



FAMILY HEALTH BUREAU

Dr. Janis Gonzales, Bureau Chief, Medical Director, Title V Director
Paul Contrucci, Deputy Chief

WIC

Sarah Flores-Sievers, WIC Director

Program Overview

- **Who do we serve?** The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is for low-income pregnant and post-partum women, infants, and children up to age 5 who are at nutritional risk. WIC provides nutritious foods to supplement their diets, provides healthy eating information, health counseling, breastfeeding support, cooking classes, and referrals to health care providers and social services.
- **Who are our partners?** Food and Nutrition Services (FNS) and all programs that serve our categories- CMS, Families First, FIT, Immunizations, SNAP –ED, HSD programs (SNAP, Medicaid, Summer Food Feeding), Food banks, public and private companies.
- **Who is the funder(s)?** WIC is a public health nutrition program under the jurisdiction of the United States Department of Agriculture (USDA). It is a domestic discretionary program funded annually through the U.S. Senate and House Appropriations Committee

Program Budget 100% federal funded, by USDA

- | | | |
|------------------|---------------------|---|
| • Food | \$24,207,635 | - Staffing: 143 FTEs |
| • Formula Rebate | \$10,789,906 | - Offices: 43 permanent/ 33 satellite clinics |
| • Admin | <u>\$14,442,316</u> | - Location: Statewide |
| • | \$49,439,857 | - Monthly caseload 50,000 |

Program Metrics

- Identify potential eligible participants through community partners and business that provide services to the same population
- Modify outreach marketing tool internally which will be used in Regions to educate health care providers.
- Staff will use marketing tools in community during outreach activities. Increase clinic hours by opening early, through lunch, late evening hours and Saturday clinics. Implementing walk in clinics.
- Retaining 1 to 5 year olds on the WIC Program.
- Caseload increase of 1000 clients statewide.

WIC

Program Opportunities & Challenges

- Designing a new regional system “NMSOL / MOSAIC” (MIS and EBT)
- HSD programs (SNAP & Medicaid)--need to strengthen relationship- more data sharing – interface
- Hiring process
- Lack of staff; leads to audit findings, burnout and low morale
- Travel process; funds are wasted with last minute purchases
- National caseload decrease due to the following reasons:
 - Delayed entry and early exit from WIC
 - Decline in birthrate, which started in 2008
 - Teen pregnancies rates have dropped
 - People in poverty fell in 2013, and in 2014, the unemployment rate decreased for the fourth consecutive year
 - Difficult shopping experience

Farmers Market - Increase consumption of fresh fruits and vegetables by target populations while supporting 820 New Mexico Farmers, 64 Farmers’ Markets, 12 Roadside Stands and 1 Mobile Farmers’ Market.

Now some good news:

- Over half of NM babies born are on WIC,
- Every dollar spent on WIC during pregnancy, up to \$3.50 is saved in medical costs,
- NMWIC exceeds the national average breastfeeding initiation rates.

FAMILIES FIRST

Maureen Burns, Program Manager

Program Overview

- Who do we serve? **Families FIRST** is a case management program of the New Mexico Department of Health, Public Health Division and it is funded by Medicaid to provide targeted case management to Medicaid eligible pregnant women and children 0-3 years old. The purposes of the case management are to provide a voluntary home visit, to establish a medical home, to assist clients in gaining access to needed medical, social and educational services, to improve pregnancy outcomes, and to promote healthy infants, children, and families. Case management is provided by licensed social workers and registered nurses.
- Who are our partners? FF partners with a variety of partners including Medicaid and Medicaid Managed Care Organizations (MCOs), Local Providers, Local Hospitals, and community-based programs for our population.
- Who is the funder(s)? General Fund, Medicaid, and Medicaid MCOs

Program Budget

- Annual budget \$1,693,900
- Staffing 26.5 FTEs
- Statewide sites 18
- Locations Albuquerque, Belen, Los Lunas, Farmington, Las Cruces, Anthony, Hatch, Deming, Tularosa, Alamogordo, Mescalero, T or C, Clovis, Hobbs, Portales, Carlsbad, Roswell, Artesia

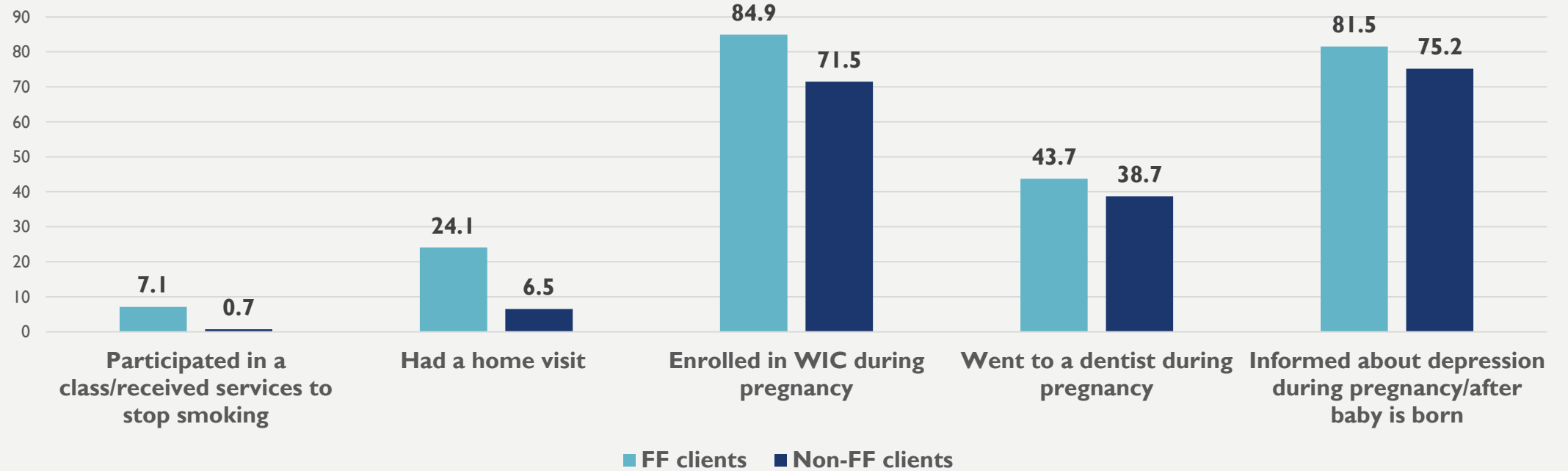
Program Metrics See next slide

Program Opportunities & Challenges

- New Electronic Database
- Billing and collection of revenue
- Staffing

NM PRAMS DATA 2009-2013

Families FIRST Clients/Non-Families FIRST Clients



FAMILY PLANNING

Susan Lovett, Program Manager
Wanicha Burapa, Medical Director

Program Overview

- Who do we serve?

Services are provided to those who need to plan or prevent pregnancy.

NM state law allows teens to receive these services without parents' permission.

Priority is for uninsured, low-income reproductive-aged women & men.

- Who are our partners?

Primary care clinics, schools-after-school & youth programs, community-based organizations, county health councils, school based health centers, parent organizations, Indian Health Services, University of New Mexico, New Mexico Human Services, Children, Youth & Families and Public Education, Center for higher education

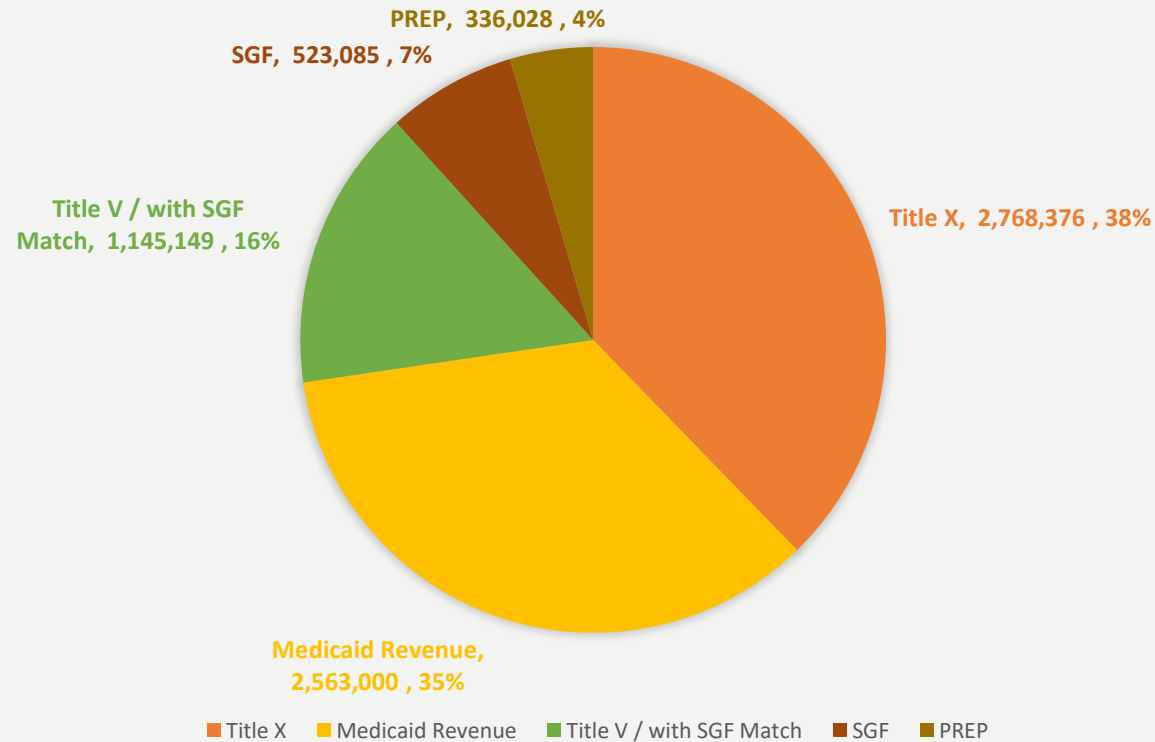
- Who is the funder(s)?

Primary funder is the Title X grant from OPA (Office of Population Affairs)

FAMILY PLANNING

- Program Budget

FY17 FAMILY PLANNING BUDGET



FAMILY PLANNING

- Program Budget (including staff)

| | | |
|---------------------|-----------------|-------------|
| Total budget | | \$7,335,638 |
| Major expenditures: | | |
| Personnel | Title X | \$2,613,495 |
| | SGF | \$174,800 |
| | Revenue | \$1,400,000 |
| | Total personnel | \$4,188,295 |
| Pharmacy | | \$947,043 |

| | |
|--------------------------------------|----|
| Northwest Region | 26 |
| Northeast Region | 10 |
| Southeast Region | 25 |
| Southwest Region | 15 |
| Pharmacy | 5 |
| Billing Staff - Runnels | 4 |
| Family Planning Program State Office | 13 |
| Number of staff % funded by FPP | 98 |

FAMILY PLANNING

- Program Metrics
 - Reduce teen births: Teen pregnancy is one of CDC Winnable Battle.
 - Reduce unintended pregnancy.
 - Reduce chlamydia infection that may cause infertility in young women.

FAMILY PLANNING

Program Opportunities & Challenges

Challenge

- Staffing

Opportunity

- Provider asking :Would you like to become pregnant in the next year?
- Telemedicine/Videoconferencing visits with clinician at another Public Health Office location
- Reproductive Health ECHO (**E**xtension for **C**ommunity **H**ealthcare **O**utcomes)
- **I**mmediate **P**ost-**P**artum **L**ong-**A**cting **R**eversible **C**ontraception (IPP LARC)

MATERNAL HEALTH

Katie Avery, Program Manager

Program Overview

- **Who do we serve?** Perinatal/postpartum population, midwives, prenatal/birth providers
- **Who are our partners?** NM universities, OMI, NM Hospital Association, NM Perinatal Collaborative, Text4 Baby, other DOH programs (e.g., FPP, MCH Epi, CMS, OCHW), other state agencies (e.g., HSD, PED, NMBON, OAAA, OBH), border entities, March of Dimes, CDC, MCHB/HRSA, AMCHP
- **Who is the funder(s)?** State General Funds, TVBG, revenue from midwifery licensing

Program Budget (including staff)

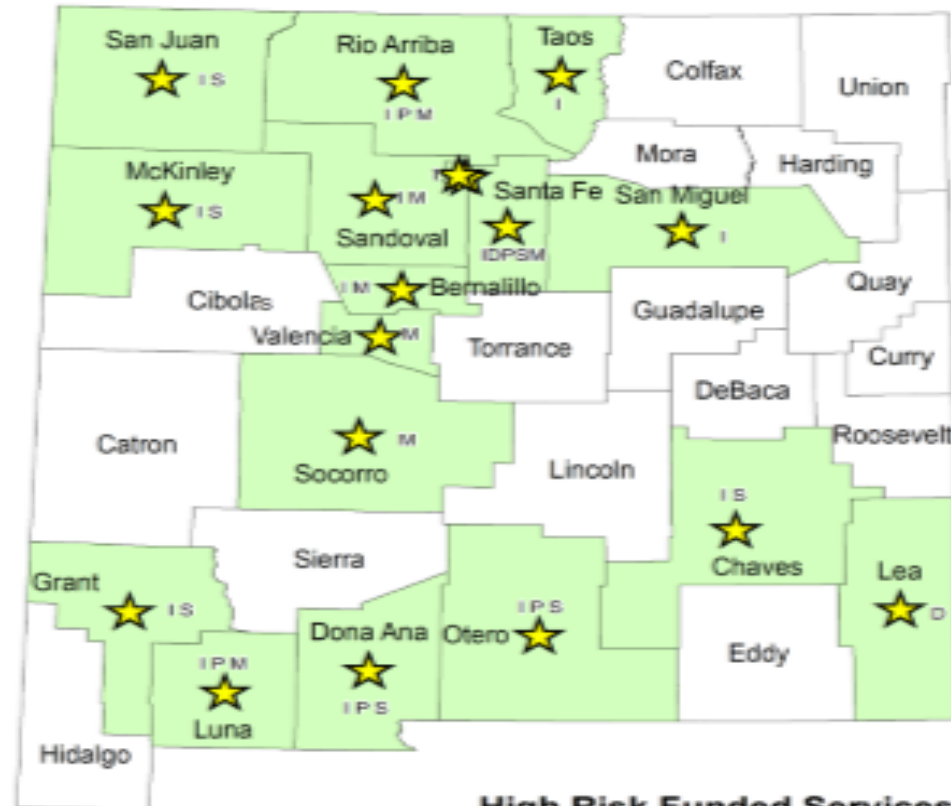
- FY17 \$1,076,900 (decreasing annually)
- 2 staff (program manager [Katie Avery] and admin assistant [Jessi Sanchez]– latter detailed to Maternal and Child Programs)

Program Metrics –

- # of provider sites served by high risk prenatal funding (18)
- # of midwife license applications processed within two weeks of receipt (~300 active licensees)

Program Opportunities & Challenges – stability of positions, contracts process, variability in administrative process step directives from DO (forms and steps constantly changing)

Maternal Health Program Sponsored High Risk Pregnancy Sites in New Mexico



High Risk Funded Site

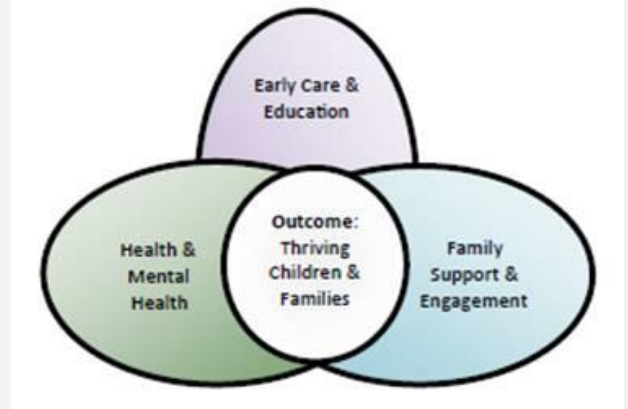


High Risk Funded Services

- I = Imaging (Sonograms)
- D = Delivery
- P = Prenatal Care
- S = Specialist (e.g. Perinatologist)
- M = Perinatologist or Imaging

CHILD HEALTH

Gloria Bonner, Program Manager



Program Overview

- Who do we serve? Children, ages birth-8, and their families
- Who are our partners? FHB, PHD & DOH programs, CYFD, PED, HSD, Higher Education, community-based programs, early childhood coalitions/tasks forces, non-profits, and philanthropy that **serve young children & families**
- Who is the funder? Title V and State Match

Program Budget

- \$137,700 Federal-Title V / \$74,400 State Match
- 1.5 FTE: Program Manager & Health Educator

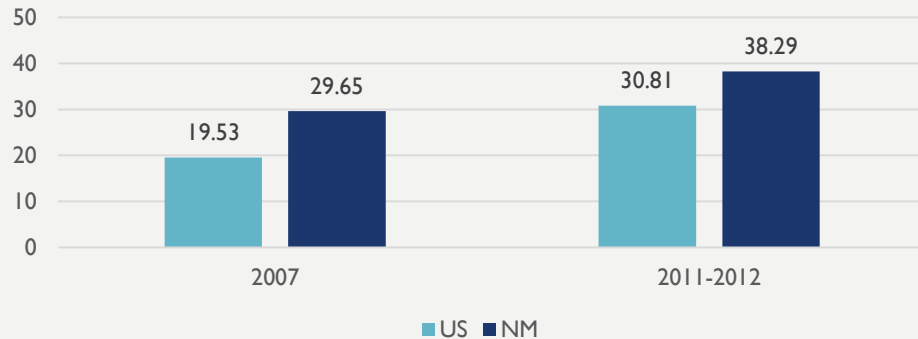
Program Metrics

Objective: Increase the number of children who receive developmental and behavioral screening

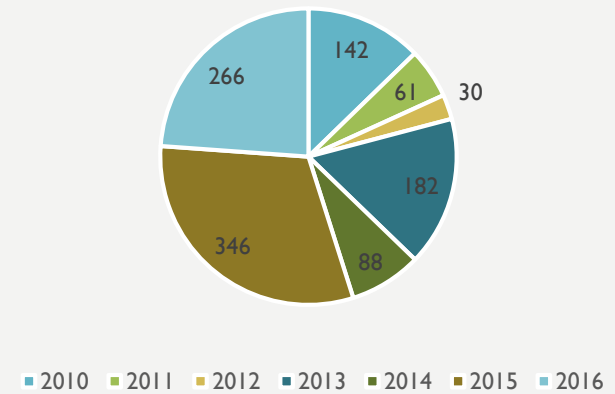
- National Performance Measure: Percent of children, ages 10-71 months, receiving a developmental screening using a standardized parent-completed screening tool
- Program Measure: Number of early childhood providers trained to administer and score the ASQ and ASQ:SE

CHILD HEALTH

NMP 6 - Percent of children, ages 10 months through 71 months, receiving a developmental screening using a parent-completed screening tool



Number of early childhood providers trained to administer and score ASQ screening tools



Program Opportunities & Challenges

- + Early Childhood network (ECNM) and collaborative relationships
- + Train the Trainer seminar for community-based providers
- + ECCS-Act Early State Team
- + Early Childhood Integrated Data System (ECIDS)
- + Educational material for parents and providers
 - Funding
 - Data collection

MCH EPIDEMIOLOGY

Eirian Coronado, Program Manager

Maternal Child Health Epidemiology collects, analyzes and reports data:

- New Mexico Pregnancy Risk Assessment Monitoring System (NM PRAMS) NMDOH-CDC Cooperative agreement 1997 to present
- Title V Maternal Child Health Block grant and 5-year needs assessment (HRSA)
- Collaborative Improvement & Innovation Network to prevent infant mortality/State Systems Development Initiative (HRSA) data linkages
- WIC, Families FIRST, Children's Medical Services client data analysis

Partners: PHD programs, March of Dimes, OMI, perinatal health providers, Tribal Epidemiology Centers (TECs) and Universities

Budget: \$861,000 funded by Title V and other federal grants, revenue via GSA with Medicaid, and private foundation grants

Program Metrics:

- % women responding to PRAMS survey by stratum (maternal education)
- Number of MCH reports published or made available for program evaluation/planning

Program Opportunities & Challenges:

- Talented staff of seven with creative problem solving to meet project challenges to increase revenues

CHILDREN'S MEDICAL SERVICES

Susan Chacon, Program Manager Janis Gonzales, Medical Director

Program Overview

- **Who do we serve?** CMS serves children birth to age 21 who have chronic medical conditions and/or disabilities. Exceptions include our Cystic Fibrosis program and Metabolic program which serves clients of any age.
- **Who are our partners?** We need many partners to help us work towards a coordinated, comprehensive, culturally competent and family centered system of care for children and youth with special health care needs: Primary care providers, pediatric specialists from UNMH, Presbyterian, MCO's, HSD/MAD, CYFD, school nurses, FQHC's, oral care providers, community social service agencies, hospitals, Family leadership and advocacy organizations, Tribal communities, other FHB programs, Federal partners and other State Title V programs.
- **Who is the funder(s)?** Title V Maternal and Child Health Block grant (federal), federal newborn hearing grants. State general funds and revenues.

CHILDREN'S MEDICAL SERVICES

Program Staff

Multidisciplinary staff of 80 including 50 licensed Medical Social Workers, clerical staff, 4 nutritionists, 2 Nurses, Medical Director, contractors to assist us in carrying out the mission of the Program. Staff are bilingual and many are leaders in the provision of culturally competent care. Staff located in the Public Health offices and State office in Santa Fe.

Program Budget

Total CMS budget is \$11.2 million

- 26% Federal funds-MCH Block grant and Newborn Hearing grants (\$2.9 million)
- 39% General funds (\$4.4 million)
- 35% Revenues (\$3.9 million)
 - NBGS fees at \$138.00 per bloodspot kits-\$2.9 million
 - Case management/outreach clinic billing-\$1.0 million

CHILDREN'S MEDICAL SERVICES

Program Metrics

- **Access to care-**130 pediatric multispecialty outreach clinics in rural communities (endocrine, cleft palate, neurology, nephrology, pulmonary, genetics, metabolic, dysmorphology, cardiology, gastroenterology, cystic fibrosis)
- **Coordination of care-**care coordination provided by our licensed social workers-proven to improve health outcomes, reduce disparities in the health care system and reduce costs
- **Newborn screening-**screening for 30 conditions including congenital hearing loss and critical congenital heart defect. Provide follow-up and referral for parents, education and TA to birthing providers, QA on protocols. Children with confirmed metabolic/genetic conditions referred to CMS social workers for long term follow-up
- **Safety net payment for medical care** for CYSHCN that are non-Medicaid eligible-primary care, specialty care, dental care provided to eligible children. \$15,000 per client per year cap. Rely on the NMMIP to help finance medical care for these clients with high cost conditions such as cancer, cystic fibrosis, cerebral palsy. We are also sometimes a secondary payer to a primary commercial plan.
- **Special projects-youth** transition, Medical Home and coordination of care, newborn hearing quality improvement initiative, CYFD partnership, Project ECHO Health care financing clinic.

CHILDREN'S MEDICAL SERVICES

Program Opportunities & Challenges

- New data system CACTUS can assist program in increasing case management revenues and has already automated processes.
- Expand collaboration with CYFD to support statewide initiative to combat child abuse and neglect
- Special projects have the potential to positively affect provider practice statewide to improve coordination of care for this population
- Zika funding has strengthened our collaboration with the Birth Defects Epi program with goals of improving the identification of newborns with birth defects and referral into services.
- Challenges include hiring of social work staff, budget, document processing, **trying to address the challenges our families face every day especially when they have a child with special needs.**
- **Limits in our abilities to assist families who don't qualify for medical payment assistance. Families struggling with huge out of pocket costs to care for their children.**