New Hampshire

MCH Title V Block Grant - July 2020
Protecting and Improving the Health of New Hampshire’s Families

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Women / Maternal Health

State Priority Need

2

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

Objective:

1. By July 1, 2021, decrease the percentage of women who smoke during pregnancy to 22% or less among deliveries paid by NH Medicaid.
2. By July 1, 2021, decrease the percentage of women who smoke during pregnancy to 3.5% or less among deliveries not paid by NH Medicaid.
3. By July 1, 2021, all of the MCH–funded Community Health Centers will have referral sources documented along with follow-up for patients who smoke in their electronic medical records.

Strategies

- Increase the utilization of Quitworks-NH and QuitNow-NH through education of health care providers and citizens
- Facilitate enrollment into tobacco treatment programs by making referrals for both providers and clients easier (e.g. electronic two-way system)
- Professional education on best practices in tobacco treatment through online e-learning modules

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

Decrease unintentional injury in children ages 0-21

Objective:

1. By January 2022, 50% of infants enrolled in home visiting will always be placed to sleep on their back, without bed-sharing or soft bedding.

Strategies

- Collaborate 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, law enforcement, service providers (anyone who goes into the family’s home) on safe sleep practices
- Promote public education on safe sleep
- Utilize home visiting and PRAMS data to inform key stakeholders about safe sleep and education needed
- Utilize the SUID committee recommendations regarding risk factors and identify possible points of intervention

Evidence-based / Informed Strategy Measure

Percent of infants enrolled in 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 32% (2016 FAD baseline) 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 to improve screening rates and capacity
- Efforts to increase awareness and education
- Intensive technical assistance/quality improvement
- Developmental screening resources

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

The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System.

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:
By June 2021, reduce the rate of hospitalizations for non-fatal injury from 61.3 to 31.3 per 100,000 adolescents ages 10-19

Strategies
- Use of peer groups within schools to increase seatbelt usage and overall teen driving safety culture
- Increase parental participation and understanding of teen driving issues
- Between 2020 and 2021, provide “Pool Safely” to parents and children during at least one public event
- Between 2020 and 2021, facilitate one annual Suicide Prevention Conference and send invitations to high school staff
- Between 2020 and 2021, survey high school guidance counselors about postvention plans to prevent suicide contagion

National Performance Measure #7.2
Rate of hospitalization for non-fatal Injury per 100,000 adolescents ages 10-19.

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

Evidence-based / Informed Strategy Measure
Percentage of high school students who wear a seatbelt.
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 SFY16 to 68% by 2025.

Strategies

- **Build partnerships by:**
  a) Networking with other State Adolescent Health Coord.
  b) Collaborating with public and private partners through NH Pediatric Improvement Partnership
  c) Statewide contracting with CHCs and provision of oversight on Primary Care Services
  d) establishing mechanisms to inform the public about adolescent preventive services via social media
- **Enhance capacity of CHCs to improve access and quality of adolescent services by:**
  a) establishing performance measures that align with national guidelines and promote Bright Futures recom.
  b) ensuring contracted CHCs utilize QI processes to increase the percentage of adolescents who have a preventive medical visit
  c) collecting and analyzing outcome data from CHCs
  d) providing feedback to CHCs on agency performance
  e) Providing education, resources, QI support and technical assistance to contracted CHCs
- **Increase MCH staff who include adolescent health in their job responsibilities, by establishing a new position (Child/Adolescent Health Coordinator) to support programmatic initiatives to improve child and adolescent well-being

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 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.
Children with Special Health Care Needs

State Priority Need

Improving access to needed healthcare services for all MCH populations

Objective:

- By July 1, 2021, increase the percentage of CSHCN enrolled in Title V programs, ages 14-20, who completed a Transition Readiness Assessment Questionnaire (TRAQ) in the past year, by 5%
- By July 1, 2021, 60% of CSHCN enrolled in Title V programs, ages 14-20 and/or their family caregiver, will identify at least one transition goal in consultation with their Health Care Coordinator
- By July 1, 2022, 70% of CSHCN enrolled in Title V programs who identified a transition goal in the previous year will meet at least one goal

Strategies

- Health Care Professional Workforce Development
- Care Coordination
- Communications and Social Media
- Measurement and Assessment

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
Children with Special Health Care Needs

State Priority Need

6

Increase family support and access to trained respite and childcare providers

Objective:

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

Strategies

- Explore options to increase public awareness of, access to, and availability of respite providers
- Collect and analyze data to support policy development and support for respite
- Support updated competency-based training modules for respite providers
- Maximize the opportunity for intra-agency collaboration through the Department-wide Caregiver Integration Team (CIT)
- Facilitate availability of respite resources for families through NH ServiceLink/NH Care Path
- Screen families and caregivers of CYSHCN for respite care needs and make them aware of available respite services in their community
- Inform and assist families to access available respite services which may be provided in a variety of settings, on a temporary basis, including the family home, respite centers, or residential care facilities
- Explore transportation as a barrier to accessing out-of-home respite

State Performance Measure #2

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

National Outcome Measures

n/a

Evidence-based Strategy Measure

n/a
Cross-cutting / Systems-building

State Priority Need

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

Objectives:

- By July 2021, increase the percentage of MCH-contracted CHCs who have met or exceeded the targets of their enabling services workplan from a baseline of 33% in SFY19 to 50% in SFY21
- By July 2022, increase to 60% for SFY22
- By July 2023, increase to 65% for SFY23
- By July 2024, increase to 70% for SFY24
- By July 2023, increase to 75% for SFY25

Strategies

- Require all MCH-contracted CHCs to submit an initial ES work plan as a contract deliverable at the start of each 2-year contract period.
- Review ES work plans to ensure they include SMART objectives/goals or measurable outcomes, and a target for each SFY
- Collect data from CHCs to determine the percentage who have met or exceeded their annual targets
- Following annual review, provide feedback and/or technical assistance as indicated

State Performance Measure #1

Percentage of MCH contracted Community Health Centers (CHCs) that have met or exceeded the target of their Enabling Services workplan

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:

- By July 2021, establish a baseline percentage of mental health teleconsultations utilized by pediatric primary care providers enrolled in the Pediatric Mental Health Care Access Program (PMHCA)
- By July 2022, increase utilization to 60%
- By July 2023, increase utilization to 65%
- By July 2024, increase utilization to 70%
- By July 2025, increase utilization to 75%

Strategies

- Recruit pediatric primary care practices across NH to participate in the PNHCA Project ECHO, targeting those in rural/underserved areas
- Develop and run a Pediatric Mental Health Project ECHO series curriculum facilitated by the NH Pediatric Mental Health Team faculty of local subject matter experts
- Provide and promote teleconsultation opportunities for participating pediatric primary care practices with the NH Pediatric Mental Health Team faculty
- Increase pediatric primary care physicians’ satisfaction with using teleconsultation as a way to build their knowledge and confidence in treating children with mental health conditions
- Develop a plan for program sustainability following the end of the PMHCA grant award period

State Performance Measure #3

Percentage of pediatric mental health teleconsultation encounters utilized

National Outcome Measures

n/a

Evidence-based Strategy Measure

n/a