New Mexico State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Promote high-quality maternal care with a focus on patient-centered and trauma-informed models	Strategy 1. Leverage the prenatal High-Risk Fund to address gaps in geographic distribution and service provider type Strategy 2. Enhance uptake of, and increase access to, prenatal and postpartum care navigation Strategy 3.Collaborate with community-based partners to provide training and technical assistance to clinical providers and hospital teams addressing substance use disorders Strategy 4. Collaborate with NM Medicaid and community-based providers to operationalize the extension of Medicaid eligibility for a full postpartum year, increasing access to behavioral health services Strategy 5. Follow the lead of community-based organizations and women with lived experience to define and support respectful maternity care in New Mexico Strategy 6. Increase the number and quality of patient-centered and perinatal care metrics in DOH surveillance systems	Objective 1. Increase access to perinatal care for women with the highest social, economic or medical need Objective 2. Increase Maternal Depression and Anxiety screening and referrals, during and after pregnancy or inter-conception Objective 3. Improve Patient-Centered Care Knowledge and Practice with measureable, patient-reported results	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	ESM 1.1: Number of NM counties where prenatal HRF services are available ***Inactive -*** *ESM 1.2: Percent of expectant families identified and connected to services in key geographic areas.* ESM 1.3: Number of prenatal HRF sites where midwifery is a key service offered	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births

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					NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth
Perinatal/Infant Health					
Grow and sustain an equitable birth and family care workforce	Expand and improve Medicaid reimbursement for doulas, midwives, and community health workers in settings such as home visiting programs Scale curriculum for perinatal training for Community Health Worker (CHW) and health promotions (promotora de salud) certification Integrate the expertise of midwives and doulas providing care in rural settings into statewide quality improvement initiatives (hospital and community settings) Promote state policies to institutionalize universal doula and birth support presence at delivery in NM hospitals and birth centers Assess barriers to reporting through coordinated and focused conversations with hospital leadership	Objective 1. Strengthen community health and a place-based perinatal workforce Objective 2. Improve support system for rural and under-resourced birth settings (hospitals, birth centers, home) Objective 3. All birthing hospitals will report safe plans of care to NMDOH and CYFD	NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	ESM 3.1: Number or percent of Licensed Midwives (LMs) who are enrolled as Medicaid providers and accept Medicaid reimbursement for community birth services ESM 3.2: Number of community health workers, doulas or promotoras de salud certified in perinatal health modules through the NM Department of Health or colleges	NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births
Build statewide	Assess barriers to reporting through coordinated and focused conversations with hospital leadership	All birthing hospitals are reporting plans of care to NMDOH and	SPM 1: Proportion of eligible families receiving		

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capacity to prevent perinatal substance use and advance equitable, culturally-appropriate treatment options.	Evaluate hospital trainings and community-based trainings with a multi-disciplinary team Evaluate family experiences, receptivity to services, and impact of plans of care on family well-being	CYFD by the end of 2021	a plan of care for their substance-exposed newborn		
Grow and sustain an equitable birth and family care workforce	Include more hospitals and birth centers in safe sleep education training Broaden the reach of a multi-media awareness campaign	Expand birth worker and clinical expertise in safe sleep across the state Improve awareness about safe sleep recommendations and risks associated with sudden unexpected infant death (SUID) in NM	SPM 3: Proportion of birthing families or infant caregivers receiving safe sleep education		
Child Health					
Expand access to oral healthcare for children and youth, including those with special healthcare needs	Partner with the Human Services Department to promote oral health among children who receive Early and Periodic Screening, Diagnostic, and treatment (EPSDT) benefits. Conduct at least one media campaign with statewide Public Service Announcements (PSA) promoting oral health via TV, and other social media avenues, or radio (English/Spanish). Deliver Public Service Announcements via television, radio, Facebook, Twitter promoting the importance of oral health and overall health.	Increase the number of children 1-17, who had a preventive dental visit during the past year. Increase the number of children who received at least one dental sealant in a permanent tooth through the Office of Oral Health (OOH).	NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	ESM 13.2.1: Percent of Medicaid children who received the recommended schedule of Early and Periodic Screening Diagnostic and Treatment (EPSDT). ESM 13.2.2: Number media campaigns promoting the importance of oral health and general health targeting children ESM 13.2.3: Percent	NOM 14: Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 19: Percent of children, ages 0 through 17, in excellent or very good health

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				of special needs children who had at least one preventive dental visit during the last year.	
Support capacity of early childhood workforce to incorporate trauma-informed practice in all program areas	Partner with the Early Childhood Education and Care Department (ECECD) and the Children, Youth and Families Department (CYFD) to institute trauma-informed training for early childhood staff Improve data sharing and data linkages to improve mental health access and referrals	Increase the number of early childhood professionals trained in trauma-informed screening and care of families impacted by Adverse Child Experiences (ACE) Increase ability to analyze and improve early childhood services, including mental health and substance use referrals, through inter-agency coordination	SPM 2: Number of early childhood professionals trained in in trauma-informed screening and care of families impacted by Adverse Child Experiences (ACE).		
Adolescent Health					
Support the breadth of program and services that address behavioral health conditions in the adolescent population	Increase knowledge and awareness of youth suicide and prevention through the Annual Youth Peer to Peer Helper Trainings for 400 youth Increase youth resiliency through program activities using the 6 Step Helping Skills" to assist peers Continue to update, refine and develop other evaluation tools for the PYD guiding principles, 40 developmental assets Ensure teens receive confidential services including access to a broad range of methods	Increase suicide prevention knowledge and awareness among adolescents ages 12 through 18, within the NM Youth Peer-to-Peer Helper (NM YP2PH) program Support youth resiliency strategies among adolescents ages 12 through 18 through participation in the NM YP2PH program Increase prevalence of intended pregnancy among birthing people 15-19 years of age	NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	ESM 7.2.1: Number of students (12-18 years) trained in the NM Youth Peer-to-Peer Helper (NM YP2PH) program annually ESM 7.2.2: Percentage of participating students with 5 percentage-point increase in personal resiliency outcomes among students, 12-18 years	NOM 15: Child Mortality rate, ages 1 through 9, per 100,000 NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000 NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000
Children with Special Health Care Needs					
Increase	Improve access to a family-centered medical home for all CYSHCN by	Expand access to specialty	NPM 11: Percent of	ESM 11.1: Number of	NOM 17.2: Percent of children with

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access to specialty medical care for children and youth with special healthcare needs	partnering with family advocacy organizations that provide parent trainings and promote parent/professional partnerships Explore alternative methods to provide specialty care to CYSHCN in underserved regions of the State Promote the use of high quality care coordination for CYSHCN utilizing the standards developed by the National Consensus Framework for Systems of Care for CYSCHN Improve collaboration between the Title V CYSHCN program, Medicaid and the Managed Care Organizations	medical care for children and youth with special health care needs Improve the system of care coordination for children and youth with special health care needs across key agencies, statewide.	children with and without special health care needs, ages 0 through 17, who have a medical home	family trainings completed by partnering organizations that promote parent/professional partnerships ESM 11.2: Number of trainings for parents and professionals around care coordination and family-centered practice based on the National Framework for Systems of Care.	special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year