



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW MEXICO

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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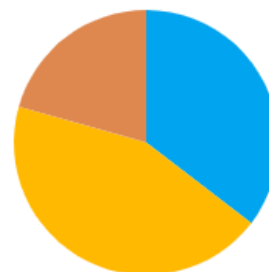
State Youth Leader
No Contact Information Provided

State Hotline: (833) 796-8773

Funding by Source

Source	FY 2023 Expenditures
■ Federal Allocation	\$4,445,279
■ State MCH Funds	\$5,521,413
■ Local MCH Funds	\$0
■ Other Funds	\$0
■ Program Income	\$2,590,950

FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,057,000	\$5,912,363
Enabling Services	\$2,123,279	\$2,200,000
Public Health Services and Systems	\$265,000	\$0

FY 2023 Expenditures
Federal



FY 2023 Expenditures
Non-Federal



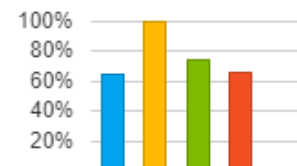
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	65.0%	\$1,010,000
Infants < 1 Year	100.0%	\$275,000
Children 1 through 21 Years	75.0%	\$2,132,000
CSHCN (Subset of all infants and children)	66.0%	\$9,373,279
Others *	0.0%	\$0

FY 2023 Expenditures
Total: \$12,790,279



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Promote high-quality maternal care with a focus on patient-centered and trauma-informed models</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of NM counties where prenatal HRF services are available ○ ESM WWV.2: Percent of expectant families identified and connected to services in key geographic areas. ○ ESM WWV.3: Number of prenatal HRF sites where midwifery is a key service offered ● 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 <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of NM women with live birth having a postpartum visit, reported for Medicaid and non-Medicaid populations. 	Women/Maternal Health
<p>Grow and sustain an equitable birth and family care workforce</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC <ul style="list-style-type: none"> ○ ESM RAC.1: Number or percent of Licensed Midwives (LMs) who are enrolled as Medicaid providers and accept Medicaid reimbursement for community birth services ○ ESM RAC.2: Number of community health workers, doulas or promotoras de salud certified in perinatal health modules through the NM Department of Health, community organizations or colleges ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of family trainings completed by partnering organizations that promote parent/professional partnerships ○ ESM MH.2: Number of trainings for parents and professionals around care coordination and family-centered practice based on the National Framework for Systems of Care. 	Perinatal/Infant Health, Child Health
<p>Expand access to oral healthcare for children and youth, including those with special healthcare needs</p>	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Percent of Medicaid children who received the recommended schedule of Early and Periodic Screening Diagnostic and Treatment (EPSDT). ○ ESM PDV-Child.2: Number of media campaigns promoting the importance of children's oral health ○ ESM PDV-Child.3: Percent of special needs children who had at least one preventive dental visit during the last year. 	
<p>Support the breadth of programs and services that address behavioral health conditions in the adolescent population</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ○ ESM IH-Adolescent.1: Number of students trained in the YP2PH program who have increased health literacy in topic areas (suicide prevention, substance use, healthy relationships). ○ ESM IH-Adolescent.2: Percent of youth participating in YP2PH program with increased assets contributing to resiliency 	Adolescent Health
<p>Increase access to specialty medical care for children and youth with special healthcare needs</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of family trainings completed by partnering organizations that promote parent/professional partnerships ○ ESM MH.2: Number of trainings for parents and professionals around care coordination and family-centered practice based on the National Framework for Systems of Care. 	Children with Special Health Care Needs
<p>Support capacity of early childhood workforce to incorporate trauma-informed practice in all program areas</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Number of early childhood professionals trained in in trauma-informed screening and care of families impacted by Adverse Child Experiences (ACE). 	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Build statewide capacity to prevent perinatal substance use and advance equitable, culturally-appropriate treatment options.</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Proportion of eligible families receiving a plan of care for their substance-exposed newborn 	Perinatal/Infant Health
<p>Prevent infant mortality, focusing on safe sleep and reducing sudden unexpected infant deaths (SUID)</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 3: Proportion of birthing families or infant caregivers receiving safe sleep education 	Perinatal/Infant Health

Executive Summary

Program Overview

Program Overview

The Title V grant is dedicated to improving health outcomes in New Mexico's maternal, infant and child 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 defined and continuous focus on health equity 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 community-based organizations, we in Title V have made a concerted effort to partner with community and consumer-led work and collaborate with other state agencies to provide outreach to diverse entities and expand our reach.

The following State Priority Areas were identified from the 2020 Needs Assessment for the five-year period 2020-2025:

Maternal Health
<i>Promote high-quality maternal care with a focus on patient-centered and trauma informed model</i>
Perinatal health
<i>Grow and sustain an equitable birth and family care workforce</i>
<i>Address the impact of substance use in families</i>
Child Health
<i>Increase access to oral health and dental services for all children and children with special healthcare needs</i>
<i>Support professionals and families to implement best practices for building resilience to address Adverse Childhood Experiences (ACE)</i>
Children and Youth with Special Healthcare Needs
<i>Increase access to specialty medical care for children and youth with special healthcare needs</i>
Adolescent Health
<i>Support the breadth of programs and services that address behavioral conditions in the adolescent population</i>

More 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. In 2019, the CNM Practice Rule was revised to help clarify processes in regulatory and disciplinary actions and to include guidance on opioid and controlled substance prescriptions. In the Fall of that year, the MHP was asked to re-open the rule again to address the expansion of the CNM practice to include treatment of “clients/patients” instead of just treatment of male partners for sexually transmitted infections. This rule was heard for public comment in October 2021 after being delayed almost a year due to the COVID-19 pandemic.

Licensed midwives 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 whenever possible. After a new online application for licensure was launched in 2019, significant challenges persisted in 2020 and 2021, but the MHP is working to resolve technical barriers and make midwifery license renewal more efficient. Although NM does not regulate, certify, or reimburse doulas at the state level, Title V also seeks to support training and reimbursement avenues for this important segment of the MCH workforce.

The MHP is charged with managing the Maternal Mortality Review committee (MMRC) in New Mexico. The MMRC has reviewed over 100 tragic, pregnancy-associated deaths occurring during pregnancy or up to a year following delivery (2015-2021). The committee deliberates on the preventability of deaths, identifying 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 funding and technical assistance from the Centers for Disease Control and Prevention, the MHP and MCH Epidemiology staff work to improve case abstraction, case review, and analysis.

Starting in late 2018 NM became an AIM state, which was a collaborative initiative to enroll hospitals in patient safety bundles. The hospitals report process measures and follow a quality improvement design, measured by outcome measures on severe maternal morbidity. Participating hospitals who enroll engage in all NM patient safety bundles, which will soon include the bundle for caring for pregnant and postpartum people with substance use disorder. In 2021, nearly all birthing hospitals participated, and two Indian Health Services facilities participated in process and QI measures even though their outcome data cannot be shared in the AIM portal.

Changes in the New Mexico Perinatal Collaborative board, structure and potential areas of focus have recently forced a pause to evaluate next steps, however during the reporting period collaboration to seat new board members and to provide outcome data to new hospitals continued.

Maternal Health Program staff completed a CDC standardized assessment and follow-up consultations with birthing facilities on neonatal and maternal/obstetric levels of care in NM and in bordering states, 2016-2019. Staff met with NM birthing hospitals to finalize neonatal and maternal levels of care in 2020 for facilities where there was discordance between the self-assessed level and the level identified by the CDC LOCATe tool. While the levels have not been re-assessed since 2020, there are opportunities to refresh the assessment of maternal and neonatal levels of care through the NM Hospital Association, the NM Pediatric Society and community advocates.

Infant/Perinatal Health

Efforts to support a diverse and equitable perinatal and early child health workforce continue, and strategies for the planning year include improvements to the CARA navigation, evaluation and opportunities for families struggling with addiction. Trauma informed trainings sponsored by ECECD

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. These programs updated an inter-agency Safe Sleep Strategy in 2019, which now has input and engagement from ECECD, CYFD, the NM Breastfeeding Task Force, and the UNM Prevention Research Center under a five year plan, culminating in 2024. The partners meet quarterly to promote messaging, best practices, and evidence-based resources to community and state programs.

Efforts to promote safe sleep were drawn back into sharp focus during the reporting period, and we are moving forward with a statewide media campaign to address disparities and overall rates of sudden unexpected infant death SUID.

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 is working to promote fluoridated water consumption among Albuquerque and Santa Fe metro residents. Title V funds are used to purchase fluoride varnish (used at preschool clinics), educational materials (oral health curriculum), and staff attendance at the annual National Oral Health Conference. Educational materials are used to support the CHI Saint Joseph Foundation home visiting program to improve oral health education, promotion, and support to pregnant women and their babies, before and after birth. Fewer oral health services were provided during the report year as the COVID-19 pandemic reduced opportunities to provide in-person care.

Child Health

New Mexico created a new Early Childhood Education and Care Department (ECECD), where staff received the Early Childhood Comprehensive Systems-Act Early (ECCS-AE) grant in 2021. The ECCS team includes Title V staff and other stakeholders working to improve developmental and social/emotional screening in early childhood and increase parent access to early childhood information and resources.

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 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 can be amplified through Title V.

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 specifically 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.

The Newborn Genetic Screening program of CMS is part of the Mountain States Regional Collaborative and is participating in the second year of the Underserved Populations Project (UPP) which was undertaken to develop strategies to increase access to genetic services for individuals in rural, Hispanic, and American Indian communities in the Mountain States.

Family involvement 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.

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 continues to lead 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, we help over 500 students each year with coping and resilience tools.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V MCH Block Grant funding comes to 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 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. For example, the MCH Epidemiology section receives Title V funds and is also supplemented by the State Systems Development Initiative (SSDI) grant, Pregnancy Risk Assessment Monitoring System (PRAMS) Centers for Disease Control (CDC) funding, Medicaid revenue and private funding.

The Children's Medical Services 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 fact, in the absence of any state General Fund to support some 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, 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 services across the state to supplement care coverage for underinsured people. The CDC ERASE grant supports maternal mortality review committee operations and analysis, but the program depends heavily on Title V analytic and administrative support. Prior to the award for the State Maternal Health Innovations 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, but with continuous barriers to federal budget authority, the programs still struggle to leverage those resources.

Blended funding also facilitates significant public health and surveillance coordination between MCH Epidemiology and Tribal Epidemiology Center staff.

Because Title V funds are flexible, they can support statewide infrastructure and system-building. For example, the CYSHCN program (Children's Medical Services) works on policy and systems level change as well as providing care coordination and direct service through outreach clinics. Maternal Health and epidemiology staff participate in Medicaid policy and managed care organizations care content review.

The Office of Oral Health, Office of Injury Prevention, and the Office of School and Adolescent Health provide training, supplies and evaluation through Title V and state fund matching. Although limited, Title V supports community-based projects and partnerships in breastfeeding promotion, injury prevention and safe sleep training for home visiting and hospital staff.

Funding from the state block grant is sometimes misunderstood by people advocating for health within state agencies or by those partnering in other sectors. The funding, while flexible in applications, is tied to the federal population distribution requirements (30% for children, 30% for children with special healthcare needs, 10% for grant administration), and the staffing or activities funded must be working to advance the stated priority areas, objectives and strategies articulated in the grant from year to year.

MCH Success Story

MCH Success Story- FFY2023

New Mexico has made tremendous progress to improve access to perinatal healthcare among the Medicaid population. In 2022, following the end of the American Rescue Act orders, NM implemented continuous Medicaid coverage for 12 months postpartum. This was achieved through a State Plan Amendment (SPA) with input from Title V, community partners and health providers throughout the state. Findings and recommendations from the Maternal Mortality Review Committee and from NM PRAMS surveillance informed this decision. Postpartum Medicaid impact on birth and maternal outcomes is a key evaluation and monitoring focus in Title V. In NM, the postpartum Medicaid benefit entitles people to the full Medicaid package, and there are no restrictions limiting that benefit in the postpartum period.

Medicaid reimbursement for Doula's was also implemented through the 1115 waiver, and Title V both facilitated and financed broad community participation to design the reimbursement package. That benefit was effective July 1, 2024, and Title V staff partner with the NM Doula Association and Medicaid to monitor, support and evaluate how the doula workforce and client population changes with its implementation.

Policies extending Medicaid coverage postpartum and doula reimbursement are both expected to promote better access to healthcare and better health outcomes for women, birthing people, and children throughout the lifespan. Title V staff remain committed to measuring long-term impact and potentially differing effects on diverse populations by ethnicity, age, geographic

residence and distance from care. The state action plan to support an equitable perinatal workforce provides a framework for understanding these changes and promoting additional enhancements to improve maternal and child health in New Mexico.

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 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.