



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW YORK

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

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 FY 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

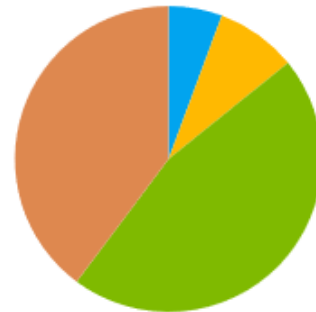
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Lauren J. Tobias Director, Division of Family Health lauren.tobias@health.ny.gov (518) 474-6968	Susan Slade Director, Bureau of Child Health susan.slade@health.ny.gov (518) 474-1961	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$38,909,810
State MCH Funds	\$58,908,173
Local MCH Funds	\$317,759,172
Other Funds	\$0
Program Income	\$274,679,941

FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,523	\$314,646,963
Enabling Services	\$17,923,926	\$90,070,548
Public Health Services and Systems	\$20,983,361	\$49,896,438

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	94,984	\$35,962,325	6.2%
Infants < 1 Year	25,079	\$32,663,103	5.6%
Children 1-22 Years	612,400	\$63,318,464	10.9%
CSHCN	635,350	\$411,877,452	71.0%
Others *	198,773	\$36,509,021	6.3%
Total	1,566,586	\$580,330,365	100%

FY 2015 Expenditures



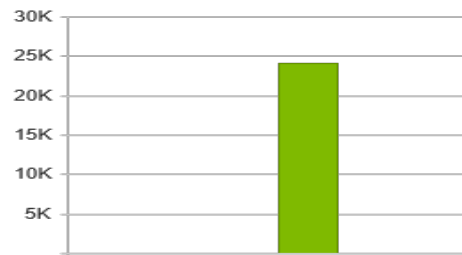
FY 2015 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	24,063
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of Title V programs for which health equity analyses are completed
NPM 1	Well-Woman Visit	ESM 1.2	a) Number of Equity Action Team meetings held; b) Number of DFH staff who have completed one or more Equity Learning Labs
NPM 1	Well-Woman Visit	ESM 1.3	Percentage of DFH procurements that complete community listening forums as part of concept development process.
NPM 1	Well-Woman Visit	ESM 1.4	Percentage of DFH procurements that demonstrate inclusion of evidence-based/-informed community engagement and collective impact strategies.
NPM 1	Well-Woman Visit	ESM 1.5	The number of Title V programs with health insurance elements incorporated in program requirements.
NPM 1	Well-Woman Visit	ESM 1.6	The number of analytic reports developed and shared.
NPM 1	Well-Woman Visit	ESM 1.7	The number of relevant Title V programs that demonstrate incorporation of strategies to reinforce well-woman and preconception health care services.
NPM 1	Well-Woman Visit	ESM 1.8	Maternal mortality report issued at least annually.
NPM 1	Well-Woman Visit	ESM 1.9	Severe maternal morbidity surveillance initiated and operationalized by program.
NPM 1	Well-Woman Visit	ESM 1.10	Number of policy, community prevention or clinical quality improvement strategies implemented in past year as a result of the Partnership collaboration.
NPM 1	Well-Woman Visit	ESM 1.11	Percentage of managed care organizations that provide reimbursement for postpartum LARC insertion.
NPM 1	Well-Woman Visit	ESM 1.12	Percentage of women enrolled in Medicaid Managed Care who are screened for maternal depression during: a) prenatal care b) postpartum care.
NPM 1	Well-Woman Visit	ESM 1.13	Title V staff participate in intra-and inter-agency groups developing response to opioid use.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percentage of birthing hospitals re-designated with updated standards.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.2	Number of home visiting and community health worker staff trained in the identified competencies.

NPM 5	Safe Sleep	ESM 5.1	Initial infant mortality and morbidity data report published.
NPM 5	Safe Sleep	ESM 5.2	Percentage of eligible birthing hospitals participating in a current QI activity.
NPM 5	Safe Sleep	ESM 5.3	Capacity rates of local home visiting grantee projects (to be aligned with new MIEHCV performance measure, currently pending from HRSA.
NPM 5	Safe Sleep	ESM 5.4	Number of collaborative strategies implemented to reduce sleep-related infant death.
NPM 6	Developmental Screening	ESM 6.1	Initial data report is issued.
NPM 6	Developmental Screening	ESM 6.2	Number of child-serving MCH programs implementing the asset profile tool.
NPM 6	Developmental Screening	ESM 6.3	Number of DOH MCH staff and external partners trained on: a) social-emotional wellness and b) trauma-informed care practices.
NPM 6	Developmental Screening	ESM 6.4	Number of child-serving MCH programs identified with an evidence-based social-emotional component.
NPM 6	Developmental Screening	ESM 6.5	Number of children with documented serious emotional disturbance and/or complex trauma who are enrolled in Medicaid Health Home.
NPM 6	Developmental Screening	ESM 6.6	Number of strategies implemented to improve developmental screening.
NPM 8	Physical Activity	ESM 8.1	a) Number PBI workgroup meetings held and attended by Title V staff; b) Number of resources are developed and disseminated based on PBI workgroup.
NPM 8	Physical Activity	ESM 8.2	Number of community environmental changes demonstrated as a result of enhanced collaborations.
NPM 8	Physical Activity	ESM 8.3	a) Evidence-informed framework to structure and measure collaborative efforts is established or identified; b) Number of internal partners trained; c) Number of external partners trained.
NPM 10	Adolescent Well-Visit	ESM 10.2	Initial data report is issued.
NPM 10	Adolescent Well-Visit	ESM 10.1	The number of focus groups conducted.
NPM 12	Transition	ESM 12.1	Initial data report published.

NPM 12	Transition	ESM 12.2	Number of partners engaged in system mapping.
NPM 12	Transition	ESM 12.3	Number of CSHCN enrolled in Health Homes designated to serve children.
NPM 12	Transition	ESM 12.4	Percent of Adolescents/ Young Adults with SCD age 12-21 years in the funded projects who have a transition readiness assessment completed and documented.
NPM 12	Transition	ESM 12.5	Number of best practice strategies for improving family outcomes that are documented through review and learning collaboratives.
NPM 12	Transition	ESM 12.6	Percent of children transitioning from EIP to Special Education services who have a documented referral to LHD-based CSHCN Program.
NPM 12	Transition	ESM 12.7	Percentage of infants with initial abnormal hearing screening results for whom follow-up is documented in NYEHDI-IS.
NPM 12	Transition	ESM 12.9	Number of adolescent-serving MCH programs implementing the asset profile tool.
NPM 12	Transition	ESM 12.8	Number of DOH MCH staff and external partners trained on: a)social-emotional wellness b)trauma-informed care practices.
NPM 12	Transition	ESM 12.10	Number of adolescent-serving MCH programs identified with an evidence-based social-emotional component.
NPM 12	Transition	ESM 12.11	Number of adolescents with documented serious emotional disturbance and/or complex trauma who are: a) enrolled in Medicaid Health Home; b)transitioned to adult-serving Health Homes.
NPM 13	Preventive Dental Visit	ESM 13.1	Number of public water systems that receive financial and/or technical support from NYSDOH to maintain or initiate community water fluoridation.
NPM 13	Preventive Dental Visit	ESM 13.2	Percentage of 2nd and 3rd graders served by School-Based Dental Programs who receive sealants.
NPM 13	Preventive Dental Visit	ESM 13.3	Number Medicaid claims submitted by primary care providers for application of fluoride varnish for children aged 0-5 enrolled in Medicaid that receive fluoride varnish applications from their primary care providers.
NPM 13	Preventive Dental Visit	ESM 13.4	Plan adopted in collaboration with NYSDOH Division of Nutrition to promote integration of oral health strategies in at least one public health nutrition program.

NPM 13	Preventive Dental Visit	ESM 13.5	Percentage of pregnant women served by Title V community health workers that have a documented screening or referral for dental services.
NPM 13	Preventive Dental Visit	ESM 13.6	Number of dental public health residents with completed residency projects utilizing data systems in the past year.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	The percentage of women age 18-44 years who report ever talking with a health care provider about ways to prepare for a healthy pregnancy	Women/Maternal Health, Cross-Cutting/Life Course
SPM 2	The percentage of women aged 15 to 44 years that adopt or continue use of the most effective or moderately effective methods of contraception.	Women/Maternal Health, Cross-Cutting/Life Course
SPM 3	The percentage of children and adolescents survey who demonstrate 20 or more developmental assets	Child Health, Adolescent Health
SPM 4	The percent of families participating in the Early Intervention Program who meet or exceed the state's standard for the New York Impact on Family Scale	Children with Special Health Care Needs
SPM 5	The percentage of NYS residents served by community water systems that have optimally fluoridated water	Cross-Cutting/Life Course

Executive Summary

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

Each year, states submit an application and report in accordance with MCHB guidance. This year's application from NYS reflects our continued leadership and commitment to protect and promote the health of women, infants, children and families, within the context of a changing health care landscape, the continued adoption of a life course perspective and a focus on data-driven, evidence-based public health interventions. As an interim application, this application reflects a more in-depth analysis of State and National data as well as evidence-based and promising strategies to refine NY's Title V State Action Plan. The Action Plan for 2016-20 submitted in this application reflects significant work over the past year to develop measurable objectives, defined strategies, National Performance and Outcome Measures, Evidence-Informed Strategy Measures and State Performance Measures as required for the eight core MCH priorities across six MCH population health domains: maternal and women's health, perinatal and infant health, child health, adolescent health, children with special health care needs and cross-cutting life course. NY's application reflects the ongoing commitment of NY's Title V program, DOH and key MCH partners as well as significant input from families, providers and other key stakeholders across NYS.

The eight priorities selected by NYS include:

1. Reduce maternal mortality & morbidity
2. Reduce infant mortality & morbidity
3. Support and enhance social-emotional development and relationships for children and adolescents
4. Increase supports to address the special health care needs of children and youth
5. Increase the use of preventive health care services across the life course
6. Promote oral health and reduce tooth decay across the life course
7. Promote supports and opportunities that foster healthy home and community environments.
8. Reduce racial, ethnic, economic and geographic disparities and promote health equity for MCH populations

Within the NYSDOH, Title V activities are led by the Division of Family Health (DFH). As the Title V program, DFH provides leadership on MCH, directly oversees many MCH programs and initiatives and collaborates with other key MCH-serving programs outside the DFH. A critical role of NY's Title V program is to ensure the needs of the MCH population are addressed through key policy initiatives, including the implementation of the Affordable Care Act (ACA) and Medicaid Redesign in NYS, as reflected throughout the application.

Under Title V leadership, a comprehensive process was convened to refine NY's MCH needs assessment and action plan. Cross functional teams from across the DFH were formed for each of NY's MCH priorities. Using NY's Interim State Action Plan as a starting point, the teams conducted in-depth analyses of data to enhance an understanding of the selected MCH priority areas, identified baseline data and refined targets for NY's Title V priorities; and, identified evidence based practice and recommendations for strategies to achieve the selected objectives. The teams presented their findings to a larger DOH work facilitated discussions to refine the State Action Plan.

A unique aspect of this process was a partnership with the HRSA-funded National MCH Development Center at the University of North Carolina that served as an invaluable resource to identify information, tools and resources to gain a better understanding of MCH needs and priorities as well as potential strategies to address these priorities. The Center also worked with Title V to develop and enhance skills in Title V staff to build NY's "MCH Leaders of Tomorrow" to support and promote MCH leaders of the future in NYS.

To further strengthen NY's State Action Plan, input was obtained from the MCHSBG Advisory Council, Parent to Parent of NYS and other key partners including the Schuyler Center for Advocacy and Analysis (SCAA), American Academy of Pediatrics (AAP); American Congress of Obstetricians and Gynecologists (ACOG); Prevent Child Abuse NY, Docs for Tots, New York State Association of County Health Officials, and others providers and key stakeholders.

Key products of the process described above include a MCH NA Summary Update and a 5-year MCH Action Plan for NYS. Key elements including accomplishments and emerging issues, challenges and plans are highlighted below for each of the six MCH population domains.

Domain 1 – Maternal/Women's Health

Health care coverage is a significant factor in making health care accessible and available to women. Through the NY State of Health, the state's official health plan Marketplace, NY continued its efforts to enroll all New Yorkers into comprehensive health care coverage. All Title V programs also prioritize engaging all women into health care coverage.

Title V leads efforts to improve the health of women in NYS with an essential element of this being women's ability to control their reproductive health. NYS has had a long-standing commitment to ensuring all women have access to comprehensive reproductive health care through programs such as the comprehensive system of family planning services and generous health benefits such as the Family Planning Benefit Program that includes presumptive eligibility. NY is a leader in increasing access to Long Acting Reversible Contraception (LARC), the most effective means of birth control through quality improvement efforts with family planning providers and through efforts such as NY's Infant Mortality COIIN project as well as NY's participation in CDC's 6/18 initiative to promote health and prevent unintended pregnancies.

NY has made great strides in improving birth outcomes, but striking disparities remain. Key outcomes of concern are high rates of unintended pregnancy and short birth intervals, stagnant rates of early prenatal care, and high rates of maternal mortality/morbidity. Improving preconception/interconception health, including pregnancy planning and prevention, are key to achieve further improvements. Successes include robust surveillance systems, generous Medicaid coverage, a statewide maternal mortality review system, effective clinical quality improvement models, evidence-based community health initiatives, strong partnerships with key stakeholders and ongoing involvement with health reform initiatives. NY's State Action Plan addresses priority areas, building on strong partnerships, to strengthen and expand maternal mortality/morbidity reviews and develop improved mechanisms to apply findings to address key factors identified, improving the health of women including engaging women into health insurance, integrating preconception/interconception health into routine women's health care, developing strategies to address NY's increasing opioid use epidemic and developing collaborative strategies to address maternal depression.

Domain 2 – Perinatal/Infant's Health

Infant mortality has been steadily declining, but striking disparities remain. An ongoing concern for infant health is increasing rates of neonatal abstinence syndrome resulting from opiate abuse. In addition, developing strategies for new and emerging public health issues such as zika virus challenges the system. Key accomplishments include a statewide system of regionalized perinatal care, strong community-based perinatal services including evidence-based home visiting, clinical quality improvement initiatives with birthing hospitals, involvement in the national COIIN initiative to decrease infant mortality, involvement with health care reform and strong partnerships to promote improved health outcomes. NY's Action Plan includes Title V leadership to update perinatal regionalization standards to enhance the quality of care provided in these facilities and ensuring the system is facile enough to evolve in the changing health care landscape in NYS, develop performance measures to promote quality improvement and ongoing assessment of levels of perinatal care, increasing access to evidence-based home visiting services, among others. Collaborative efforts will be enhanced or developed to improve important perinatal practices such as improving clinical quality of care, and to address new and emerging health issues such as maternal opioid use improve perinatal outcomes.

Domain 3 – Child Health

The majority of NY's children are in good health, with declining mortality and hospitalization rates and high rates of health insurance coverage. A major priority of Title V is the social-emotional and behavioral health needs of children. In addition, while most children receive annual well child visits, elements of care such as developmental screening need improvement. Key accomplishments include efforts to address the social-emotional needs of children in partnership with key stakeholders such as the Early Childhood Advisory Council and Early Intervention Coordinating Council, generous public health insurance options, rich networks of health care providers including the largest School Based Health Center (SBHC) program in the nation, and strong public health programs to promote physical activity and provide access to nutritious meals. A key challenge to achieve further improvements in child health is to strengthen collaboration across child-serving programs, as these are spread throughout DOH and other State agencies. In addition to continuing support for core programs including home visiting and SBHCs, NY's Action Plan addresses the need to promote and increase development screening for all NY's children, and to develop new collaborative strategies to support children's social-emotional health using a strength-based approach to building on assets, as well as to improve engagement of vulnerable families in high quality primary health care.

Domain 4 – Children with Special Health Care Needs (CSHCN)

Although the majority of NY's children are insured, families of CSHCN continue to report lack of consistent health care coverage, inadequate coverage and lack of care coordination to meet special needs. In addition, adolescents with special needs remain challenged with navigating health care coverage and services as they transition to the adult care system. Key accomplishments include extensive health insurance options, comprehensive early intervention services for infants and toddlers with developmental delays and disabilities, extensive engagement of Title V staff in developing and implementing Health Home for children, family representation on key advisory groups, and funding for local health department-based services for families of CSHCN. However, parents have reported that the myriad of services available to CSHCN and their families are at times challenging to understand and access, while there remains significant gaps in some services or services in areas of NYS. NY's Action Plan highlights a systems-mapping initiative to identify strengths, gaps and barriers in a comprehensive manner in order to set future direction for Title V in this arena, continued strong engagement with Medicaid to support successful implementation of Health Home for children, enhancing policy and supports for children with Autism Spectrum Disorders, focused improvement projects to enhance family support practices within Early Intervention and disseminate best practices to other Title V programs, and seeking ways to enhance bi-directional communication with and from parents of CSHCN and adolescents with special needs to facilitate their transition to the adult health care system.

Domain 5 – Adolescent Health

NY's Title V program has been a national leader in building comprehensive systems for adolescents including access to confidential reproductive health services and delivery of evidence-based programming to improve adolescent health including a strong focus on positive youth development. NY's teen pregnancy rate has reached an all-time low, though disparities remain. The social-emotional well-being of NY's adolescents has been highlighted as a Title V priority, recognizing the stagnant or slightly worsening rates of suicide in the adolescent population. Additionally, health care providers with expertise in adolescent health are limited and utilization rates for preventive health care visits decline in adolescence. Mental health, suicide, sexual violence and bullying are significant persistent and emerging issues for adolescents. Key successes in NYS include strong networks of youth-serving providers including SBHCs and community-based programs, policies that support access to health insurance and confidential health care services, and strong technical support for evidence-based programming through state-academic partnerships/ Centers of Excellence. NY's Action plan includes strengthening partnerships and developing new collaborative strategies to support adolescents' social-emotional health using a strength-based approach to building on assets, to promote healthy relationships, wellness, health literacy and support transition to adult roles in adolescent health initiatives.

Domain 6 – Cross-Cutting/Life Course

Throughout NY's needs assessment, several cross-cutting themes emerged, including oral health, health insurance coverage and use of preventive health care services, community environments that support health and striking disparities in most health outcomes. Key successes include new investments to maintain and expand community water fluoridation, continued funding for school-based preventive dental services, support for "place-based" health promotion initiatives that span MCH, chronic disease and environmental health, including efforts to address social determinants of health.

Throughout this application, racial, ethnic, economic and geographic disparities are highlighted for virtually all MCH outcomes and factors assessed. Disparities is not limited to race and ethnicity. Rather, economic status, geography, language, and other factors such as health literacy can have a significant impact on the health status of NY's MCH population.

NY's Action Plan emphasizes the need for stronger collaborations with partners and stakeholders, and concerted efforts and new approaches to develop and implement new strategies in this area, including engaging partners at the community level to identify and develop lasting changes to address home and community issues as well as promoting health equity to address NY's significant and long-standing health disparities.