HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

VERMONT

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Vermont

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	$413,040
State MCH Funds	$309,780
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$157,997	$180,893
Public Health Services and Systems	$255,043	$295,980

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

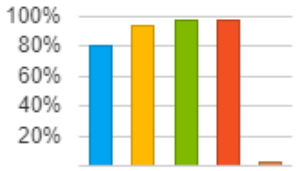
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	80.5%	$94,503
Infants < 1 Year	93.5%	$35,070
Children 1 through 21 Years	98.0%	$298,948
CSHCN (Subset of all infants and children)	98.0%	$265,464
Others *	2.7%	$0

*Others– Women and men, over age 21.

FY 2023 Expenditures
Total: $693,985

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)
Ensure optimal health prior to pregnancy NPMs • 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 SPMs • SPM 3: Percent of Women advised by a healthcare worker to abstain from alcohol during pregnancy	Women/Maternal Health
Promote optimal infant health and development NPMs • A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF ○ ESM BF.1: % of 10 Step compliant or designated Baby-friendly hospitals	Perinatal/Infant Health

Achieve a comprehensive, coordinated, and integrated state and community system of services for children
 	
NPMs
• Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS
  ○ ESM DS.1: Number of providers trained in developmental surveillance and screening
• 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: % of CYSHN that have had a transition planning meeting by their 18th birthday
  ○ ESM TR.2: # of families, transition-aged youth, and providers who participated in transition-focused trainings using established/high-quality/best- practice transition resources
• 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
  ○ ESM MH.1: % of families in CSHN's Medicaid Programs supported to access a Medical Home and/or Care Coordination when indicated through programmatic outreach.
	Child Health,
	Children with Special Health Care Needs,
	Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Reporting Domain(s)
SPMs • SPM 5: Percent of MCH programs that partner with family members, youth, and/or community members	
Children live in safe and supported communities SPMs • SPM 4: Percent of high school students who made a plan to attempt suicide in the past 12 months	Adolescent Health

Youth choose healthy behaviors and thrive
 	
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: Number of public schools implementing the PATCH for Teens curriculum as part of their Health Education Curriculum
  ○ ESM AWV.2: % of VT RAYS indicating they gained skills and feel empowered to address issues impacting their health care or the health care of their peers.
 	
SPMs
• SPM 2: % of adolescents that feel they matter to people in their community
	Adolescent Health

Reduce the risk of chronic disease across the lifespan
 	
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: Number of classrooms or schools that sign on to 3-4-50, including a commitment to daily recess
• Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child
  ○ ESM PDV-Child.1: # of students participating in Vermont's 802Smiles Network of School Dental Health Programs receiving oral health services
• Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy
  ○ ESM SMK-Pregnancy.1: % of pregnant smokers who register with the QuitLine or QuitOnline
	Women/Maternal Health,
	Child Health

Promote protective factors and resiliency among Vermont's families SPMs • SPM 1: % of children 6 month to 5 years who meet all 4 flourishing items	Child Health

Executive Summary

Program Overview

Program Overview

Title V is Vermont's backbone structure for the Division of Family and Child Health. Vermont uses the Title V framework and funding to support staff and programming toward meaningful integration. Title V is the connective tissue that promotes and enhances systems integration and partnership for all children and families across the state.

FCH works across the life course to encourage optimal health and positive outcomes for all of Vermont. We support programs that provide direct services to pregnant people, children, and families and build healthy communities. Examples of key programs administered by FCH include CSHN, reproductive health, WIC, school health, EPSDT and preventive services, adolescent health, home visiting, injury and violence prevention, quality improvement in clinical care and community programs, and early childhood services and programming. Also, we provide leadership and guidance to professionals who work with children and families in a variety of settings including healthcare, childcare, schools, and human service organizations. We respond to the needs of families by helping them connect to resources, improving access to quality healthcare and services, and ensuring policies and systems are developed to allow all residents to achieve optimal health. Collaboration with local, state, and national partners encourages a collective impact resulting in long-term positive outcomes.

We align our division's Strategic Plan with the Title V framework. FCH's Strategic Plan will be extended for another year, due to the impact of the COVID pandemic on our work and to align with the upcoming new Vermont Department of Health strategic plan, Healthy Vermonters 2030 priorities, and with priorities identified in the upcoming Title V needs assessment. We will launch a new FCH Strategic Plan aligned with these priorities in 2025.

Women's/Maternal

1. **PM:** % of women who smoke during pregnancy
   [State] % of women advised by a HCW to abstain from alcohol during pregnancy

Priority: Ensure optimal health prior to pregnancy

Vermont has one of the highest rates of smoking during pregnancy in the country. Although we have seen a marked decrease in the last several years, Vermont's smoking in pregnancy rate remains high: 8.5% in Vermont compared to the U.S. at 3.7% (NVSS 2022). This data is more striking when stratified by WIC participation. Vermont supports cessation benefits for pregnant individuals and their medical providers through Medicaid and the 802Quits Network, including a financial incentive of up to $250 for individuals and billing codes for providers specific to smoking cessation interventions. As evidenced by this strong and continued collaboration, just over 80% of Vermont tobacco users reported efforts to quit during pregnancy (PRAMS 2022). Additional ongoing strategies include the promotion of 802Quits Network (ESM) to regional partners through collaboration with the Offices of Local Health, evidence-based training for professionals, the One More Conversation campaign as well as screening, support, and referral from VDH's Strong Families Vermont nurse home vising program and WIC nutritionists.

Like smoking, Vermont has a very high rate of alcohol use in pregnancy. There was an increase from 11.5% in 2020 to 12.4% in 2021 of pregnant people reporting alcohol use during the 3rd trimester of pregnancy, compared to a relatively stable US rate of 7.8% (PRAMS, 2022). Vermont data demonstrates higher rates of alcohol use in pregnancy among older pregnant people, yet providers are least likely to advise this population to abstain. Nearly, 16% of women age 35+ drank alcohol during the last 3 months of pregnancy, compared to 9.5% of women nationally (PRAMS, 2022). Consequently, we have chosen this new PM to reinvigorate coordinated work in this area. We continue to support a messaging campaign called *One More Conversation* discussed in more detail in the Women/Maternal narrative sections. The Strong Families Vermont nurse home visiting program also screens enrolled pregnant people with a validated alcohol use tool and refers them for positive responses.

Perinatal/Infant

2. **PM:** % of infants breastfed exclusively through 6 months

Priority: Promote optimal infant health and development

Vermont has a strong breastfeeding support system. WIC is respected for its strong clinical and peer counseling services, and FCH works with clinical and community providers to increase awareness and knowledge to support breastfeeding. While Vermont has high rates of initiation (89.6% among infants born in 2020, compared to 83.1% for the U.S. population), there is substantial room for improvement in sustained exclusive breastfeeding through 6 months (33.2% in Vermont vs. 25.4% for the U.S.). Significant disparities regarding education, marital status, age, and WIC participation persist. Before the pandemic, Vermont launched a stakeholder-engaged breastfeeding strategic planning process to identify strategies for the next three years which would have been 2020-2022. Efforts were reinvigorated around providing coordinated training and education, peer support programs, improving insurance coverage for breast pumps, and efforts to support breastfeeding in early childcare and the workplace.

Child

3. **PM:** % of children, ages 9 through 35 months, receiving a developmental screening

Priority: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

Data from the 2021-22 NSCH indicate that 43.8% of Vermont children have been screened for development. Using our current data source, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), Vermont's all-payer medical claims database, developmental screening in the first three years of life has significantly increased from 46% in 2015 to 59% in 2021. This improved trend results from considerable work to advance screening across multiple domains of development, including social contributors to health, by increasing the use of Help Me Grow Vermont (HMGVT) by providers and families. HMGVT promotes developmental monitoring and screening to help families better understand their child's early development, celebrate milestones,

and identify concerns so that young children get connected to the services they need at an early age when the benefit is greatest. HMGVT aligns early identification efforts by hosting the Ages and Stages Questionnaires (ASQ) Enterprise Online System free for providers, and the ASQ Online Family Access for families to complete questionnaires. There are over 22,000 screening results in the ASQ Online system, a 47% increase from last year. ASQ screening results are integrated with the Universal Developmental Screening Registry (USDR), a data collection and communication system that will provide a more accurate and comprehensive measure of screening rates across providers. The USDR also offers a population measure of child well-being.

4. **PM:** % of children, ages 6 - 11, who are physically active at least 60 min/day
% of children, ages 1 - 17, who had a preventive dental visit in the past year
Priority: Reduce the risk of chronic disease across the lifespan

Vermont's rate of physical activity among 6 to 11-year-olds in 2021-2022 was 34.8%. This compares to the rate of 26.3% in the US for the same period. Vermont continues to stay above the US levels. Our current rate may be attributed to the effects of the pandemic on in-school attendance and youth sports, both significant contributors to physical activity for children ages 6-11 in times when people can gather. Vermont has long been engaged in strategies to improve youth physical activity rates and, uses the opportunity of Title V to enhance coordination with our chronic disease division and other partners. This work includes strategies such as: promoting Vermont's 3-4-50 initiative to early care and learning settings and schools; working with Vermont's early care professional development system; and promoting school wellness policies. Vermont also has resources on its website for educators, including how to meet the goal of 30 minutes of physical activity during each school day.

According to NSCH 2020-21 data, 83.4% of Vermont children ages 1-17 had a preventive dental visit in the past year, compared to 77.0% of the U.S. population. While Vermont Medicaid has relatively good dental coverage, access to dental providers is difficult, particularly for people insured by Medicaid. There are significant gaps in knowledge among medical and dental providers regarding oral health guidance, and adherence to oral health periodicity schedule guidelines by medical and dental health care providers is limited. On the bright side, Vermont has a strong oral health program, an oral health advisory panel, and a state oral health plan that outlines key strategies to promote health equity including increasing WIC participation in our public health dental hygienist program, increasing student/school participation in the 802Smiles Network of school dental health programs (ESM), and promoting midlevel dental therapists.

5. **PM:** [State] % of children 6 months to 5 years who are flourishing
Priority: Promote protective factors and resiliency among Vermont's families

According to the 2021-2022 NSCH, 84.2% of children ages six months to five years are flourishing, suggesting that about 16% of Vermont's children are not thriving in at least one of four areas: curiosity, resilience, attachment to caregivers, and positive affect. To this end, Vermont has incorporated the *Strengthening Families Framework* into all relevant work, emphasizing preventing and mitigating the impact of toxic stress. FCH continues to promote protective factors through an ongoing Help Me Grow Vermont (HMGVT) digital communications campaign on the HelpMeGrowVT.org website and the Your Developing Child page. Creative content is co-branded with CDC's *Learn the Signs. Act Early*. HMGVT is the call to action for several FCH communications campaigns, Support Delivered, One More Conversation, and Strong Families Vermont Home Visiting via our HelpMeGrowVT.org website. Our HMGVT quality improvement is focused on increasing referrals to Strong Families Vermont nurses and family support home visiting. We will continue our systemic work to prevent domestic and sexual violence. FCH is partnering with the Department of Mental Health and others to increase provider access to perinatal and child psychiatric consultation and mental health services.

Children with Special Health Needs

6. **PM:** % of children with special health needs, ages 0-17, have a medical home,
Priority: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

Vermont CSHN engages in broad efforts to support a coordinated and integrated system of services for CYSCHN. According to NSCH data from 2021-2022, Vermont's national rank dropped significantly in NPM11, with only 40.6% of CYSHCN reported having a medical home. Fittingly, recent changes to CSHN's organizational structure were made to expand support for the medical home model and coordinate care across community partners. Regional Care Consultants provide a combination of consultation and technical assistance to care coordinators and deliver episodic care coordination to CYSHCN families not yet connected with a medical home. The Health Systems team works upstream through project-based initiatives to identify and close gaps in the system and develop educational resources for families and providers. CSHN partners with the Vermont Child's Health Improvement Program (VCHIP) to coordinate a statewide Care Coordination Collaborative in multiyear work to improve care coordination. The VCHIP team uses QI methodologies, in its work. The Care Coordination Collaborative will pilot a Shared Plan of Care leveraging access to the Vermont Health Information Exchange (VHIE), building on relationships CSHN established between the project team, Vermont Medicaid, and the VHIE. Through its administration of Vermont Medicaid's Children's Personal Care Services program (CPCS), CSHN screens over 1100 CYSHCN families annually. Upcoming revisions to the CPCS intake and application process will include screening enrollees for connections to medical homes and performing follow-up/referral supports to make connections when indicated. CSHN Family Partners will provide input on their experiences with medical homes and identify opportunities to maximize access and the quality of their experiences. CSHN will continue to assist in the transition to adulthood for CYSHCN by supporting medical homes to facilitate this transition with ongoing resources, consultation, and technical assistance.

Adolescent

7. **PM:** % of adolescents, ages 12 - 17, with a preventive medical visit in the past year
[State] % of adolescents that feel they matter to people in their community
Priority: Youth choose healthy behaviors and thrive

While Vermont appears to do well on this measure on national surveys exceeding the HP2030 baseline measure and working toward again exceeding the target measure and continuing to exceed the national average (Vermont 81.7%, US 69.7% in 2020-21, NSCH), state-specific data from practice improvement chart audits and all-payor claims data suggest this is still an area of concern. The 2020-21 data showed a decrease from 2019-20 (84.8%), and this was likely due to the point in time during the COVID-19 pandemic with decreased access to preventive care. We anticipate this data to continue to improve moving forward. FCH continues

to have a strong partnership with VCHIP's School-Age and Adolescent Health Improvement Initiative to support our work related to adolescent health care with schools and primary care providers. We're also working with VCHIP to update our EPSDT outreach and informing letter language in the next year. FCH is working with schools to promote Bright Futures recommendations of an annual well-exam. We are creating opportunities to assess and convene school-based health centers. Next year we plan to also partner with the National American Academy of Pediatrics, our local chapter, the Agency of Education, and the Department of Mental Health to explore the AAP's Training, Education, Assistance, Mentorship, and Support (TEAMS) Program and learn how to implement this work in Vermont and promote stronger school, provider, and State partnerships using this framework.

Although it is difficult to move the needle on adolescents who feel valued in the community (51.7% in 2021, down from 58.2% in 2019, but still up from 50.5% in 2015; source: YRBS), Vermont aims to promote healthy behaviors among adolescents through the utilization of youth empowerment models. FCH partners with youth-serving organizations in highly innovative youth programming: Getting to 'Y' is an opportunity for students to take steps to strengthen their school and community by addressing risks and promoting strengths. Additionally, the Vermont Legislature passed legislation mandating the creation of a Statewide Youth Advisory Council with oversight by FCH. Additional strategies include leadership from the Vermont Raise Awareness for Youth Services (VTRAYS) and the Vermont Youth Project more details in the Adolescent Health Report. A key concern is the impact of COVID-19 on school attendance and mental health and how this measure will be impacted. FCH is now participating in a cross-agency working group on this topic. FCH will closely monitor this, as well as implement COVID recovery programming and systems improvements to address emerging concerns.

8. **PM:** % HS students who made a plan to attempt suicide in the past 12 months
   Priority: Children live in safe and supported communities

The current rate in Vermont is 13.8% (YRBS, 2021) and the target value is 12.7%. This indicator has been increasing over the last ten years. While this target is a slight decrease, preventing the continued increase and being a statistical decrease will indicate success. This increase could be due to a variety of factors, including the COVID-19 pandemic and accompanying social isolation and grief related to losses, the political climate and other social movements that may impact a youth's feelings of belonging in their community, and the rise of social media and potentially associated instances of cyberbullying, feelings of isolation, and/or accessibility of information about local and national suicide deaths in the media. In addition, this rise could also be related to decreased stigma in reporting thoughts of suicide.

This indicator is crucial to understanding suicidality among one of Vermont's most vulnerable populations. BIPOC students are significantly more likely than white, non-Hispanic students to have made a suicide plan during the past year (17.4% vs. 13.1%). LGBTQ youth experience suicidality at higher rates than any other subpopulation (28.6% vs. 8.3% of cis-heterosexual youth). Additionally, transgender and gender non-conforming people face the highest rates of sexual and gender-based violence, and the poorest behavioral and mental health outcomes due to discrimination and systemic oppression.

Improving this indicator is a goal of the Department and of the Divisions of Family and Child Health and Emergency Preparedness, Response, and Injury Prevention. The Department and Divisions have prioritized youth mental health initiatives and suicide prevention through Title V, the CDC Comprehensive Suicide Prevention grant, and the Garrett Lee Smith Youth Suicide Prevention grant. In addition, the Department and Divisions have established and maintained strong partnerships with the Department of Mental Health and the Agency of Education to ensure cross-department and cross-agency collaboration on all initiatives that impact youth suicide and mental health.

9. **PM:** % of MCH programs that partner with family members, youth, and/or community members

In 2023 eight out of nine (88.9%) FCH programs partner with family members, youth, and/or community members. Our FCH Division values family input across programming and planning and works to do this in equitable, non-extractive, and consistent ways. Since hiring a full-time Family and Community Partnerships Program Manager in 2023, FCH's work with families and individuals with lived experience has included both department-wide and division-centered work.

Healthy Equity and Family Partnerships

Vermont's Title V is actively engaged in ensuring a statewide system of services, which reflects principles of equitable, comprehensive, community-based, coordinated, care that is person-centered. We know that health equity and community engagement are inextricably linked: co-creating programs, processes, and policies with community organizations and individual community members is essential to public health and benefits everyone. Sometimes programs collaborate directly with community members. Other times, we seek community participation through collaborations with partners, organizations, and other agencies. We've developed a Community Engagement Guide to support health department employees in engaging with communities equitably and inclusively. Through the implementation of this guide, we aim to reduce the risk of making decisions that could unintentionally negatively affect communities, especially under-resourced communities. Decisions about policies, programs, and the distribution of resources are best when they are made in partnership with the people they affect. Community members must be compensated for their time when informing programs and policies. The Vermont Department of Health has developed a standard operating procedure to ensure compensation to community members is consistent and sustainable.

Vermont is a small rural state with a population of slightly more than 600,000, with proportionally small state government agencies. Committed staff across children and family-serving state agencies and nonprofit organizations work closely with each other and family organizations to address the needs of Vermont children and families. Vermont has many strengths and is at the leading edge of significant innovation and advancement in healthcare delivery and financing for Vermont's children, including those with special healthcare needs.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V Funds Complement State-Supported MCH Efforts

Vermont FCH's strategic plan is aligned with our Title V framework. This allows us to be more strategic in our work and engagement with partners. Title V has and continues to be Vermont's backbone structure, allowing us to align with national priorities, and respond to state and local emerging priorities. We extended FCH's strategic plan another year to align our programmatic work with the results from the upcoming 2025 Title V needs assessment, Healthy Vermonters 2030, and the Vermont Department of Health's strategic plan.

Federal funds have helped align efforts across funding sources, that have the potential to be disjointed. Vermont uses the Title V framework and funding to support staff and programming toward meaningful integration. For example, we have used national and state PMs, such as substance use in pregnancy, physical activity and nutrition, and youth engagement and empowerment to further integrate across the health department, Agencies of Human Services and Education, and community partners, ensuring we are all pulling in the same direction. Likewise, we frequently use Title V funding to test innovative strategies that can be replicated and sustained with other funding sources.

Title V is the guidepost to align strategies statewide. Title V drives all programming and initiatives toward improving perinatal health outcomes. As demonstrated by Vermont's FCH's integration with clinical medicine through the Vermont- Perinatal Quality Collaborative (VT-PQC), the long-standing nurse home visiting programs, and the partnership with Medicaid to provide sustainable funding for pediatric practices implementing the Developmental Understanding and Legal Collaboration for Everyone (DULCE) model (described in the Perinatal/Infant Health Report).

Throughout and across FCH programming and activities, we focus on our identified crosscutting measure: family engagement. The FCH Division values family input across programming and planning and works to do this in an authentic and meaningful manner. Examples of this work include the approach that we are taking for the 2025 Needs Assessment (described in the Needs Assessment Update) and the participation of our Family and Community Partnerships Program Manager in the development of the Vermont Department of Health Community Engagement Guide.

Over the last several years we have been increasing our emphasis on health equity, but COVID-19 challenged us to rethink business as usual and find creative solutions to addressing health disparities in our small, rural state. Title V allows us to weave strategies that support and elevate health equity into our programs and services. In May 2022 we hired an FCH-focused Health Equity Team Lead who leads us through this important work. In this past year, our Health Equity Team Lead spearheaded several efforts including,

- Equity Lunch and Learns Series – topics include racism, leading with race, sexual orientation, gender identity and expression topics, disability, indigenous Vermonters, health equity, etc.)
- Work cross-divisionally with Evaluation, Communications, and Family and Community Engagement to strengthen our technical assistance.
- Participate with our Title X Program Manager in anti-racism in reproductive health affinity groups.

Although Vermont's allocation is among the smallest in the nation, we have successfully braided Title V funding with other sources: WIC, MIECHV, Preschool Development Grant, Medicaid, and competitive cooperative agreements such as TPEC, ECCS, PHMCA, and MMHSUD funding to provide a comprehensive system of care for children and families.

MCH Success Story

FCH Success Story

Long waitlists for autism assessments are a national issue, felt acutely in Vermont. Prevalence continues to rise and training institutions for subspecialists do not keep pace. The importance of early intervention to promote better long-term health outcomes is well-established. In 2017, a process to shift autism assessments from the state-run Child Development Clinic to the University of Vermont Medical Center (UVMMC) began. In the intervening years, workforce turnover and the COVID-19 pandemic led to multiyear wait times, culminating in a year-long pause in the acceptance of new referrals at the UVMMC clinic. As the focus on the COVID-19 response waned, concerns about wait times for autism assessments grew among families, community teams, advocacy groups, and primary care.

In early 2022, Vermont's Children with Special Health Needs (CSHN) program and the Family and Child Health (FCH) Division engaged partners across the system of care to determine possible courses of action. With overarching guidance from CSHN/FCH, key contacts in VCHIP researched system designs in other states, with a focus on models involving primary care practices. Colleagues across state government were consulted routinely about the regulatory landscape, billing pathways, and various service eligibility requirements. Primary care providers were surveyed for interest through a relationship with the VT-AAP in July 2022. A team at CSHN developed an infographic resource showing What You Can Do While Your Child is Waiting for an Autism Evaluation. Contact with a research team at the University of Massachusetts in January 2023 demonstrated an evidence base for autism assessment in primary care called the *tiered-diagnostic approach*, including details about an online training program for board-certified practitioners. Through June 2023, CSHN and VCHIP outreached early childhood teams, regional and statewide advisory councils, and interagency groups. Efforts to socialize the tiered diagnostic approach stressed the importance of collaboration at the

community level, highlighting creative practices already in place between early childhood providers, primary care, and subspecialists. Outreach was intentionally bi-directional and practical: equal parts presentation, listening session, and myth-busting. A key priority in this phase was to understand how a diagnosis conferred by a properly trained primary care physician would "count" when moved across the regulatory landscape, such as state plan and Medicaid waiver benefits, disabilities services, and schools.

In September 2023, representatives from 17 primary care practices began a 10-month course to learn how to perform autism assessment using evidence-based tools, led by the UMass research team. This step was a milestone in CSHN/FCH's statewide efforts, reflecting strong partnerships with primary care providers, the breadth of CSHN/FCH's scope of influence, and primary care's dedication to patients and families. A new partnership with the State's Director of Special Education has expanded CSHN/FCH's reach to promote successful, family-centered partnerships between community teams, primary care, and schools. With the didactic portion of the series recently concluded, CSHN/FCH arranged for ongoing consultation services to support the cohort and foster a community of practice going forward. There is growing interest in a second training cohort. CSHN/FCH will analyze participant input from the first training input and monitor the system of care across the state to inform the next steps. A strong relationship with the UMass research team will provide insight into national and regional developments.

Importantly, the tiered diagnostic approach to autism assessment seeks to address health equity issues stemming from disproportionate access barriers experienced by under-resourced families. Throughout this body of work, FCH was at the center, holding together the various moving parts, communicating across disciplines, raising awareness, and building and sustaining momentum to effect systems change.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Vermont

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.