

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

## **Executive Summary**



**Application for 2015**

**Annual Report for 2013**

## **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.

## **Title V Needs Assessment**

States are required to conduct an MCH Needs Assessment every five years and receive input from a wide variety of stakeholders. This needs assessment helps to determine priority areas for programs, provides community feedback on local needs and priorities, and informs planning. The most recent needs assessment for New Mexico was conducted in 2010 and the next one will be submitted in July 2015.

The ten priorities identified for the 2011-2015 Needs Assessment Cycle were:

1. Increase access to care for pregnant women and mothers that provides care before, during and after pregnancy
2. Enhance the infrastructure for preventing domestic and interpersonal violence and assisting victims of violence
3. Increase awareness and availability of family planning and STD prevention options
4. Promote awareness of childhood injury risks and provide injury prevention strategies to families and caregivers of children
5. Increase voluntary mental illness and substance abuse screening for the MCH Population, and increase availability of treatment options
6. Increase the proportion of mothers that exclusively breastfeed their infants at six months of age
7. Decrease disparities in maternal and infant mortality and morbidity
8. Promote healthy lifestyle options to decrease obesity and overweight among children and youth
9. Maintain specialty outreach clinics for children and youth with special health care needs
10. Improve the infrastructure for care coordination of children and youth with special health care needs.

### **Organizational Structure**

The Family Health Bureau (FHB) is housed within the Public Health Division (PHD) of the New Mexico Department of Health (DOH). The programs in the Bureau consist of Women Infants and Children (WIC); Children's Medical Services (CMS) which includes the newborn screening programs; Maternal Health which includes the Midwifery licensing and High Risk Pregnancy program; Child Health; Families FIRST perinatal case management program; The Family Planning section which includes the Teen Pregnancy Prevention program, Teen Outreach program and Male Involvement programs; and the MCH Epidemiology section. There are five

PHD Regions in the state: NE Region, NW Region, SE Region, SW Region, and the Metro Region (Bernalillo County). The Family Health Bureau main office is in Santa Fe, but program staff work out of 56 Public Health Offices and satellite clinics spread throughout all Regions of the state.

### **Characteristics of the New Mexico Population**

New Mexico is the fifth largest state geographically, with its relatively small population (just over 2 million) widely scattered across more than 121,000 square miles of desert and mountains. New Mexico is one of the four poorest states in the nation; over one third of the state's children live in low-income families that struggle to meet their most basic needs for food, shelter, transportation, healthcare, and other necessities.

More than half a million New Mexicans, including 30% of New Mexican children, are living in poverty. According to 2012 state population estimates, 46.4% of New Mexicans are Hispanic and 41.4% are White. The American Indian or Alaska Native populations comprise 8.8% of New Mexico's population; and 2% of the population is Black or African American.

The 2012 estimated racial and ethnic distribution of New Mexico children is as follows:

- Age 0-4 Years: 86,868 Hispanic, 38,026 Non-Hispanic White, 15,642 American Indian, 3,265 Black, and 1,750 Asian.
- Age 5-14 Years: 161,140 Hispanic, 83,176 Non-Hispanic White, 31,480 American Indian, 6,673 Black, and 3,769 Asian.
- Age 15-19 Years: 76,962 Hispanic, 49,133 Non-Hispanic White, 18,265 American Indian, 3,713 Black and 2,280 Asian.

This racial and ethnic distribution leads to unique challenges in improving the overall health of New Mexicans. Over a third of New Mexico's population (36.5%) speaks a language other than English at home, the second highest percentage among all states.

## **Access to Health Care**

A significant portion of New Mexicans are at risk for lack of access to needed primary care. The federal government has designated all or part of 30 of the state's 33 counties as Health Professional Shortage Areas (HPSAs) for medical services. More than 700,000 people live in these areas. Similarly, the federal government has designated all or part of 26 of the state's counties as HPSAs for dental services, with over 700,000 New Mexicans living in these areas. While not everyone in the HPSAs is without care; many people clearly get less health care than they need.

Thirty-two New Mexico counties are designated as oral health professional shortage areas. Three counties do not have a resident dentist. The dentists in New Mexico are not evenly distributed: the majority of private dentists are in the cities of Albuquerque, Las Cruces and Santa Fe. The Office of Oral Health (OOH) has partnered with private providers, especially those linked to schools, to increase the number of children receiving preventive dental sealants and treatment services.



## **Child Well-Being**

In 2013 the Annie E. Casey Foundation's KIDS COUNT data book ranked New Mexico 50<sup>th</sup> in the nation for child well-being. In 2010, 47% of infants were born into poverty—their families earned less than 100% of the Federal Poverty Level (FPL) which was \$23,050 per year to

support a family of four— and another 27% were born into low income families earning less than 235% of FPL. Over 40% of children under the age of 18 live in families where no parent has regular, full-time employment. 29% of children ages 10-17 are overweight or obese and 51% of children ages 6-17 do not exercise regularly. 8% of children under the age of 18 were affected by asthma during the past year. 14% of children ages 0-5, and 19% of children ages 6-17 were not covered by health insurance at any point during the past year.

In spite of the fact that the overall well being of some children in New Mexico is poor, good things are happening. Approximately 50% of New Mexico children ages 2-5 are served by the WIC program. According to the 2013 WIC annual report, the percent of infants enrolled in the NM WIC Program who were ever breastfed has steadily increased over the past seven years, from 58.1% in 2007 to 77.7% in 2013. The obesity rate among NM WIC children has also improved. While the decline was modest, about 1 percent, it placed NM among 19 U.S. states and territories that had a measurable decline in the obesity rates of low-income children between two and four. This is good news since childhood overweight is associated with various health-related consequences including psychosocial risks, cardiovascular disease risks, asthma, sleep apnea, and Type 2 diabetes.

### **Children with Special Healthcare Needs**

In 2010, the national survey of Children with Special Health Care Needs (CSHCN) estimated that 71,000 of New Mexico children have special health care needs. Most CSHCN reported 2–3 conditions (33.3%) followed by those with one condition (25.8%) and those with four or more conditions (15.5%). Allergies, asthma, attention deficit/ hyperactivity disorder, and developmental delays were the four most commonly reported conditions. A positive finding from the survey was the percent of children in New Mexico who were screened early and continuously for special health care needs (64.1%). The survey showed that while New Mexico has experienced improvement in several categories since the second survey in 2005, families continue to need increased coordinated, family centered, community based care within a medical home. Despite a scarcity of providers, economic hardship, and lack of or under-insurance, agencies and providers continue to strive towards addressing the need.

The Title V Program for CSHCN in NM is Children's Medical Services (CMS). CMS employs licensed medical social workers who provide care coordination and case management for children and youth birth to 21 with a variety of chronic medical conditions. CMS staff coordinate over 130 specialty clinics annually around the state to bring access to specialty services to the rural areas. Clinic specialty areas include pulmonary (asthma), neurology,



nephrology, genetics, endocrine and metabolic. CMS also acts as a safety net payer of last resort, providing payment for direct medical services for children and youth who meet financial criteria and are not eligible for Medicaid or adequately insured. Eligible children with high cost conditions are enrolled into the New Mexico Medical Insurance pool.

#### **Selected 2014 Activities for Pregnant Women and Infants:**

- Title V block grant funds support the Pregnancy Risk Assessment Monitoring System (PRAMS) and other surveillance activities to identify populations at high risk for health problems, monitor changes in health status, and measure progress towards goals in improving the health of mothers and infants.
- Family Planning staff facilitated a discussion with stakeholders at the statewide Health Council meeting in March 2014 regarding teen pregnancy prevention efforts. The Family Planning Program also funds and monitors evidence-based pregnancy prevention education programs for teens at 30 sites around New Mexico.
- A Perinatal Quality Collaborative was formed through a partnership of Title V staff, UNM faculty and others to improve quality of perinatal care with a specific focus on early elective deliveries and on perinatal substance use and the neonatal effects of drug exposure.

- The Family Planning Program protocol emphasizes the need to provide preconception health counseling to clients who had a negative pregnancy test and did not plan a pregnancy in the near future
- The Families FIRST program has recently entered into a partnership with the state's Diabetes Prevention and Control Program to address Gestational Diabetes identification and treatment
- The Department of Health launched a quit smoking help line exclusively for Spanish speakers, including a bilingual registration intake specialist and Spanish-speaking quit coaches and supervisors.



- Several FHB staff are collaborating with the Office of African American Affairs to pilot a Centering Pregnancy program at two sites in Albuquerque, which is where a large proportion of the African American population in New Mexico resides.

- Safe sleep practices for infants are promoted through webinars, in person trainings and a Department of Health web page

- The MCH Epidemiologist, Medical Director and Families FIRST staff are collaborating with the March of Dimes to promote prenatal folic acid use in order to

prevent neural tube defects

- Title V staff continue to participate in the national Collaboration Information and Innovation Network (CoIIN) to reduce infant mortality, with a focus in three areas: early elective deliveries, safe sleep, and smoking cessation in pregnancy.
- Title V block grant funds support local health offices to provide family planning services, breastfeeding support, and insurance/Medicaid information
- New contracts between the MCOs and DOH are allowing expansion of the Families FIRST case management program throughout the state, serving pregnant women and infants and children birth to three.
- Families FIRST care coordinators in the Southwest Region were recently trained to use Ira Chasnoff's 4 Ps screening for perinatal substance abuse.

## Selected 2014 Activities for Children:

- The Child Health Program Manager, through the Early Childhood Comprehensive Systems grant, works to improve the developmental screening rates through increasing awareness and training early childhood providers to use standardized screening tools, specifically the Ages & Stages Questionnaire (ASQ) and ASQ: Social Emotional. Trainings are free of charge and can be held across the state. Screening tools are provided when needed
- The Title V Medical Director collaborated with CYFD staff, home visitors and the NM Pediatric Society to bring together home visitors and pediatricians for a one day conference focused on early brain and child development and bridging the divide between home visitors and the medical community. Ellen Galinsky of Mind in the Making was the keynote speaker at the conference.
- FHB staff meet regularly with other Maternal Child Health Bureau funded programs in an MCH collaborative to share resources, integrate the Title V/MCH work being done in NM, and promote family-centered care. Participants include FHB, Parents Reaching Out (PRO), Leadership in Education for Neurodevelopmental Disabilities (LEND), Education for Parents of Indian Children with Special Needs (EPICS), and the Pediatric Pulmonary Program at UNM, among others.
- The Newborn Hearing Screening program continues to work to ensure all babies born in NM receive a hearing screen before discharge and that appropriate follow up occurs for any infants who refer on their screen.
- Home safety trainings for home daycare providers and home visitors continue to be provided statewide; trainings now include safe sleep information and an option of both intentional and unintentional injury workshops.



- The Child Health Program Manager contracted with Kay Johnson of Johnson Group Consulting to perform a programmatic and fiscal analysis of state funded early childhood programs, “Opportunities to Strengthen Early Childhood Services, Programs, and Systems in New Mexico”. The report was presented to the Children’s Cabinet in June and will be shared with other interested parties in early fall.
- CMS participated in a project with the Ease of Use Training Center at the University of Massachusetts to create nutrition information aimed specifically at Hispanic teens. These brochures, developed in 2013 through the use of focus groups, will continue to be distributed in 2014 to public health offices and medical providers statewide.
- The NM Immunization Program provides presentations in English and Spanish to child caregivers, including topics such as immunization schedules, catch-up schedules, prevention and spread of communicable diseases in daycare settings, and myths surrounding immunizations.
- The Child Health Program joined with Envision New Mexico/Developmental Screening Initiative (University of New Mexico) to provide state-wide accessible professional development courses through the Early Childhood Development and Screening Telehealth Series. Participants earn continuing education units or continuing medical education by attending the telehealth sessions live or through the archived system. This improves workforce development and provides a stronger and more skilled workforce to improve the rate of developmental screening and health outcomes for the very young NM population.
- Books to help parents and caregivers understand the social-emotional development of infants and toddlers, *From Day One Baby Knows* and *Day Two: A Toddler’s World & You* have been distributed to parents, child care providers, home visitors, and other early childhood providers. To enhance the books, the program developed six “webisodes” which can be viewed at <http://nmhealth.org/about/phd/fhb/mch>. DVDs of the videos are also being distributed to providers who work directly with parents. Additionally, brochures were created for pediatricians to remind them that many times doctors are the first people families turn to when they have concerns about their child’s development and behaviors. Doctors will be provided with a DVD and requested to show the videos in their waiting rooms and/or encourage families to view the videos at the website. **Day**

*One/Day Two* parent flyers, in English and Spanish, are provided in each Vital Records packet sent to new parents.

- The Child Health program hosted two webinars for early childhood providers and home visitors: FEELINGS, FAMILY, FRIENDS; *Social Emotional Development has Milestones, Too* ad Supporting Moms to Breastfeed.
- The Child Health programs collaborates with many public and private partners to look at ways to create awareness of and prevent childhood adverse events and child maltreatment through the J. Paul Taylor Task Force and the CDC initiative, Essentials for Childhood.

### **Selected 2014 Activities for Children with Special Healthcare Needs:**



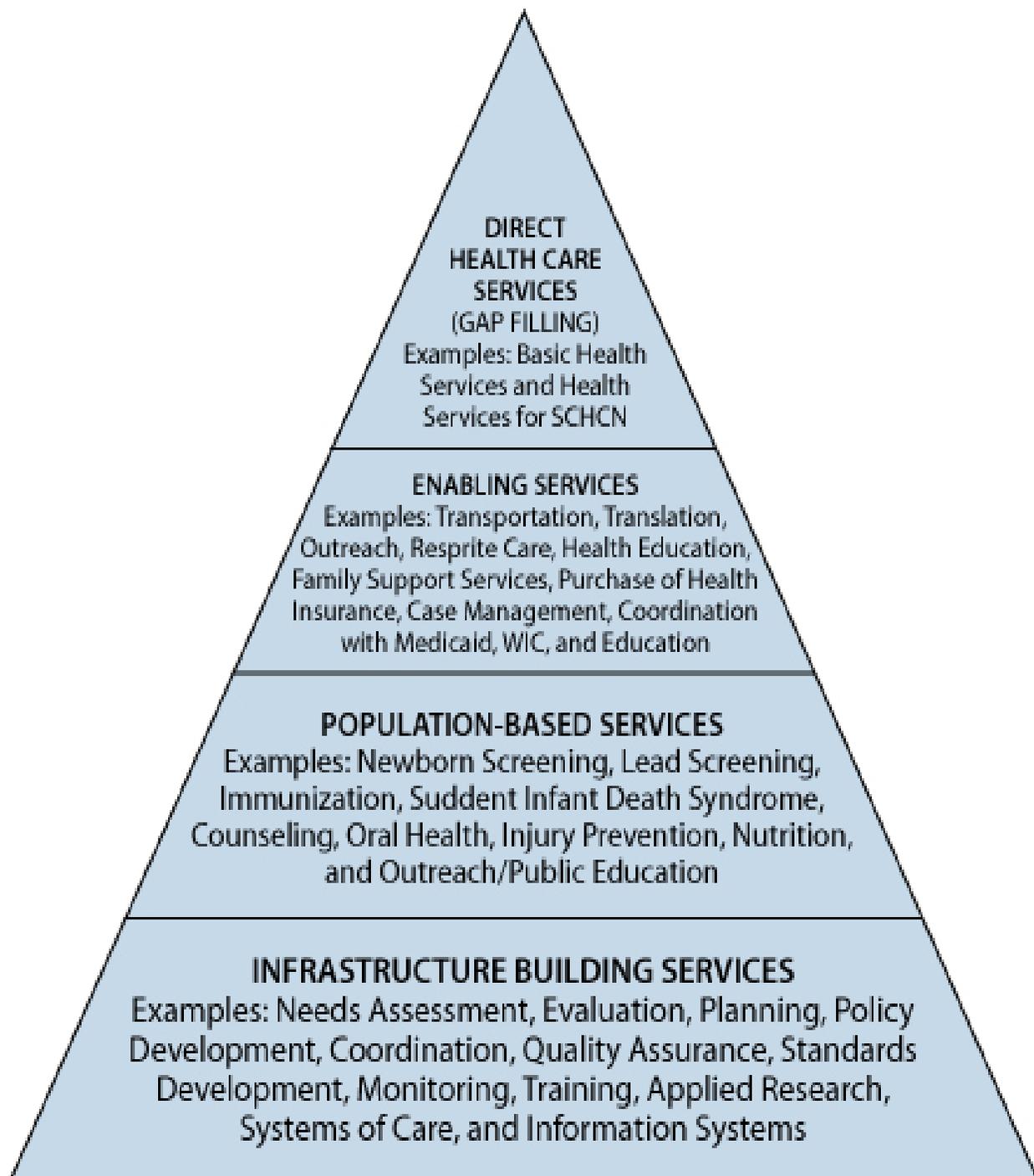
- The FHB Medical Director and CMS Program Manager are working with UNM staff and the University of Utah to bring the Medical Home Portal to New Mexico ([www.medicalhomeportal.org](http://www.medicalhomeportal.org)). The Portal provides information and state-specific resources for families and medical providers on a variety of topics and conditions.

- CMS staff from around New Mexico are receiving training on how to improve the process of transition for youth with special healthcare needs (YSHCN). CMS is also working with UNM to establish a peer mentor program for youth in transition and to support the Transition Consultative Clinic in serving clients in rural areas of the state via use of telehealth.

- The Newborn Genetic Screening Program continues to screen all infants born in NM for 27 conditions, including Critical Congenital Heart Defect which was just added in 2014 after the passage of legislation mandating this screening be performed prior to discharge from the birthing hospital or birthing center. The program will be adding 6 more conditions to the screening panel in 2014 and 2015, including Severe Combined Immunodeficiency (SCID) and five lysosomal storage disorders.

- CMS continues to enroll high cost CSHCN clients on the NM Medical Insurance Pool so they can receive comprehensive insurance coverage. CMS is also working with insurance carriers and brokers to find alternatives to the Pool in the event it is closed down.
- Family partnerships continue to be a focus of all CSHCN programs with family members serving on advisory boards and learning collaboratives.
- The CMS program and FHB Medical Director are partnering with Medicaid and the MCOs to improve care coordination services for CSHCN and advocate for family centered care. A work group has been formed and will begin meeting in summer of 2014 to work on these issues.
- Title V staff in the public health offices were trained on the Affordable Care Act, the Health Insurance Exchange, and the new Medicaid (Centennial Care) changes to better assist clients with navigating insurance options and enrollment. CMS staff specifically developed educational materials for immigrants and monolingual Spanish speaking clients. This assistance will be ongoing in 2014, as many New Mexicans remain uninsured.
- CMS staff in Roswell, in collaboration with the ENVISION program at UNM, are piloting a program to improve access to care and services for children with obesity and metabolic syndrome.
- The DOH Asthma program funded an evaluation of the CMS asthma clinics and work will be ongoing in 2014 to review, disseminate and incorporate the recommendations from the report.
- CMS staff in Santa Fe are working with the Diabetes program at Christus St. Vincent Hospital to provide educational classes to children with diabetes and pre-diabetes and their families.
- Title V staff, including the Newborn Hearing Screening Coordinator, will continue to work with the newly established Hands and Voices chapter in NM to provide family-to-family support around early identification of hearing loss in infants.

## CORE PUBLIC HEALTH SERVICES DELIVERED BY MCH AGENCIES



## Selected NM Health Status/Health Systems Capacity Indicators

	2009	2010	2011	2012	2013
Rate of children hospitalized for asthma per 10,000 children less than five years of age	35.8%	24.6%	21.4%	27.4%	27.4%
Percent of Medicaid enrollees under one year of age who received at least one initial periodic screen	70.4%	80.9%	83%	81.2%	77.4%
Percent of EPSDT eligible children aged 6 through 9 years who have received dental services during the reporting year	59.6%	64.7%	64%	65.9%	66.1%
Percent of State Children's Health Insurance enrollees less than one year of age who received at least one periodic screen	76%	78.7%	77.4%	85.8%	83%
Percent of women with live birth during the reporting year who received at least 80% of expected prenatal visits	66%	63%	65.2%	65.2%	65.2%
Percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Healthcare Needs Program	2.6%	3.4%	3.1%	6.5%	6.3%

## Selected New Mexico Performance Measures

	2009	2010	2011	2012	2013
Percent of screen positive newborns who received timely follow up to definitive diagnosis for conditions mandated by their State newborn screening program	100%	100%	100%	100%	100%

Percent of mothers who breastfeed their infants at 6 months of age	<b>42.2%</b>	<b>49%</b>	<b>49%</b>	<b>49%</b>	<b>49%</b>
Percent of newborns who have been screened for hearing before hospital discharge	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>66.3%</b>
Percent of women who smoke in the last three months of pregnancy	<b>9.3%</b>	<b>7.5%</b>	<b>9%</b>	<b>9%</b>	<b>9%</b>
Percent of children ages 2-5 years receiving WIC services with a Body Mass Index (BMI) at or above the 85 <sup>th</sup> percentile	<b>26.7%</b>	<b>25.4%</b>	<b>25.4%</b>	<b>25.4%</b>	<b>24.6%</b>
Percent of 19-35 month olds who have received full schedule of age-appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza and Hepatitis B	<b>68.2%</b>	<b>72.4%</b>	<b>82%</b>	<b>77.8%</b>	<b>77.8%</b>
Rate of birth for teenagers aged 15-17 years	<b>33.7</b>	<b>29.2</b>	<b>25.5</b>	<b>22.7</b>	<b>22.7</b>
Rate of death to children aged 14 years and younger caused by motor vehicle crashes (per 100,000 children)	<b>4.0</b>	<b>4.6</b>	<b>5.7</b>	<b>3.3</b>	<b>3.3</b>

### **Selected New Mexico Performance Measures – Children with Special Healthcare Needs**

	2009	2010	2011	2012	2013
Percent of children with special healthcare needs age 0-18 years whose families partner in decision making at all levels and are satisfied with the services they receive* (CSHCN Survey)	<b>53.2%</b>	<b>53.2%</b>	<b>67.9%</b>	<b>67.9%</b>	<b>67.9%</b>

Percent of children with special healthcare needs age 0-18 years who receive coordinated, ongoing, comprehensive care within a medical home (CSHCN Survey)	41.6%	41.6%	34.9%	34.9%	34.9%
Percent of children with special healthcare needs age 0-18 years whose families have adequate private and/or public insurance to pay for the services they need (CSHCN Survey)	56.6%	56.6%	60.6%	60.6%	60.6%
Percent of children with special healthcare needs who received the services necessary to make transitions to all aspects of adult life, including health care, work, and independence (CSHCN Survey)	33.7%	33.7%	35.7%	35.7%	35.7%
Percent of children with special healthcare needs age 0-18 whose families report the community-based service systems are organized so they can use them easily * (CSHCN Survey)	85.7%	85.7%	55.5%	55.5%	55.5%

**\* Indicator data comes from National Survey for Children with Special Healthcare Needs conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention. For 2011-2015 data comes from the survey done in 2009-2010. Due to wording changes the data from 2009-2010 are NOT comparable to earlier versions of the survey**