



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **NEW MEXICO**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

## Title V Federal-State Partnership - New Mexico

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 FY2026 Application / FY2024 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
Eirian Coronado MCH/Title V Director eirian.coronado@doh.nm.gov (505) 476-9038	Susan Chacon Title V Children with Special Health Care Needs (CSHCN) Director susan.chacon@doh.nm.gov (505) 476-8860

SSDI Project Director	State Family Leader
Hang Ha Pham Epidemiologist hangha.pham@doh.nm.gov (505) 476-8892	Cathy Salazar Family Engagement Advisor

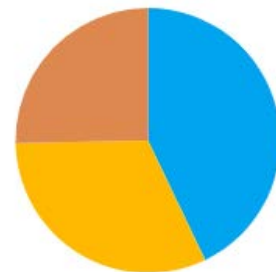
State Youth Leader
Tessa Medina-Lucero Statewide Adolescent Health Coordinator

**State Hotline:** (833) 796-8773

### Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$4,389,490
 State MCH Funds	\$3,250,000
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$2,590,950

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$898,492	\$3,898,480
Enabling Services	\$2,207,000	\$1,200,000
Public Health Services and Systems	\$1,283,998	\$742,470

FY 2024 Expenditures  
Federal



FY 2024 Expenditures  
Non-Federal



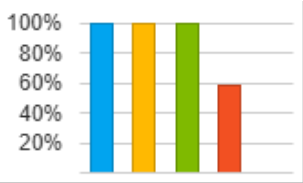
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$1,022,500
Infants < 1 Year	100.0%	\$303,992
Children 1 through 21 Years	100.0%	\$2,052,000
CSHCN (Subset of all infants and children)	58.0%	\$6,457,000
Others *	0.0%	\$0

FY 2024 Expenditures  
Total: \$9,835,492



FY 2024 Percentage Served



\*Others– Women and men, over age 21.

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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
<p>Expand access to perinatal mental health care</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of women who were screened for depression or anxiety following a recent live birth - MHS <ul style="list-style-type: none"> <li>ESM MHS.1: Number of health providers attending the IPH-ECHO for at least 10 out of 12 sessions</li> </ul> </li> </ul>	New	Women/Maternal Health
<p>Increase comprehensive social and health-related support to expecting and postpartum families.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> <li>ESM PPV.1: Percent of NM women with live birth having a postpartum visit, reported for Medicaid and non-Medicaid populations.</li> <li>ESM PPV.2: Number of services received between 6 weeks and 12 months, postpartum.</li> </ul> </li> </ul>	New	Women/Maternal Health
<p>Promote and expand breastfeeding support services during the first six months of infancy</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> <li>ESM BF.1: Number of hospitals who are practicing the Baby Friendly Hospital steps</li> </ul> </li> </ul>	New	Perinatal/Infant Health
<p>Implement and monitor respectful perinatal care in clinical and non-clinical settings.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR</li> </ul>	New	Perinatal/Infant Health

<ul style="list-style-type: none"> <li>○ ESM DSR.1: Number of population measures which address perinatal care discrimination.</li> </ul>		
<p>Support parents of children with services and care which addresses social determinants of health.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 0 through 11, who experienced housing instability in the past year - HI-Child           <ul style="list-style-type: none"> <li>○ ESM HI-Child.1: Number of families with Families FIRST care coordination in the first three years of child's life</li> </ul> </li> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH           <ul style="list-style-type: none"> <li>○ ESM MH.1: Number of family trainings completed by partnering organizations that promote parent/professional partnerships which includes medical and school-based settings</li> <li>○ ESM MH.2: Number or percent of families at the CYSHCN Program who are connected to a care coordinator or another professional to help them find the services they need</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Percent of children, ages 0 through 5, whose parents had access to childcare in the past year</li> </ul>	New	Child Health
<p>Increase Youth Health Literacy, Resiliency Factors, Prevention and Access</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM           <ul style="list-style-type: none"> <li>○ ESM ADM.1: Number of students trained in resilience topics</li> <li>○ ESM ADM.2: Number of students who are trained in health literacy topics.</li> </ul> </li> </ul>	New	Adolescent Health
<p>Promote access to adolescent health care, including telehealth options.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM           <ul style="list-style-type: none"> <li>○ ESM ADM.1: Number of students trained in resilience topics</li> </ul> </li> </ul>	New	Adolescent Health

<ul style="list-style-type: none"> <li>○ ESM ADM.2: Number of students who are trained in health literacy topics.</li> </ul>		
<p>Strengthen school-based services and educational support for children with learning and behavioral needs to support a medical home.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH</li> <li>○ ESM MH.1: Number of family trainings completed by partnering organizations that promote parent/professional partnerships which includes medical and school-based settings</li> <li>○ ESM MH.2: Number or percent of families at the CYSHCN Program who are connected to a care coordinator or another professional to help them find the services they need</li> </ul>	New	Children with Special Health Care Needs

## Executive Summary

### Program Overview

#### Program Overview

The Title V grant is dedicated to improving health outcomes in New Mexico's maternal, infant, child and adolescent populations. Across programs, federal funds are blended with state funds and program revenues to allow a broader scope of program activities. All the Title V funded programs struggle with unmet needs and try to balance the breadth of services with depth. A focus on health access, quality of care and family-consumer partnerships throughout all the programs has strengthened the Title V program in NM.

While federal funding does not support all the essential work in maternal and child health, we in Title V have made a sustained effort to partner with community and consumer-led organizations and to collaborate with other state agencies who provide services to expand our reach.

The following State Priority Areas were identified from the 2025 Needs Assessment for the five-year period 2025-2030:

#### Maternal Health

Expand access to perinatal mental healthcare.

Increase comprehensive social and health-related support to expecting and postpartum families.

#### Perinatal health

Promote and expand breastfeeding support services during the first six months of infancy.

Implement and monitor respectful perinatal care in clinical and non-clinical settings.

#### Child Health

Support parents of children with services and care which addresses social determinants of health.

Increase access to childcare (SPM)

#### Children and Youth with Special Healthcare Needs

Strengthen school-based services and educational support for children with learning and behavioral needs to support a medical home.

#### Adolescent Health

Increase Youth Health Literacy, Resiliency Factors, Prevention and Access.

Promote access to adolescent health care, including telehealth options.

Detail on each Program area (population domain) is provided below:

### Maternal Health

The Maternal Health Program (MHP) is the regulating body for licensing both certified nurse-midwives (CNMs) and licensed midwives (LMs), in New Mexico.

Licensed midwives (direct entry) in New Mexico face multiple barriers including difficult billing options for Medicaid-covered births. The MHP addresses these and other concerns in quarterly LM meetings and in policy improvement. The program was expanded in 2025 to certify and facilitate Medicaid enrollment to reimburse doulas and to provide resources for training and continuing education.

The MHP is charged with managing the Maternal Mortality Review committee (MMRC) in New Mexico. With funding provided through the ERASE Preventing Maternal Deaths grant, starting in 2019, the MMRC has reviewed over 120 tragic, pregnancy-associated deaths occurring during pregnancy or up to a year following delivery (years 2015-2021). The committee deliberates on the preventability of deaths, pregnancy relatedness, identification of contributing factors such as substance use or mental health and makes recommendations to improve systems of care for pregnant, delivering, and postpartum people. The MMRC disseminates findings for policy and programmatic change. With sustained funding and technical assistance from the Centers for Disease Control and Prevention (CDC), the MHP and MCH Epidemiology staff have worked to improve case abstraction, case review, and analysis.

Maternal Health Program staff also support quality improvement and healthcare delivery work in the state. Starting in late 2018, NM became an Alliance for Innovation on Maternal Health (AIM) state, which was a collaborative initiative to enroll hospitals in maternal health patient safety bundles. The participating hospitals reported process measures to monitor improvements measured by outcomes such as severe maternal morbidity. By 2021, nearly all birthing hospitals participated, and two Indian Health Services facilities participated in process and QI measures even though their outcome data could not be shared in the AIM portal.

Current maternal health initiatives include a statewide maternal health task force and a Medicaid policy advisory committee which endeavors to raise awareness about perinatal coverage and benefits for prenatal and postpartum consumers.

### Infant/Perinatal Health

Efforts to support a well-resourced and sustainable perinatal and early child health workforce continue, and strategies for the planning year include improvements to patient navigation, evaluation and opportunities for families struggling with substance use disorder.

The Office of Injury and Violence Prevention and Family Health Bureau Title V programs collaborate in programming and communications to improve safe sleep for infants through education, surveillance, and partnerships with community programs such as home visiting and medical practices. Both programs participate in and contribute to Child Fatality Review in the Sudden Unexpected Infant Death (SUID) Registry. Efforts to promote safe sleep were drawn back into sharp focus during the previous reporting period, and we collaborated with a statewide media campaign to address disparities and overall rates of sudden unexpected infant death SUID. The program collaboration with Title V also includes Shaken Baby Syndrome (SBS) education and hospital reporting, prevention and media.

Breastfeeding and nutrition programs are central to Title V and WIC programming in NM. While close to 90% of the birth population initiates breastfeeding or infant milk feeding, duration rates drop with each week of an infant's life. Traditional Indigenous and bilingual peer support ensures that babies have the best start in life and that families are supported in their infant feeding decisions. Efforts to increase breastfeeding will encourage more Baby-Friendly Hospital practice and expanded outreach to primary care providers and community health workers.

### Oral Health

The NM State Office of Oral Health (OOH) provides preventive care to Early Head start, Head Start, preschool, and school-aged children throughout New Mexico in urban/rural schools. OOH also provides funding to deliver dental treatments and prevention at no cost to low-income and uninsured children and pregnant women. With combined funding from the CDC, the program is hoping to increase the number of middle and high schoolers having screening, dental sealant program, and referral to dental care through School-Based Health Centers. Additionally, the OOH promotes fluoridated water consumption among Albuquerque and Santa Fe metro residents. Title V funds are used to purchase fluoride varnish (used at preschool clinics), educational media, and staff education. Educational materials are used to support home visiting programs to improve oral health education, promotion, and support to pregnant women and their babies and young children.



### Child Health

New Mexico created a new state agency, the Early Childhood Education and Care Department (ECECD) in 2020, where staff received the Early Childhood Comprehensive Systems-Act Early (ECCS-AE) grant in 2021. The ECCS advisory committee includes Title V staff and other MCH stakeholders working to improve developmental and social/emotional screening in early childhood and increase parent access to early childhood information and resources. Title V programs work closely with ECCS partners to align objectives, strategies and performance measures to improve child health outcomes. Efforts to address medical home, perinatal mental health, housing, food security and other social determinants of health rely greatly on the ECCS and ECECD collaborations with NMDOH.

Along with collaboration from DOH Title V programs and the Office of Injury and Violence Prevention, ECECD provides programming to parents and families with young children, facilitates data sharing, analysis goals, and shared staff training. Title V promotes awareness and evidence around Adverse Child Experiences and family resilience in New Mexico. Title V and ECECD staff joined the DOH Office of Injury Prevention in an ACE's learning network with the Association of State and Territorial Health Officials (ASTHO) to assess the readiness of trauma-informed work in New Mexico. Findings indicated a great deal of buy in and enthusiasm for cross-sectoral work which has been amplified through Title V collaborations.

### Children and Youth with Special Health Care Needs (CYSHCN)

The Children and Youth with Special Health Care Needs (CYSHCN) program, Children's Medical Services (CMS), has been focused on increasing numbers of CYSHCN who receive care in a Medical Home and ensuring successful transitions to adult healthcare. CMS employs licensed medical social workers trained in the provision of care coordination for CYSHCN from birth to age 21, helping to bridge the gaps in the healthcare system and link families to needed services. This coordination of care across settings leads to an integration of services, which decreases health care costs, reduces fragmentation of care, and improves the experience for the patient and family.

Family involvement and leadership is a strength in New Mexico with the national headquarters of Family Voices based in Albuquerque. We also have the Family-to-Family (F2F) program through Parents Reaching Out, EPICS (supporting Native American families who have children with special needs), the Navajo Family Voices, and the strong family advocacy component of the Center for Development and Disabilities (CDD) at the University of New Mexico.

Perinatal Mental Health training and increased coordination for school-based support are central state action plans to improve both medical home and behavioral health for the CYSHCN families in New Mexico.

### Adolescent Health

The NM Family Planning Program (FPP) supports Title V by providing evidence-based prevention programs and clinical services to decrease the unintended teen birth rate through increasing access to reproductive clinical services, increasing awareness of birth control options, and providing educational programming. NM FPP promotes three population-based strategies: service learning and positive youth development programs, adult/teen communication programs, and comprehensive sex education programs. NM Title V continues to support the implementation of two evidence-based unintended teen pregnancy prevention programs and one parent workshop: *Teen Outreach Program* (TOP) and *Project AIM* (Adult Identifying Mentoring) for teens and *From Playground to Prom: Talking with Your Child about Sexuality*. TOP is implemented in nine counties at 13 sites statewide by seven different organizations.

The NMDOH Office of School and Adolescent Health (OSAH) leads the NM Adolescent & Young Adult Health (AYAH) Collaborative Improvement & Innovation Network (CoIIN), which consists of members from Title V Maternal & Child Health, Apex Evaluation, Albuquerque Public Schools, Programs for Adolescents, the University of New Mexico and other partners, are working together to improve and infuse key stakeholder input into the implementation and evaluation of the NM Youth Peer to Peer Helper (YP2PH) Program. OSAH funds approximately 40 program sites statewide. Through the NM Youth Peer to Peer Helper Program, the program trains between 300 and 500 students each year with coping and resilience tools.

The NM Office of School and Adolescent Health also manages School Based School Centers (SBHC) throughout the state. These clinical sites are a safety net and serve as primary care for thousands of youth in New Mexico. There were 59 SBHCs in 2024 which served students in grades K-12. Among almost 60,000 encounters in 2023-2024, 58% were for primary care and wellness, 34% for behavioral and mental health, and 8% other/unknown. Comprehensive screening is a key prevention method, and health-risk screening tools are used in SBHCs to: Identify physical and behavioral health services that could benefit patients; Make referrals for social services that address hunger, housing insecurity, and other risks being experienced at home; Develop and coordinate customized care plans with school health teams for high-risk students; and Inform investments and initiatives by gaining insights as to the needs and risks student populations are facing year-to-year.

## How Federal Title V Funds Complement State-Supported MCH Efforts

### Federal Funds and State MCH Efforts

The Title V MCH Block Grant funding comes to the NM Department of Health through the Family Health Bureau (FHB) to support salaries, project design and implementation in each program area, including the Office of School and Adolescent Health, Oral Health and Injury Prevention programs outside the bureau. Title V blends with multiple funding streams, including state General Fund match, program revenues, private funding and other federal grants.

Private Foundations in New Mexico have invested heavily in perinatal and early childhood health initiatives, including those building partnerships through the WK Kellogg Foundation, Hilton and local foundations such as Brindle. These investments have been invaluable to filling gap in state funding, especially during pandemic or restrictive government funding periods over the last two decades. Blended funding facilitates significant public health and surveillance coordination between MCH Epidemiology and Tribal Epidemiology Center staff for PRAMS, Navajo PRAMS and Tribal PRAMS.

The Children's Medical Services (CMS) program uses Title V and state general matching funds to support social work care coordination for children and youth with special healthcare needs that also brings in Medicaid revenue to support the work. In the absence of any state General Fund to support key public health core functions such as newborn genetic screening, Title V is stretched to cover personnel and programming that might be more flexible and available to communities with state funding support. The state does over-match Title V allocations with state funding, not because there is sufficient General Fund, but because the Title V programs bring in program-generated revenue and private foundation support.

The Maternal Health Program uses Title V funds with general fund match for high-risk prenatal and midwifery services across the state to supplement care for under-insured people. The CDC ERASE grant supports maternal mortality review committee operations and analysis. Prior to the award for the State Maternal Health Innovation grant in 2023, New Mexico had no funding to promote the prevention activities recommended by the MMRC or requested by perinatal program partners. Now, with federal funding awarded through the HRSA State Maternal Health Innovation program, the state has an opportunity to make a sustainability plan to improve maternal health wellness.

In FFY24 the Title V program launched a community grant program which disbursed nearly \$500,000 to community-based programs working in maternal, perinatal health and nutrition programs. Plans to expand this grant program with Title V, private foundation and revenue funds are underway in 2025.

## MCH Success Story

### MCH Success Story

New Mexico has endeavored to support community-based leadership through sustained investments, and a primary goal was to launch a community grants programs. In coordination with the State Maternal Health Innovation program, NM Title V put out it's first call for community grants in 2025 to support work in maternal and perinatal health improvement.

Six grantees were selected to support midwifery leadership and services, patient navigation, Medicaid benefit awareness, and doula training & scholarships.

This inaugural grant program is under expansion to add grantees who address postpartum health improvements through chronic disease prevention and nutrition, those who employ 'food is medicine' or 'food as medicine' models and for youth leader advocacy. Another cohort will be considered to support breastfeeding and safe sleep activities.

The program is meant to extend MCH funding to local communities and to support investments aligned with Title V goals. Grantees from the first cohort will be invited to present program results at the Maternal Health Task Force in October and at the Community Health Worker Conference the same month.

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

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 2024.

[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.