New Hampshire

MCH Title V Block Grant — July 2019
Protecting and Improving the Health of New Hampshire’s Families

Maternal and Child Health
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Objective:

1. By July 1st 2021, increase the utilization of long-acting reversible contraception (LARC) from 18% to 22%.
2. By July 1st 2020, all Title X family planning clinics will have at least one staff member proficient in LARC insertion.
3. By July 1st 2021, preconception counseling and services will increase from 25% to 40%.

Strategies

- Conduct outreach and education through community partners to inform the public on the importance of preventive care for women
- Provide the public with information and resources for obtaining access to women’s health care
- Provide resources and professional training to contracted agencies to enhance capacity and skills to provide preventive services for women including contraceptive management and preconception health services
- Conduct professional training to contracted agencies on utilization of LARCs and LARC insertion
- Collaborate with NH Governor’s Commission on Alcohol & Drug Abuse, Perinatal Substance Exposure Task force to increase access to LARCs for women at risk for substance misuse

Evidence-based / Informed Strategy Measure

Percentage of women who receive pre-conception counseling and services during annual reproductive health (preventive) visit at family-planning clinics (Title X).

National Performance Measure #1

Percent of women, ages 18 through 44, with a past year preventive medical visit in past year

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)
- Percent of non-medically indicated early elective deliveries
- Perinatal mortality rate per 1,000 livebirths 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 infants born with fetal alcohol exposure in last 3 months of pregnancy
- Rate of infants born with neonatal abstinence syndrome per 1,000 hospital births
- Teen birth rate, ages 15-19, per 1,000 females
- Percent of women who experience postpartum depressive symptoms following a recent live
Women / Maternal Health

State Priority Need

2

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

Objective:
1A. By July 1, 2020, decrease the percentage of women who smoke during pregnancy to 28% or less among deliveries paid by NH Medicaid.
1B. By July 1, 2020, decrease the percentage of women who smoke during pregnancy to 4.5% or less among deliveries not paid by NH Medicaid.
2. By July 1, 2020, all of the MCH –funded Community Health Centers will have referral sources documented along with follow-up for patients who smoke in their electronic medi-

Strategies

- Increase the utilization of Quitworks-NH and Quit-Now-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
- Collaborate with neighboring state to offer pregnant women an option to assist them in quitting by using a smartphone assistive program

Evidence-based / Informed Strategy Measure

Number of calls received by New Hampshire Quitline in the past year.

National Performance Measure #14.1

Percent of women who smoke during pregnancy

National Outcome Measures

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State Priority Need

Decrease unintentional injury

Objective:

1. By January 1, 2023, 100% of New Hampshire’s birth hospitals will have a safe sleep policy in writing.

Strategies

- Utilize the Sudden Unexpected Infant Death (SUID) case registry, to describe the distribution of risk factors and identify possible points of intervention
- Utilize the Pregnancy Risk Assessment Monitoring System (PRAMS) data to inform key stakeholders about safe sleep education needed
- Promote safe sleep policy development and change within birthing facilities
- Train providers working with infants (e.g. labor and delivery nurses, child care providers)
- Promote public education on safe sleep
- Collaborate with birth hospitals in their use of Safe Plan of Care for neonates

National Performance Measure #5

Percent of infants placed to sleep on their backs; percent of infants placed to sleep on a separate approved sleep surface; 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

Evidence-based / Informed Strategy Measure

Percentage of birth hospitals with a written safe sleep policy, including placing all infants to sleep on their backs.
State Priority Need

5

Decrease pediatric overweight and obesity

Objective:

By July 1st of 2021, increase the average by at least five percentage points overall of children who have had a high BMI and documentation of counseling/referral at the MCH-funded Community Health Centers in state fiscal year 21 (ends June 30, 2021).

Strategies

- Screening and intervention on physical activity among MCH-funded contract agencies (i.e. home visiting agencies and community health centers)
- Professional training on increasing physical activity
- Encouragement of clientele by health and social service providers for children and families to increase physical activity through fun, family-centered, local community-based opportunities

Evidence-based / Informed Strategy Measure

Percentage of children ages 6 - 11 enrolled in Comprehensive Family Support Services (CFSS) whose parent reports that the child gets at least one hour of physical exercise per day.

National Performance Measure #8.1

Percent of children ages 6 - 11 who are physically active at least 60 minutes per day.

National Outcome Measures

- Percent of children in excellent or very good health
- Percent of children and adolescents who are obese (BMI at or above the 95th percentile)
Child Health

State Priority Need

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

Objective:

To increase from 32% (2016 FAD baseline) to 42%, the percentage of children, ages 9 months to 35 months, who receive a developmental screening using a parent-completed screening tool, by 2024.

Strategies

- Promote the training of professionals to utilize the ASQ and ASQ-SE screening tools
- Provide leadership and group facilitation to Watch Me Grow and the NH Act Early team
- Review and identify gaps based on environmental scan and data analysis completed in SFY18
- Promote developmental screening, participation in Watch Me Grow, and use of online ASQ screening tool (as soon as data bridges have been completed)
- Educate the public through dissemination of Learn the Signs Act Early (LTSAE) materials, NH specific ‘fact sheets’ and updated web based information
- Support the activities of the LTSAE Ambassador
- Collaborate with the NH Pediatric Improvement Partnership (NH PIP) and any efforts related to developmental screening
- Redesign the Watch Me Grow system to expand to include monitoring, screening, education, evaluation, diagnosis, treatment and services

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 Performance Measure #6

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

National Outcome Measures

- Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
- Percent of children in excellent or very good health
Objective:

1. By June of 2020, increase seatbelt usage in the 15 high schools participating in the Teen Driving Project by an overall average of 10% over the baseline of 75, to 85% on the observational assessment of school parking lots.

2. By June of 2020, 95% of schools will have implemented the NH Concussion Law and/or will have written policies, with at least 95% having a Return to Play policy and at least 75% having a Return to Learn policy.

3. By June 2020, select an evidence-based program to reduce drowning death in children 1-9 years old.

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
- Analyze concussion policies within school systems and make recommendations for potential change
- Collaborate with the Safe Kids NH program and the Consumer Product Safety Commission to select an evidence-based program to reduce drowning deaths in children 1-9 years old; this may be teen participation in water safety and life saving programs

Evidence-based / Informed Strategy Measure

Percentage of high school students who wear seatbelts.

National Performance Measure #7.2

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

National Outcome Measures

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

State Priority Need

1

Improve access to needed healthcare services for all populations

Objective:
Increase the percentage of adolescents who have had a preventive medical visit at MCH-funded Community Health Centers (CHCs) from a baseline of 61% in SFY16 to 64% by 2020.

Strategies

- **Build partnerships by:**
  a) collaborating with public and private partners through NH Pediatric Improvement Partnership
  b) statewide contracting with CHCs and provision of oversight on Primary Care services
  c) 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) requiring contracted CHCs to develop an adolescent care Quality Improvement (QI) initiative
  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**
  a) onboarding new Pediatric Mental Health Care Access Program Coordinator
  b) recruiting to fill the Family Planning Program Health Promotion Advisor position for adolescent reproductive and related health

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

Rev July 2019
Children with Special Health Care Needs

State Priority Need

3

Increase access to comprehensive medical homes

Objective:
To increase from 50.9% (2016-2017 FAD baseline) to 56% the percentage of children with special health care needs having a medical home by 2024.

Strategies

- Maintain critical partnerships to leverage medical home advancement
- Support quality assurance and monitoring efforts that advance medical home activities and enhance access to care relative to Medicaid Managed Care contracts
- Enhance the Medical Home Project Advisory Committee (MHPAC)
- Finalize the Medical Home Needs Assessment and share with stakeholders
- Facilitate incorporation of the evidence informed six core elements of transition into medical homes, in accordance with Got Transition™ recommendations—through practice-based technical assistance
- Continue the SMS/PIH Transition Readiness project with ongoing support and technical assistance from the contracted Medical Home Coordinator
- Maximize opportunities to raise awareness and educate providers families and policy makers about the impact of Medical Homes

National Performance Measure #11

Percent of children with and without special health care needs ages 0 through 17, who have a medical home

National Outcome Measures

- Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
- Percent of children, ages 3 though 17, with a mental/behavioral condition who receive treatment or counseling
- Percent of children, ages 0 through 17, in excellent or very good health
- Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

Evidence-based / Informed Strategy Measure

Number of Primary Care Provider practices who have adopted a transition policy.
Objective:

To increase the number of families reporting access to respite care when needed, from 62% to 70% on the SMS Satisfaction Survey, by 2020.

Strategies

- Exploration of options to increase public awareness of access to and availability of respite providers
- Analysis of available data to support policy development and support for respite
- Support for updated competency-based training modules for respite providers
- Maximize the opportunity for intra-agency collaboration as a result of the creation of a new Department-wide Caregiver Integration Team
- Facilitate availability of respite resources for families through NH ServiceLink/NH Care Path

State Performance Measure #2

Percentage of families enrolled in SMS who report access to respite

Evidence-based / Informed Strategy Measure

n/a
State Priority Need

1

Improve access to needed healthcare services for all populations

Objective:
Ensure that 90% or more of MCH-contracted Community Health Centers (CHCs) have an up-to-date Enabling Services (ES) work plan on file with DHHS/MCH for each state fiscal year.

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 activities are appropriate and as outlined within the contract Scope of Services.
- Provide feedback and/or technical assistance as indicated for the purposes of quality improvement.

State Performance Measure #1

Percentage of MCH contracted CHCs with Enabling Services workplan on file with DHHS/MCH.

National Outcome Measures

n/a

Evidence-based / Informed Strategy Measure

n/a
Cross-cutting / Systems-building

State Priority Need

4

Improve access to mental health services

Objective:

Increase the recruitment of behavioral health professionals by five percentage points over five years, from a baseline of 21% (in 2017), to 26% (in 2021).

Strategies

- Assess the current behavioral health workforce
- Determine the factors that recruit and retain workforce
- Establish a vacancy tracking system with employers
- Establish relationships with professional training programs for pipeline development
- Social marketing to attract behavioral health professionals
- Policy: Support the State Loan Repayment Program for behavioral health professionals and change credentialing requirements

State Performance Measure #3

Percentage of behavioral health professionals recruited (number of sourced contacts that became ‘active’/number of reached or ‘sourced’ contacts)

National Outcome Measures

n/a