



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW HAMPSHIRE

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 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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SSDI Project Director	State Family Leader
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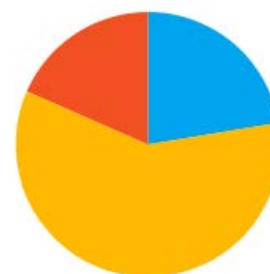
State Youth Leader
No Contact Information Provided

State Hotline: (603) 271-4517

Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$1,951,008
 State MCH Funds	\$5,157,223
 Local MCH Funds	\$0
 Other Funds	\$1,605,512
 Program Income	\$0

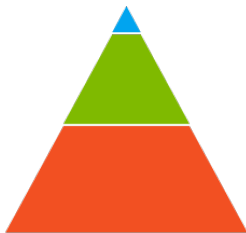
FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$227,618	\$1,635,876
Enabling Services	\$786,906	\$1,901,839
Public Health Services and Systems	\$936,484	\$1,619,508

FY 2024 Expenditures
Federal



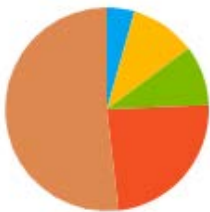
FY 2024 Expenditures
Non-Federal



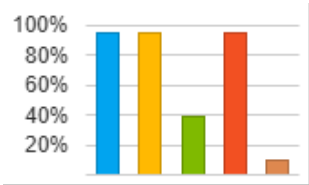
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	95.0%	\$373,806
Infants < 1 Year	95.0%	\$886,841
Children 1 through 21 Years	38.9%	\$811,518
CSHCN (Subset of all infants and children)	95.0%	\$2,031,874
Others *	10.0%	\$4,414,604

FY 2024 Expenditures
Total: \$8,518,643



FY 2024 Percentage Served



*Others– Women and men, over age 21.

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 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Access to qualified providers in the developmental screening, evaluation, referral and services system.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS <ul style="list-style-type: none"> ESM DS.1: Number of health professionals and parents / families who receive information / training on developmental screening and/or monitoring ESM DS.2: The percentage of referrals made to BFCS Child Development Clinic/Consultation Services by a Watch Me Grow partner, following a positive developmental screening (e.g. MCHAT, ASQ, LTSAE Milestone Checklist at the WIC visit etc.) 	Continued	Child Health
<p>Improve access to care and support for women and mothers experiencing perinatal mental health conditions</p> <p>NPMs</p> <ul style="list-style-type: none"> A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ESM PPV.1: Percent of women enrolled in MCH contracted CHC prenatal programs that had a postpartum visit. Percent of women who were screened for depression or anxiety following a recent live birth - MHS <ul style="list-style-type: none"> ESM MHS.1: Number of cross-sector partnerships and collaborations established to support the design, implementation, and evaluation of QI initiatives to increase postpartum mental health screening. 	New	Women/Maternal Health
<p>Support breastfeeding to ensure optimal growth and development in early life, reduce food insecurity, and decrease childhood obesity</p> <p>NPMs</p> <ul style="list-style-type: none"> A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF 	New	Perinatal/Infant Health

<ul style="list-style-type: none"> ○ ESM BF.1: Percent of infants who are ever breastfed at MCH contracted Community Health Centers (CHCs) 		
<p>Ensure access to comprehensive and coordinated healthcare for children</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH 	New	Child Health
<p>Ensure access to needed mental health treatment or counseling for adolescents</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen at contracted CHCs 	New	Adolescent Health
<p>Strengthen the system of care for CSHCN prioritizing quality of life, optimal well being and flourishing for CSHCN and their families</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH 	New	Children with Special Health Care Needs
<p>Ensure access to needed health-related services for youth and young adults with special health care needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training. 	Revised	Children with Special Health Care Needs
<p>Strengthen the MCH workforce capacity through development of skills in the 12 MCH core competencies</p>	New	Cross-Cutting/Systems Building

SPMs <ul style="list-style-type: none">SPM 1: MCH Workforce Development		
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Executive Summary

Program Overview

Housed in the New Hampshire Department of Health and Human Services (DHHS), the New Hampshire Title V Program is administered by the MCH Section (MCH), Bureau of Family Health and Nutrition, Division of Public Health, and the Children and Youth with Special Health Care Needs Program, Bureau of Family Centered Services (BFCS), Division of Long Term Supports and Services. MCH and BFCS share the same DHHS mission *to join communities and families in providing opportunities for citizens to achieve health and independence*. This is done by meeting the health and basic human needs of NH citizens, particularly those who are most vulnerable. Both the Title V Director and CSHCN Director actively and collaboratively provide leadership to the NH system of care for mothers, children, and families.

The NH Title V program serves several key populations across the lifespan, with a focus on improving health outcomes. These populations include pregnant and postpartum women, women of reproductive age, infants, children, adolescents, and children with special health care needs. The program operates through a combination of population-based initiatives, direct services, infrastructure support, and enabling services to address health needs and increase healthcare access among these populations. Eligibility for services is dependent upon the program, but priority is given to those disproportionately underserved.

Eleven positions in MCH and 12 of the 18 positions in BFCS are funded in whole or in part through the Title V Program. Programmatic activities supported by NH Title V include the facilitation of the Maternal Mortality Review Committee and the Infant and Child Mortality Review Committee, quality improvement and enabling service initiatives in ten community health care centers, injury prevention programming, and the NH Birth Conditions Program. Services for CSHCN supported by Title V include services for nutrition, feeding and swallowing, child development and complex care consultation and evaluations, health care coordination, nurse consultation, and family support for individuals with developmental disabilities. Title V also funds oversight of initiatives to improve statewide access to quality health care for CSHCN, support for Family-to-Family programming, and support for the state's Youth Health Care Transition work. Much of Title V funding is braided to support multiple staff and contracts that implement the strategies outlined in Five Year State Action Plan.

Guiding framework

The NH Title V Program utilizes a life course approach to planning and programming that acknowledges that people live within families and communities, have a trajectory of experiences that build on each other and influence an individual's self-determination, social capital, economic sufficiency, and community belonging.¹ The Bureau for Family Centered Services seeks to achieve a well-functioning system of services for CSHCN where they enjoy a full life and thrive in their community from childhood through adulthood.

The needs assessment, and the overall work of Title V, are guided by values identified by program staff and stakeholders: use of a family-centered, holistic lens; engagement from consumers and those served by Title V; collaboration with internal and external partners; focus on systems improvement, including structures, processes, and policies; evidence-based decision-making; contextual understanding of health; consideration for individual and community strengths and assets; respect for privacy; reflective of the culture of NH; and transparency in communication and processes.

Findings from needs assessment

In August 2024, NH Title V Program began its five-year needs assessment process which concluded in June 2025. Findings from this process revealed a number of emerging health issues and are reflected in the priorities selected for the State Action Plan, 2026-2031.

Perinatal mental health is currently of great concern to NH women and families. According to the Maternal Mortality Review Committee 2024 Annual Report, perinatal mental health conditions were identified as the primary underlying cause of 58.3% of pregnancy-related deaths in 2023. Additionally, diagnosed perinatal mental health conditions have increased in perinatal women from 13.4% in 2016 to 27.7% in 2024.²

Child and adolescent mental health have been identified as major concerns among survey respondents, focus group participants, and in the landscape analysis. According to the 2023 NH YRBS, 21.3% of NH students reported seriously considering suicide in the previous 12 months and 32.7% reported their mental health as being not good most of the time. Additionally, the National Survey of Children's Health (NSCH) indicated that 26.5% of NH adolescents ages 12-17 years have depression or anxiety, which is significantly higher than the national rate of 17.6%. Compounding this, 24.2% of students report being bullied at school as reported in the 2023 NH YRBS.

Developmental concerns were highlighted during focus groups, with participants expressing worries about the rising prevalence of autism and a general lack of knowledge about developmental stages and milestones. According to the NSCH, 42.2% of children, 9 through 35 months, received a developmental screening in NH and the demand for services has steadily increased. Referrals to

¹ Retrieved from [LifeCourse Framework – LifeCourse Nexus \(lifecoursetools.com\)](https://lifecourseframework.org/LifeCourseNexus) on 5/7/25.

² [Using-Our-State-Data-to-Support-Community-Driven-Change-PPT.pdf](#) retrieved on 6/19/25

Family Centered Early Supports and Services (FCESS) for children under three increased from 3,661 in 2023 to 4,128 in 2024 and the BFCS Title V-funded Child Development Clinic contractor reported a significant increase in the number of referrals in the past five years, following a decline in 2020 due to the COVID-19 Public Health Emergency.

The capacity of the NH Title V Program to serve the NH MCH population has been bolstered by recent investments in data analysis capacity, elevation of MCH into the DHHS strategic plan, and award of several major grants supporting maternal health. However, the state fiscal environment of the past two years has impacted the ability of Title V to operate to its fullest capacity. In addition, staff turnover is a constant challenge and several key positions, including the Title V Director, experienced transition in the past year. For these reasons, workforce development was adopted as a priority.

Integral to the success of the NH Title V program are numerous partnerships with public and private organizations that are also invested in the health of women, children, and families. The Northern New England Perinatal Quality Improvement Network (NNEPQIN) and the NH Perinatal Quality Collaborative (NHPQC) are key partners in almost all Title V work. Internal partners include WIC and the Nutrition Services Program, the sexual and reproductive health care program, the DPHS Rural Health Program, the Home Visiting Program, and New Hampshire Family Voices, among others. BFCS nurtures an extensive partner network with other DHHS agencies, other state agencies, and community and family-serving organizations.

Priority health issues

The NH Title V program utilized a collaborative process to identify health priorities in the MCH population. The Needs Assessment Leadership Committee, along with the MCH Advisory Committee, reviewed landscape analysis data, results from statewide surveys, and focus groups to select the following priorities:

- Improve access to care and support for women and mothers experiencing perinatal mental health conditions
- Support breastfeeding to ensure optimal growth and development in early life, reduce food insecurity, and decrease childhood obesity
- Ensure access to comprehensive and coordinated healthcare for children
- Increase access to qualified providers in the developmental screening, evaluation, referral, and services system
- Ensure access to needed mental health treatment or counseling for adolescents
- Strengthen the system of care for CSHCN prioritizing quality of life, optimal well-being, and flourishing for CSHCN and their families
- Ensure access to needed health-related services for youth and young adults with special health care needs.
- Strengthening the MCH workforce capacity through development of skills in the 12 MCH core competencies

Role of the NH Title V Program

The NH Title V program has been at the center of numerous growing initiatives addressing perinatal mental health conditions. Efforts are focused on increasing screening for postpartum depression and other mental health conditions, improving referral processes and treatment access, and to increase awareness of available resources and normalizing seeking help during and after pregnancy for mental health needs. Title V is a major funder of these activities and is integrally involved in their implementation.

NH Title V staff and its contractors lead by calling attention to emerging issues, thinking strategically, facilitating analysis, and educating on best practices. Title V looks for gaps and tries to fill them, in alignment with priority areas. The NH Title V Program often acts to ensure access to quality health care services for the MCH population, including CSHCN. Title V funding decisions are made based on gap assessments founded on discussions of the State's health care system and the needs assessment process, which looks at health outcomes as well as process measures. The NH Title V Program has the role of convener and participant in many statewide advisory committees.

NH Title V also plays a central role in the core public health function of collecting and disseminating maternal and child health data. Part of Title V funding is utilized to support a full time PhD-level public health epidemiologist from the University of New Hampshire and a PhD-level data scientist to conduct analyses of state and national data sets related to maternal and child health to inform Title V programming, meet reporting requirements, and dissemination of MCH data throughout the state.

The Bureau for Family Centered Services provides leadership in each area of a well-functioning system. Title V supports 12 of the 18 positions in BFCS that lead, administer, manage, and implement programs and services for children with special health care needs and their families. Current programs support access to services including specialized networks for nutrition, feeding, and swallowing (NFS) and children with medical complexities; child development evaluations; Nurse Consultation; Health Care Coordination (HCC); Family Centered Early Supports and Services (FCESS), NH's Part C program for infants and toddlers with developmental delays, and Family Support for CSHCN and individuals with developmental disabilities. Fifteen BFCS contracts include Title V funds and focus on systems access, infrastructure development and improvement, and direct services. The system of care is supported in three of the contracts by providing increased access to services. While most of these contracts include some direct service to program recipients, NH recognizes that moving down the pyramid is the future and is working to identify and implement more population-based strategies in the 2026-2030 state action plan.

Successes and opportunities

In 2023, the MCH-focused pillar, *Healthy Mothers, Healthy Babies*, was introduced into the NH DHHS Strategic Road Map. This directive specifically addresses needs of the perinatal and infant populations with the concrete objectives of the reduction of preterm birth, the reduction of maternal death from overdose, improving first trimester entry into prenatal care, and maintaining high rates of timely postpartum visits. Elevation of an MCH focus area into the overall DHHS strategic plan has brought welcomed additional resources and attention to the work of Title V.

Other successes have come in the form of continued funding awards. In September 2023, NH DHHS MCH received the four-year Alliance for Innovation on Maternal Health (AIM) State Capacity HRSA grant which will fund efforts to reduce preventable maternal mortality and severe morbidity in NH through the implementation of AIM patient safety bundles in all NH birthing hospitals. In September 2023, MCH was awarded three years of funding for the Pediatric Mental Health Care Access Program. In 2024, MCH received five years of funding for the Enhancing Reviews and Surveillance to Eliminate (ERASE) Maternal Mortality program.

Recent investments in epidemiological and data analysis capacity has helped to quantify health issues which in turns helps the program monitor progress, identify areas of focus, secure funding, and advocate through data for the MCH population.

The NH Title V program faces numerous challenges. Social determinants of health are major drivers of MCH health and well-being. NH experiences challenges specific to rural areas, including limited obstetric care and transportation challenges. Affordable housing is limited in the state and is consistently identified as a need among the MCH population. These issues are often difficult to address through Title V programming.

The NH Title V program currently is operating in a limited resource and capacity environment. A statewide hiring freeze was instituted early in 2025. Frequent staff turnover and transitions in key positions have made it hard to build and maintain a strong MCH workforce. Capacity within BFCS has been negatively impacted by level-funding, increased costs, and workforce shortages.

Sustained legislative efforts to address data privacy issues have threatened access to critical MCH data and thus the ability of the Title V program to implement programs, meet reporting requirements, and monitor progress. Rebuttal to these legislative efforts demand time and personnel resources to advocate for continued access to basic public health data and is a significant strain on the program.

Despite these challenges, there is opportunity for introspection and realignment of focus and priorities. A new Title V Director has assumed leadership of the program as of January 2025. Collaborating closely with the CSHCN Director from BFCS, they are poised to leverage this leadership transition to infuse new perspectives and strategically reexamine the focus of the Title V program. As the NH Title V program embarks on a new five year State Action Plan, it seeks to strategically evaluate how best to use available resources, to leverage partnerships to amplify efforts, and to closely collaborate with communities to address their most urgent health needs.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Maintenance of Effort required match assures a basic state funding level of over six million dollars for Title V program in NH. The federal support of nearly two million dollars is crucial in sustaining and preserving a comprehensive Title V program. Funds enable staff and sub-contracted agencies flexibility in addressing the enterprise of improving the health and well-being of the MCH population.

Title V funding is frequently used to leverage other funds, particularly state general funds. Because of Title V funds, MCH and BFCS can support several full-time positions. MCH positions include the Clinical Services Program Administrator, Perinatal Nurse Consultant, Newborn Screening Public Health Nurse Consultant, Child and Adolescent Public Health Nurse Consultant, and Pediatric Mental Health Program Manager. BFCS positions include the CSHCN Systems of Care Program Specialist, Data Coordinator, two Program Assistants, a Clinical Nurse Program Manager, and CSHCN Program Outreach Coordinator. BFCS also employs a part-time Evaluation Specialist. These positions provide facilitation and leadership of statewide maternal, child, and infant fatality reviews and quality improvement activities in perinatal health and pediatric mental health access and care. Title V funds support leadership for the system of care for CSHCN including Watch Me Grow; health care coordination; I and R; Parent Education and Training, and transition services. Three full-time BFCS registered nurses provide consultation to community-based programs serving CSHCN and MCOs, serve as back up for the Medicaid prior authorization process, and assist families with children applying for HC-CSD and SSI. They assist with admissions to Cedarcrest, a specialized pediatric facility providing comprehensive services to children with medical complexities.

Title V funding supports MCH surveillance and evaluation efforts through a full-time doctoral level MCH Epidemiologist and a Data Scientist with a PhD in Nursing and expertise in supporting the PRAMS Program.

Title V funding allows NH flexibility to address gaps in service delivery at contracted community health centers and community-based agencies by providing services that are otherwise not reimbursed. Examples include increasing postpartum services by facilitating training for community health workers in lactation support; designing institutional policies on reaching adolescents; teaching home visitors on how to educate about safe sleep; enabling services such as patient navigation, transportation and translation; and getting input from pregnant mothers with substance use disorders on completing plans of safe care during prenatal

visits. In addition, the Injury Prevention Center at Dartmouth Health works with MCH staff in coordinated injury prevention programming, addressing the leading causes of injury related death and morbidity.

Specific to CSHCN, Title V supports contracts that include nutrition, feeding and swallowing consultation and complex care networks; child development consultation and evaluation; and health care coordination for CSHCN and their families. NH Family Voices F2F and Health Care Transition contracts round out the programs and services funded by BFCS. In addition to Medicaid funds, Social Services Block Grant funds further supplement care coordination by providing flexible funding options for family support and family engagement activities.

MCH Success Story

MCH Success Story: Reducing Maternal Death Due to Overdose

Substance use disorder (SUD) is a significant driver of maternal morbidity and mortality in New Hampshire. In 2023, 50% of pregnancy-associated deaths in New Hampshire were attributable to SUD. In addition, perinatal mental health conditions as well as socioeconomic and psychosocial stressors have been identified as major contributors in at least 58.3% of pregnancy-associated deaths in the last five years (2019-2023). In response to these trends, the NH Title V Program and the NH Perinatal Quality Collaborative (NH PQC) have combined efforts to identify underlying and contributing factors to maternal mortality and implement clinical and public health interventions to improve maternal health outcomes.

A key project in this effort is the implementation of the Alliance for Innovation in Maternal Health (AIM) Patient Safety Bundles on Caring for Patients with SUD and Perinatal Mental Health Conditions (PMHC). NH Title V Program has contracted the NH Perinatal Quality Collaborative (NH PQC) to implement both bundles at all 15 birthing hospitals. The NH Title V program provides funding to support the AIM project by providing epidemiological and data analysis and subject matter expertise to the program. The AIM Project Team provides technical assistance with implementation, clinical education on screening, referral and treatment of PMHCs, and support with data collection and quality improvement efforts.

Clinical education is provided to staff at all birthing hospitals and community health centers in the form of monthly webinars. These webinars cover a range of topics pertinent to the care of women with PMHCs such as screening, community-wide approaches, barriers to providing mental health care, linguistically appropriate care, data collection and quality improvement efforts. In addition, a perinatal mental health nurse practitioner provides one-on-one consults to providers and didactic learning sessions on clinical management of PMHCs and trauma informed care. [Webinars](#) conducted between October 2023 and September 2024 were attended, on average, by 75 participants.

In addition, birthing hospitals conduct quality improvement initiatives (Plan-Do-Study-Act or PDSA cycles) on birthing units to improve screening and referral rates for SUD and PMHC. This is supported by the AIM Project Team who analyze the data from the PDSA cycle, report back to the facility, and aid in formalizing improvements.

Since implementation of the AIM patient safety bundles, screening rates for SUD and PMHC have increased at New Hampshire birthing hospitals, with over 70% of perinatal women with a PMHC having a documented referral or treatment plan in their medical charts. The percent of preterm births among infants exposed to substances in utero decreased from 16.5% in 2023 to 14.7% in 2024. These improvements in screening and referral to treatment for SUD and PMHC are important steps to continuing the trend of reducing maternal deaths due to substance use disorder in New Hampshire. This is reflected in the decline in the percentage of deaths attributed to drug overdose, which decreased from 62.5% in 2022 to 50.0% in 2023.

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 2024.

[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.