Progress Report

Program Evaluation Unit
Legislative Finance Committee
October 25, 2016

Effective Practices to Reduce Teen Pregnancy

Despite significant progress New Mexico still near the highest in teen birth rate.

In 2015, adolescents gave birth to 2,307 children in New Mexico, a 22 percent decrease since 2013. Statewide in 2015, there were 34 births per 1,000 women between the ages of 15 and 19, though rates varied by county (appendix A). Statistically, many of these children are more likely to live in poverty, enter school behind their peers, experience maltreatment, and become incarcerated than children born to older parents. Long-term, these children will cost taxpayers an estimated $84 million due to Medicaid costs associated with their births, increased reliance on public assistance, and poor educational outcomes.

The Evaluation: The report, *Effective Practices to Reduce Teen Pregnancy, Including the Use of School-Based Health Centers,* (May 2015) assessed New Mexico's teen birth rate as it is consistently the highest or near the highest in the nation. The report found teen births are concentrated in certain areas of risk, and as a result, evidence-based interventions targeted to these teens and geographic regions could produce significant population-level improvements.

DOH has made significant progress on implementing LFC recommendations including developing new performance measures related to teen pregnancy, collaborating with Human Services Department (HSD) to "unbundle" long-acting reversible contraception (LARC) devices, establishing public-private partnerships to make LARCs more accessible, and making the reduction of teen birth rate a super-priority for the department.

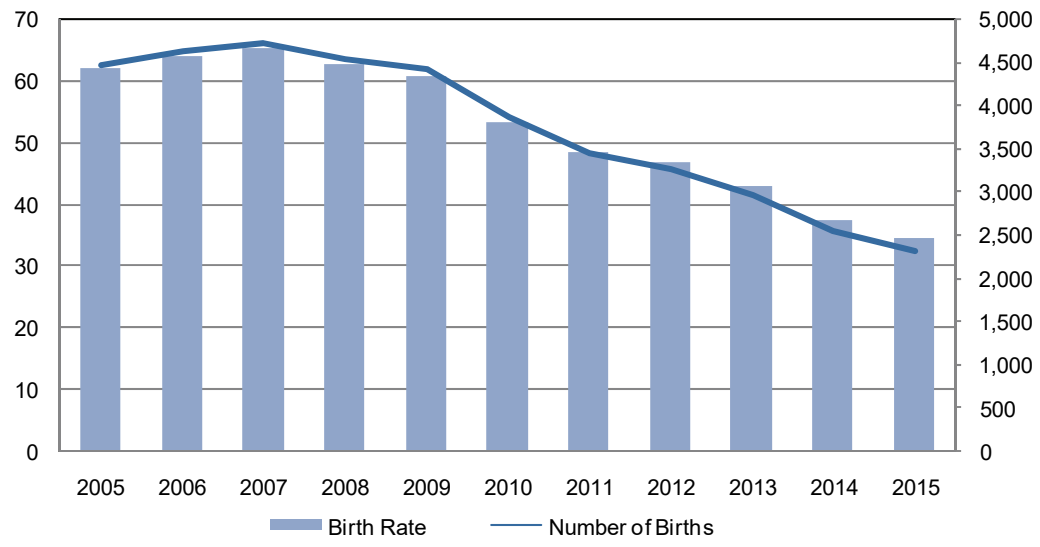
Progress Reports foster accountability by assessing the implementation status of previous program evaluation reports' recommendations and need for further changes.

New Mexico Legislative Finance Committee

Teen Birth Rate Has Dropped 45 percent since 2005

The teen birth rate in New Mexico for teenagers 15 to 19 has declined by 45 percent over the last decade, though New Mexico is still tied for fourth highest teen birth rate in 2014 (the most recent comparable data available) at 37.8 births per 1,000 compared to 24.2 births per 1,000 nationally. Since 2005, the number of births to teens in New Mexico has declined from 4,469 to 2,307 in 2015, the most recent year for which data is available. New Mexico could reach the national average teen birth rate with roughly one thousand fewer teen births each year. The National Campaign to Prevent Teen and Unplanned Pregnancy ranks New Mexico 50th, meaning the highest rate, in the nation for teen pregnancy which includes all teen pregnancies rather than just those that resulted in a birth.

Chart 1. Number of Births to Adolescents Ages 15 to 19 and Teen Birth Rate, 2005 through 2015



Source: DOH

According to the Pew Charitable Trust, a variety of factors contribute to the national decline in teen pregnancy rates, including an increase in the use of long-acting reversible contraception (LARC) devices, the federal Teen Pregnancy Prevention Initiative, and a decline in teen sexual activity since the 1990s.

Risky sexual behaviors among teens in New Mexico have declined slightly in recent years, reflecting national trends. The New Mexico Youth Risk and Resiliency Survey (YRRS) is a survey of public middle and high school students that includes questions about risky behaviors, including mental health, drug and alcohol use, nutrition, and sexual activity. From 2011 to 2013, the percent of teens who reported ever having sexual intercourse, as well as the percent of teens who reported being sexually active, declined, while the percent of teens who reported using condoms increased. This decline coincided with the decline in teen birth rate reported between 2010 and 2015. According to the National Campaign to Prevent Teen and Unplanned Pregnancy in 2015, the percent of sexually active high school students in New Mexico that reported using any method of contraception the last time they had sex was 85 percent. The percent of all high school students in New Mexico that have ever had sex was 37 percent. This is slightly lower than the national average of 41 percent of students. However according to YRRS New Mexico students are at higher risk compared to students nationally to have not used a condom during last sexual intercourse and in not using birth control pills.

School based health centers have administrative discretion on which services they provide. DOH negotiates with schools to provide contraception and educational materials.

Deming High School recently agreed to offer students contraceptives which may help bring down high birth rates in Luna County.

Targeted approaches can further reduce teen pregnancy

DOH has made decreasing teen births one of the four super-priorities for the department with the goal of reducing teen pregnancies by half. Super-priorities include identifying high-risk zones which have either high numbers of teen births or high teen birth rates. In FY16, DOH's New Mexico Family Planning Program (NMFPP) contracted with 19 evidence-based programs with community-based organizations in counties with high teen birth rates (a rate that is higher than the state rate), compared to 10 evidence-based programs in counties with lower teen birth rates. However, Dona Ana county has high numbers of teen births but did not apply for funds for evidence based programs. In FY17, DOH added another Teen Outreach Program site in Luna County and could potentially have a contract with a pueblo by 2018. DOH has been working on a two-pronged approach to decrease the teen birth rate through clinical services and through educational programming. DOH promoted three population-based strategies: service learning and positive youth development programs, adult and teen communication programs, and comprehensive sex education programs. These strategies complement direct, clinical family planning services to prevent teen pregnancy in order to bring about meaningful and measureable reductions in teen births. Most of these programs are school-based, in San Juan, Eddy, Luna, Bernalillo, Cibola, and San Miguel counties.

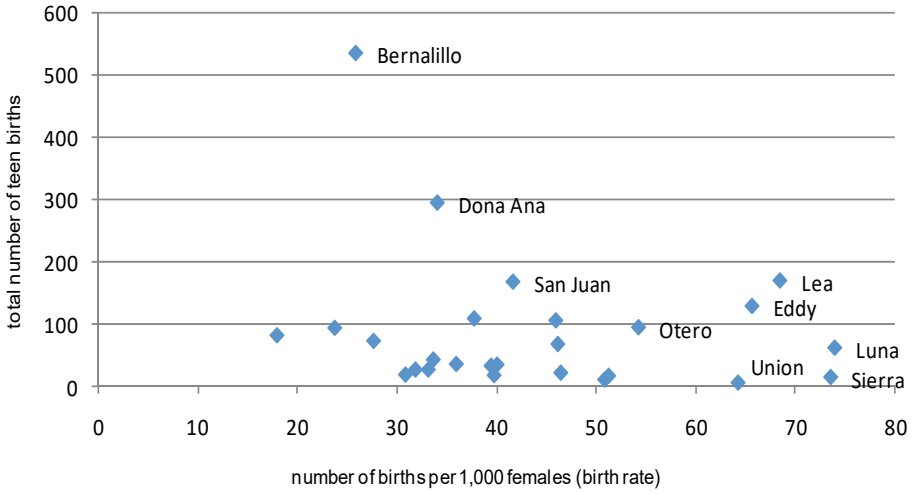
According to DOH, educational programming is provided to teens across the state by local non-profits contracted through NMFPP. These organizations provide evidence-based educational programs, Teen Outreach Program or TOP and Project AIM. TOP promotes positive youth development with service learning (volunteer work in the community) and curriculum-based activities in a program to decrease teen pregnancy and increase school success. Project AIM encourages at-risk youth to imagine a positive future and discuss how current risk behaviors can be a barrier to a successful adulthood, through interactive and small-group activities, group discussions, and role-plays. DOH promotes the use of From Playground to Prom to increase parent-child communication, implemented with parents of the teens who participate in the educational programs. In addition to this structured educational and experiential programming, DOH provides funds to support the BrdsNBz warm-line text-back service that provides medically accurate, age-appropriate sexual health and sexual behavior answers to teens and parents who text questions. DOH and its contractors also participate in "Let's Talk" month and the National Day to Prevent Teen Pregnancy.

Table 1. Counties with Evidence Based Programs and Cost, FY17

County	Cost
Bernalillo	$61,275
Cibola	$107,926
Eddy	$51,150
Luna	$262,000
Rio Arriba	$57,400
San Juan	$131,150
San Miguel	$102,300
Santa Fe	$57,400
Valencia	$51,150
Total	**$881,751**

Source: DOH

Chart 2. Teen Birth Rate and Total Number of Teen Births by New Mexico County, 2015



Source: DOH

Evidence Based Programs

Teen Outreach Program
Project AIM
¡Cuídate!
Families Talking Together

Program breakdown:
Contractors—12
Clubs—29
Sites—8

Long-acting reversible contraception (LARC) devices are the most effective form of reversible birth control for young adults. To be effective in preventing pregnancy, contraception must be used correctly and reliably. LARCs, which are inserted, do not rely on the woman remembering to use them correctly or consistently. Several medical associations, including the Centers for Disease Control and Prevention (CDC), recommend the use of LARCs as a first line of defense for teens. The CDC also reports LARCs are not more risky for teenagers, and less than 1 percent of users become pregnant. However, the CDC reports many young adults are unaware of these contraceptive methods. Historically, LARCs may be viewed as cost-prohibitive, with costs for the device ranging between $400 and $1,000, and costs for insertion and removal ranging between $35 and $200.

DOH has been working to increase teen access to LARCs. New Mexico's student based health centers (SBHCs), many of which are run by federally qualified health centers (FQHCs), can be effective providers for LARCS but until recently were limited in effectiveness because of billing and reimbursement issues. HSD announced in September of this year that "unbundling" has occurred: clearing up billing and reimbursement issues and opening the door for better access to the highly-effective contraceptive.

Using a targeted approach, New Mexico has tried to pursue a similar strategy to Colorado to increase access of the most effective forms of contraception among high-risk teens. Colorado piloted a program that provided young women at risk for unintended pregnancies with LARCs, and these targeted efforts resulted in dramatic reductions in teen pregnancy. The program aimed to provide LARCs to low-income young women and included funds for training, outreach, and technical assistance. Between 2009 and 2014, teen birth rates in Colorado declined by 40 percent, and the Colorado State Department's analysis suggests the program accounted for 75 percent of the overall decrease in the state's teen birth rates.

Four private foundations will potentially contribute $200,000 to make LARCs publicly available in New Mexico. Additionally, a fifth foundation is in talks to award a grant to the University of New Mexico Foundation for the Division of Adolescent Medicine in the Department of Pediatrics to support the LARC initiative. New Mexico should target these funds to identify populations at high-risk for teen births, such as teens enrolled in the state's WIC and home visiting programs and teens who have already given birth to prevent unintended second teen births. The immediate postpartum period (IPP) can be a favorable time to provide LARCs. DOH is collaborating with the Perinatal Collaborative on a grant-funded project to work with three to five pilot hospitals to test protocols and billing procedures for IPP LARCs. Following this, a toolkit will be developed to help other hospitals begin providing IPP LARCs. DOH should also facilitate collaboration, such as engaging community health workers, with these programs and medical providers to encourage access to the LARCs. DOH may also be able to play a role in reducing knowledge gaps associated with LARC use.

Lea County Community Plan

Lea County (the county with the second highest teen birth rate for 15-19 year olds in the state) worked on a community plan to reduce teen pregnancy. This process included expanded data collection on sexual activity and teen births, an assessment of existing resources, focus groups with teens and parents, and presentations on effective practices in teen pregnancy prevention.

Strategies identified are:
1. Make evidence-based, comprehensive sex education accessible to all young women and men in Lea County.
2. Identify and promote multiple places where teens can go to access information and resources about sexual health and contraceptive care.
3. Encourage and assist adults to have safe and open conversations with youth about sexual health and building healthy relationships.
4. Develop programs that expand teens' educational and career goals.
5. Create a countywide coalition that will manage this comprehensive plan and track progress in achieving the goal.

Source: DOH

Recommendation	Status			Comments
	No Action	Progressing	Complete	
Work with the Legislative Finance Committee and Department of Finance and Administration to identify performance measures related to teen pregnancy, including statewide teen birth rate.				New performance measure FY17: Births to teens ages 15 to 19 per 1,000. Target 25.5. Performance measures FY16: Percent of female clients ages 15 to 17 years seen in department of health public health offices who are given effective contraceptives. Target 66 percent. Number of teens ages 15 to 17 receiving family planning services in clinics funded by DOH. Target 2,900.
Collaborate with the Human Services Department to develop a plan to increase knowledge and provide technical assistance to safety net providers regarding the most effective forms of contraception, as recommended by the CDC.				LARC "unbundling" identified as a best method for improving teen access to LARC was recently accomplished,
Pursue public-private partnership opportunities to implement best-practices related to the most effective forms of contraception among teens at high-risk of becoming parents.				DOH has approached five foundations for funding for LARCs but has not been successful at this time. DOH is hopeful a foundation may be interested in funding marketing efforts to teens.
In collaboration with the Human Services Department, Children, Youth, and Families Department, and Public Education Department, develop a comprehensive state plan to reduce teen pregnancies as part of the department's comprehensive strategic plan.				DOH has made decreasing teen births one of the four super-priorities for the Department. DOH has identified communities with high rates of teen births and established feasible targets of a 10 percent reduction each year in the teen birth rate. In FY16, NMFPP has contracted with 19 evidence-based programs with community-based organizations in counties with high teen birth rates. DOH is working with public and private stakeholders (including HSD) on a state plan to increase access to affordable reproductive health services.

Recommendation	Status			Comments
	No Action	Progressing	Complete	
Establish a plan to collect and analyze school-based health center billing data for all provider sites by July 1, 2015. In the short term, DOH should use this data to develop a new formula for distributing general fund allocations to school-based health centers to prioritize centers with the greatest needs. DOH should also work with the legislature to develop recommendations to begin replacing general fund revenue with Medicaid funds and establish a plan for meeting reasonable payer mix levels as part of the budget cycle beginning September 1, 2016.				DOH receives Medicaid reimbursement for family planning services when applicable. DOH has also been working to establish contracts with third party payors in the state. DOH cites general fund cuts in FY17 for their inability to upgrade billing and software applications with more capable systems to collect data and increase billing. According to DOH, although Medicaid reimbursement is helpful to sustain the overall operation of SBHCs, reducing state general funds would potentially result in fewer services overall and reduction in overall hours of availability.

Appendix A: Birth Rate by County

Birth Rate Per 1,000 Females Age 15 to 19, 2015

County	Birth Rate per 1,000 Females Age 15 to 19	Total Number of All births
Bernalillo	25.8	7832
Catron	*	21
Chaves	45.9	931
Cibola	31.8	348
Colfax	51.2	136
Curry	46.1	888
De Baca	0	21
Dona Ana	34	2892
Eddy	65.6	913
Grant	40	319
Guadalupe	*	43
Harding	0	4
Hidalgo	*	51
Lea	68.4	1213
Lincoln	39.7	189
Los Alamos	*	168
Luna	73.9	425
McKinley	37.7	1042
Mora	*	41
Otero	54.2	940
Quay	50.7	83
Rio Arriba	33.6	542
Roosevelt	39.3	266
Sandoval	17.9	1410
San Juan	41.6	1826
San Miguel	35.9	293
Santa Fe	23.7	1252
Sierra	73.5	108
Socorro	30.8	200
Taos	33.1	280
Torrance	46.4	173
Union	64.5	42
Valencia	27.6	838
NEW MEXICO	34.2	25730

Source: DOH

Appendix B: Best Practice Programs, Locations, Costs

Contractor	Curriculum	Club Site	Location	Inschool/Outschool	# in contract	Cost
Capacity Builders, Inc.	TOP	Kirtland Central High School	Kirtland, NM, San Juan County	In-School	2 Clubs (50 participants)	$80,000 - 2 Clubs
Carlsbad Community Anti-Drug Gang Coalition	TOP	Carlsbad Intermediate School, PR Leyva Campus	Carlsbad, Eddy County	In-School	1 Club (25 participants)	$51,150 - 1 Club
Luna County	TOP	Deming High School (2 clubs) Red Mountain Middle School (2 club)	Deming, Luna County	After School	4 Clubs (100 participants)	$204,600 - 4 Clubs
Luna County	AIM	Deming Intermediate School (4 clubs)	Deming, Luna County	After School	4 Clubs (80 participants)	$57,400 - 4 Clubs
Navajo Prep	TOP	Navajo Prepatory School (1 club)	Farmington, San Juan County	After School	1 Club (25 participants)	$51,150 - 1 Club
Planned Parenthood of the Rocky Mountains	¡Cuidate!	TEEN'Mpower group Albuquerque Trades and Techology High School Albuqueruqe High School/South Valley Academy peer education groups	Albuquerque, Bernalillo County	After School In-School After School	4 Clubs (40 participants)	$33,800 - 4 Clubs
Planned Parenthood of the Rocky Mountains	FTT	TEEN'Mpower Parents Van Buren Middle School Parents Albuquerque High School Parents	Albuquerque, Bernalillo County	After School	60 participants	$27,475 - 60 Participants
Santa Fe Boys & Girls Club in Santa Fe Zona del	AIM	Boys & Girls Club of Santa Fe	Santa Fe, Santa Fe County	After School	4 Clubs (80 participants)	$57,400 - 4 Clubs
Santa FE Boys & Girls Club in North SF &RA Cou	AIM	Boys & Girls Club Del Norte	Santa Cruz, Rio Arriba County	After School	4 Clubs (80 participants)	$57,400 - 4 Clubs
UNM Department of Pediatrics	TOP	Laguna Acoma Jr/Sr High School (2 clubs)	Pueblo of Laguna, Cibola County	In-School	2 Clubs (50 participants	$107,926.50 - 2 Clubs
West Las Vegas	TOP	West Las Vegas Middle School (1 club)	Las Vegas, San Miguel County	After School	2 Club (50 participants)	$102,300 - 2 Clubs
Youth Development, Inc.	TOP	Youth Development, Inc. (1 club)	Los Lunas, Valencia County	Out-of-school	1 Club (25 participants)	$51,150 - 1 Club

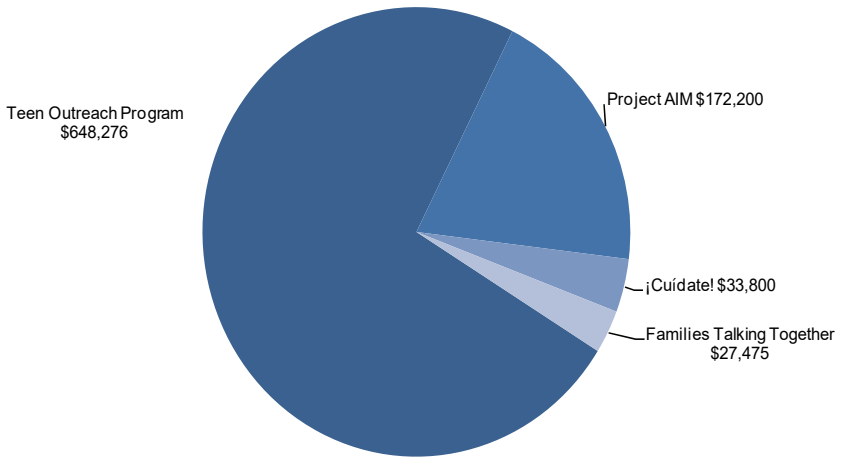
TOP Clubs – 8-25 participants
AIM Clubs = 8-20 participants
¡Cuidate! Clubs = 8-10 participants
FTT Clubs = Parent Group

Contractors: 12
Clubs: 29
Sites: 18

Cost by Program FY2017:
Teen Outreach Program: $648,276.50
Project AIM: $172,200
¡Cuidate!: $33,800
Families Talking Together: $27,475

Cost by County FY2017:
Bernalillo: $61,275
Cibola: $107,926.50
Eddy: $51,150
Luna: $262,000
Rio Arriba: $57,400
San Juan: $131,150
San Miguel: $102,300
Santa Fe: $57,400
Valencia: $51,150

Chart 3. Cost by Program, FY17



Source: DOH