



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW YORK

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

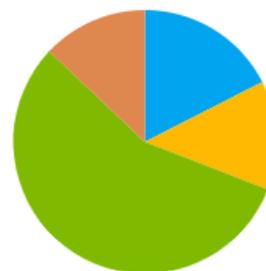
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$38,241,544
 State MCH Funds	\$29,285,355
 Local MCH Funds	\$122,724,134
 Other Funds	\$0
 Program Income	\$28,299,351

FY 2018 Expenditures



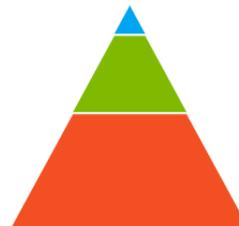
Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$2,238	\$22,538,966
 Enabling Services	\$26,468,148	\$61,124,385
 Public Health Services and Systems	\$11,771,158	\$93,441,810

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



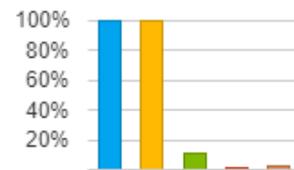
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	100.0%	\$28,887,858
■ Infants < 1 Year	100.0%	\$16,606,314
■ Children 1 through 21 Years	11.0%	\$95,045,815
■ CSHCN (Subset of all Children)	1.0%	\$46,784,835
■ Others *	2.0%	\$28,471,947

FY 2018 Expenditures
Total: \$215,796,769



FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	0
■ State Title V Social Media Hits:	0
■ State MCH Toll-Free Calls:	13,688
■ Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Adolescent Health, Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health, Adolescent Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
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 1.7	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 1.15	Percentage of women with Medicaid insurance who report that a doctor, nurse, or other healthcare worker asked at the postpartum checkup if they were feeling down or depressed
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percentage of birthing hospitals re-designated with updated standards.
NPM 5	Safe Sleep	ESM 5.5	Percent of infants, sleeping or awake-and-unattended in crib, in a safe sleep environment
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 8.2	Physical Activity Ages 12 through 17	ESM 8.2.1	Number of community environmental changes demonstrated as a result of enhanced collaborations.
NPM 10	Adolescent Well-Visit	ESM 10.3	Number of adolescents with documented serious emotional disturbance and/or complex trauma who are enrolled in Medicaid Health Home.
NPM 10	Adolescent Well-Visit	ESM 10.4	Number of strategies implemented to improve adolescent use of preventive health care services.
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 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Percentage of pregnant women served by Title V community health workers that have a documented screening or referral for dental services.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Number of public water systems that receive financial and/or technical support from NYSDOH to maintain or initiate community water fluoridation.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	Percentage of 2nd and 3rd graders served by School-Based Dental Programs who receive sealants.

State Performance Measures

SPM #	SPM Title	Reporting 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
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
SPM 3	The percentage of children and adolescents survey who demonstrate 20 or more developmental assets	Child Health, Adolescent Health, Children with Special Health Care Needs
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 wate	Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health

Executive Summary

Program Overview

Section III.A. Executive Summary

IIIA1 Program Overview

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

States submit an annual application and report in accordance with MCHB guidance. This year's application from New York State Department of Health (NYSDOH) reflects continued commitment to promote the health of the MCH community. Building on previous work, this application reflects an in-depth analysis of data and strategies to address the State Priorities and achieve the 2020 State Objectives. There is a strong emphasis on understanding and addressing social determinants of health to address health disparities and on listening to communities about their wellbeing. It reflects a concerted effort to build a comprehensive system of supports for children and youth with special health care needs (CYSHCN) and their families. It discusses significant work over the past 4 years to implement the State Action Plan (SAP) for the 8 core priorities across 6 MCH population health domains: maternal and women's health, perinatal and infant health, child health, adolescent health, CYSHCN and cross-cutting life course. It reflects lessons that will help NY's Title V program build a stronger system in years to come, input from DOH and MCH partners, and significant input from families, providers and other stakeholders.

NY's 8 priorities are:

1. Reduce maternal mortality & morbidity
2. Reduce infant mortality & morbidity
3. Support and enhance social-emotional (SE) 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 healthcare 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 environment
8. Reduce racial, ethnic, economic and geographic disparities and promote health equity for MCH populations.

Within NYSDOH, Title V activities are led by the Division of Family Health (DFH). As the Title V program, Division of Family Health provides leadership on MCH, directly oversees many MCH programs and initiatives and collaborates with other external MCH-serving programs. A critical role of NY's Title V program is to ensure the MCH population's needs are addressed through state policy initiatives.

NY is committed to ensuring that supports and services align with community wishes and needs; activities are informed by input from: the MCHSBG Advisory Council, Parent to Parent of NY, Schuyler Center for Advocacy and Analysis, American Academy of Pediatrics; Association of Regional Perinatal Programs and Networks, MCH Committee of the NYS Association of County Health Officials, NYS Perinatal Association, and other providers and stakeholders.

NY's application reflects stakeholder input, program accomplishments, emerging issues, challenges and plans for each of the 6 MCH population domains.

Domain 1—Maternal/Women's Health

Maternal mortality (MM) is devastating to women, families and communities. Addressing factors that lead to MM is a priority of NY's Governor Cuomo. As stated in a press release by the Governor in April 2018, "Maternal mortality should not be a fear anyone in New York should have to face in the 21st century. We are taking aggressive action to break down barriers that prevent women from getting the prenatal care and information they need. This comprehensive initiative will work to correct unacceptable racial disparities in maternal mortality and help ensure a healthier and stronger New York for all." The governor's commitment to target MM and reduce disparities is evident in his multi-pronged plan that includes a greater focus on disparities, expanding community outreach and taking actions to increase perinatal care access. Title V staff play a significant role to support these efforts, including establishing a Maternal Mortality Review Board (MMRB).

NY has made great strides to improve birth outcomes but striking disparities remain. Outcomes of concern are high rates of unintended pregnancy, short birth intervals, stagnant early prenatal care rates, and high rates of MM. Improving women's health, preconception/interconception health, including pregnancy planning and prevention, is key to meeting objectives. Successes include robust surveillance systems, generous Medicaid coverage, a statewide MM review system, a strong perinatal hospital system, effective clinical quality improvement (QI), evidence-based community initiatives, and strong partnerships with stakeholders. NY's SAP works to: strengthen and expand MM reviews and apply findings to address factors identified; improve the health of women through health insurance access; integrate preconception/interconception health into routine women's healthcare; develop strategies to address NY's increasing opioid use epidemic and develop strategies to address maternal depression.

Title V leads efforts to improve women's health with a focus on women's ability to control their reproductive health, ensuring all women have access to comprehensive reproductive healthcare through programs (e.g., comprehensive family planning services)

and generous health benefits. NY will continue to incorporate a social justice framework into women's health, including contraception, to advance health equity.

Domain 2—Perinatal/Infant's Health

Infant mortality has been steadily declining, but striking disparities remain. Successes include the continued standards update for a statewide regionalized perinatal care system with metrics to assess outcomes, strong community-based services (e.g., evidence-based home visiting), clinical QI initiatives with birthing hospitals, and strong partnerships. NY's SAP includes continuing to improve the perinatal hospital system, especially ensuring the health and wellbeing of both women and newborns are addressed and ensuring the system accounts for a changing healthcare landscape; increasing family retention in evidence-based home visiting programs; promoting safe sleep practices; and collaborative efforts to combat increasing rates of neonatal abstinence syndrome due to opiate use.

Domain 3—Child Health

Most of NY's children are in good health, with lower mortality and hospitalization rates and high rates of health insurance coverage. A Title V priority is the social emotional (SE) and behavioral health needs of children. Accomplishments include stakeholder partnerships (e.g., Early Childhood Advisory Council, Early Intervention Coordinating Council), generous public health insurance options, rich networks of healthcare providers including one with the largest School Based Health Center (SBHC) programs in the nation, and significant investments in child-serving programs. To further strengthen capacity, NY's SAP incorporates strategies to: expand analysis of population health data on SE wellbeing and adverse childhood experiences (ACE); enhance training for Title V staff and partners on SE development and trauma-informed practice; and integrate additional evidence-based practices for promoting SE wellbeing across programs. Efforts such as the First 1000 Days on Medicaid initiative is an opportunity to work with partners to improve the health of all NY's children in particular and the MCH population in general.

Domain 4—Children and Youth with Special Health Care Needs (CYSHCN)

Although most NY children are insured, families of CYSHCN report a lack of consistent, adequate healthcare coverage and lack of care coordination to meet special needs. Adolescents with special needs are challenged with navigating healthcare coverage and services as they transition to the adult care system. Accomplishments to better support CYSHCN include more health insurance options, comprehensive early intervention (EI) services for infants and toddlers with developmental delays and disabilities, engagement of Title V staff to develop and implement Medicaid Health Home (MHH) for children, including with serious emotional disturbance and complex trauma, family representation on advisory groups, and dedicated funding for local health department (LHD)-based services for families of CYSHCN. Parents report that the myriad services available to CYSHCN can be challenging to understand and access, with significant gaps in some services or in specific areas of NY, and families feel isolated and CYSHCN do not have opportunities to be with children their own age in a meaningful way. NY's SAP includes enhanced analysis of existing CYSHCN data; using family input to set future direction for Title V in this area; continued efforts to improve reporting and follow-up of newborn screening; advancing improvement projects to enhance family support practices within EI including disseminating best practices to other Title V programs; continued strong engagement with Medicaid to support successful implementation of MHH for children; strengthening transition supports for young adults with Sickle Cell Disease; and seeking ways to enhance bi-directional communication between the Title V program and CYSHCN and their families. This year, NY's Title V Program will continue to facilitate discussions with CYSHCNs and their families and analyze available data to provide insight into improvements needed to ensure CYSHCN and their families are supported and well-integrated into the community.

Domain 5—Adolescent Health

NY's Title V program is 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 with a strong focus on positive youth development. NY's teen pregnancy rate has reached an all-time low, though disparities remain. The SE wellbeing of NY's adolescents has been highlighted as a Title V priority, recognizing concerning rates of suicide in the adolescent population. Mental health, suicide, sexual violence and bullying are persistent challenges for adolescents. Successes in NY include strong networks of youth-serving providers (e.g., SBHCs and community-based programs), policies that support access to health insurance and confidential healthcare services, increased efforts on sexual violence prevention and technical support for evidence-based programming through state-academic partnerships/ Centers of Excellence. NY's SAP includes adolescent-focused strategies mirroring those for the Child Health Domain to build internal and external capacity for promoting SE development and healthy relationships for teens.

Domain 6—Cross-Cutting/Life Course

Health equity is key to ensure all individuals can reach optimal health and wellness; racial, ethnic, economic, geographic, language, health literacy and other disparities are highlighted for virtually all outcomes and factors throughout this application. Efforts to promote health equity will continue to improve Title V program staff knowledge and understanding of health equity to foster improved supports and services to decrease disparities in health outcomes.

In NY's needs assessment, cross-cutting themes emerged: oral health, health insurance coverage and use of preventive healthcare services, community environments that support health, and striking disparities in most health outcomes. Successes include investments to maintain and expand community water fluoridation; continued funding for school-based preventive dental services;

and support for interdisciplinary “place-based” health promotion initiatives, including efforts to address equity and social determinants of health.

NY’s SAP outlines strategies for each of these cross-cutting priority areas, including: preconception healthcare to improve women’s health and birth outcomes, promoting oral health, supporting First 1000 Days on Medicaid initiatives, community-based initiatives to improve health outcomes and promoting adolescent well care.

How Federal Title V Funds Support State MCH Efforts

IIIA2 How Title V Funds Support State MCH Efforts

NY is committed to ensuring health and wellbeing in the MCH population. With generous Medicaid benefits, insurance available through the NYS of Health and significant state appropriations for MCH, Title V funds support the DOH infrastructure for Title V program work and augments state investments to support priority efforts, e.g., Title V funds support: a portion of family planning and adolescent health services; grants to the Regional Perinatal Centers for QI activities in 120 obstetrical hospitals to improve maternal and infant mortality and morbidity; grants to LHD for information and referral services for CYSHCN. NY’s Title V application describes the extensive resources offered to NY’s MCH population through complex MCH programs and initiatives and demonstrates NY’s commitment to the health and wellness of all women, children and families.

MCH Success Story

DFH is committed to including community input in Title V work. Over the past year, NY’s Title V program obtained input in 2 priority areas: racial disparities in maternal mortality and families of CYSHCN.

Voice Your Vision–Share Your Birth Story Listening Sessions— 244 women of color participated in 7 sessions in communities with poor birth outcomes to explore the barriers to obtaining care. Participants were recently or currently pregnant women, women who had an adverse birth outcome and families. Results revealed black women’s struggles with inadequate supports and feelings of disrespect in their healthcare experiences. Participants expressed the desire to have more diversity in providers, believing that providers who reflect them will be better understand their needs.

Care Mapping for Families of CYSHCN— Title V staff systematically collected input from parents/caregivers with CYSHCN. A care mapping tool was used to understand needs and resources in providing care for CYSHCN and the changes needed to help them meet their needs. Feedback from 178 caregivers and 40 providers was gathered. Parents were recruited from the EI Partners Training, LHDs, Parent to Parent of NY, and with other stakeholders.

Lessons from these sessions are reflected in this application and includes valuable insight to inform a stronger framework for ongoing dialogue with communities to use in the 5-Year Needs Assessment process for the FY2021 application and to improve services for NY’s families.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.