New Hampshire

MCH Title V Block Grant - July 2021
Protecting and Improving the Health of New Hampshire’s Families

Maternal and Child Health
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State Priority Need

2

Women / Maternal Health

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

Objective:

1. By July 1, 2022, decrease the percentage of women who smoke during pregnancy to 25% or less among deliveries paid by NH Medicaid.

2. By July 1, 2022, decrease the percentage of women who smoke during pregnancy to 2% or less among deliveries not paid by NH Medicaid.

3. By July 1, 2022, all of the MCH-funded Primary Care sites will screen at least 90% of their prenatal patients for tobacco use and provide intervention if positive.

4. By July 1, 2022, clinical staff from at least 80% of MCH-funded Primary Care sites will have completed the evaluation for ‘Supporting Pregnant and Postpartum Women to Quit Tobacco’ e-learning module.

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

Strategies

- Continue to provide professional education on best practices in tobacco treatment through online e-learning modules
- Promote tobacco cessation for pregnant persons through use of public service announcements posted on DHHS social media platforms
- 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)
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 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
- Utilize the American Academy for Pediatrics Champion for dissemination of educational materials for providers
- 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

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

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 to improve screening rates and capacity
- Efforts to increase awareness and education
- Intensive technical assistance/quality improvement and learning collaboratives
- 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

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

Evidence-based / Informed Strategy Measure
The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System.
Adolescent Health

State Priority Need

5

Decrease unintentional injury in children ages 0-21

Objective:
By 2022, reduce the rate of hospitalizations for non-fatal injury from 61.3 to 27.4 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

Evidence-based / Informed Strategy Measure

Percentage of high school students who wear a seatbelt (when driving or as a passenger).

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
Adolescent Health

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

• 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

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.

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
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, 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

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

Strategies

- Health Care Professional Workforce Development
- Other workforce development including Title V staff, family support, MCOs, youth, families, etc.
- Care Coordination
- Communications and Social Media
- Measurement and Assessment
Children with Special Health Care Needs

State Priority Need

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

- Explore options to increase public awareness of, access to, and availability of respite providers including those for families of CYSHCN with emergency respite needs
- Collect and analyze data to support policy development and support for respite
- Conduct a comprehensive environmental scan of respite needs and resources
- 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 CSHCN for respite needs and make them aware of respite services available 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
State Priority Need

3

Cross-cutting / Systems-building

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:

Increase the percentage of MCH-contracted Community Health Centers (CHCs) that have met or exceeded the targets of their NH DHHS/MCH enabling services workplan from a baseline of 33% in SFY20 to 75% in SFY25.

Strategies

- Require all MCH-contracted CHCs to submit a 2-yr 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 State Fiscal Year (SFY)
- At the end of each SFY, MCH will review ES work plans outcome sections to determine the percentage of CHC attaining their target(s).
- At the end of each SFY, MCH will review and provide feedback/technical assistance as needed on the plan for improvement section(s) of CHCs not meeting their target(s).

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
Cross-cutting / Systems-building

State Priority Need

4

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 upon completion of the HRSA grant period 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 following the end of the PMHCA grant period
- Partner with the NH-Vermont Recruitment Center to assess the current behavioral health workforce and determine the factors that recruit and retain workforce.

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