



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW MEXICO

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

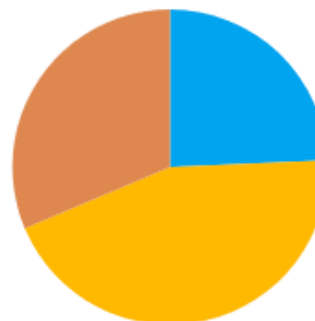
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Janis Gonzales	Susan Chacon	Trish Thomas (Family Voices)
Bureau Chief/Medical Director/Title V Director	CMS Director Title V CSCHN	FV National Director of Diversity and Outreach
janis.gonzales@state.nm.us	susan.chacon@state.nm.us	tthomas@familyvoices.org
(505) 476-8854	(505) 476-8860	(505) 872-4774

Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$3,606,780
State MCH Funds	\$6,575,915
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$4,653,306

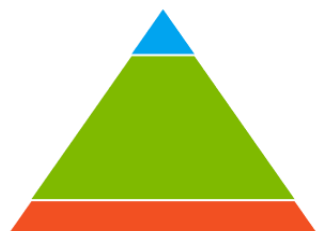
FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$724,807	\$1,645,926
Enabling Services	\$2,323,378	\$7,747,820
Public Health Services and Systems	\$558,595	\$1,835,475

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	4,094	\$1,402,108	9.5%
Infants < 1 Year	24,280	\$3,219,580	21.7%
Children 1-22 Years	498,814	\$3,188,539	21.5%
CSHCN	2,912	\$6,698,676	45.2%
Others *	0	\$327,097	2.2%
Total	530,100	\$14,836,000	100%

FY 2014 Expenditures



FY 2014 Individuals Served



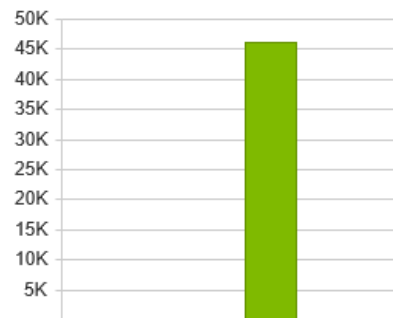
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	46,081
Other Toll-Free Calls:	0



Executive Summary

Background

New Mexico is in the process of transitioning from the previous block grant cycle (FFY2010-2015) to the new cycle (FFY2016-2020). New Mexico's previously selected priorities along with the current National Performance Measures and State Performance Measures from this current cycle are still under surveillance. Furthermore, New Mexico is in the midst of a five year Needs Assessment that determined the state's selected priorities and National Performance Measures for FFY2016-2020. Each of the six Maternal and Child Health (MCH) population domains has selected priorities and National Performance Measures based upon the results of the Five-year Needs Assessment.

Priorities Identified From the 5 Year Needs Assessment

Infant Health Priorities

1. Maintaining and Increasing Breastfeeding Support Initiation and Duration
2. Promoting Safe Sleep Practices
3. Reducing Neonatal Abstinence Syndrome (NAS)

Maternal Health Priorities

1. Reducing Teen Birth Rates
2. Increase Access to Prenatal Care

Child Health Priorities

1. Increase Developmental Screening
2. Decrease Maltreatment

Adolescent Health Priorities

1. Increasing the Percentage of Well-Child Checks
2. Bullying Prevention
3. Reduce Teen Birth Rates

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

1. Increase Access to Care in a Medical Home
2. Increase the Amount of Services Available for CYSCHN to Make Transitions

Cross-Cutting/Life-Course Priorities

1. Increase Access to Insurance

Infant Health

2014

The Families First (FF) program continued to offer statewide perinatal case management to pregnant women and assess women for tobacco use. Case managers referred women to smoking cessation classes. Family planning assessed women for violence, alcohol and substance abuse. FF, WIC, Family Planning and prenatal care continue offering assessment education and referral services for pregnant women who use tobacco.

The Maternal Health Program (MHP) has engaged with its partner Zero to Three (formerly, National Healthy Mothers, Healthy Babies Coalition), to promote *Text4Baby* usage in the state primarily through education and information to clients of the Families First (prenatal case management) Program.

WIC provided all pregnant and breastfeeding participants with encouragement, education and support to breastfeed, providing group breastfeeding support sessions and individual counseling to all pregnant and breastfeeding mothers

The NM DOH continued funding with HRSA and CDC and also continued contracts with Short Term Follow-up coordinators and Data Analyst using CDC Grant regarding Newborn Hearing Screening.

2016 Application Year Plan

The first strategy is to utilize PRAMS to measure the correspondence between self-reported experience and the facility's identification as "baby-friendly". This strategy should increase the number of NM delivery facilities with Baby-friendly status and corresponding mother/self-reported experience.

The second strategy is to establish a longitudinal follow up to PRAMS to measure breastfeeding duration in NM. This strategy should fill measurement gaps and give a greater understanding of breastfeeding duration.

The third strategy is to clearly define and pilot a home visiting curriculum which promotes breastfeeding support while simultaneously promoting safe sleep practices. This strategy should integrate and define relationships between SUID/SIDS prevention and breastfeeding promotion.

Strategies around safe sleep and NAS are in development and will be included as State Performance measures to be added to the FY 2017 application.

Maternal Health

2014

The Maternal Health Program, through its involvement with the Collaborative Innovation and Improvement Network, is taking the lead on the strategy to improve Perinatal Regionalization in the state. The Maternal Child Health Epidemiology program is working with the state's Bureau of Vital records and Health Statistics to gain permission to analyze infant birth and death files by provider of care to ascertain if women with high-risk pregnancies are delivering in facilities with appropriate levels of care.

The Maternal Health Program (MHP) continues to partner with our public health offices, UNM, private practitioners, the NMMA, the NM chapter of the American College of Nurse Midwives, and institutions throughout NM to form agreements with providers or provider sites to provide timely and adequate care to pregnant, birthing, and post-partum women in NM. In October 2014, MHP partnered with state Medicaid authorities to educate the MCOs involved in Centennial Care on the Birthing Options Plan, which includes home births and the services of direct-entry midwives licensed by the MHP.

NM has a high rate of unintended births for both teens and all women. These rates were estimated based on weighted data collected by the NM Pregnancy Risk Assessment Monitoring System (PRAMS) for 2000-2012. Strategies to reduce unintended and teen birth rates include promotion of long-acting reversible contraceptives (LARCs) and provision of clinical services at school outreach sites.

2016 Application Year Plan

There are three strategies New Mexico will implement to reduce the teen birth rate. The first is to provide clinical services that accommodate teens by means of accessible locations (e.g. school-based health centers) and clinical practices (e.g. providing teen-friendly methods including long-acting reversible contraception). The second is to fund, monitor, and evaluate the implementation of evidence-based teen pregnancy prevention education programming in communities across the state. The third is to engage with FPP on expanding use on social media resources on delaying first and repeat pregnancy (BrdsNBz, Text4Baby, and DayOne/DayTwo?).

Regarding the adequacy and accessibility of the delivery of care for pregnant women three strategies were developed. The first is the Maternal Health Program (MHP) will maintain safety net funding resources to prenatal provider sites statewide through the High Risk Prenatal Fund. The second is in the capacity of the licensing authority for midwives, MHP will continue to promulgate regulations and guidelines, and explore improvements to the licensing process, for the midwifery workforce. The third is the MHP will continue to provide financial support specifically in liability insurance premium supplements, as a recruitment and retention measure for birth providers via the Birthing Workforce Retention Fund.

Child Health

2014

The NM DOH organized the NM School Kids Influenza Immunization Project (SKIIP) with the New Mexico Immunization Coalition. SKIIP began in 2008. At statewide events and during "Got Shots? Protect Tots!" weeks held in 2014, participating providers opened their doors on one or more publicized dates and provided immunizations to any child who presented without an appointment, regardless of whether they are a patient or whether they have insurance. 118 0-2 year-olds and 390 3-6 year-olds received immunizations at the "Got Shots" events in 2014.

A total of 5,586 3rd graders received a dental sealant in FY 14. The data reflects both the Office of Oral Health and Medicaid (1,580 OOH and 4,006 Medicaid enrollees). The Office of Oral Health (OOH) will continue collecting 3rd grade data and report if need be next year. OOH contractors are also required to provide dental sealant especially for 3rd graders.

Families FIRST case managers around the state provide direct and indirect assistance to clients via assessment of insurance options, provision of information, and electronic submission of PE/MOSAA applications.

2016 Application Year Plan

To increase the percentage of children receiving a developmental screening four strategies will be implemented. The first is to expand developmental screening activities in early care and education, link training and increase appropriate referrals when needed among medical homes, early intervention services, child care programs, and families. The second is to engage pediatric providers, other child health providers, infant mental health consultants, home visitors, and other related professionals in local communities to improve linkages and referrals. The third is to utilize and promote training to early care and education professional who serve young children. Lastly the fourth strategy is to promote public awareness of child development.

To decrease abuse and maltreatment on children there are three strategies to be implemented. The first is to identify the most vulnerable families and neighborhoods and utilize "mapping" data bases to overlay risk factors for most need. The second is to develop policy recommendations based on community engagement and leverage resources to expand the home visitation system to provide services for all families identified as most vulnerable. The third is to expand and fund home visitation services for children and families with three or more identifiable risk factors, including those referred by Protective Services.

Adolescent Health

2014

Regarding deaths to children 14 years and younger caused by motor vehicle crash New Mexico continued to constantly schedule press releases, brochure distribution, media interviews and promotions, and other social marketing opportunities for promoting of safe driving principals, including proper installation of car seats, importance of booster seats for even older children if they are too small for adult seat belts, always wearing a seatbelt as an example to all children, and making sure every occupant is secured in a motor vehicle at all times Safe Kids Worldwide expanded their target population for injury prevention activities to include ages 14-19, and their "pre-driver" education program is the first significant safety campaign they have initiated for that age group.

The teen birth rate has been consistently decreasing since 2007. Since 2000, NM has seen a 48% drop in the teen birth rate. Between October 2013 and September 2014, NM Family Planning Program has been working on a two-pronged approach to decrease the teen birth rate: through clinical services and through 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. These strategies complement clinical family planning direct services to prevent teen pregnancy in order to bring about meaningful and measurable reductions in teen births.

2016 Application Year Plan

To increase the percentage of adolescent well child checks, strategies that promote the Positive Youth Development Approach and target different areas of the socio-ecological model will be implemented. The first is to increase health literacy education for adolescents age 10-24. The second is to implement youth-adult trainings & campaigns to increase awareness to youth & families about the importance of well exams. The third is to implement quality improvement initiatives through school based health centers focusing on improving the quality of well child exams. Additionally, New Mexico will be implementing a grant funded Adolescent & Young Adult Health Collaborative and Innovation Network (AYAH CoIN) to identify barriers and opportunities to address increasing well exams (youth & adults).

To increase access to resources and increase awareness on bullying prevention, three strategies will be implemented. The first strategy to be implemented is the talk about it campaign in collaboration with the New Mexico Behavioral Health Collaborative providing positive message on bullying prevention. The second is the Smile Campaign a peer to peer campaign. The last is another school based peer to peer campaign called Stand Up for Kindness.

CYSHCN

2014

CMS was able to provide continued funding to PRO as part of the D70 grant to support the family leadership training meeting. Funding is also provided to EPICS for their family leadership training conference which focuses on Native American families with special needs children and attracts over 400 participants annually.

Children's Medical Services (CMS) social workers continued connecting Children and Youth with Special Health Care Needs (CYSHCN) clients to a Medical Home. CMS social workers continued to fax asthma action plans to the primary care provider and the school nurse after each asthma outreach clinic, providing a link to the Medical Home and wrap-around services. CMS social workers empowered parents and youth to partner with their primary care provider in order to ensure their needs are met within the Medical Home.

CYSHCN Social Workers provide service coordination and transition planning to youth aged 14-21 through the use of the "CMS Youth Transition Plan." Staff training will continue as needs arise. Staff will search for available avenues of obtaining health care insurance for clients aging out of the Program.

2016 Application Year Plan

To increase access to care in a medical home for all children, several strategies will be implemented to increase the percentage of families who have access to patient and family centered care coordination. The first strategy is to Collaborate with the New Mexico

Child Health Improvement program ENVISION to provide training to pediatric providers on care integration and cross provider communications. The second strategy is to collaborate with the National Center for Medical Home Implementation to provide technical assistance to pediatric clinicians. Lastly, to participate in the SIM grant planning and implementation work groups to develop standard policies and procedures for medical home providers.

To increase the amount of services available for CYSHCN to make transitions to adult care, several strategies will be implemented. To sum them up, the first goal is to increase the percentage of pediatric and pediatric specialty care practices who report that they have written health care transition policy and process to help youth with special health care needs prepare and plan for transition to the adult health care system. The second goal is to increase the percentage of adult primary and specialty care practices that report they have a written health care policy or approach to support youth with special health care needs to integrate into the adult health care practice. To achieve these goals the strategy is to collaborate with the Transition Task Force to implement policy and practice recommendations for pediatric practices and collaborate with Got Transition to provide technical assistance to pediatric providers in developing transition policy.

Cross-Cutting/Life-Course

2014

In the current cycle Title V Block Grant cycle New Mexico has had no activities surrounding the cross-cutting or life-course population health domain. New Mexico's Cross-Cutting population domain includes both the Native American and Border populations.

2016 Application Year Plan

To increase access to insurance three strategies are to be implemented. One is to improve access to and navigation of health insurance coverage and resulting services; learn how ACA has impacted the access and how navigation can be implemented. The second is to increase prenatal utilization in the first trimester (and by adequacy index). The third is to improve linkages and referrals between existing health services to optimize primary and specialty or behavioral health and wrap around care; improve cross-border collaboration.

National Performance Measures Selected By MCH Domain

Infant Health

1. Percent of infants who are ever breastfed and Percent of infants breastfed exclusively through 6 months

Maternal Health

1. Percent of women with a past year medical visit

Child Health

1. Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent completed screening tool

Adolescent Health

1. Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
2. Percent of adolescents, ages 12 through 17, who are bullied or who bully others

CYSHCN

1. Percent of children with and without special health care needs having a medical home
2. Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.

Cross-Cutting/Life Course

1. Percent of children ages 0 through 17 who are adequately insured