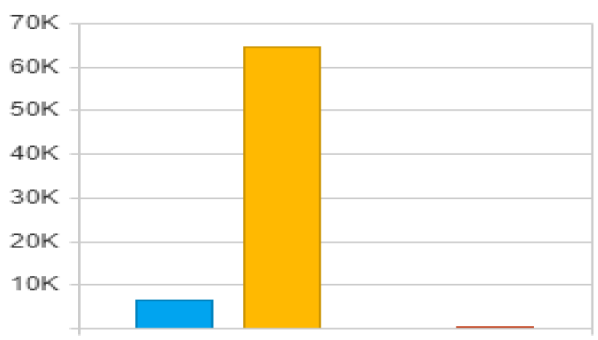


FY 2021 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	6,623
State Title V Social Media Hits:	64,528
State MCH Toll-Free Calls:	15
Other Toll-Free Calls:	376



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
Improve access to needed healthcare services for all MCH populations NPMs ● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ○ ESM 10.1: Percentage of adolescents ages 12-21 at 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 ● NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care ○ ESM 12.1: Percent 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	Adolescent Health, Children with Special Health Care Needs
Decrease the use and abuse of alcohol, tobacco, and other substances among pregnant women NPMs ● NPM 14.1: Percent of women who smoke during pregnancy ○ ESM 14.1.1: 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)	Women/Maternal Health
Increase the focus of Title V on the Social Determinants of Health and the resolution of barriers impacting the health of the MCH population SPMs ● SPM 1: Percentage of MCH-contracted Community Health Centers' Enabling Services workplans that have been met or exceeded the target	Cross-Cutting/Systems Building
Improve access to mental health services for children, adolescents, and women in the perinatal period SPMs ● SPM 3: Percentage of enrolled providers who received Pediatric Mental Health Teleconsultations	Cross-Cutting/Systems Building

Decrease unintentional injury in children ages 0-21 NPMs ● NPM 5: A) Percent of infants placed to sleep on their backs 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 ○ ESM 5.1: Percent of infants enrolled in home visiting who are always placed to sleep on their back, without bed-sharing or soft bedding ● NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 ○ ESM 7.2.1: Percentage of high school students who wear a seatbelt	Perinatal/Infant Health, Adolescent Health
Increase family support and access to trained respite and childcare providers SPMs ● SPM 2: Percentage of families enrolled in the Bureau for Family Centered Services (BFCS) who report access to respite	Children with Special Health Care Needs
Improve access to standardized developmental screening, assessment, and follow-up for children and adolescents NPMs ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year ○ ESM 6.1: The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System.	Child Health

Executive Summary

Program Overview

The New Hampshire (NH) Title V program is a partnership of the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) with the NH Department of Health and Human Services' Maternal and Child Health (MCH) section, and the Bureau for Family Centered Services (BFCS) which oversees programs for Children and Youth with Special Health Care Needs (CYSHCN). Together, these local entities support core Title V public health functions including direct, enabling, population-based, and infrastructure-building services in maternal and child health including CYSHCN.

Title V's programming focus comes from MCH and CYSHCN populations' priority needs. A comprehensive five-year needs assessment was conducted in 2019-2020. Following an extensive data review, specific input from the public and stakeholders, as well as a capacity assessment, a list of priority issues emerged to form the basis of programming through 2025. Ongoing needs assessments are carried out routinely each year (e.g. focus groups, client satisfaction surveys, stakeholder workgroup meetings) to assure that programming remains consistent with needs, and to date the list of priorities established in 2020 are unchanged:

Priority need #1: Improve access to needed healthcare services for all populations.
NPM#10: Percent of adolescents, ages 12-17 with a preventive medical visit in the past year.
Domain: Adolescent Health
and
NPM#12: Percent of adolescents with and without special health care needs, ages 12-17 who received services necessary to make transitions to adult health care
Domain: Children with Special Health Care Needs

Priority need #2: Decrease the use and abuse of alcohol, tobacco and other substances among pregnant women.
NPM#14.1: Percent of women who smoke during pregnancy
Domain: Women/Maternal Health

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.
SPM#1: Percentage of MCH-contracted Community Health Centers who meet or exceed the target of their Enabling Services workplan
Domain: Cross-cutting/Systems-building

Priority need #4: Improve access to mental health services for children, adolescents and women in the perinatal period.
SPM#3: Percentage of enrolled pediatric primary care providers who received pediatric mental health teleconsultations from the Pediatric Mental Health Acre Access (PMHCA) Program
Domain: Cross-cutting/Systems-building

Priority need #5: Decrease unintentional injury in children ages 0-21.
NPM#5: Percent of infants: a) placed to sleep on their back; b) placed to sleep on a separate approved sleep surface; c) placed to sleep without soft objects or loose bedding
Domain: Perinatal/Infant Health
and
NPM#7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19
Domain: Adolescent Health

Priority need #6: Increase family support and access to trained respite and childcare providers.
SPM#2: Percentage of children and youth with special health care needs enrolled in BFCS services who report access to respite care
Domain: Children with Special Health Care Needs

Priority need #7: Improve access to standardized developmental screening, assessment and follow-up for children and adolescents.
NPM#6: Percent of children, ages 9-35 months, receiving a developmental screening using a parent-completed screening tool in the past year.
Domain: Child Health

Specific strategies aiming to improve these performance measures are delineated in each population domain, in the State Action Plan table.

NH MCH has grown substantially in the past decade. Forty-one percent (41%) of the workforce has been in their position within DHHS for less than ten years and 63% are under the age of 50. MCH has 29 positions (25 FTEs including a contracted 1.0 FTE Epidemiologist and three part-time staffers for an additional 1.8 FTEs). Positions have been developed to implement more activities related to the Title V performance measures, such as the full-time Perinatal Coordinator and the Child-Adolescent Clinical Coordinator. MCH currently has seven programmatic units: Data/Decision Support; Infant Surveillance; Injury Prevention; Home Visiting; Quality Improvement and Clinical Services; Women's Health; and Community Engagement Programs (formerly Early Childhood Systems).

BFCS has 18 positions that provide leadership for programs and services for children with special health care needs and their families. Title V services for CYSHCN are organized in accordance with the Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0. Title V funds the following BFCS positions: the CYSHCN Director/Bureau Chief, Data Analyst, Evaluation Specialist, Systems of Care Specialist, Clinical Program Manager, one Nurse Consultant, two nurse Health Care Coordinators, one Health Care Coordinator, one Eligibility Technician, and two administrative support staff.

Much of Title V funding is braided to support staff and into contracts to implement strategies consistent with the MCH Block Grant's Five Year State Action Plan. Title V funds the Quality Improvement and MCH Clinical Services unit in full or in part, which includes the Child-Adolescent Health Nurse Consultant, the Perinatal Coordinator, the Pediatric Mental Health Care/Access Program Coordinator, and the QI/QA and Clinical Services Program Manager. MCH also utilizes Title V funding for a PhD level public health epidemiologist from the University of New Hampshire (UNH).

MCH and the BFCS work with professional training pipelines in the State, such as the increasing number of NH based colleges and universities awarding degrees in public health, as well as out-of-state online programs. MCH and the BFCS work with interns from many programs, such as the HRSA funded Leadership Education in Neurodevelopmental and Related Disabilities at UNH, CDC's Public Health Associate and Fellow Programs, and summer graduate school interns set up through AMCHP and most in-state colleges and universities.

BFCS demonstrates its commitment to family engagement and partnership throughout its programs and activities. New Hampshire Family Voices (NHFV), a long-standing partner whose staff consists of parents of CYSCHN, are co-located with BFCS staff and provide leadership across the State to families and family-serving agencies. Family support activities under the Partners in Health Program include the requirement for each regional agency to have a family council that serves as an advisory body.

BFCS continues to partner with NHFV to plan and facilitate training opportunities for CYSHCN and their families. Family Support Coordinators frequently seek assistance to recruit, retain and strengthen family support advisory council members. While this partnership model has been used primarily with Partners in Health, it has been identified as a critical program component to be carried over into the new model being developed for care coordination.

MCH program staff worked with New Hampshire Family Voices (NHFV) to increase family partnership and engagement. The recommendations developed are serving as guiding principles for family engagement, which has subsequently been written into all MCH contract deliverables for those contractors who are public serving. All of the Title V funded Community Health Centers (CHCs) have a mandate for 51% of their advisory committees to be community members and/or clients.

MCH's Quality Improvement and Clinical Services Programs is working with and financially supporting colleagues at the Northern New England Perinatal Quality Improvement Network (NNEPQIN) with the goal of establishing a representative Perinatal Community Advisory Council (PCAC). The PCAC will be a key component in MCH and NNEPQIN's strategy in fostering accessible, respectful and safe perinatal care in the State. Focus groups were held in spring and summer of 2021 and informed the PCAC recruitment. The first PCAC meeting was held on June 7, 2022 and will continue to meet monthly via Zoom. It is anticipated that the meetings will be co-chaired, will remain confidential with the members deciding what type of feedback and recommendations to share with NNEPQIN and MCH.

During the annual writing and review of MCH programs' workplans, goals and objectives, each program seeks to incorporate family engagement into its approach. MCH'S Early Hearing Detection and Intervention (EHDI) program involves several parents in their CQI process as well as the NH chapter of Hands and Voices. MCH's Home Visiting program is focusing on family engagement with contractors as part of a larger CQI effort, devoting time during the monthly Local Implementing Agency (LIA) supervisors' meeting to provide training on how to involve families. At one meeting this past year, the federally led HVCOIIN's Parent Leadership Toolkit was reviewed as was the NH Children's Trust' (NHCT) family engagement campaign and their Strengthening Families Summit, Parents Leading the Way. Family engagement in CQI is discussed in all coaching sessions.

The success of NH's Title V programs is based in part on integral partnerships, both funded and non-funded, with governmental partners as well as community based agencies. Leveraging federal, state, and local program resources contributes to the service delivery capacity of NH's Title V program. This is evident in the almost four-year-old Early Childhood Integration Team (ECIT), of which both MCH and the BFCS staff are part of the leadership. The ECIT brings together all programs serving young children, with and without special health care needs, from birth through eight years of age, and their families. Members represent Home Visiting, WIC, Housing, Child Care, and Early Supports and Services, to name a few.

Another key in-state partner for Title V is DHHS's Division of Behavioral Health Services, which houses the bureaus for Behavioral Health, Children's Behavioral Health, and Drug and Alcohol Services. MCH works collaboratively with this Division on projects including suicide prevention and perinatal substance exposure. MCH and BFCS staff are members of the Children's Behavioral Health's System of Care Advisory Council. Much like the ECIT, this group aligns members from across DHHS and beyond in the mission to promote and improve the State's children's system of care principles and values.

MCH works with on a regular basis with the NH Children's Health Foundation, a charitable entity. One of the collaborative projects is on sexual and reproductive health care access, particularly for decreasing unintended pregnancies, with the ultimate goal of reducing and preventing childhood trauma.

The Council for Youth with Chronic Conditions (CYCC), the only statewide organization that has a legislative mandate to focus on the issues affecting children and adolescents with chronic health conditions, represents another important partnership. Members

include families of CYSHCN, the CYSHCN Director, legislators, pediatric specialists, school nurses, service providers, NH Family Voices, and other program administrators in DHHS.

New Hampshire has a State Emergency Operations Plan (SEOP) found at State Emergency Operations Plan (nh.gov). DHHS staff all are trained annually (virtually) in emergency response protocol and systems. NH's Title V is proactive in its emergency preparedness planning and coordinates with partners at the State and local levels to develop emergency preparedness and response plans that include the needs of the MCH and CYSHCN population.

Throughout the pandemic, but particularly this past year, Title V staff from both MCH and BFCS who are registered nurses (RNs) were asked to staff the COVID-19 vaccine clinics and testing sites held across the State. Staff skilled in data entry also assisted in managing the enormous volume of information from COVID-19 testing and vaccination efforts.

MCH's Birth Conditions Program (BCP) has been working collaboratively with the Bureau of Infectious Disease Control (BIDC) within DPHS (the lead on COVID-19 efforts) and the MCH Epidemiologist to identify and report COVID-19 outcomes in mothers and infants for the CDC Surveillance for Emerging Threats to Mothers and Babies (SET-NET) project. As a result of this effort, BIDC and MCH collaboratively applied for and were awarded CDC funding within the Epidemiology and Lab Capacity grant, Project W, "Infants with Congenital Exposure: Surveillance and Monitoring to Emerging Infectious Diseases and Other Health Threats."

Most recently, MCH and BFCS supported the Women, Infants and Children Nutrition Program (WIC) in disseminating information on the infant formula shortage, including best nutritional practices with infants, and solutions to current barriers. BFCS Health Care Coordinators have been working with families, Medicaid ,and pharmacies to ensure CSHCN needing specialty formula are able to obtain some.

In this third year of the five-year project cycle, NH Title V will be submitting several requests for technical assistance, including the following.

MCH's Injury Prevention Program is requesting technical assistance to better integrate its work with the other Title V programs, such as Adolescent Health. Technical assistance would be requested from the Children's Safety Network to "strengthen their capacity, utilize data and implement effective strategies to make reductions in injury-related deaths, hospitalizations and emergency department visits" (childrenssafetynetwork.org).

To broaden the scope of work on NPM#5 (safe sleep), NH's Title V will request technical assistance for training on harm reduction within safe sleep efforts in public health. A comprehensive prevention strategy, harm reduction is part of the continuum of care, and harm reduction approaches have proven to prevent deaths and injuries associated with various human behaviors.

Technical assistance will be sought to facilitate a six part webinar series entitled "Telehealth in NH 101." The objective will be to promote a better understanding of telehealth within the state system, particularly as it intersects with NPM#10 (adolescent well-visit) and NPM#12 (transition to adult health care).

In pursuit of health equity, technical assistance will be requested for guidance and training on the collection and standardization of race, ethnicity, language, and disability data (REALD), as well data on sexual orientation and gender identity (SOGI) within the data systems that are stewarded by DHHS and/or Title V funded contractors.

BFCS will request technical assistance (1) from the MCH Evidence Center to work through strategies for preparing to implement the redesigned program for health care coordination and family support beginning July 2023; and (2) from the Catalyst Center to help NH identify strategies for improving reimbursement for services and financing services not generally covered by private insurance or Medicaid. The MCH Evidence Center will also be approached for assistance with exploring ways to measure the actual impact of the implementation of the Help Me Grow Framework with a focus on meaningful family connection, and to increase the leadership capacity for NH's CYSHCN workforce.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Maintenance of Effort required match helps to assure a basic state funding level of a little over six million dollars for Title V programming as a whole (MCH and BFCS). Unfortunately, this amount has gone down, being chipped away in each successive biennium budget despite the protestations of Title V leadership and stakeholder support and advocacy. NH is in the first year of the 22/23 (which ends 06/30/23) biennium budget and will start preparations for the 24/25 budget the spring of 2022. Therefore, the federal support of nearly two million dollars that is received is crucial in sustaining and preserving a comprehensive Title V program. Funds are both the "glue" and the "backbone" that enables staff and contracted sub-recipients flexibility in addressing the mission of improving the health and well-being of the maternal and child health population, including CYSHCN.

Title V funding is almost always leveraged with other funds, particularly state general funds. Nowhere is this more evident than in its core support for program capacity and public health infrastructure. Because of Title V funds, MCH and the BFCS are able to have full time positions such as the Perinatal Nurse Coordinator, the Public Health Nurse Consultant/Child and Adolescent Health, the Birth Conditions Program Coordinator, the Systems of Care Specialist, the Pediatric Mental Health Care Access Program Coordinator, a CYSHCN data specialist, an Infant Surveillance Coordinator and Program Managers in Injury Prevention, Newborn Screening, Data and Decision Support and Quality Improvement and Clinical Services. These positions enable a great array of programming and services such as facilitation and leadership of statewide maternal, child and infant fatality reviews, quality improvement activities in perinatal health access & care and health care coordination for CYSCHN, training for primary care practitioners in behavioral health and a coordinated injury surveillance and prevention program addressing the leading causes of

death and morbidity for the state's Title V population. The BFCS Clinical Program Manager and three registered nurses provide consultation to community-based programs serving CYSHCN and Managed Care Organizations (MCOs), back up to Medicaid prior authorization process, and outreach to families with children applying for Home Care for Children with Severe Disabilities (aka Katie Beckett).

Title V funding also enables surveillance and evaluation capacity in the form of a doctoral level Epidemiologist, specific to MCH concerns.

Once again, leveraging funding, Title V enables community health centers and community-based agencies in the state to assure the delivery and entry to core MCH and CYSHCN services, providing the ability to fill in the gaps that are not otherwise reimbursed by insurance. Services such as enabling a health care provider to spend two hours on improving the quality of pediatric care by conferencing with colleagues, maintaining child health workers visiting homes to zone in on safe sleep and barriers, enabling services such as patient navigation, transportation and translation, center based quality review teams focusing on increasing utilization of the adolescent well visit and getting input from groups of pregnant mothers with Substance Use Disorders on completing "doable" plans of safe care during prenatal visits. Title V also supports CYSHCN families through community-based contracts that include nutrition, feeding and swallowing clinic and consultation networks, a complex care network, child development clinics and consultation, health care coordination & family support that includes transition activities for CYSHCN, their families and the professionals working with them and a Family to Family Health Information Center.

MCH Success Story

New Hampshire's Child Fatality Review Committee (CFRC) was re-established under RSA 132:41 in 2019 administered out of MCH. Two Title V funded positions, the MCH Administrative Secretary and the newly filled Child/Adolescent Clinical Coordinator share the responsibility of making this group "run" along with the MCH Administrator who is a legislated member. The Committee membership, incorporating a Chair and Co-Chair along with an Executive Committee, is comprised of representation from the medical, law enforcement, judicial, legal, victim services, public health, mental health, child protection and education communities. The CFRC newly wrote and revised its procedures and policies in accordance with those suggested by the HRSA funded National Center for Fatality Review and Prevention. The CFRC's objectives are the following: Identification and investigation of the prevalence of risk and protective factors among the cases; Descriptions of trends and patterns of child deaths in the State, including sudden unexpected infant deaths (SUID) and sudden death in the young (SDY); Evaluation of the service and system responses for children and families and written recommendations for improvement of these services and Improvement of the quality and comprehensiveness of child fatality data by enhancing and integration information from such sources as autopsies, death scene investigations and medical records.

The CFRC's location under the auspices of NH's Title V program in MCH enables it to focus and help prevent the leading causes of child fatality within the State, including intentional ones like suicide and unintentional injuries (motor vehicle crashes, drug overdoses and drowning) which link to National Performance Measure #7 (injury hospitalizations) and. Recommendations are now written in the form of a SMARTIE objective (specific, measurable, achievable, realistic, time-bound, inclusion and equity) and are distributed statewide through an annual report, legislative/professional presentations and are reviewed on a regular basis through a subcommittee dedicated to their implementation.

From BFCS, the following is an example of how CYSHCN was assisted by a Title V-funded nurse health care coordinator through transition to adult services. This young woman had participated in several Title V-funded programs throughout her 21 years of eligibility including Neuromotor; Nutrition, Feeding & Swallowing; and Complex Care. However, it was health care coordination that provided consistency throughout her experiences with Jacobsen syndrome; femoral and tibial torsion; developmental delays; gastroesophageal reflux post gastronomy tube placement; congenital heart disease; and recurrent pneumonias. Gap-filling services included home visits to build supportive relationships with the family; assistance with scheduling and accompanying the family to medical appointments; communicating with nursing agencies in search of respite and home-care providers; financial assistance during hospitalizations and with some durable medical equipment not covered by insurance; and obtaining approvals from insurance for specialty items. In preparation for transition to adult health services, the nurse health care coordinator reviewed equipment needs and arranged for a safety and equipment evaluation. When she aged out of the program at 21, this family had successfully transitioned their daughter to an adult health care provider; had Area Agency for adult long-term supports and services, guardianship, SSI and Adult Medicaid in place; and all equipment needs met by the combination of private insurance and Medicaid. Comments from the family to the nurse health care coordinator include "School put on an amazing graduation ceremony for our daughter. We will definitely miss them! I think things are moving along. Thanks again for all of your help. I don't think I would have got through it without you!"

Maternal and Child Health Bureau (MCHB) Discretionary Investments - New Hampshire

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2021.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.