New Hampshire State Action Plan Table 2025 Application/2023 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Decrease the use and abuse of alcohol, tobacco, and other substances among pregnant women	By July 1, 2023, decrease the percentage of women with Medicaid Managed Care health plans who smoke during pregnancy from 22.6% (baseline data 2021) to 21% or less among 2022 deliveries paid by NH Medicaid By July 1, 2023, decrease the percentage of women who smoke during pregnancy from 2.2% (baseline data 2021) to 2% or less among 2022 deliveries not paid by NH Medicaid By July 1, 2023, the MCH-funded Primary Care practices will screen at least 90%,according to quarterly EMR audits, of prenatal patients for tobacco use By July 1, 2023, the MCH-funded Primary Care sites will offer quit smoking assistance/resources, according to quarterly EMR audits, to 90% of pregnant women screening positive for tobacco use By July 1, 2023, 50% of OB-GYN staff at 6 of 12 (50%) of MCH-	Continue to monitor the number of MCH-funded Primary Care site clinical staff that complete the e-learning module, 'Supporting Pregnant and Postpartum Women to Quit Tobacco' Promote tobacco cessation for pregnant persons through collaborations with the Tobacco Prevention and Cessation Program (TPCP) for social marketing campaigns and print materials in provider offices Incorporate discussion of smoking cessation into the Plan of Safe Care, which is discussed with at-risk women during pregnancy and prior to hospital discharge after delivery	ESM SMK-Pregnancy.1 - Percentage of postpartum women whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe/Supported Care (POSC) ESM SMK-Pregnancy.2 - Percentage of women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).	NPM - Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

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	funded Primary Care practices will complete the e-learning module evaluation, 'Supporting Pregnant and Postpartum Women to Quit Tobacco' (baseline 0)				NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Improve access to needed healthcare services for all MCH populations	By 2030, increase the percentage of women enrolled in Medicaid who attended a post-partum checkup within 12 weeks after giving birth from current rate of 81% (2022) to 86%.	Develop core messaging and an outreach plan with Managed Care Organizations to inform and educate women about the importance of timely postpartum care and available perinatal resources through Medicaid. Develop and distribute educational materials and outreach messaging about extended postpartum care for Medicaid beneficiaries to be used by DHHS programs and healthcare providers to highlight the benefits and necessity of timely postpartum care. Support implementation of the Medicaid Doula program	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - 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	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

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Perinatal/Infant Health					
Decrease unintentional injury in children ages 0-21	By January 2023, 50% of infants enrolled in MIECHV HFA home visiting will always be placed to sleep on their back, without bed-sharing or soft bedding.	Collaborate with the MIECHV HFA home visiting program on their materials and education for families on always placing their infant to sleep on their back in a separate approved sleep surface without soft objects or loose bedding. Develop a training tool for HFA home visitors, DCYF personnel, law enforcement, service providers (anyone who goes into the family's home) on safe sleep practices Utilize home visiting and PRAMS data to inform key stakeholders about safe sleep and education needed Promote public education on safe sleep Utilize the SUID committee recommendations regarding risk factors and identify possible points of intervention Utilize the Safe Sleep Workgroup to identify methods for carrying out the recommendations identified during the SUID case reviews	ESM SS.1 - Percent of infants enrolled in home visiting who are always placed to sleep on their back, without bed-sharing or soft bedding	NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Child Health					
Improve access to standardized developmental screening, assessment, and follow-up for children and adolescents	To increase from 36% to 46% the percentage of children, ages 9-35 months, who receive a developmental screening using a parent-completed screening tool, by 2025.	Training care providers Effective referrals Empowering families	ESM DS.1 - The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System.	NPM - 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	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Improve access to needed healthcare	in process	Increase capacity for health care coordination (HCC) through provision of outreach to the 'vacant regions' to determine the need for ongoing care coordination as compared to what is provided by private practices and/or other community-based organizations and align HCC with other service	No ESMs were created by the State. ESMs were optional for this measure in the	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026

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services for all MCH populations		coordination efforts, such as those provided by the designated area agencies for developmental services. Use Nurse Consultants to supplement service coordination efforts through providing subject matter expertise on issues faced by CSHCN. Capacity building through collaboration with Medicaid to identify and provide training and technical assistance to address gaps in access to quality health care coordination.	2025 application/2023 annual report.	medical home (Medical Home, Formerly NPM 11) - MH	application/2024 annual report.
Adolescent Health					
Decrease unintentional injury in children ages 0-21	By 2022, reduce the rate of hospitalizations for non-fatal injury from 61.3 to 27.4 per 100,000 adolescents ages 10-19 years	Use of statewide partners to promote the program and increase participation of high schools previously working with program and new schools wanting to work with the program Use of peer groups within schools to increase seatbelt usage and overall teen driving safety culture Continue to explore virtual platforms to get messaging out to teen drivers Increase utilization of teen driver website Increase parental participation and understanding of teen driving issues Provide "Pool Safely" information to parents and children during at least one public event/year Raise public and professional awareness of suicide prevention Address the mental health and substance abuse needs of all residents Facilitate an annual Suicide Prevention Conference and extend invitations to high school staff Support the suicide prevention goals of the NH Suicide Prevention Council Work with the Brain Injury Association of NH to collect data from all NH high schools regarding Return to Play and Return to Learn policies	ESM IH-Adolescent.1 - Percentage of high school students who wear a seatbelt	NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent	NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

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Improve access to needed healthcare services for all MCH populations	Increase the percentage of adolescents aged 12-21 who have had a preventive medical visit at the MCH-funded community health centers (CHCs) from a baseline of 53% in SFY19 to 64% by the end of 2025.	Building partnerships by: (1) networking with other State Adolescent Health Coordinators; (2) collaborating with public and private partners through the NH Pediatric Improvement Partnership; (3) statewide contracting with CHCs and provision of oversight on Primary Care services; (4) establishing mechanisms to inform the public about adolescent preventive services via social media. Enhancing capacity of CHCs to improve access and quality of adolescent services by: (1) establishing performance measures that align with national guidelines and promote Bright Futures recommendations; (2) ensuring contracted CHCs utilize Quality Improvement (QI) processes to increase the percentage of adolescents who have a preventive medical visit; (3) collecting and analyzing Performance Measure outcome data from contracted CHCs; (4) providing feedback to CHCs on agency performance; (5) providing education, resources, QI support and technical assistance. Increasing the number of MCH section staff who include adolescent health in their job responsibilities by establishing a new position (Child/Adolescent Health Coordinator) to support programmatic initiatives to improve child and adolescent well-being.	ESM AWV.1 - Percentage of adolescents ages 12-21 at MCH-contracted health centers who have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI

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					at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB
Children with Special Health Care Needs					
Improve access to needed	• By July 1, 2021, increase the percentage of CSHCN enrolled in Title V programs, ages 14–20,	Health Care Professional Workforce Development Other workforce development including Title V staff, family support, MCOs,	***Inactive -*** *ESM TR.1 - Percent of young adults with special*	NPM - Percent of adolescents with and without special health care	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who

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healthcare services for all MCH populations	who completed a Transition Readiness Assessment Questionnaire (TRAQ) in the past year by 5% • By July 1, 2021, 60% of CSHCN enrolled in Title V programs, ages 14-20 and/or their family caregiver, will identify at least one transition goal in consultation with their Health Care Coordinator • By July 1, 2022, 70% CSHCN enrolled in Title V programs, ages 14–20 and/or their family caregiver, who identified a transition goal in the previous year, will meet at least one of the previous year's goals	youth, families, etc. Care coordination Communication and social media Measurement and assessment	*health care needs, ages 18-21, who identify an adult health care provider at discharge from the Title V program* ESM TR.2 - Percent of youth with special health care needs, ages 14 to 21, who achieve a goal set following completion of the Transition Readiness Assessment Questionnaire (TRAQ).	needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR	receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC
Increase family support and access to trained respite and childcare providers	To increase the percentage of families reporting access to respite care when needed, from 62% to 75% on the BFCS Needs Assessment and Satisfaction Survey, by 2025	Re-determine the needs of families regarding respite Collect and analyze data to support policy development and funding for respite Review Relias trainings to support upated best practice standards Re-engage the Caregiver Integration Team and assess the capacity to continue with environmental scan and strategic planning Include respite screening and access in Quality Improvement projects Attend the ARCH national respite conference Assess the capacity to influence other sectors necessary to achieve goals		SPM 2: Percentage of families enrolled in the Bureau for Family Centered Services (BFCS) who report access to respite	
Improve access to needed healthcare services for all	Increase the percentage of children with special health care needs, ages 0 through 17, who have a medical home (target to be determined).	Increase capacity for health care coordination (HCC) through provision of outreach to the 'vacant regions' to determine the need for ongoing care coordination as compared to what is provided by private practices and/or other community-based organizations and align HCC with other service coordination efforts, such as those provided by the designated area	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

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MCH populations		agencies for developmental services. Use Nurse Consultants to supplement service coordination efforts through providing subject matter expertise on issues faced by CSHCN. Capacity building through collaboration with Medicaid to identify and provide training and technical assistance to address gaps in access to quality health care coordination.	annual report.	Home, Formerly NPM 11) - MH	
Cross-Cutting/Systems Building					
Increase the focus of Title V on the Social Determinants of Health and the resolution of barriers impacting the health of the MCH population	Increase the percentage of MCH-contracted Community Health Centers Enabling Services (ES) workplans that have met or exceeded their target(s) to 75% by SFY25	MCH requires all CHCs to submit a two-year ES work plan as a contract deliverable within 30 days the beginning of a contract period. Review ES work plans and provide feedback/technical assistance as needed to ensure agencies have included specific, measurable, achievable, realistic and, timely (or time-bound) SMART objectives/goals and a target for each State Fiscal Year (SFY). Monthly calls will occur between the MCH QI Clinical Staff and the CHC QI Staff to share updates, need for techical assistance, etc. Learning communities and communities of practice on specific ES sopics will be set up and implemented monthly. Updates to the ES workplans will be formally submitted twice per year, in January and July; MCH will review ES workplan outcome sections to determine how many have reached their target. If the target has not been attained, feedback/technical assistance will be provided and the CHC will need to submit a revised ES plan.		SPM 1: Percentage of MCH-contracted Community Health Centers' Enabling Services workplans that have been met or exceeded the target	
Improve access to mental health services for children, adolescents, and women in the perinatal period	Increase the percentage of enrolled providers who receive Pediatric Mental Health Care Teleconsultation in the Pediatric Mental Health Care Access (PMHCA) Program from a baseline of 23% in 2020 to 41% in 2026	Provide NH pediatric primary care providers with additional training on the assessment and treatment of children with mental health concerns by: 1) development of a Pediatric Mental Health Project ECHO series facilitated by the NH Pediatric Mental Health Team faculty of local subject matter experts; and 2) recruitment of pediatric primary care practices across NH to participate in the Pediatric Mental Health Project ECHO, targeting those in rural/underserved areas. Promote and provide teleconsultation opportunities as needed for primary		SPM 3: Percentage of enrolled providers who received Pediatric Mental Health Teleconsultations	

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		care providers with the PMHCA pediatric mental health team faculty members. Continuation of teleconsultation services upon completion of the HRSA grant period by: 1) increased NH pediatric primary care physician satisfaction with using teleconsultation as a way to build their knowledge and confidence in treating children with mental health conditions; and 2) development of a plan for program sustainability following the end of the PMHCA grant award period.			