

Maternal and Child Health Services Title V Block Grant for New Mexico

Executive Summary



Application for 2017

Annual Report for 2015

Title V Block Grant – History and Requirements

Enacted in 1935 as a part of the Social Security Act, the Title V Maternal and Child Health Program is the Nation's oldest Federal-State partnership. Title V supports a wide range of services to improve the health of women and children –infrastructure-building services such as data collection, quality assurance and policy development; care coordination and case management services; safety-net direct health care services; and more. Maternal Child Health (MCH) priority populations include pregnant women and women of reproductive age, infants, children, adolescents, and children and youth with special healthcare needs.

In 1981, seven different programs were combined into a single program as a Block Grant to the states. Every year each state is required to submit an Application and Annual Report for the Title V MCH Services Block Grant to the Federal Maternal Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA). The federal funds received from the grant (approximately \$4 million for New Mexico in 2014) are determined based on the number of children living in poverty in each state. States must provide a \$3 match for every \$4 in federal funding received. This federal and state funding is essential to assure there are dedicated programs for mothers, infants and children and that MCH needs are addressed and prioritized.

At least 30% of the funding must be used for preventive and primary care services for children; another 30%, at a minimum, must be earmarked for services and programs for children and youth with special healthcare needs (CYSHCN); and no more than 10% can go towards administrative costs. The funding goes to the Title V Agency in each state. In New Mexico, the Title V Agency is the Family Health Bureau in the Public Health Division of the Department of Health.

Background

New Mexico has transitioned 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 (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 four unique SPMs and nine 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

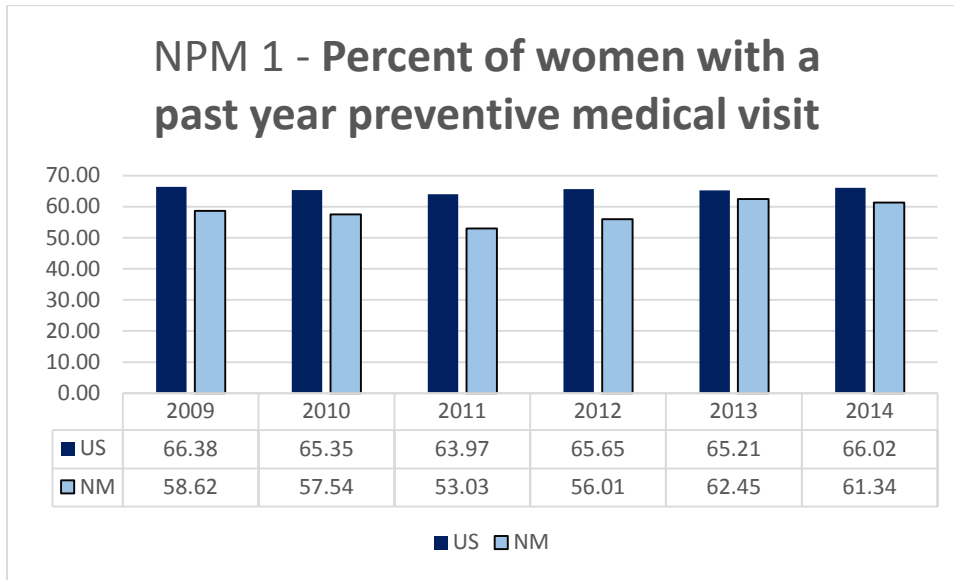
2015

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 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 categorize 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.

National Performance Measure and Evidence Based Strategy Measures



ESM 1.1 – Number of completed postpartum visits by maternal clients followed by Licensed Midwife providers.

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	150	165	190	205	210

ESM 1.2 Number of licensed midwives trained in appropriate medical billing/coding.

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	20	35	50	65	80

Perinatal/Infant Health

2015

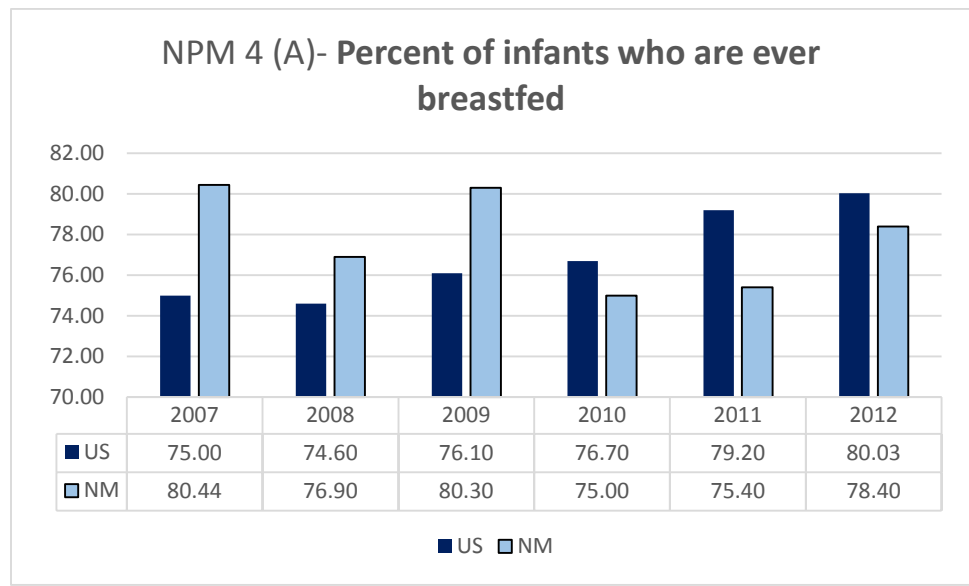
The Families First (FF) program continued to offer statewide perinatal case management to pregnant women and assess women for tobacco use. Case managers referred women to smoking cessation classes. Family planning assessed women for violence, alcohol and substance abuse. FF, WIC, Family Planning and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

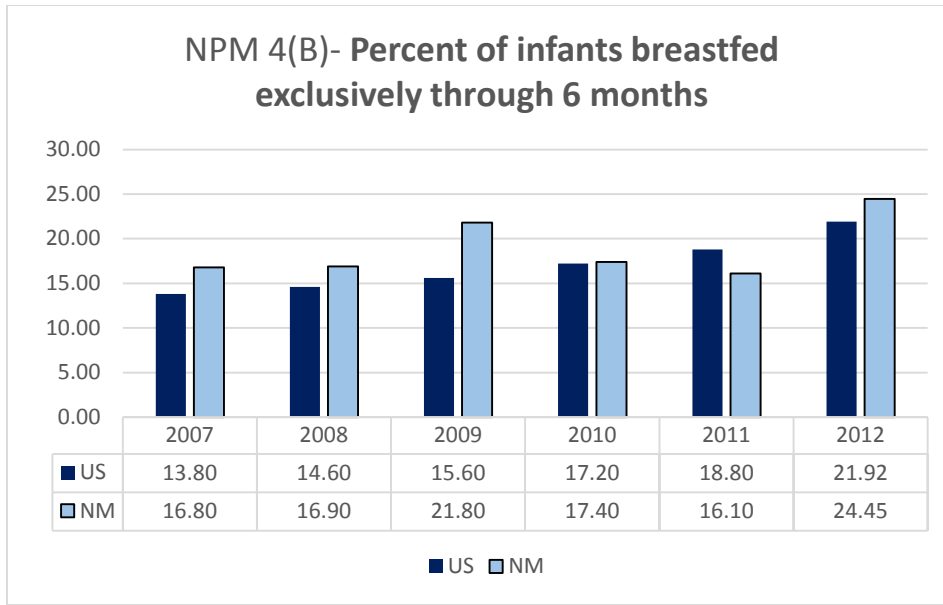
During the transition year of 2015 maintaining and increasing breastfeeding initiation and duration remained a priority in NM. The longitudinal follow-up to PRAMS to measure breastfeeding duration is scheduled to commence in 2016 and we should have data to measure in 2017. WIC provided all pregnant and 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 add safe sleep strategies. One major strategy is to collaborate with March of Dimes, Children Youth and Families Department (CYFD), and UNM Evison to co-brand messaging around safe sleep and breastfeeding.

National Performance Measure and Evidence Based Strategy Measures





ESM 4.1 - Percentage of mothers who report a baby-friendly experience at a New Mexico birth facility

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	65.0	67.0	68.5	70.0	71.5

Child Health

2015

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

At statewide events in 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 reflects both the Office of Oral Health (OOH) and Medicaid (1,580 OOH and 4,006 Medicaid enrollees). OOH contractors are also required to provide dental sealant especially for 3rd graders.

The Office of Injury Prevention 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, are continuing to be discussed and planned. This is in addition to continuing to schedule and announce home, vehicle and personal safety trainings via local nonprofits and community volunteers, DOH clinic staff, the Indian Health Service and the statewide nonprofit Safer New Mexico Now.

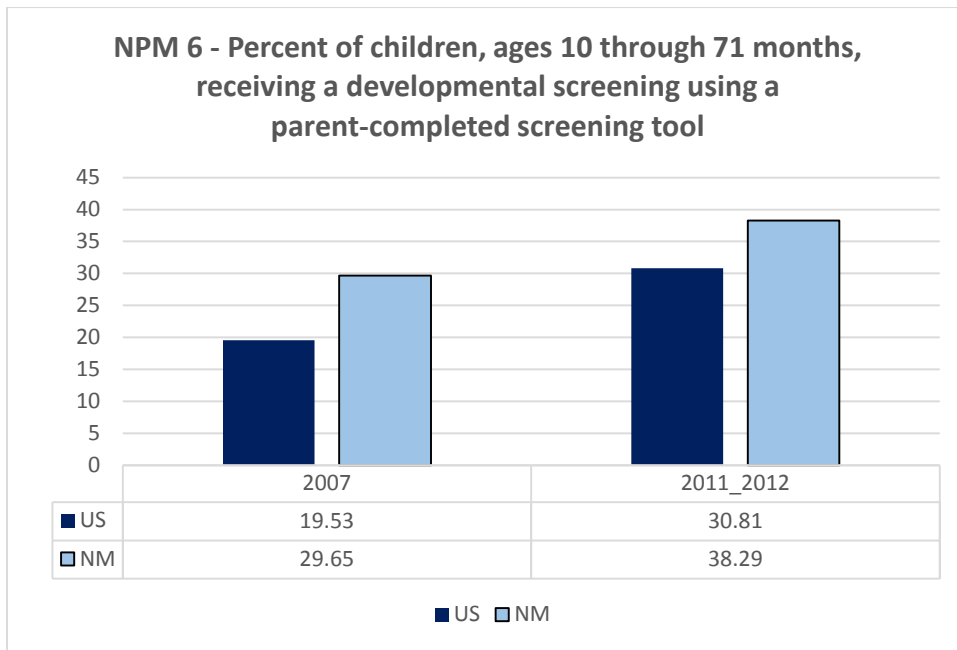
2017 Application Year Plan

Increasing developmental screening and reducing child maltreatment are the current priorities moving forward.

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.

National Performance Measure and Evidence Based Strategy Measures



ESM 6.1 - Number of early childhood professionals trained to administer and score developmental screening instruments

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	300	350	400	450	500

Adolescent Health

2015

Adolescent health priorities were to reduce teen birth rates, reduce alcohol use, and impact risk factors associated with suicide in the final year of the Block Grant cycle.

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.

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.

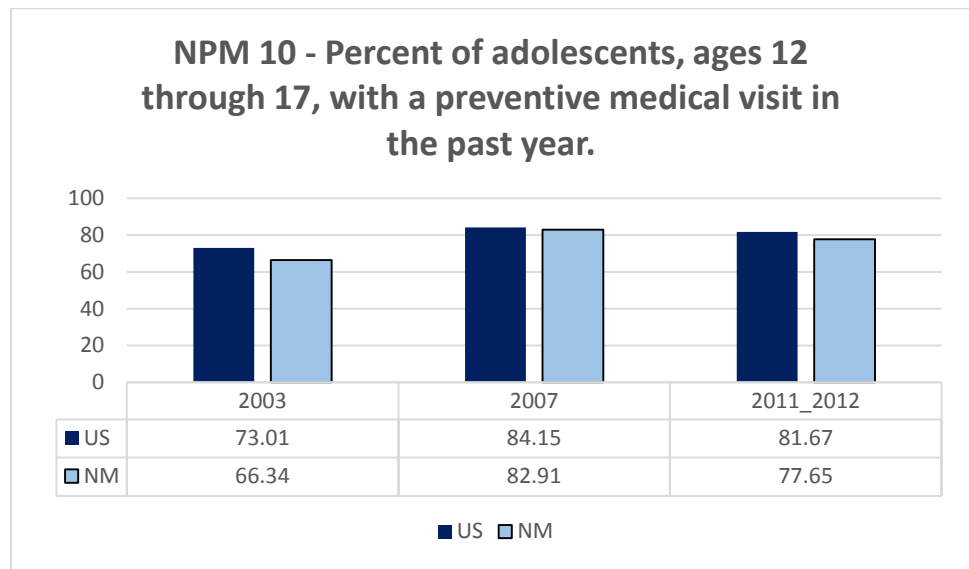
2017 Application Year Plan

Adolescent health had previously identified increasing adolescent well visit, 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 adult. 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 will continue to expand services and supports for Medicaid eligible youth, including 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 efforts on teen pregnancy prevention/reduction. Assure continued delivery of safety net family planning services through the strategic alignment of contraceptive services and increasing outreach to schools in counties of high teen birth rates are the major strategies.

National Performance Measure and Evidence Based Strategy Measures



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.

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	5	5	5	5	5

ESM 10.2 - Percent of Patients ages 10-17 reporting they are satisfied or very satisfied with their well visit/ clinical encounter

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	76.5	78.5	81.0	83.0	85.0

Children with Special Health Care Needs (CSHCN)

2015

The priority areas of focus in the previous cycle were: increasing medical home, ensuring successful transitions to adult healthcare, and adequate insurance coverage. All three of these priorities remain in the current cycle however, adequate insurance coverage will 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.

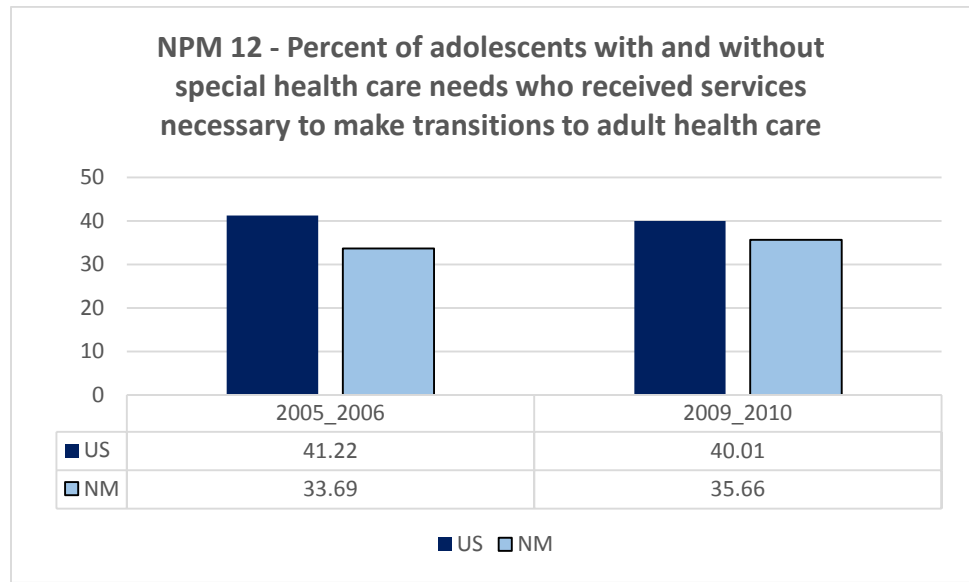
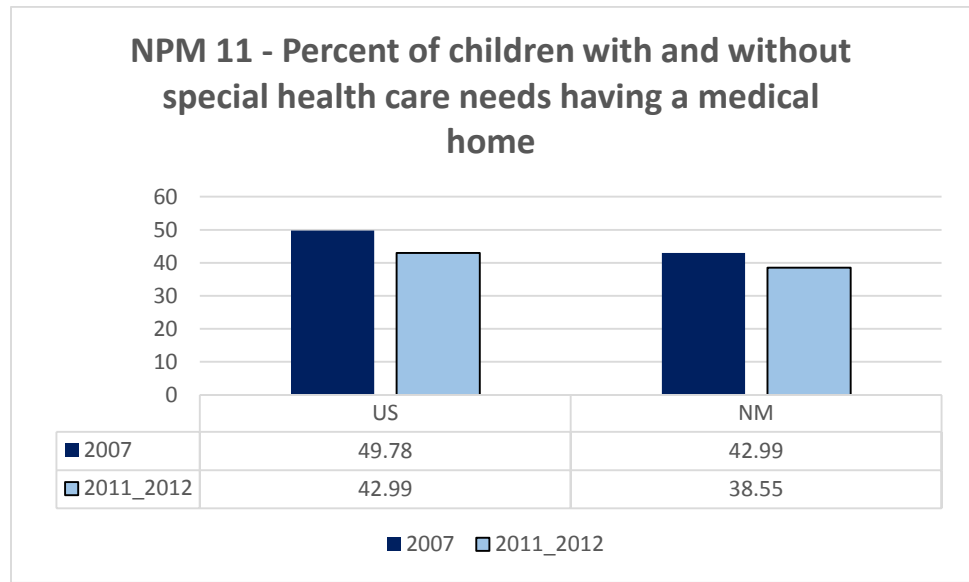
2017 Application Year Plan

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 continuing 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.

To increase the amount of services available for CSHCN to make transitions to adult care, several strategies will be implemented. To achieve this the strategy is to continue 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.

National Performance Measure and Evidence Based Strategy Measures



ESM 11.1 - The number of medical providers who have participated in a Quality Improvement initiative to improve coordination of care and family engagement

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	10	15	20	25	30

ESM 12.1 - The number of Health Care providers participating in health care transition education and training on the 6 core elements of transition

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	50	75	100	125	150

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

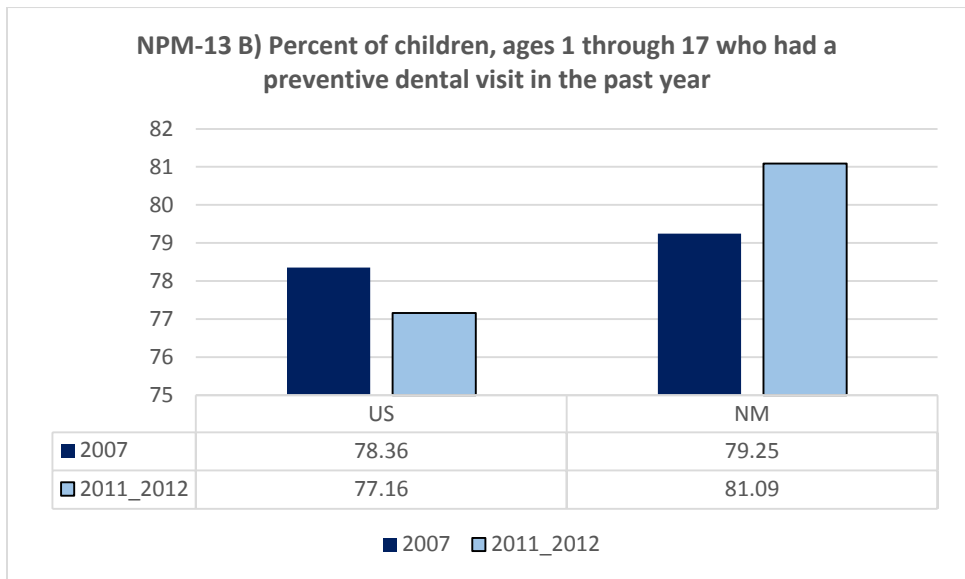
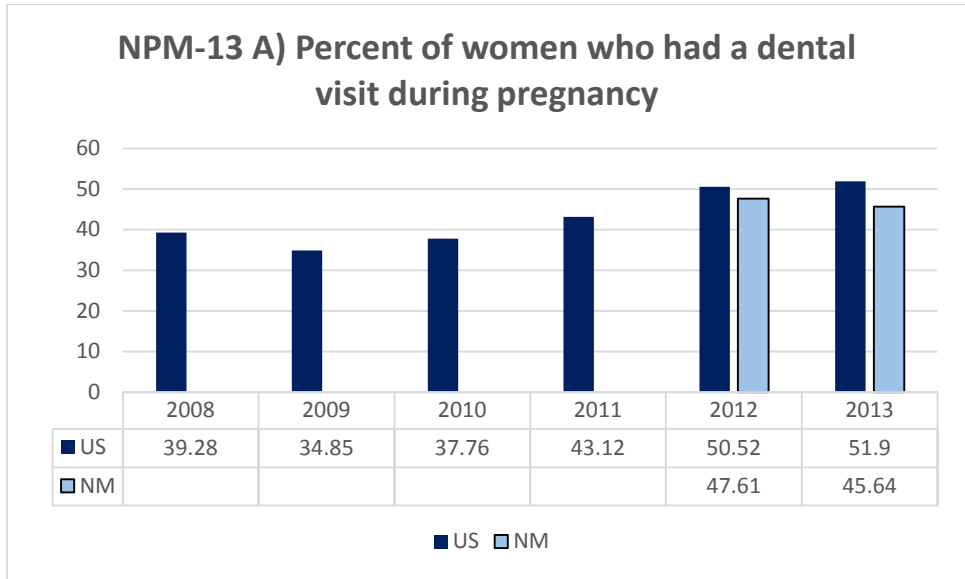
The priorities for this population domain are improve access to care across the life span and to increase and improve access to preventive dental care in pregnant women and children. The latter priority was added due to an increase in need and an increase in the capacity to impact this priority area and as mentioned in the adolescent health domain, the bullying priority was dropped.

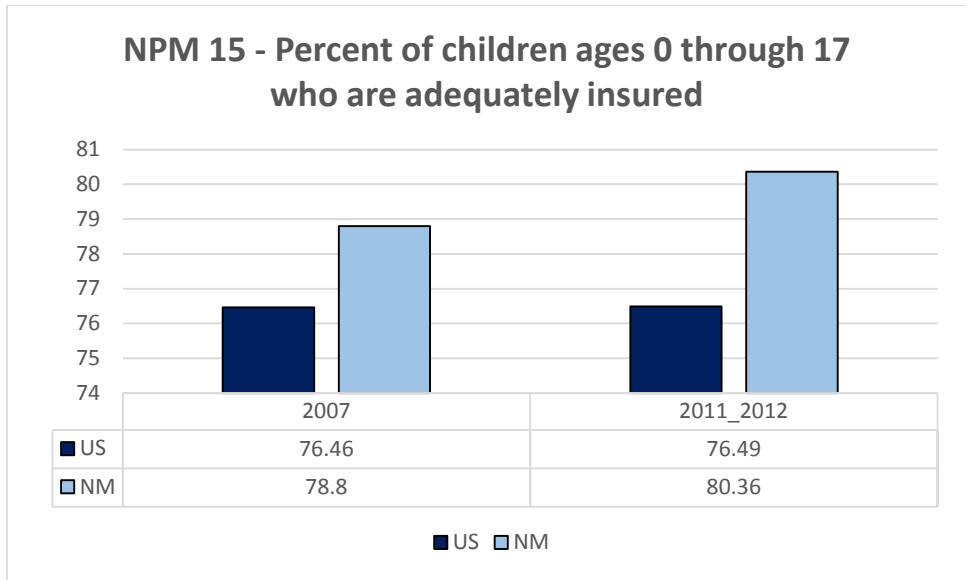
To increase and improve access to care, the Maternal Health program seeks to increase prenatal care utilization with maternal high-risk fund. Additionally, another objective is to improve linkages and referrals between existing health services to optimize primary and specialty or behavioral health and wrap-around care.

The new priority on Oral health will continue the Title V focus on improving dental care in children but also adding a maternal aspect to preventive dental care. Title V will continue to

collaborate with the OOH to provide preventive dental services. Title V will 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.

National Performance Measure and Evidence Based Strategy Measures





ESM 13.1 - Number of interagency partnerships implemented to coordinate dental and other services

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	6	6	6	6	6

ESM 15.1 – Develop at least one cross-agency agreement or policy developed to address insurance gaps for prenatal and child coverage.

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	Yes	Yes	Yes	Yes	Yes

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.

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	50	55	60	65	70