



# HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

## NEW MEXICO

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### 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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

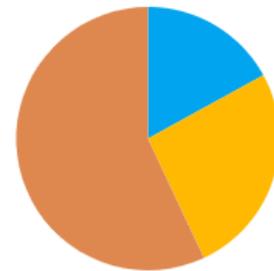
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Janis Gonzales Title V Director / Family Health Bureau Chief Janis.Gonzales@state.nm.us (505) 476-8854	Susan Chacon Director, Childrens Medical Services Susan.Chacon@state.nm.us (505) 476-8860	Cathy Salazar Healthcare Family Liaison csalazar@parentsreachingout.org (505) 247-0192

### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$3,849,336
State MCH Funds	\$5,883,664
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$12,906,507

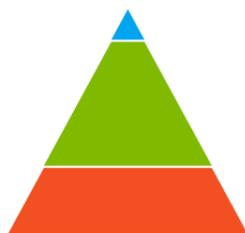
FY 2018 Expenditures



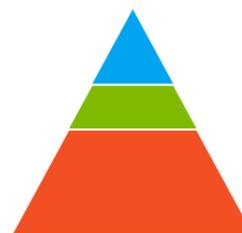
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$527,249	\$5,345,966
Enabling Services	\$2,160,587	\$3,067,888
Public Health Services and Systems	\$1,161,500	\$7,478,535

FY 2018 Expenditures  
Federal



FY 2018 Expenditures  
Non-Federal



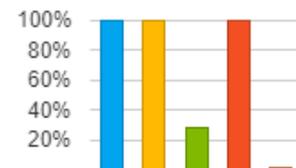
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	\$2,397,442
Infants < 1 Year	100.0%	\$5,553,499
Children 1 through 21 Years	28.0%	\$3,112,067
CSHCN (Subset of all Children)	100.0%	\$10,596,786
Others *	1.0%	\$0

**FY 2018 Expenditures**  
Total: \$21,659,794



**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

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

State does not have a toll-free hotline.  
State did not provide a State Title V Program Website or State Title V Social Media Website.

### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant 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	Child Health

## Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of completed postpartum visits by maternal clients followed at the Title V Maternity and Family Planning Clinic in metro Albuquerque.
NPM 1	Well-Woman Visit	ESM 1.3	Out of those who tested positive for pregnancy at the three pilot sites (Teen Resource Center, NMDOH Public Health Office and La Clinica de Familia), the percentage of women who received and completed a first trimester prenatal visit.
NPM 1	Well-Woman Visit	ESM 1.4	Percentage of primary providers that have received training and/or consultation in assessing and treating behavioral health needs.
NPM 4	Breastfeeding	ESM 4.1	Percentage of mothers who report a baby-friendly experience at a New Mexico birthing facility
NPM 10	Adolescent Well-Visit	ESM 10.4	Number of youth and adults who are trained using the Youth Health Literacy Toolkit.
NPM 10	Adolescent Well-Visit	ESM 10.5	The number of clinics that respond that they have increased their youth friendliness practices by at least two points according to the pre and post surveys given after the Know Your Health Toolkit presentations.
NPM 10	Adolescent Well-Visit	ESM 10.6	Number of people attending Know Your Health Toolkit presentations
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 for CYSHCN.
NPM 11	Medical Home	ESM 11.3	The number of outreach events to promote the Medical Home Portal
NPM 11	Medical Home	ESM 11.4	The number of recommendations that Title V program submitted to Medicaid on the Medicaid 1115 renewal that were accepted into policy.
NPM 12	Transition	ESM 12.3	The number of pediatric providers participating in at least one quality improvement project on transition
NPM 12	Transition	ESM 12.4	The number of trainings to pediatric providers, families and youth that educate them on transition to adult health care.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Percentage of pregnant women having a dental visit during pregnancy
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	Number of oral health promotion activities conducted within the year to promote the importance of oral and general health.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.3	Number of oral health providers that provide dental sealants and fluoride varnish applications to low income and uninsured and pregnant women

NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.4	Number of students who have received oral health education through the programs facilitated by the NM Office of Oral Health
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### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 2	Percent of infants placed to sleep on their backs	Perinatal/Infant Health
SPM 4	Teen Birth Rate, Girls ages 15 to 19 years	Women/Maternal Health, Adolescent Health
SPM 5	Adequate Insurance Across the Lifespan	Women/Maternal Health

### State Outcome Measures

SOM #	SOM Title	Reporting Domain(s)
SOM 1	Percent of Infants who were usually placed to sleep in a crib or bassinet	Perinatal/Infant Health

## Executive Summary

### Program Overview

#### Program Overview

The Title V grant is specifically dedicated to improving health outcomes in the maternal and child populations. In New Mexico, these 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 acknowledging the unmet needs and trying to balance breadth with depth. Information gathered from communities and stakeholders reveals that there are a wide variety of needs in this population; yet we also must focus our limited energy and resources on specific areas if we are going to have an impact and achieve real improvement. A recent focus on health equity and family-consumer partnerships throughout all the programs has strengthened the Title V program in NM. In addition, we have made a concerted effort to partner with other agencies and entities in order to expand our reach and leverage opportunities.

#### Maternal Health

The Maternal Health Program (MHP) is the regulating agency for licensing both certified nurse-midwives (CNMs) and licensed midwives (LMs), in New Mexico. Recently, 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. The revision is due to publish in June 2019. In July 2019, an online application for midwifery licensing will be launched, finally removing a paper-based process.

In 2017, plans were made to re-launch the Maternal Mortality Review committee (MMRC) to examine maternal deaths occurring in the perinatal period up to a year following delivery and to make recommendations to improve systems of care for pregnant, delivering and postpartum women. The MMRC receives organizational support from the MHP staff and receives technical assistance from Centers for Disease Control and Prevention staff to standardize committee, data collection and analysis procedures. The MMRC has been active since 2018 and will meet quarterly in 2019-2020.

Maternal health is moving forward with the priorities of improving access and continuity of healthcare services for women in the perinatal period through direct programming and systems level changes. The project to improve follow up care for mothers diagnosed with gestational diabetes continues in 2019 with planned implementation in 2020. In the area of perinatal mental health and mood disorders, the MHP manager is involved with a state-based work group to strengthen the services for infants and their caregivers (mom, parents, families). We are utilizing Project ECHO at the University of New Mexico (UNM) to disseminate information to pediatric providers. Training on assessing the mother's mental health needs will be covered; and support will be available to providers for making referrals in their geographic areas.

Title V-Family Health Bureau staff participate in the statewide Birth Equity Collaborative (BEC) to improve the quality of care among women of color in New Mexico. Black/African-American women experience the highest burden of infant mortality and drivers including low birth-weight and preterm delivery. Preliminary analysis of severe maternal morbidity hospitalizations (2014-2016) also indicated that Black and Native American women have those experiences more often than Hispanic or non-Hispanic white women. We are taking a multi-disciplinary and community-based approach to addressing these disparities and applying equity principles to changing the course of unjust maternal and birth outcomes for women of color.

#### Infant/Perinatal Health

The Office of Injury Prevention and Family Health Bureau Title V programs collaborate in safe sleep for infants through education, surveillance and messaging with community programs such as home visiting, perinatal case management and public media. Both program areas participate with the Office of the Medical Investigator (OMI) Child Fatality Review in the Sudden Unexpected Infant Death (SUID) Registry. These programs also drafted a statewide Safe Sleep Strategy, and staff work together to plan and evaluate trainings to case management, hospitals and home visiting programs on safe sleep, SUID prevention and Shaken Baby Syndrome prevention throughout the state.

NMDOH staff, led by the Maternal Health Program, completed an assessment and follow up consultations with birthing facilities on neonatal and maternal/obstetric levels of care in NM and in bordering states. The NM DOH Chief Medical Officer and MHP manager developed a plan to approach facilities whose self-assessment of levels of care varied greatly from the CDC tool assessment results. The results of these conversations will be used to update New Mexico levels of care with an official key to be used in birth certificate analysis.

Title V staff have collaborated with staff from the state's Children, Youth and Families Department (CYFD) to complete a state plan for care of infants born exposed to substances. Like many states, NM continues to see a surge in babies born with Neonatal Opioid

Withdrawal Syndrome (NOWS). CYFD has a federal mandate to ensure safe plans of care are developed for all babies born exposed to substances. As we work together to achieve this mandate we are also going upstream to develop recommendations for prenatal screening and preventive protocols for hospitals and primary practice.

### **Child Health**

The Child Health Program Manager partners with the Early Childhood Comprehensive Systems-Act Early (ECCS-AE) State Team and other stakeholders to work on issues such as increasing developmental and social/emotional screening in early childhood and increasing parent access to early childhood information and resources. The MCH health educator continues to conduct ASQ and ASQ-SE trainings to increase the capacity for developmental screening and continues to advocate for the use of standardized screening tools. Additionally, both the Program Manager and the Health Educator participate on the J Paul Taylor Early Childhood Task Force to develop recommendations and support legislation regarding plans of care for infants born exposed to opioids and other substances.

### **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. OOH is improving overall health and oral health literacy for New Mexicans through social media campaigns in TV, radio and internet. Additionally, the OOH is working to promote fluoridated water consumption among Albuquerque and Santa Fe residents. Title V provides funds used for the purchase of fluoride varnish (used at preschool clinics), educational materials (oral health curriculum), and staff attendance to the annual National Oral Health Conference. Educational materials are used to support the CHI Saint Joseph Foundation in improving oral health education, promotion and support to pregnant women and their babies, before and after birth.

### **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 (F2F) program through Parents Reaching Out, EPICS (which focuses on Native American families who have children with special needs), the newly formed Navajo Family Voices, and the strong family advocacy component of the Center for Development and Disabilities (CDD) at the University of New Mexico, among many others. Title V FHB staff meet regularly with our family support agencies and partner with them on several initiatives. Current collaborations include the CSHCN health finance ECHO project and a Mountain States Genetics initiative focused on improving access to genetic services for Native American families and other underserved areas of the State using telehealth. We continue to include family representatives and consumer stakeholders on all program advisory boards as well.

### **Children and Youth with Special Health Care Needs (CSHCN)**

The Children and Youth with Special Health Care Needs (CYSHCN) program in NM, 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. In rural areas CMS is seen as the only program that addresses the needs of CYSHCN.

CMS began a contract with the Center for Development and Disability (CDD) at the University of New Mexico to evaluate the effectiveness of the care coordination that is provided to CYSHCN in the state. The purpose of this project was to design and implement an evaluation that collects valid, reliable information on the impact that CMS social workers and other CMS staff have on clients and their families served by the program including health-related outcomes and quality of life measures. Results of this evaluation are being utilized to drive other quality initiatives.

The Newborn Genetic Screening program, a sub-program of CMS, is part of the Mountain States Regional Collaborative and is participating in the second year of 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.

CMS social workers continued to initiate a transition assessment and develop a plan of care for youth starting at age 14 to address youth knowledge and ability to manage medical conditions. This plan also includes education around the use of health care

services, daily living activities, what areas they continue to need assistance with or anticipate needing assistance with, living arrangements, transportation, recreation and social relationships and future education/training/employment planning. CMS social workers work with the youth to identify adult providers that will assume care during the transition process and assist in addressing health care financing.

The contract with the New Mexico Quality Improvement Partnership (NMQIP) will assist the Title V program with the strategies identified to meet the objectives for improving transition process for youth. NMQIP will conduct a needs assessment with CMS staff and providers this year to identify barriers, successes and other areas where improvements could be made when transitioning YSHCN to adult medical care. Part of the goal with this new project will be to work on partnering more closely with the adult providers (either medical home or specialist) through a warm hand off or other strategies to be identified through a Plan, Do, Study, Act approach. This will be done to help bridge the gap between pediatric and adult providers and to improve the transition and transfer process.

### Adolescent Health

The NM Family Planning Program (FPP), Family Health Bureau, PHD/DOH provides evidence-based prevention programs and clinical services to decrease the 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. These strategies complement clinical family planning direct services to bring about measurable reductions in unintended teen births. 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. *Project AIM* is implemented in three counties at four sites statewide by two different organizations. The *From Playground to Prom* two-hour workshop is offered to each parent whose teen participates in one of the two evidence-based prevention programs.

NM Department of Health (NMDOH) Adolescent & Young Adult (AYAH) Collaborative Improvement & Innovation Network (CoIIN) continued to strive toward their project aim which to increase the percentage of adolescent and young adults that have preventative care such as annual well exams, also referred to as Early & Periodic Screening, Diagnostic & Treatment (EPSDT) services. The project goal is for all NM adolescents and young adults to be healthy and engaged in self-care and community care. Adolescents is defined as age 10-25, however we also refer to young adults for those age 18-25 as this is the title they prefer. The AYAH CoIIN, in partnership with local and national organizations, developed the "*Know Your Health Toolkit (KYHT)*" which is intended for healthcare providers who work in clinics that serve adolescents and young adults. The toolkit emphasizes increasing youth-friendly services, preventative services (such as the AWE/EPSDT) and youth health literacy. Currently, we are working on the KYHT evaluation tools. In January 2020 we plan to pilot the KYHT in 3-5 clinics and/or school-based health centers (SBHC). By January 2021, there will be enough data gathered from the pilot period of the KYHT so we can evaluate and understand the strengths and weaknesses of the toolkit. After adjustments have been made, the plan is to share the KYHT and results with the MCO's and other possible funders so we can continue to share the toolkit with clinics and SBHCs across New Mexico.

### How Federal Title V Funds Support State MCH Efforts

The Title V MCH Block Grant funding comes to the Family Health Bureau (FHB) in the NM Department of Health. These federal funds are spread across the several program areas, and help pay the salaries of the FHB Administrative staff who support all programs in the Bureau. Each FHB program has multiple funding streams, including state general funds, program revenues and other federal grants. The Federal Title V funds are a critical piece of supporting this work. As an 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 Kellogg Foundation funding.

Because Title V funds are somewhat flexible, they can support statewide infrastructure and system-building. For example, Title V federal funds (and state match) support the Maternal Health program, which is responsible for coordinating the state Maternal Mortality Review Committee as well as licensing of all midwives in the state; and the CYSHCN program (Children's Medical Services), which works on the policy and system level as well as providing care coordination and direct service through outreach clinics. In addition, small amounts of funds are leveraged to support various projects in partnership, such as a contract with the NM Perinatal Collaborative, and a documentary project on youth mental health and suicide.

## MCH Success Story

Children's Medical Service (CMS) has been providing care coordination to a child with cleft palate/bilateral cleft lip which was diagnosed at birth. He began attending the cleft palate clinics in 2001. Over several years, this client had eight surgeries, along with braces and other procedures. He had excellent family support and grew into a confident and self-assured young man despite his challenges who has decided to become a veterinarian. His CMS social worker assisted him and his family with coordination of medical care and help navigating the complex schedule of surgeries and procedures. At age 16 the client and his social worker began the transition process by developing a transition plan. The client is successfully taking care of his own health needs. He is still on Medicaid and understands the need to maintain health insurance. He still needs some support from his social worker to keep dental appointments but is independent in determining further surgeries and recently declined a graft on his lip and nose offered by the oral surgeon. He has been attending clinics by himself for the past few years, and at his last clinic he asked to become a youth mentor at the clinics in order to help others. He will receive mentoring from our family liaison and will attend the clinics in the upcoming year. He will receive a stipend for his services. If successful, this peer/youth mentoring will be a new model of support that other clinics can adopt in the future.

## 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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.