HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

# NEW HAMPSHIRE

## State Snapshot

FY 2021 Application / FY 2019 Annual Report

November 2020

### 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 FY 2021 Application / FY 2019 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

## State Contacts

| MCH Director | CSHCN Director | State Family or Youth Leader |
|---|---|---|
| Rhonda Siegel<br>Administrator<br>rhonda.siegel@dhhs.nh.gov<br>(603) 271-4516 | Deirdre Dunn Tierney<br>Bureau Chief<br>Deirdre.Dunn@dhhs.nh.gov<br>(603) 271-8181 | No Contact Information Provided |

## Funding by Source

| Source | FY 2019 Expenditures |
|---|---|
| Federal Allocation | $1,989,264 |
| State MCH Funds | $4,452,151 |
| Local MCH Funds | $0 |
| Other Funds | $868,333 |
| Program Income | $0 |

**FY 2019 Expenditures**

## Funding by Service Level

| Service Level | Federal | Non-Federal |
|---|---|---|
| Direct Services | $429,780 | $1,412,226 |
| Enabling Services | $835,616 | $1,641,829 |
| Public Health Services and Systems | $723,868 | $1,398,096 |

**FY 2019 Expenditures Federal**

**FY 2019 Expenditures Non-Federal**

## Percentage Served by Title V

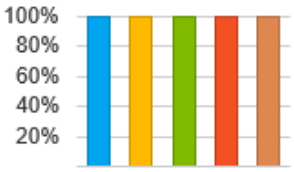
| Population Served | Percentage Served | FY 2019 Expenditures |
|---|---|---|
| Pregnant Women | 100.0% | $159,678 |
| Infants < 1 Year | 100.0% | $1,189,489 |
| Children 1 through 21 Years | 100.0% | $1,341,305 |
| CSHCN (Subset of all Children) | 100.0% | $2,729,831 |
| Others * | 100.0% | $1,785,313 |

*Others– Women and men, over age 21.

### FY 2019 Expenditures

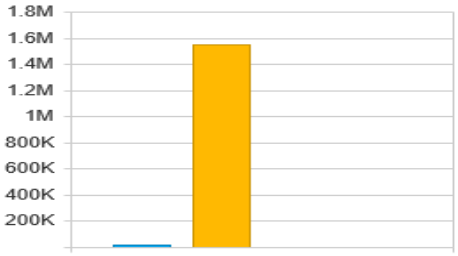
**Total: $7,205,616**

### FY 2019 Percentage Served




## Communication Reach

| Communication Method | Amount |
|---|---|
| State Title V Website Hits: | 14,792 |
| State Title V Social Media Hits: | 1,549,620 |
| State MCH Toll-Free Calls: | 15 |
| Other Toll-Free Calls: | 862 |




*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 | Priority Need Type | Reporting Domain(s) |
|---|---|---|
| Improve access to needed healthcare services for all MCH populations<br><br>NPMs<br>• NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.<br>  ○ 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 | Continued | Adolescent Health,<br>Children with Special Health Care Needs |

| | | |
|---|---|---|
| PCP or an OB/GYN practitioner during the measurement year<br>• NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care<br>  ○ 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 | | |
| Decrease the use and abuse of alcohol, tobacco, and other substances among pregnant women<br><br>NPMs<br>• NPM 14.1: Percent of women who smoke during pregnancy<br>  ○ 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) | Revised | 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<br><br>SPMs<br>• SPM 1: Percentage of MCH-contracted Community Health Centers that have met or exceeded the target indicated on their NH DHHS/MCH Enabling Services workplan | New | Cross-Cutting/Systems Building |
| Improve access to mental health services for children, adolescents, and women in the perinatal period<br><br>SPMs<br>• SPM 3: Percentage of Pediatric Mental Health Teleconsultations utilized by NH Pediatric Primary Care Providers | Revised | Cross-Cutting/Systems Building |
| Decrease unintentional injury in children ages 0-21<br><br>NPMs<br>• 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<br>  ○ 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 | Continued | Perinatal/Infant Health, Adolescent Health |

| | | |
|---|---|---|
| • NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19<br>  ○ ESM 7.2.1: Percentage of high school students who wear a seatbelt | | |
| Increase family support and access to trained respite and childcare providers<br><br>SPMs<br>• SPM 2: Percentage of families enrolled in SMS who report access to respite | Continued | Children with Special Health Care Needs |
| Improve access to standardized developmental screening, assessment, and follow-up for children and adolescents<br><br>NPMs<br>• 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<br>  ○ ESM 6.1: The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System. | Continued | 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 of Family Centered Services (BFCS) which oversees programs for Children and Youth with Special Health Care Needs (CYSHCN). Together, these entities support core Title V public health functions including direct, enabling, population-based, and infrastructure-building services in maternal and child health including CYSHCN, focused on family planning and teen pregnancy prevention; primary care; perinatal health; early childhood systems and home visiting; adolescent health; injury prevention; newborn screening and early intervention; and surveillance, translation, and information dissemination. All services have continued at least modified operations, despite the COVID-19 pandemic.

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. Additional information, data and stakeholder/public input are also gathered continuously within the scope of work of each Title V program. This collaborative and evidence-based approach serves to leverage the greatest improvement in the health of the NH population.

Participating groups in the needs assessment process were diverse and included, but were not limited to: Watch Me Grow, SPARK NH (former Governor's early childhood advisory council), Office of the Child Advocate, Newborn Screening Advisory Council, Medical Home Advisory committee, Autism Council, NH Pediatric Improvement Partnership, Early Hearing Detection and Intervention advisory board, Office of Health Equity, MCH and BFCS contractors, Community Health Center Directors, Legislative Commission of Primary Care Workforce, NH Citizens Health Initiative, City of Manchester Healthcare for the Homeless Program, WIC Nutrition Program, Planned Parenthood of Northern New England, Dartmouth-Hitchcock Medical Center Patient/Family Advisory, Council for Youths with Chronic Conditions, the School Nurse Association, DOE Office of Student Wellness, and Medicaid managed care organizations (MCOs).

An in-house report on health equity among pregnant women (utilizing PRAMS 2013-2017 data) examined disparities among subgroups. The greatest number of disparities were found to be based on differences in income, education, and age; but a significant number of disparities were also based on nativity (US-born vs. foreign-born), race/ethnicity, and residence (urban vs. rural, as well as specific county or city). Similar results were found in national data when disagregated by these characteristics.

Based on the entirety of the information from the sources above, Title V staff established the following list of priorities to steer programming in the next five-year period through 2025:

1. Improving access to needed healthcare services for all MCH populations;
2. Decreasing the use and abuse of alcohol, tobacco and other substances among pregnant women;
3. Increasing the focus of Title V on the Social Determinants of Health and the resolution of barriers impacting the health of the MCH population;
4. Improving access to mental health services for children, adolescents, and women in the perinatal period;
5. Decreasing unintentional injury in children ages 0-21;
6. Increasing family support and access to trained respite and childcare providers;
7. Improving access to standardized developmental screening, assessment and follow-up for children and adolescents.

In order to address the State's priority needs and in keeping with the Title V framework, Title V staff selected the following National Performance Measures (NPMs) and State Performance Measures (SPMs) for implementation:

**To address 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

**To address 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

**To address 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, a state-specific measure was created -
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

**To address priority need #4**: Improve access to mental health services for children, adolescents and women in the perinatal period, a state-specific measure was created -
SPM#3: Percentage of pediatric mental health teleconsultations utilized
Domain: Cross-cutting/Systems-building

**To address 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 through 19.
Domain: Adolescent Health

**To address priority need #6**: Increase family support and access to trained respite and childcare providers, a state-specific measure was created -
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

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

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

Access to services continues to be an underlying theme, including need #3 which singles out social determinants of health as the focal point to address access to services. Consequently, NH's Title V program has taken on the broad task of enhancing access to quality health care services for the MCH and CYSHCN population. Many Title V contracted agencies utilize their funding to maintain family and community health services when no other resources can be employed. Title V funding decisions are based on gap assessments founded on discussions of the State's health care system and the needs assessment process which looks at health outcomes. Grant funds go towards agency staffing infrastructure as well as services.

With Title V funding, NH's MCH program supports 12 Community Health Centers (CHCs) through 11 contracts for Primary Care and three (3) contracts for Primary Care for the Homeless, in their mission to provide accessible and affordable comprehensive services, including prenatal and pediatric care, for some 122,895 individuals and 1,087 pregnant women in 2019. Much of the funding is used for quality improvement, for projects such as getting adolescents into annual health care; increasing the number of pregnant women and the homeless who are referred and actually receive tobacco cessation services; and increasing the availability of highly effective contraceptive methods for reproductive age women. MCH also uses Title V funds to support enabling services such as case management, transportation and interpretation services.

The Bureau of Family Centered Services (BFCS), through Title V funds, supports 11 programs including a network of child development clinics for pediatric diagnostic evaluation services; an interdisciplinary clinic for neuro-motor disabilities and a Complex Care Network that incorporates statewide interdisciplinary clinics and specialty consultation to families and providers; nutrition, feeding and swallowing networks with community-based consultation and intervention services utilizing a home visiting framework; and a medical home and health care transition project and psychiatry consultations for CYSHCN. BFCS also utilizes Title V funds to support 10 Health Care Coordinators who assist families with CYSHCN in navigating the health care system, and continues to support NH Family Voices (NHFV) in its mission to assist families with CYSHCN by providing information, support, and referrals.

Title V leads by calling attention to emerging issues in the field, thinking strategically and facilitating analysis of the current situation, and educating on best practices. The stewards of Title V do not work in a vacuum, and all efforts are undertaken in conjunction with many partners, both state and federal. Title V is a convener as well as a participant in many different statewide workgroups; Title V staff members created, organized and/or currently facilitate several programmatic advisory committees, mortality review groups as well as collegial workgroups.

An Intra-Agency Agreement (IAA) between NH Title V custodians—MCH and BFCS and the Division of Medicaid Services—sets out the framework and conditions for joint planning, coordination and improvement of programs under Title V MCH and Title XIX Medicaid. The IAA outlines and codifies:

- Collaboration on the development and implementation of quality health standards;
- Improvement in referral processes and access to and utilization of health services;
- Implementation of processes for making intra-agency decisions and coordination of policies;
- Reduction of duplicative services and implementation of innovative solutions to health care issues;
- Assurance of compliance with federal and state statutes;

- Promotion of joint planning, monitoring and evaluation of a health care system for the Title V MCH and Title XIX Medicaid populations.

A new element in this IAA is the assignment of a seat for MCH on the Medicaid Medical Care Advisory Committee (MCAC) which advises the Medicaid Director on policy and planning. Members of the MCAC must be familiar with the comprehensive needs of low-income population groups and with the resources required for their care, which is consistent with the professional responsibilities of Title V staff.

The IAA reaffirms the commitment to have Title V funded agencies identify, enroll and re-enroll Medicaid-eligible clients and to refer those clients to appropriate services. Many CHCs utilize
Title V funds for sustaining or increasing staff capacity to assist with client insurance needs, since up to one half of clients coming to their agencies for the first time are uninsured, and other federal funding for patient navigators has greatly diminished. As part of its Title V funded contract with BFCS, NH Family Voices (whose staff are trained as navigators) also offers assistance with understanding options and accessing Medicaid.

Title V staff are working with Medicaid on its Local Care Management Entity Project, which seeks to define and understand the many care/case management functions, internal and contracted, within all of DHHS's programs. Many Title V affiliated CHCs use their funding to provide client management otherwise not provided by insurance. Medicaid has recently relaxed its Administrative Rules in response to the COVID-19 pandemic, increasing the types of providers able to offer current services and enlarging its waivers, allowing for telehealth and enabling the origin of services to be wherever the patient is.

Currently, Title V programs are responding to the impacts of COVID-19. MCH's Injury Prevention Program, for example, is working with the Northern New England Poison Center on the recent upsurge in calls regarding poisonings related to the increased use of cleaning products. MCH's Epidemiologist is working with Newborn Screening staff to detect a possible increase in out-of-state births from mothers in high COVID-19 locations (e.g. New York City) and to investigate anecdotal reports of increased calls and patient load to non-hospital based birthing providers; neither of these have been borne out by the data. However, staff have noticed an increase in formal declines for repeats of infant screenings due to mistimed tests and unsatisfactory blood spot samples.

In this first year of the five-year project cycle, NH Title V is requesting technical assistance (TA) for:

(1) the facilitation of a 1-2 day Title V staff retreat by Dr. Brené Brown, to assist staff in learning to work together again in person after the workplace shut-down caused by the COVID-19 pandemic, and to develop a shared language and understanding of what it will take to successfully implement the next five-year state action plan;

(2) a two-day workshop and 10 hours of follow-up electronic consultation from the DaSy Center, a national technical assistance center that works with states to support early intervention systems; staff from the DaSy Center would help facilitate a data sharing agreement between MCH and BFCS from draft form to a signed agreement;

(3) three days of evaluation expertise and a half-day workshop for MCH's Injury Prevention Program, by the Center for Program Design and Evaluation (CPDE) at Dartmouth, for assistance in developing outcome data evaluation tools and procedures, and provision of training on data collection, tracking/monitoring systems, data analysis and the creation of actionable data visualizations or infographics;

(4) the development of formal guidance to leverage funding through Medicaid Billing for Targeted Case Management that will facilitate training, education, appropriate billing and monitoring. BFCS would like to work with the Catalyst Center, the National Center for Health Insurance and Financing for Children and Youth with Special Health Care Needs to develop guidance and initiate a training/dissemination plan, to facilitate collaboration with a focus on maximizing resources and avoiding duplication of effort;

(5) and lastly, NH seeks consultation and training from national experts to aid in the development of a standardized formula for establishing caseload limits for CYSHCN being served under its Health Care Coordination program.

## How Federal Title V Funds Support State MCH Efforts

The Maintenance of Effort required match helps to assure a basic state funding level of almost seven million dollars, consistent for the last decade, for Title V programming as a whole (MCH and BFCS). NH is in the second year of the biennium budget and is in early preparations for State Fiscal Years 22/23. It was already in the midst of a severe opioid misuse problem when the COVID 19 pandemic started and continues to this day; creating a fiscal environment in which state funding is not guaranteed. 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 the "glue" that enables staff and contracted sub-recipients the flexibility in addressing the mission of improving the health and well-being of the maternal and child health population. Title V enables a health care provider to spend two hours on improving the quality of pediatric care by conferencing with colleagues; supports the coordination of a statewide developmental screening system; and helps to keep adolescents stay buckled in the vehicles they drive and ride in.

Federal support also increases credibility with other funders, increasing leveraging possibilities. Funding sources complement one another since none are able to adequately and fully sustain needed services. Increased financial accountability and sub-recipient monitoring ensures that Title V funds support each level of the public health pyramid.

## MCH Success Story

Every Title V five-year needs assessment process, at least within the past two decades, has generated a priority that had something to do with increasing access to mental health to the MCH population. The priority was addressed by activities undertaken by contractors, but administered as a small part of the responsibilities of a position in-house. In the past year, Title V funds have been leveraged with another federal grant opportunity to sustain for the first time a 1.0 FTE Pediatric Mental Health Care Access (PMHCA) Program Coordinator. This position is unique, not only to MCH, but to the entire DPHS.

The PMHCA Program Coordinator, herself a Mental Health Clinician, is leading a program teaching primary care providers clinical best practice in children's mental health through a Project ECHO (Extension for Community Healthcare Outcomes). It provides these clinicians with the knowledge and support of specialists such as from the few child psychiatrists in the State to manage their pediatric patients with complex mental health conditions.

Because the PHMCA Program Coordinator is full-time, it has enabled her to connect and invest with pediatric mental health initiatives such as the System of Care Advisory Council, which provides case management of pediatric behavioral health care that is solely family focused. Opportunities have been created to further collaborate, creating linkages with other sections to better inform Title V programming, clinical practice and procedures.

## 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 2019.

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.