

# Home Visiting Community of Learners – What is the Maternal Child Health (MCH) form used for?

December 12, 2022

1-2 pm



NEW MEXICO

**Early Childhood**

Education & Care Department

# Agenda

- Welcome -Mayra Gutierrez
- Setting the Stage
- Performance Measures and Investment in Prevention and Promotion - Ron Lucero
- Well Child Visits, Maternal health, Immunizations, and NMSIIS - Dr. Janis Gonzales
- MCH Data Outcomes for FY22 - UNM Data Services
- Q&A – Mayra Gutierrez





## ECECD Vision and Mission

**Vision:** All New Mexico families and young children are thriving.

**Mission:** Optimize the health, development, education, and well-being of babies, toddlers, and preschoolers through high-quality, community-based, and family-driven early childhood programs and services.

# ECECD Five-Year Strategic Plan

## *Floreecer*

Spanish for **flourish**

Synonyms: grow · thrive · prosper · do well · develop

*1. (of a person, animal, or other living organism) grow or develop in a healthy or vigorous way, especially as the result of a particularly favorable environment.*

**ECECD 2022-27 Strategic Plan**

View at [nmeccd.org/reportsandplans](https://nmeccd.org/reportsandplans)



# Strategic Plan Impact

By 2027, ECECD aims to impact families, children, communities, and early childhood professionals through our ambitious goals

- **20,000** more families receive affordable high-quality early care and education, bringing the total number of children served to 47,000
- **5,000** additional children enrolled in high-quality NM PreK, bringing the total to 20,000 children
- **5,000** additional families engage in evidence-based home visiting, bringing the total to more than 12,000 families served
- **2,000** additional infants and toddlers will have access to high-quality, inclusive child care, bringing the total to 5,500
- **33** counties in New Mexico supported by an active and engaged local early childhood coalition
- **23** Tribes, Pueblos and Nations have improved early childhood facilities supported by a dedicated funding source and technical assistance
- **500** indigenous early childhood educators are supported in achieving higher credentials
- **80** percent of families and babies with Plans of Care will be supported
- **5** regional equity councils are established

# As we move forward over the next five years, these four pillars will guide and help focus the work of the Department



## Pillar 1: **Equity Focused**

Develop and implement internal and external policies, procedures, and programs that reflect the diverse needs of staff, facilities, and the families and young children we serve.



## Pillar 2: **Partner Engagement**

Engage partners, families, and the communities we serve throughout the policymaking and implementation process in meaningful ways that allow for authentic and actionable feedback.



## Pillar 3: **Early Childhood Program Supports**

Improve the quality of early childhood programs through the development and implementation of capacity building programs that support continuous improvement.



## Pillar 4: **Systems of Accountability**

Meaningful and transparent data is shared with stakeholders regularly, through the development and improvement of data collection and reporting mechanisms.

# Home Visiting

"The role of caregivers and providers is critical in fostering good mental health, so we must support the needs of the adults who care for children, through both individual and systems level approaches."

*- Dr. Lindsey Burghardt, Chief Science Officer  
Center on the Developing Child  
Harvard University*



# Home Visiting Supports Family Wellbeing





# Tools and Screenings

## 5 Step Process

Introduce Tools and Screenings to Families

Administer

Share Results with Families

Referral Process

Family Engagement in Support Services



Home visitors use various screening tools to identify risks and make referrals in support of children and families health and well-being.

These are completed with permission from the family, and we encourage engagement in services.

# Home Visiting uses a Two-Generation Approach to Identify High Risks and Connect Families to Resources for Support

## Screening Tools to Identify High Risks in Adults and Children

Maternal-Child Health Information Form-Adult/Caregiver

Maternal-Child Health Information Form-Child

- Better Understand Families who Receive Services

Relationship Assessment Tool (RAT)

- Intimate Partner Violence

Edinburgh Postnatal Depression Scale (EPDS)

- Perinatal Depression



# Maternal-Child Health Form (MCH) Adult Caregiver

## Used to Better Understand Families

- Identify and discuss family goals

## Focus Areas

- Health insurance, education, employment, housing, demographics, substance use, prenatal and postpartum information

## Referral Guidance

- Complete within 45 days of enrollment and quarterly



# Maternal-Child Health Form (MCH) Adult/Caregiver



## Used to Better Understand Families

- Identify and Discuss Family Goals

## Focus Areas

- Health Insurance, Education, Employment, Housing, Demographics, Substance Use, Prenatal and Postpartum Information

## Referral Guidance

- Tobacco, E-Cigarettes, Alcohol, Illegal Substances, Lack of Primary Care Provider

## Frequency of Use

- Complete within 45 Days of Enrollment.
- Quarterly

# MCH Adult and Child Form Examples



## Maternal-Child Health Information Form - Adult/Caregiver

Client ID	Name
Primary Language Spoken at Home: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> _____	

### Adult Participant/Caregiver

Please indicate (Yes, No, N/A) & Date for each Qtr. Initial Qtr. Date _____	2 <sup>nd</sup> Qtr. Date _____	3 <sup>rd</sup> Qtr. Date _____	4 <sup>th</sup> Qtr. Date _____
Do you currently have a primary care provider? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change
If no, would you like a referral to a primary care provider? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change
Have you had continuous Health Insurance Coverage over the last 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change
Health insurance (check all that apply) <input type="checkbox"/> No insurance coverage <input type="checkbox"/> Private insurance/other <input type="checkbox"/> Medicaid or CHIP <input type="checkbox"/> Use Indian Health Services <input type="checkbox"/> Tricare (military)	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change	<input type="checkbox"/> Change <input type="checkbox"/> No change



## Maternal-Child Health Information Form - Child

Client ID	Child Name	Caregiver Name

Birth of Baby Information				
Date of Birth				
What did baby weigh at birth?	_____ Lbs. _____ Ounces			
At how many weeks was baby born?				
Newborn Hearing Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Follow up Notes from Follow up				
Breastfeeding (Yes, No, N/A)	Initial	Qtr. 2	Qtr. 3	Qtr.4
Did you begin breastfeeding your baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, does your baby receive any amount of breast milk by any means (cups, bottle, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you still breastfeeding your baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
When did you stop breastfeeding?	Date: _____			
Child Health Information	Initial	Qtr. 2	Qtr. 3	Qtr.4
Child Health insurance (check all that apply)	<input type="checkbox"/> No insurance coverage <input type="checkbox"/> Private insurance/other <input type="checkbox"/> Medicaid <input type="checkbox"/> New Mexico's Kids (S-CHIP) <input type="checkbox"/> Use Indian Health Services <input type="checkbox"/> Tricare (military) <input type="checkbox"/> If Other, specify: _____	<input type="checkbox"/> No change <input type="checkbox"/> Change	<input type="checkbox"/> No change <input type="checkbox"/> Change	<input type="checkbox"/> No change <input type="checkbox"/> Change
What is your child's usual source of medical care?	<input type="checkbox"/> Doctor's/Nurse Practitioner's Office <input type="checkbox"/> Hospital or emergency room <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Federally Qualified Health Center <input type="checkbox"/> Retail Store or Minute Clinic <input type="checkbox"/> If Other, specify: _____ <input type="checkbox"/> None	<input type="checkbox"/> No change <input type="checkbox"/> Change	<input type="checkbox"/> No change <input type="checkbox"/> Change	<input type="checkbox"/> No change <input type="checkbox"/> Change

New Mexico Home Visiting  
Periodicity for Required Screenings, Tools & Forms

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Date Enrolled in Program: \_\_\_\_\_

Home Visitor: \_\_\_\_\_

**The following guidelines are the minimum frequencies required. Administer additional screenings as needed.**

**Maternal-Child Health Information Form - Child** Complete within 45 days of enrollment and quarterly thereafter thereafter. \*6 months is an important milestone for completing this form.

AGE IN MONTHS	1-3	6*	9	12	15	18	21	24	27	30	33	36	42	48	54	60
DUE DATE																
DATE COMPLETED																
<i>Referrals as needed</i>																
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
NOTES:																

**Maternal-Child Health Information Form - Adult/Caregiver** Complete within 45 days of enrollment and quarterly thereafter.

AGE	Year 1				Year 2				Year 3				Year 4			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
DUE DATE																
COMPLETED DATE																
<i>Referrals as needed</i>																
REFERRED (R) ENGAGED (E)	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E	<input type="checkbox"/> R <input type="checkbox"/> E
NOTES:																

# Periodicity Form Sample

## MCH Child and Adult

# Referral Process

Connects Family with Informal and Formal Supports

Protective Factors

Initial Discussion

Follow Up Discussions and Intervention Activities

Engagement in Support Services



# Screening Periodicity FY22

	Eligible	Screened	Percent Screened
ASQ-3 /Developmental screen (including children enrolled in EI)	5333	4827	90.5%
ASQ-SE-2/ Socio-emotional screen	5077	4430	87.3%
MCH Child	4710	3778	80.2%
PICCOLO/DANCE	3341	2338	70.0%
MCH Caregiver	6400	5041	78.8%
EPDS/ Depression screen	2103	1777	84.5%
RAT/ IPV screen	6400	5108	79.8%



# 2021 New Mexico Statutes

## Chapter 32A - Children's Code

### Article 23B - Home Visiting Accountability

#### Section 32A-23B-3 - Home visiting programs; accountability; exclusions; contracting; reporting.

- A. The department shall provide statewide home visiting services using a standards-based program and promulgate rules governing the program.
- B. The department shall fund only standards-based home visiting programs that include periodic home visits to improve the health, well-being and self-sufficiency of eligible families. The department may prioritize funding for programs associated with strong evidence of effectiveness and for programs that serve high-risk populations
- C. A home visiting program shall provide culturally and linguistically appropriate, face-to-face visits by nurses, social workers and other early childhood and health professionals or by trained and supervised lay workers.
- D. A home visiting program shall do two or more of the following:
  1. improve prenatal, maternal, infant or child health outcomes, including reducing preterm births;
  2. promote positive parenting practices;
  3. build healthy parent and child relationships;
  4. enhance children's social-emotional and language development;
  5. support children's cognitive and physical development;
  6. improve the health of eligible families;
  7. provide resources and supports that may help to reduce child maltreatment and injury;
  8. increase children's readiness to succeed in school; and
  9. improve coordination of referrals for, and the provision of, other community resources and supports for eligible families.

## 2021 New Mexico Statutes continued....

H. Beginning January 1, 2020, and annually thereafter, the department shall submit to the governor and the legislature an annual outcomes report that includes:

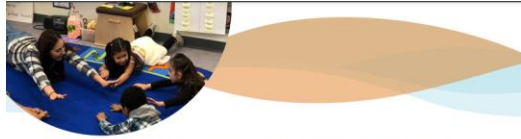
1. the goals and achieved outcomes of the home visiting system implemented pursuant to the Home Visiting Accountability Act; and
2. data regarding:
  - (c) **demographic data on eligible families served;**
  - (f) **any increases in school readiness, child development and literacy;**
  - (h) **any reductions in risky parental behavior;**
  - (i) **the percentage of children receiving regular well-child exams, as recommended by the American academy of pediatrics;**
  - (j) **the percentage of infants on schedule to be fully immunized by age two;**

To review the full document please go here:

[New Mexico Statutes Section 32A-23B-3 \(2021\) - Home visiting programs; accountability; exclusions; contracting; reporting. :: 2021 New Mexico Statutes :: US Codes and Statutes :: US Law :: Justia](#)

Data is derived from the MCH form

# NM Home Visiting Accountability



## New Mexico Early Childhood Education and Care Department Annual Outcomes Report

Fiscal Year 2021  
July 1, 2020 - June 30, 2021



## New Mexico Early Childhood Education & Care Department



Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)  
MIECHV FY 2019 Formula Grant (X10) Final Report



## 2021 Accountability Report Early Childhood

### ECECD FSEI- Performance Measures for NM LFC

Percentage of women enrolled in families FIRST and home visiting that are eligible for Medicaid who access prenatal care in their first trimester

Percentage of women that are pregnant when they enroll in home visiting and families FIRST who access postpartum care

Percent of parents participating in the New Mexico home visiting program for at least eight months who demonstrate progress in practicing positive parent-child interactions as demonstrated by the state-approved, evidence-based screening tool

Percent of eligible infants and toddlers with individual family service plan for whom an initial evaluation and initial assessment and an initial individual family service plan meeting were conducted within the forty-five-day timeline

Percent of children enrolled in home visiting for longer than six months that receive regular well child exams as recommended by AAP

Number of Families enrolled in centennial home visiting

Percent of children participating in the families infant toddler program for at least six months who demonstrate substantial increase in their development as measure by the early childhood outcomes tool in: positive social-emotional skills (including social relationships), acquisition and use of knowledge and skills (including early language/ communication), and use of appropriate behaviors to meet their needs

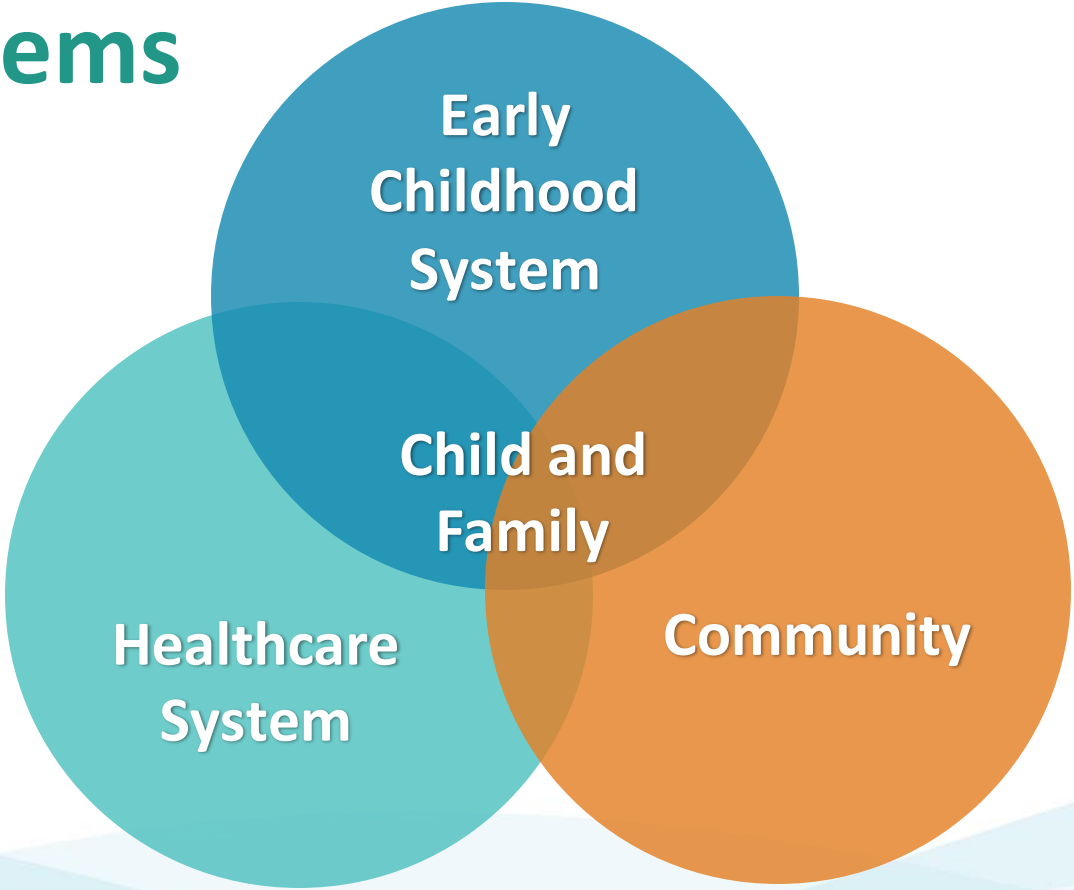
Percentage of families with face-to-face visits, monthly

Average annual number of home visits per family

# Importance of Health Screening



# Integration of Health and Early Childhood Systems



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# Maternal Health



# Pregnancy-Related Mortality Ratio, U.S., 1999 - 2016



# How are pregnant and birthing people dying in NM?



Motor vehicle  
crash



Mental health



Overdose



Other injury



Cardiac



Embolism



Infection



Hemorrhage

Source: NM DOH MMRC Report 2021 (2015-2018 deaths)



# Substance Use in Pregnancy

- Use of alcohol, tobacco, and drugs during pregnancy is the leading preventable cause of mental and physical impairments in children
- Between 1998 and 2011, there was a 127% increase in opioid-dependent pregnant women presenting for delivery
- Drug overdose deaths in pregnancy reach records highs in 2020-2021

JAMA December 6, 2022

**US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020**

[Emilie Bruzelius, MPH<sup>1</sup>](#); [Silvia S. Martins, MD, PHD<sup>1</sup>](#)

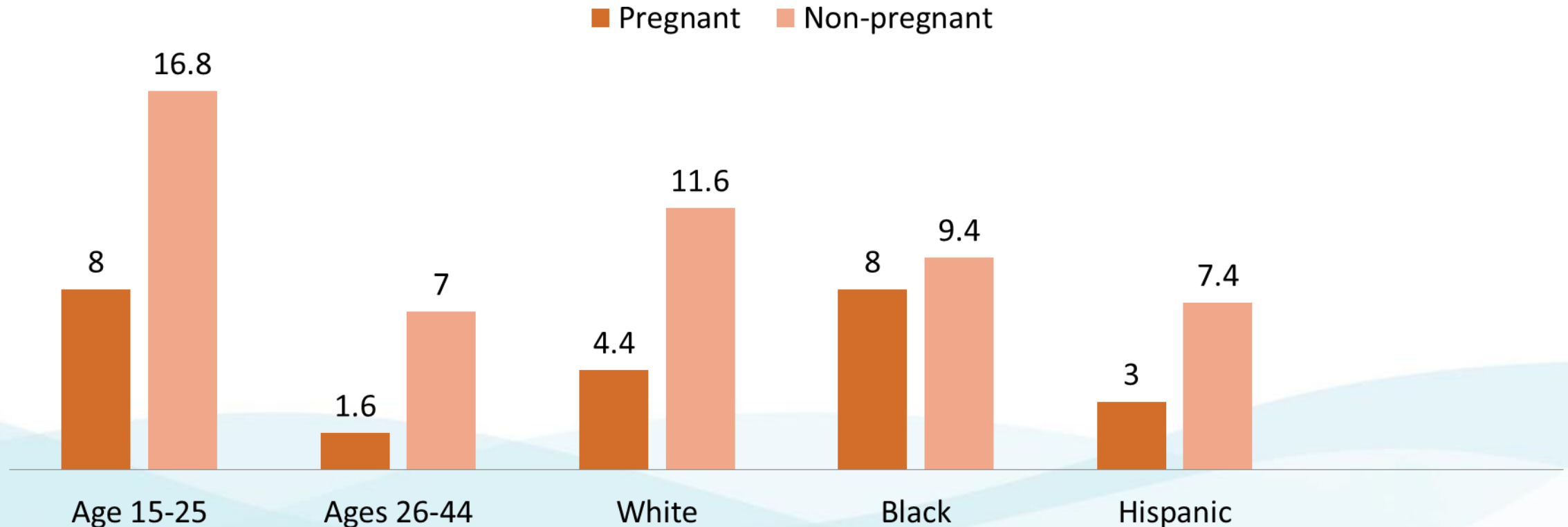
**Author Affiliations**

JAMA. 2022;328(21):2159-2161. doi:10.1001/jama.2022.17045



# Motivation to Stop Use in Pregnancy is Very High

Past month rates of illicit drug use



Helmbrecht et al Management of Addiction Disorders in Pregnancy, J Addict Med; Vol 2; Number 1

# Child Health



# The First Two Years are Critical for Brain Development



Newborn



1 Month



9 Months



2 Years



Adult



0

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# Home Visiting Improves Child Health

- Health for the whole child –physical, mental, socioemotional
- Increased breastfeeding rates and duration
- Decreased child maltreatment
- Improved attachment and parenting skills
- Safe sleep and shaken baby education to decrease infant mortality
- Supports early learning and long-term educational attainment
- Improved connection to health care

Pediatrics: 2013 Nov;132 Suppl 2:S90-9. doi: 10.1542/peds.2013-1021G.  
Effectiveness of home visiting in improving child health and reducing child maltreatment



# Importance of Well Child Checks

- Helps establish a trusted medical home where family can receive holistic, coordinated care
- Measure and discuss growth, weight and nutrition
- Developmental screenings
- Immunizations given; tailored to family's needs; side effects and concerns can be discussed in depth



# Immunizations



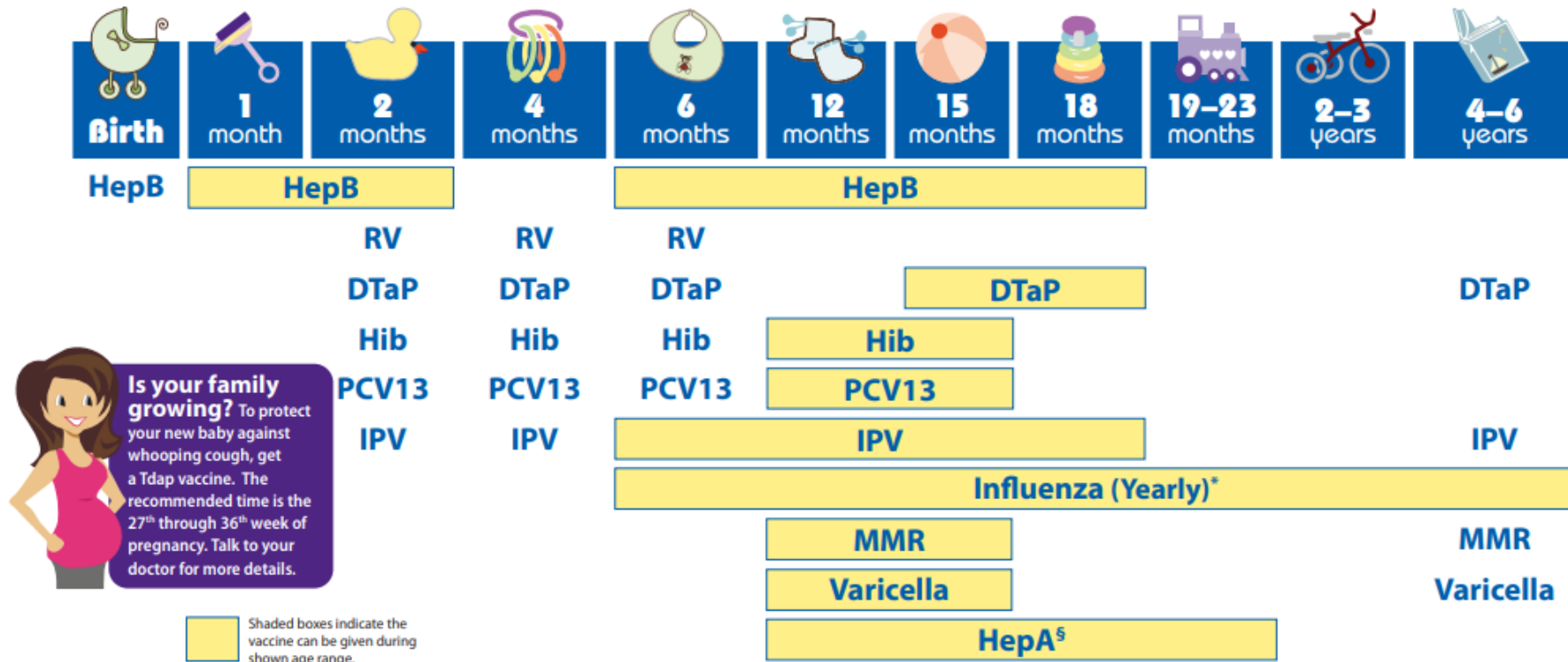
# COVID Vaccine

- COVID vaccine in pregnancy is critical for the health of the mother AND the baby
- COVID infection in pregnancy can cause premature birth and stillbirth due to the impact on the placenta
- People who are pregnant or were recently pregnant are at higher risk of severe COVID
- Antibodies are passed to the infant and help protect them in the first few months of life





# 2022 Recommended Immunizations for Children from Birth Through 6 Years Old



## COVID-19 VACCINATION IS RECOMMENDED FOR AGES 6 MONTHS AND OLDER.

### NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

### FOOTNOTES:

- \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- <sup>5</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine. *If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free  
**1-800-CDC-INFO** (1-800-232-4636)  
or visit  
[www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



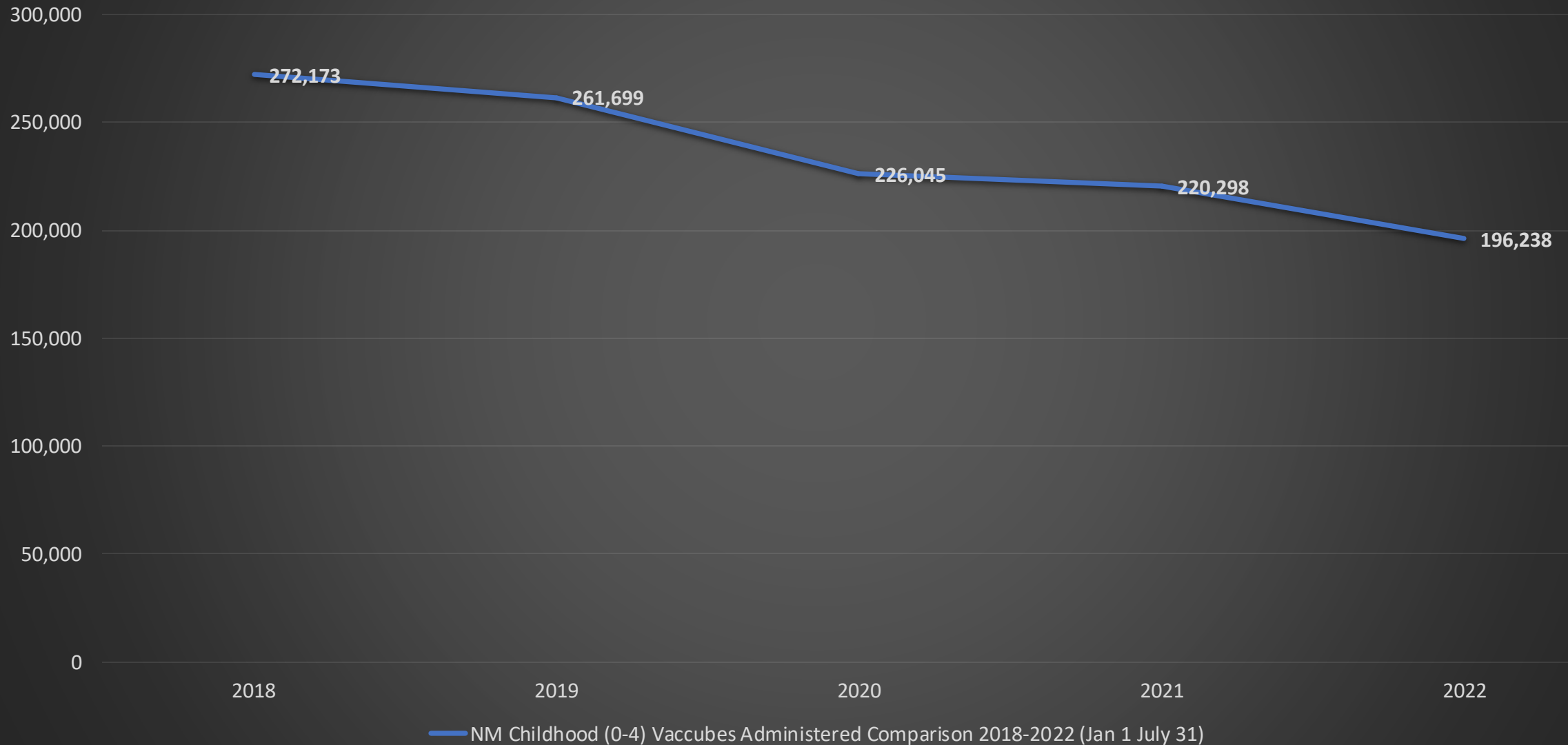
American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# Immunization Rates Have Been Declining

NM Childhood (0-4) Vaccines Administered Comparison 2018-2022 (Jan 1 July 31)



# NMSIIS

- Official data base for all immunizations in the state
- Requires training to obtain access as a provider
- Can be accessed by parents for self/child
- [www.vaxviewnm.org](http://www.vaxviewnm.org)



# *Stay Connected* with the New Mexico Early Childhood Education and Care Department

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