HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

NEW YORK

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - New York

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 FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

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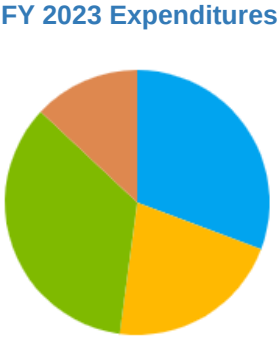
Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$42,013,230
State MCH Funds	$29,285,355
Local MCH Funds	$47,689,009
Other Funds	$0
Program Income	$17,789,263



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$14,383,453	$22,628,376
Enabling Services	$19,087,964	$35,301,931
Public Health Services and Systems	$8,541,813	$15,100,720

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

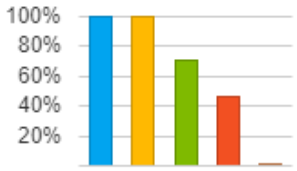
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$17,996,685
Infants < 1 Year	100.0%	$9,360,837
Children 1 through 21 Years	71.3%	$39,994,182
CSHCN (Subset of all infants and children)	46.6%	$37,060,666
Others *	1.7%	$28,528,600

*Others– Women and men, over age 21.

FY 2023 Expenditures
Total: $132,940,970

FY 2023 Percentage Served



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. Beginning with the FY 2025 Application, 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	Reporting Domain(s)

Address equity, bias, quality of care, and barriers to access in health care services for women and families, especially for communities of color and low-income communities
 	
NPMs
• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
  ○ ESM WWV.1: Percent of Maternal and Infant Community Health Collaboratives (MICHC) program participants engaged prenatally who have created a birth plan during a visit with a Community Health Worker (CHW)
  ○ ESM WWV.2: Percent of Family Planning Program (FPP) clients with a documented comprehensive medical exam in the past year
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV
	Women/Maternal Health

Promote awareness and enhance availability, accessibility and coordination of services for families and youth, including CYSHCN, with a focus on areas impacted by systemic barriers, including racism NPMs • 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 (Transition, Formerly NPM 12) - TR ○ ESM TR.1: Percent of individuals ages 14-21 with sickle cell disease who had transition readiness assessments completed, among those who were served through the Sickle Cell Disease Care Transition program and kept a routine medical appointment.	Children with Special Health Care Needs
Enhance supports for parents and families, especially those with children with special health care needs, and inclusive of all family members and caregivers NPMs • 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 (Transition, Formerly NPM 12) - TR ○ ESM TR.1: Percent of individuals ages 14-21 with sickle cell disease who had transition readiness assessments completed, among those who were served through the Sickle Cell Disease Care Transition program and kept a routine medical appointment.	Child Health, Children with Special Health Care Needs

Priority Needs and Associated Measures	Reporting Domain(s)
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	

Cultivate and enhance social support and social cohesion opportunities for individuals and families who experience isolation as a result of systemic barriers including racism, across the life course
 	
NPMs
• Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV
  ○ ESM AWV.1: Percent of youth-serving programs that provide training on adult preparation subjects, such as accessing health insurance, maintaining their routine preventive medical visits, healthy relationships, effective communication, financial literacy, etc.
  ○ ESM AWV.2: Percent of youth-serving programs that engage youth, particularly youth representative of populations impacted by health disparities, in program planning and implementation
	Adolescent Health

Increase access to affordable fresh and healthy foods in communities. NPMs • Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child ○ ESM PA-Child.1: Percent of children and youth enrolled in School Based Health Centers (SBHCs) who have documentation of anticipatory guidance that includes physical activity and nutrition during a visit to a SBHC within the past year.	Child Health
Address community and environmental safety for children, youth, and families. NPMs • Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child ○ ESM PA-Child.1: Percent of children and youth enrolled in School Based Health Centers (SBHCs) who have documentation of anticipatory guidance that includes physical activity and nutrition during a visit to a SBHC within the past year.	Child Health
Acknowledge and address the fundamental challenges faced by families in poverty and near-poverty, including the “working poor” as a result of systemic barriers, including racism. NPMs	Women/Maternal Health

Priority Needs and Associated Measures	Reporting Domain(s)

• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
  ○ ESM WWV.1: Percent of Maternal and Infant Community Health Collaboratives (MICHC) program participants engaged prenatally who have created a birth plan during a visit with a Community Health Worker (CHW)
  ○ ESM WWV.2: Percent of Family Planning Program (FPP) clients with a documented comprehensive medical exam in the past year	

Increase awareness of resources and services in the community among families and the providers who serve them. SPMs • SPM 1: Percent of samples received by the State Newborn Screening lab within 48 hours of collection	Perinatal/Infant Health
Increase the availability and quality of affordable housing. SPMs • SPM 2: Incidence of confirmed high blood lead levels (5 micrograms per deciliter or greater) per 1,000 tested children aged less than 72 months	Children with Special Health Care Needs
Address transportation barriers for individuals and families. NPMs • Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC ○ ESM RAC.1: Percent of birthing hospitals with final level of perinatal care designation, in accordance with updated regulations and standards	Perinatal/Infant Health

Executive Summary

Program Overview

The Title V Maternal and Child Health (MCH) Services Block Grant is the Nation's oldest Federal-State partnership to ensure the health of mothers, children, and youth, including Children and Youth with Special Health Care Needs and their families. Administered by the federal Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau, the Title V Maternal and Child Health Services Block Grant provides core funding to states for Maternal and Child Health public health activities.

Each year, states submit an annual report (for the previous year) and application (for the upcoming year) in accordance with Maternal and Child Health Bureau guidance. New York's Maternal and Child Health priorities and five-year State Action Plan for 2021-2025 were developed based on a comprehensive Needs Assessment designed to assess the state's Maternal and Child Health needs, strengths, capacity, and partnerships. The full Needs Assessment summary was submitted with our FY21 application. This Needs Assessment synthesized data and information from a wide range of sources including community listening forums, population health surveys and data systems, surveys of providers and the public, stakeholder meetings, and an inventory of MCH programs. The Needs Assessment identified ten cross-cutting themes voiced by families and community members. These themes related to social determinants of health including poverty, transportation, housing, biases in health care, environmental and neighborhood safety, family support, social cohesion, and more. Subsequent FY22, FY23, and FY24 Needs Assessment updates reinforced the initial ten priorities and highlighted the impact of the COVID-19 pandemic on NY's populations and service systems.

While this year's Needs Assessment update reflects the lingering impact of the pandemic alongside other persistent and emerging themes for Maternal and Child Health, it also highlights many areas in which we are restabilizing and enhancing programs, services, and the workforce. Moreover, it demonstrates our continued leadership and commitment to protect and promote the health of people of reproductive age, pregnant and birthing people, parents, infants, children, youth, and families, within the context of a changing health care landscape, the continued adoption of a life course perspective, a focus on data-driven, evidence-based public health interventions, and a dedication to centering the voices of people and communities we serve as an essential step toward health equity and justice. Building on last year's application, this year's application reflects the many ways in which the NYS Title V Program has continued to lead and meet its Maternal and Child Health commitments for the state.

Our action plan for the FY25 represents our ongoing commitment to address the objectives, strategies, and performance measures for our 2021-25 State Action Plan priorities across five MCH population health domains: women's and maternal health (WMH), perinatal and infant health (PIH), child health (CH), adolescent health (AH), and children and youth with special health care needs (CYSHCN). NY's application continues to reflect significant input from families, providers, and other key partners across the state, and remains centered on the issues voiced by communities that impact family and community health and well-being. It emphasizes understanding and addressing cross-cutting social determinants of health to reduce health disparities and promote health equity. It also reflects dedication to building a more comprehensive and inclusive system of supports for Children and Youth with Special Health Care Needs and their families, guided by the recent *Blueprint for Change* framework.

Within NYSDOH, the Division of Family Health leads the state's Title V MCH Services Block Grant activities. The Division of Family Health provides Department-wide leadership on Maternal and Child Health topics, directly oversees many Maternal and Child Health programs and initiatives, and collaborates with other key programs outside the Division and Department. In addition to directly funding programs, NY's Title V program plays a critical role in representing and ensuring that Maternal and Child Health needs are addressed through key policy initiatives both within and beyond the Division of Family Health, as reflected throughout this application.

Under Title V MCH Services Block Grant leadership, NYS continued to build on its previous work to supplement and further refine its 2021-25 Needs Assessment and State Action Plan. As detailed in our Needs Assessment Update for this year, this includes continued engagement of stakeholders to provide input and feedback on Maternal and Child Health outcomes in the state, ongoing data collection and analysis, and facilitating opportunities for community member input.

Recognizing the collaborative and cross-programmatic nature of our work, the Division of Family Health has continued to utilize an innovative structure and process to achieve our objectives throughout the year. Staff from across Division of Family Health as well as other areas of the Department of Health, including the Center for Environmental Health, Wadsworth Laboratories, and Division of Chronic Disease Prevention and from our Department's Regional Offices, are assigned to work on cross-disciplinary teams centered around each of the five Maternal and Child Health domains. Leaders for each team were identified based on their primary area of focus in their daily work, and then tasked with ensuring that work and activities for their respective domain, as outlined in the most recent Title V application, were completed. Despite the many unique and transformative challenges for the NYS Title V program over the past three years as we moved through the COVID-19 pandemic and transitioned to a new environment of hybrid work, domain teams have continued this approach through virtual meetings and expanded use of an online platform (Microsoft Teams). Domain teams share information, work on shared documents, and meet regularly. This platform and structure have helped to foster increased collaboration between team members, including team members who work outside of the Division and outside of the Capital District region.

Below are the NY National Performance Measures (NPM) and State Performance Measures (SPM) with the cross-cutting, community and data-informed Title V MCH Services Block Grant priorities.

Title V State Maternal and Child Health Priorities and National and State Performance Measures (NPM/SPM), 2021-2025

Population Domains and NPMs/SPMs		Community-Informed Priorities
Women's/Maternal Health • NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year Perinatal/Infant Health • NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ NICU • SPM1: Percent of samples received at the lab within 48 hours of collection Child Health • NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day Adolescent Health • NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year Children and Youth with Special Health Care Needs (CYSHCN) • 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 • SPM 2: Incidence of confirmed high blood lead levels (5 micrograms per deciliter or greater) per 1,000 tested children aged less than 72 months	**CROSS-CUTTING PRIORITIES ACROSS ALL DOMAINS**	Health Care: Address equity, bias, quality of care, and barriers to access in health care services for women and families, especially for communities of color and low-income communities Community Services: Promote awareness of and enhance the availability, accessibility, and coordination of community services for families and youth, including children and youth with special health care needs and their families, with a focus on communities most impacted by systemic barriers including racism. Parenting and Family Support: Enhance supports for parents and families, especially those with children with special health care needs, and inclusive of all family members and caregivers Social Support and Cohesion: Cultivate and enhance social support and social cohesion opportunities for individuals and families who experience isolation as a result of systemic barriers including racism, across the life course Healthy Food: Increase access to affordable fresh and healthy foods in communities. Community & Environmental Safety: Address community and environmental safety for children, youth, and families. Poverty: Acknowledge and address the fundamental challenges faces by families in poverty and near-poverty, including the "working poor" as a result of systemic barriers, including racism. Awareness of Resources: Increase awareness of resources and services in the community among families and the providers who serve them. Housing: Increase the availability and quality of affordable housing. Transportation: Address transportation barriers for individuals and families.

The FFY 21 Needs Assessment Summary and the five-year State Action Plan were developed based on community input and analysis of performance measures and investments. Below is a summary by domain of the key findings and priorities identified in our full five-year NA Summary.

Domain 1 – Women's and Maternal Health (WMH)

The preventive medical visit measure was selected for this domain because preventive medical visits for individuals of reproductive age are foundational to health throughout the life course; population health data demonstrate a need for its continued improvement; and it relates directly to priorities voiced by women and families through community listening forums - including awareness of community resources, transportation, social support, and health care access and quality. In addition to preventive medical visits, strategies address a continuum of primary and preventive care and support that includes preconception, reproductive and sexual health, family planning, prenatal and postpartum care, and a full spectrum of medical care, mental/behavioral health, oral health, and other supports and services. NY's SAP reflects continued efforts to address access to comprehensive, high quality, and equitable health care services to people of reproductive age and a continued commitment to reduce maternal mortality and morbidity.

> *"We used to have a village and today it's gone."*
>
> *"Doctors don't respect us because they don't value us."*

Domain 2 – Perinatal and Infant Health (PIH)

Measuring appropriateness of perinatal care was selected for this domain because of its relevance to quality and systems of care for high-risk and vulnerable infants. While site of delivery for very low birth weight infants is one critical indicator of care, NY's Title V MCHSBG program views this indicator as part of a continuum of supports, services, and systems of care for infants, mothers, families, and service providers. This broader approach aligns with several priorities voiced by families in NY's Needs Assessment, including awareness of community resources and services, enhancing supports for families, improving people's health care experiences, ensuring access to transportation, and fostering community engagement and empowerment. Strategies include promoting early prenatal care and increasing awareness of community resources, supports, and services through Title V MCHSBG funded programs.

> *"I encourage people to enroll into whatever program is offered because through that you can be connected to other services that might be available in the community."*

Domain 3 – Child Health (CH)

The physical activity measure was selected for this domain, because it is responsive to concerns voiced directly by families in NY and reinforced by state-specific population health data. NY families identified the availability and accessibility of amenities that support children's safe, active play and access to healthy foods as top priority needs, alongside priorities for community and environmental safety for children and community transportation. Supporting healthy, active play and recreation for children and youth of all ages is critical to promoting healthy weight as well as general physical and mental health during childhood and throughout the life course. Strategies under the Child Health domain focus on promoting environments that support physical activity among children of all ages and abilities and support overall well-being.

> *"I had concerns with my daughter gaining weight and the doctor said it was fine. Then when her 4-year check-up came she said it was a concern. She didn't listen to me."*

> *"I want a community where they can grow up and know that they're safe and can go anywhere they want to go and trust the adults in their community. Right now, I am scared for my kids…"*

Domain 4 – Adolescent Health (AH)

Measuring adolescent well visits was selected for this domain because it aligns with both population health data indicators and concerns voiced directly by adolescents in NY. Preventive medical visits are one part of overall wellness, based on community input and population data, need to include social-emotional wellbeing and preparation for taking on the responsibilities of adulthood. Adolescence is often a very challenging stage in a person's life, during which there is immense physical, cognitive, social-emotional, and sexual development. Supporting adolescents' health and development and helping them prepare for their futures can have a lasting impact throughout the life course. Adolescent Health strategies focus on promoting routine care related to reproductive, oral, and behavioral health, and resources needed to successfully transition to adulthood.

> *"Everybody needs to talk even for one second or ten minutes. Even boys."*

> *"I feel like we should have more African American counselors. Because the counselors that are there, I feel like the students don't feel comfortable talking to them."*

Domain 5 – Children and Youth with Special Health Care Needs (CYSHCN)

Measuring transitions to adult health care was selected because it was voiced as a key priority by youth with special health care needs and their families, reinforced by state-specific population health data. Families reported that only 15% of CYSHCN receive care in a well-functioning system, and less than 18% of youth age 12-17 with special health care needs received services necessary to make transitions to adult health care. This is consistent with experiences described by YSCHN and their families throughout the state. CYSHCN strategies include engaging youth with special health care needs and their families in our efforts to improve systems and practices supporting this population, including care coordination and transition support.

> *"[There should be] easier access to those resources so I do not have to be on a computer for 6 hours doing research."*

How Federal Title V Funds Complement State-Supported MCH Efforts

NYS is committed to ensuring the health and wellbeing of its population from birth through reproductive age and striving for equitable Maternal and Child Health outcomes. The state is fortunate to have comprehensive Medicaid benefits, insurance availability through the state's health insurance exchange, and significant state appropriations for Maternal and Child Health initiatives. The federal Title V Maternal and Child Health Services Block Grant funds infrastructure, including staff, within the NYS Department of Health.

As a result of this stable workforce, staff can apply for and implement other federal grants. The Department, through its bona fide agent Health Research, Inc., has been successful in its pursuit of federal grants to advance Maternal and Child Health. These grants are funded by HRSA and the Centers for Disease Control and Prevention (CDC) and include grants that support the state's Perinatal Quality Collaborative, Maternal Mortality Review Board, Early Hearing Detection and Intervention, Pediatric Mental Health

Care Access, Rape Prevention Education, and a newly awarded State Maternal Health innovation grant, which will allow the Department over the next five years to implement universal virtual home visiting at two rural hospitals and evaluate Maternal and Infant health outcomes.

In addition, the Department with the Title V Director as Principal Investigator, received funding from the CDC under OT-21-2103 to address COVID-19 disparities. We funded 182 community-based organizations almost $50,000 each over the past 18 months. Eighty percent of the organizations had never worked with the Department of Health before. The funding was used to compensate them for their time and expertise as well as to allow them to implement the programs and activities that they know are needed in and by their specific communities. The funding was also used to support internal work on equitable procurement, so we not only funded non-traditional partners, but we worked to change the system so that funding was more accessible, supported by strong customer service, and funding was timely. The Department's work with community-based organizations is highlighted in our *Success Story*.

The Department also supports other federal grants that are administered directly by the Department. These grants include the Maternal, Infant, and Early Child Home Visiting (MIECHV) Program, Personal Responsibility Education Program, Sexual Risk Avoidance Education, Part C of Individuals with Disabilities Act, and Title X Family Planning. Title V funding supports staff in leadership positions to provide direction and ensure initiatives are aligned and integrated and in some instances funding to ensure Maternal and Child Health, including child preventive and children and youth with special health care needs are supported within these systems.

Title V funding also complements and supports state investments including 1) the state's Regional Perinatal Centers to implement quality improvement activities with NY's obstetrical hospitals and birthing centers to improve maternal and infant mortality and morbidity; 2) School Based Health Centers; and 3) a community health worker model of pregnancy and postpartum care. Staff work very closely with the state's Medicaid Program, also within the Department of Health. Title V and Medicaid staff meeting at a minimum monthly but usually more often. There is a strong collaboration on policy development and program development and implementation.

NY's Maternal and Child Health systems are complex. This application provides an overview that demonstrates Title V serves as a backbone and core to the Department's ability to advance the health and wellness of our population from birth through reproductive age.

MCH Success Story

The New York State Department of Health is committed to equity. To achieve equity, systems need to change. For our success story, we want to highlight work we have undertaken to advance equitable procurement.

The Department, with the Title V Director as Principal Investigator along with the Office of Minority Health and Health Disparities Prevention and the Office of Rural Health, applied for and was awarded a grant from the Centers for Disease Control and Prevention called *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*. This grant allowed the Department through its bona fide agent, Health Research, Inc., to invest in communities that had historic underinvestment and were negatively impacted by COVID-19.

There were multiple goals for this funding. The Department wanted to build trust with the community by engaging community partners with funding to compensate them for their expertise and time; they were paid to review materials and our trainings and provide feedback to the Department. We also shared power with them by allowing them to implement activities that were meaningful and needed by their communities. We established comprehensive, compassionate customer support. With grant funding we hired a diverse workforce to whom we provided training and support. Another key goal was making our grant process more user-friendly to applicants: changing the process of how we ask applicants to apply, how we award contracts, and how we reimburse them after award.

We funded 182 community-based organizations almost $50,000 each over two rounds of funding. Among the 182 organizations, 80% had never worked with the Department of Health previously. Their projects addressed mental health, health literacy, food security, physical activity, youth and community empowerment, social and community services, financial literacy, chronic disease prevention, financial literacy, and housing.

Some of the success has been captured in this quote: "I absolutely feel this is one project where we have been trusted [and] given the autonomy to lead the work the way that makes sense for our community. So in return, I feel I have trust in the funder." The success was also seen in the ways we changed the processes of outreach, applying, awarding, and reimbursing organizations. Another success was that six awardees from the COVID grant were connected with, applied to, and were awarded a funding from another public health grant in chronic disease prevention. Community partners who may not have seen themselves as eligible for Department of Health funding have used the COVID grant as an entry point to new pots of government funding and are forming more stable, ongoing relationships as a result.

The Public Health Institute of Western Massachusetts was funded by the CDC to evaluate our equitable procurement initiative under a Novel and Emerging Practices Study. They identified areas of success as well as areas we can continue to improve. They produced a checklist for states to use to implement equitable procurement. We also performed our own evaluation by contracting with external Equitable Procurement experts within NYS, who provided us with more ideas about how to improve further. We plan to integrate this work into our Title V initiatives, since this CDC funding is one-time and ends in May 2026.

A compendium of all community-based organizations and a poster about both cohorts is included as *Supporting Document 3*. The compendium for the second cohort is being produced and is not available in time for this submission. We are awaiting release of the equitable procurement checklist from the CDC's Novel and Emerging Practices Study.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - New York

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 2023.

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.