



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW MEXICO

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

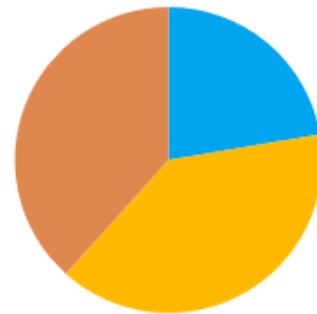
State Contacts

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

Source	FY 2015 Expenditures
Federal Allocation	\$3,783,840
State MCH Funds	\$6,669,159
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$6,501,745

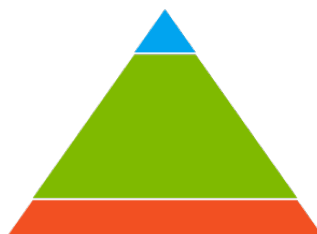
FY 2015 Expenditures



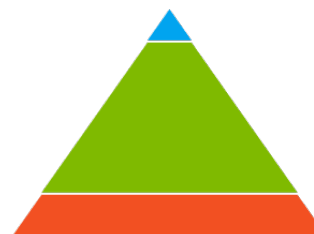
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$738,027	\$1,850,247
Enabling Services	\$2,455,197	\$8,941,327
Public Health Services and Systems	\$590,616	\$2,379,332

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	12,005	\$1,841,409	10.9%
Infants < 1 Year	23,621	\$3,882,665	23.1%
Children 1-22 Years	38,757	\$3,770,276	22.4%
CSHCN	68,052	\$7,076,464	42.1%
Others *	5,361	\$247,234	1.5%
Total	147,796	\$16,818,048	100%

FY 2015 Expenditures



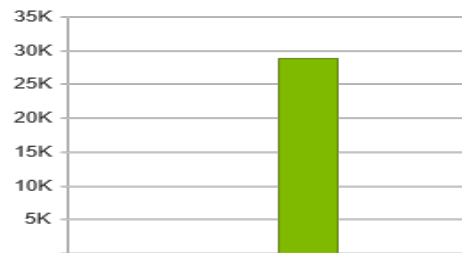
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	28,931
Other Toll-Free Calls:	0



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 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 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of completed postpartum visits by maternal clients followed by Licensed Midwife providers
NPM 1	Well-Woman Visit	ESM 1.2	Number of licensed midwives trained in appropriate medical billing/coding
NPM 4	Breastfeeding	ESM 4.1	Percentage of mothers who report a baby-friendly experience at a New Mexico birthing facility
NPM 6	Developmental Screening	ESM 6.1	Number of early childhood professionals and medical providers trained to administer and score developmental screening instruments
NPM 10	Adolescent Well-Visit	ESM 10.1	The number of policies/or practices implemented at a clinical system, that helps improve access to or quality of the adolescent well visit.
NPM 10	Adolescent Well-Visit	ESM 10.2	Percent of Patients ages 10-17 reporting they are satisfied or very satisfied with their well visit/ clinical encounter
NPM 11	Medical Home	ESM 11.1	The number of medical providers who have participated in a Quality Improvement initiative to improve coordination of care and family engagement
NPM 12	Transition	ESM 12.1	The number of Health Care providers participating in health care transition education and training on the 6 core elements of transition
NPM 13	Preventive Dental Visit	ESM 13.1	Number of interagency partnerships implemented to coordinate dental and other services
NPM 15	Adequate Insurance	ESM 15.1	Develop at least one cross-agency agreement or policy developed to address insurance gaps for prenatal and child coverage.
NPM 15	Adequate Insurance	ESM 15.2	Percent of children 0-17 previously uninsured at baseline who are insured at period end, among Medicaid-eligible, insurance pool/high risk and private insurance populations.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	Perinatal/Infant Health, Women/Maternal Health
SPM 2	Percent of infants placed to sleep on their backs	Perinatal/Infant Health

SPM 3	Ratio of Victims of Child Abuse per 1,000 Children in the Population	Child Health
SPM 4	Teen Birth Rate, ages 15 to 19 years	Adolescent Health, Women/Maternal Health

Executive Summary

Background

New Mexico has transitioned from the previous block grant cycle (FFY2011-2015) to the new cycle (FFY2016-2020). New Mexico's previously selected priorities, along with the current National Performance Measures (NPMs) and State Performance Measures (SPMs) from this current cycle, were still under surveillance during the report year (FFY2015), the final year of the previous cycle. This application year (FFY2017) we have added the creation and implementation of unique SPMs and Evidence-Informed Strategy Measures (ESMs). The SPMs are measures developed by the state Title V program to address the unique MCH needs of the state. ESMs are strategy measures that will be used to gauge our progress towards impacting the National Performance Measures (NPMs). Each population domain work group has selected an ESM as a complement to a specific strategy designed to impact the priorities and NPMs that NM has selected.

Maternal Health

2015

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 in order to ascertain if women with high-risk pregnancies are delivering in facilities with appropriate levels of care. New Mexico is utilizing the Level of Care Assessment Tool (LoCATE) that categorizes a hospital's level of risk appropriate 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.

2017 Application Year Plan

Maternal health is moving forward with the priorities of ensuring that high-risk infants and mothers are receiving care at appropriate level birthing facilities and ensuring that women are receiving and have access to annual preventive medical visits. Maternal health is working together with the Family Planning Program to establish well woman care in postpartum visits.

Perinatal/Infant Health

2015

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, and Family Planning continued offering assessment education and referral services for pregnant women who use tobacco.

During the transition year of 2015, maintaining and increasing breastfeeding initiation and duration remained a priority in NM. The longitudinal follow-up to PRAMS to measure breastfeeding duration is scheduled to commence in 2016 and we should have data to measure in 2017. 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.

2017 Application Year Plan

Moving into the 2017 application year, perinatal and infant health will continue to focus on breastfeeding and will add safe sleep strategies with the goal of integrating breastfeeding and safe sleep messaging. One major strategy is to collaborate with March of Dimes, Children Youth and Families Department (CYFD), and UNM Envision to co-brand messaging around safe sleep and breastfeeding.

Child Health

2015

Immunization, Oral Health, and Child Injury were the major priorities in the final year of the previous block grant cycle. Of these, only oral health will continue into the new cycle as a priority; however, oral health will be now in the Cross-Cutting/Life-Course population domain rather than in Child Health.

At statewide events during "Got Shots? Protect Tots!" weeks held in 2015, 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. 161 0-2 year-olds, 498 3-6 year-olds, and 1503 7-18 year-olds received immunizations at "Got Shots" events in 2015. The Department of Health (DOH) organized the NM School Kids Influenza Immunization Project (SKIIP) with the New Mexico Immunization Coalition.

A total of 7,896 3rd graders received a dental sealant in FY 15. The data on this comes from both the Office of Oral Health (OOH) and Medicaid (1,580 OOH and 4,006 Medicaid enrollees). The OOH contractors are required to provide dental sealant for 3rd graders.

The Office of Injury Prevention (OIP) conducted bimonthly conference calls and meeting notes featuring event announcements for car seat technician trainings, car seat checks and distributions, bicycle helmet distributions and traffic safety events, as well as crib distributions projects. The OIP also publicized home, vehicle and personal safety trainings provided by local nonprofits and community volunteers, DOH clinic staff, the Indian Health Service and the statewide nonprofit Safer New Mexico Now.

2017 Application Year Plan

The Child Health domain priorities moving into the next cycle are: increasing developmental screening and reducing child maltreatment.

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 and increase appropriate referrals 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 professionals who serve young children. Lastly, the fourth strategy is to promote public awareness of child development.

To decrease abuse and maltreatment of children there are three strategies to be implemented. The first is to identify the most vulnerable families and neighborhoods and utilize "mapping" of data bases to overlay risk factors for identifying areas of highest need (concentrated disadvantaged). 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

2015

Adolescent health priorities for 2015 were to reduce teen birth rates, reduce alcohol use, and impact risk factors associated with suicide.

NM Family Planning Program (FPP), Family Health Bureau and PHD/DOH have been working on a multi-pronged approach to decrease the teen birth rate through increasing access to reproductive clinical services, increasing awareness of birth control options, and educational programming. Part of increasing access to services includes working on billing and reimbursement issues and provider training. The 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.

The Office of School and Adolescent Health (OSAH) facilitated a Positive Youth Development – Youth Leadership Track at the Annual Head-to-Toe School Health Conference. Over 45 youth participated in various activities & workshops promoting health literacy, teamwork, health education, values and decision making.

2017 Application Year Plan

Adolescent health had previously identified increasing adolescent well visits, reducing teen birth rates and bullying prevention as priorities. However, during the ongoing Needs Assessment all MCH priority needs are evaluated and the Title V Needs Assessment found that the capacity was not there to impact bullying; therefore, the priority has been dropped. Another priority was added in the Cross-Cutting/Life-Course health domain which will be addressed below.

New Mexico is participating in the Adolescent and Young Adult Health (AYAH) CoIIN collaborative to increase comprehensive well exams among adolescents and young adults. The AYAH CoIIN has brought together Title V, OSAH, and various partners to increase well exams among adolescents. One of the major strategies is for statewide school-based health centers to continue to expand services and supports for Medicaid eligible youth, and to promote the conversion of sports physicals into comprehensive well exams.

The state Title V program will continue to collaborate with FHB/FPP to implement a statewide, comprehensive, and coordinated plan focusing on teen pregnancy prevention/reduction, and to assure continued delivery of safety net family planning services through the strategic alignment of contraceptive services and outreach to schools in counties of high teen birth rates.

Children with Special Health Care Needs (CSHCN)

2015

The Child with Special Health Care Needs (CSHCN) domain priority areas of focus in the previous cycle were: increasing numbers of CSHCN who receive care in a Medical Home, ensuring successful transitions to adult healthcare, and assuring adequate insurance coverage. All three of these priorities remain in the current cycle; however, adequate insurance coverage will now be a part of the Cross-Cutting/Life-Course population domain.

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.

2017 Application Year Plan

Two strategies will be implemented to increase the percentage of families who have access to patient and family centered care coordination and access to a Medical Home. The first strategy is continuing to collaborate with the New Mexico Child Health Improvement program ENVISION to provide training to pediatric providers on care integration and improve cross-provider communications. The second strategy is to collaborate with the National Center for Medical Home Implementation to provide technical assistance to pediatric clinicians.

To increase the amount of services available for CSHCN to make transitions to adult care, several strategies will be implemented. We will continue 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. Some members of the Transition Task Force plan to contact legislators to see if some of the task force recommendations from 2015 could be proposed in legislation for the 2017 Session.

Cross-Cutting/Life-Course

2015

In the last year of the Title V Block Grant cycle (2011-2015) New Mexico had no activities or priorities directly associated with the cross-cutting or life-course population health domain. New Mexico's Cross-Cutting population domain includes a heavy emphasis on both the Native American and Border populations in addition to focusing on the interplay of risks associated with adverse early life events.

2017 Application Year Plan

The priorities for this population domain are to improve access to care across the life span and to increase and improve access to preventive dental care in pregnant women and children. The latter priority was added due to an increase in need and an increase in the capacity to impact this priority area (and as mentioned in the adolescent health domain, the bullying priority was dropped.) The new priority on Oral health will continue the Title V focus on improving dental care in children but will also add a prenatal aspect to preventive dental care focusing on increasing preventive dental care in pregnant women. Title V will continue to collaborate with the OOH to provide preventive dental services. Title V will also collaborate with the University of New Mexico on the newly developed New Mexico Perinatal and Infant Oral Health Quality Improvement Project. The project will integrate an evidence-based model of inter-professional oral care into primary care delivered to pregnant women and newborns across New Mexico. The Title V Director serves on the Advisory Board for the Oral Health Quality Improvement Project.

Family/Consumer Partnership

Family involvement is a strength in New Mexico; the state benefits from having the national headquarters of Family Voices based in Albuquerque, as well as the Family-to-Family program Parents Reaching Out our F2F, EPICS which focuses on Native American families who have children with special needs and the strong family advocacy component of the Center for Development an Disabilities (CDD) at the University of New Mexico among many others. We also understand the importance of engaging families and youth as partners and as agents of change. NM work with the Family Leadership Action Network (FLAN), a network of families working to promote the voices of families. FLAN sees families as having important and informed perspectives with regards to the policies and programs that affect them.

In New Mexico, the MCH programs are dedicated to the value of family engagement and have embedded family partnership in their overall strategic plans. The Maternal Child Health Collaborative meets quarterly to engage MCH professionals and family leaders to discuss how to work together and support the collaborative efforts to push a family centered agenda in health care policy.