

January 2024

New Mexico Thriving Families Prevention Plan

Prenatal to Three (PN-3)



NEW MEXICO

Children's
C A B I N E T

Background

New Mexico has many strengths, including a rich blend of diverse peoples and cultures, strong support for early childhood, and existing cross-sector partnerships and collaborations. There are also factors that make New Mexico's work challenging, including high poverty rates; a dearth of primary care, behavioral health, and early childhood service providers; many rural and frontier counties which makes service provision difficult; and a high incidence of Adverse Childhood Experiences (ACEs), toxic stress, alcohol and substance use, and generational trauma.

Governor Michelle Lujan Grisham's leadership since January 2019 has brought a renewed focus on children and a dedication to improving child outcomes. The Children's Cabinet, comprised of Cabinet Secretaries from fourteen state agencies and led by Mariana Padilla, the Governor's Office Children's Cabinet Director, collaborated on the Thriving Families Prenatal-to-Three (PN-3) Prevention Plan. This plan contains evidence-based strategies to address and improve child and family outcomes and prevent maltreatment. Since the Thriving Families PN-3 Plan was first drafted in 2022, the Children's Cabinet has held three Thriving Families convenings, and domain groups have met regularly to refine the plan's strategies, expected outcomes, and measures of success.

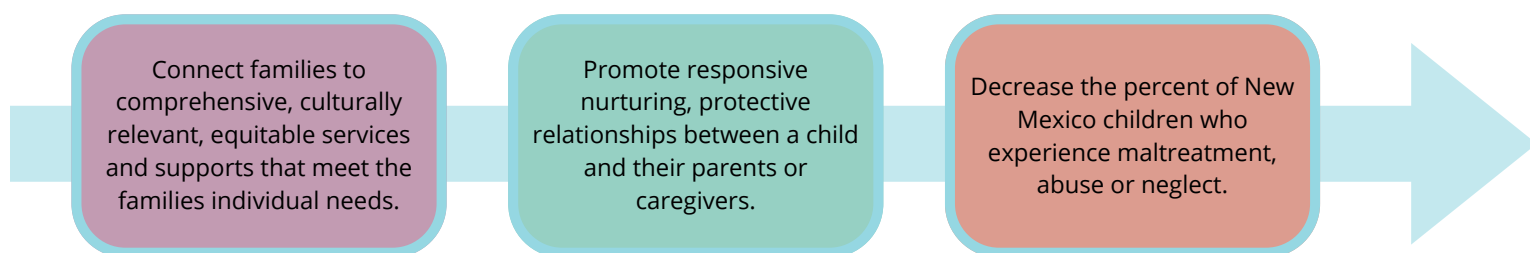
The Annie E. Casey Foundation child well-being ranking—also called the Kids Count Report—has been conducted annually for over two decades. The rankings are determined by 16 indicators, which are organized under four domains: economic well-being, education, health, and family and community. The annual rankings are based on data from two years prior to the report coming out.

New Mexico's 2023 state rankings, based on 2021 data, were as follows: Economic Wellbeing 49th, Education 50th, Health 44th, Family and Community 48th. For consistency, these same domains are used in the Children's Cabinet Thriving Families PN-3 Prevention Plan. Areas where the state has made significant improvements in recent years include health care access due to the expansion of Medicaid under the Affordable Care Act, and expansion of PreK and home visiting services. Teen birth rates and teen drug and alcohol abuse rates are also showing significant improvement.

The strategies in this plan were informed by Centers for Disease Control (CDC) Prevention and Risk Factors (Appendix A) and the Administration of Children and Families Framework for Prevention of Child Maltreatment, in addition to focus groups, family surveys, community needs assessments, and other information gathered from New Mexicans across the state. Efforts have been made to elevate the voices of those populations and communities who live in areas where children are at higher risk. These risk factors include high poverty rates, a dearth of primary care, behavioral health and early childhood service providers and high incidence of Adverse Childhood Experiences, toxic stress, drug and alcohol misuse and generational trauma.

Theory of Change

The overarching goal of the PN-3 Prevention Plan is to prevent Adverse Childhood Experiences in the earliest years by ensuring that children and families in New Mexico are secure, healthy, and have the resources they need to thrive. The Thriving Families theory of change (below) is based on evidence that shows connecting families to high-quality supports and resources promotes nurturing, stable relationships and helps prevent and reduce child maltreatment, especially when the work is done in partnership with communities and families.



State Agencies Involved

- Aging and Long-Term Services Department (ALTSD)
- Behavioral Health Collaborative (BHC)
- Children Youth and Families Department (CYFD)
- Department of Finance Administration (DFA)
- Department of Health (DOH)
- Department of Workforce Solutions (DWS)
- Early Childhood Education and Care Department (ECECD)
- Economic Development Department (EDD)
- Higher Education Department (HED)
- Human Services Department (HSD)
- New Mexico Corrections Department (NMCD)
- Office of African American Affairs (OAAA)
- Public Education Department (PED)

Key Accomplishments in 2023

- Hired a CARA Navigator that specializes in ensuring families are connected to high-quality early childhood programs and services such as home visiting, child care, and early intervention
- Increased the number of infants and toddlers served through child care assistance by 31%
- Expanded Medicaid coverage to 12 months post-partum which ensures that thousands of women have access to quality care after giving birth
- Collaboratively identified high-risk communities and began establishing Family Resource Centers in Valencia and Dona Ana Counties with plans to establish a third in Rio Arriba County.
- Implemented a safe sleep campaign and developed a safe sleep website to reduce infant mortality rates
- Expanded home visiting to include three additional evidence-based models, Family Connects, Health Families America, and Child First

- Implemented trauma-informed training for staff and contractors to facilitate a trauma-informed approach to assisting families
- Provided grants to higher education institutions for trauma-informed education that will expand the knowledge and practice of trauma-informed approaches across the state
- Began rolling out homelessness trainings to library staff, including tribal libraries
- Re-implemented transitional bonus program, where newly approved individuals who were receiving TANF can receive \$200 for up to 18 months to incentivize working
- Requested an FY25 expansion of Community Based Prevention, Intervention and Reunification Services from \$6.1 million in FY24 to \$15.3 million.

Framework for Prevention of Child Maltreatment

According to the Administration for Children and Families, “Prevention efforts are generally recognized as occurring along three levels: primary prevention directed at the general population to prevent maltreatment before it occurs (universal), secondary prevention targeted to individuals or families in which maltreatment is more likely (high risk), and tertiary prevention targeted toward families in which maltreatment has already occurred (been indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

Under the Thriving Families plan, CYFD, ECECD, DOH, HSD, and NMCD, and other Children’s Cabinet agencies will coordinate efforts and funding around parent education, referrals, and funding to ensure primary prevention services are available to all New Mexico families, and that secondary and tertiary prevention activities are available to all families who could benefit from those services.

Thriving Families’ PN-3 Prevention Plan

Goal: Coordinate systems across the Children’s Cabinet to prevent and reduce child maltreatment in New Mexico and enhance family and child well-being.

Vision: Children and families of New Mexico are secure, healthy, and have the resources they need to thrive in their development, education, and health.

The PN-3 Prevention Plan is organized around four domains: 1) Economic Wellbeing, 2) Health, 3) Family and Community, 4) Education.

The following domain objectives and strategies were developed with input and leadership from families and communities most impacted. State agencies are working collaboratively to further build out the strategies, future budget, legislative requests, as well as data and measurement needs.

Economic Wellbeing Domain

Objective: Families will have access to basic resources that will allow them to thrive and become self-sustaining households for the benefit of their children, family, and community.

State Agencies Involved: DWS (leading), EDD (co-leading), HSD, NMCD, PED, OAAA and DFA.

Measures for Success

- Increase the percentage of mandatory two-parent households in compliance with the TANF New Mexico Works program.
- Increase the Labor Force Participation Rate for women with children under 18
- Increase Pre-Apprenticeship enrollment

Strategies

- 1** Extend state benefits to six-months after obtaining full time employment to prevent the cliff affect and allow families to become self-sustaining (e.g. Unemployment Insurance, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Emergency Rental Assistance Program, Low Income Home Energy Assistance Program).
- 2** Provide a comprehensive service delivery model that yields a wrap-around case management structure inclusive of all state resources through a Family Resource Center.
- 3** Provide financial literacy training to families and youth leveraging other state and local resources.
- 4** Increase availability of family focused and multigenerational child care centers in communities that identify this need.
- 5** Through the Income Support Division – collaborate across the Children’s Cabinet to establish an emergency financial assistance (EFA) fund for families who need immediate one-time resources.
- 6** Increase opportunities for young parents to obtain job training and establish career goals.
- 7** Work in collaboration with the individual Tribes, Pueblos, and Nations of New Mexico to meet their unique vision of economic well-being for their community members.
- 8** Improve awareness of family stability resources.

Health Domain

Objective: Children PN-3, families, and providers have access to health and safety resources, education, care coordination, case management and practitioners to be mentally, physically, spiritually, and emotionally well.

State Agencies Involved: DOH (leading), ECECD (co-leading), HSD, DFA, CYFD and BHC.

Measures for Success

- Decrease rate of Sudden Unexpected Infant Deaths (SUID)
- Increase percent of newborns exposed to substances who are served by ECECD programs.
- Increase proportion of birthing individuals with full Medicaid in the year following their pregnancy

Strategies

- 1 Enhance Comprehensive Addiction Recovery Act (CARA) workforce capacity across the state, including service provision and evaluation.
- 2 Increase and sustain an equitable birthing and early childhood workforce with a focus in rural areas.
- 3 Implement Medicaid 12-month post-partum care expansion.
- 4 Increase awareness, knowledge, and access to PN-3 supportive services and resources through community navigators within state funded family resource centers
- 5 Reduce sleep related infant deaths through education of safe sleep practices, providing safe sleeping basinetts and working with practitioners and birthing spaces to increase awareness.
- 6 Allow for more holistic preventative approaches to healthy well-being.
- 7 Work in collaboration with the individual Tribes, Pueblos, and Nations of New Mexico to meet their unique vision of economic well-being for their community members.
- 8 Support families who have been disenrolled from Medicaid with the re-enrollment process.
- 9 Ensure children with special needs are supported in accessing early care, education and healthcare that meets their needs.
- 10 Increase access to behavioral and substance use screening and treatment.
- 11 Expand home visiting services and evidence-based models offered in New Mexico, especially in high-risk or underserved areas.

Family and Community Domain

Objective: Through family and community engagement, the Family and Community Domain will expand and increase access to early childhood programming for underserved populations including young parents, fathers, and kinship caregivers; support justice involved parents in accessing home visiting, parenting education and community services and increase access to safe home and community environments.

State Agencies Involved: ECECD (leading), CYFD (co-leading), PED, ALTSD, DOH, HSD, DFA, NMCD and NMCD.

Measures for Success

- Increase number of children benefitting from the Foster Grandparent Program
- Increase the number of Family Resource Centers in high-risk counties
- Increase 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
- Increase percent of children participating in the state-funded New Mexico prekindergarten program (public and private) for at least six months showing measurable progress on the school readiness spring preschool assessment tool

Strategies

- 1** Work in collaboration across the Children's Cabinet Departments to ensure that families have access to state programs and services including parenting education, child care, and community services. Access includes addressing the ability to pay, transportation needs, extending hours of operation, and other barriers that may prevent access. This includes working in collaboration with community partners to ensure successful implementation of Family Resource Centers that create more ease and efficiency for families to access state administered programs and services. Co-locate agencies within state buildings that serve families and children. (ex: DWS, HSD, ECECD, DOH, CYFD).
- 2** Develop more opportunities for underserved populations, including young parents, justice involved parents, fathers, and kinship caregivers to be advocates for their children, enhance parenting skills, and utilize mentorship supports.
- 3** Increase the capacity of family strengthening community-based organizations to work effectively to implement evidence-based prevention programs and practices.
- 4** Expand partnerships with the New Mexico Corrections Department to create access to parents who are justice involved to receive home visiting services, parenting education, and other services as needed for specific family needs.
- 5** Work in collaboration with the individual Tribes, Pueblos, and Nations of New Mexico to meet their unique vision of family and community engagement that includes wrap around services for their community members to thrive.

Strategies

- 6 Work in collaboration with state departments and families to reduce suspensions and expulsions in child care and PreK.
- 7 Work with family leaders, community organizations, and state departments to educate and support families in providing safe environments for families.
- 8 Work within departments to ensure that state funded programs have family engagement policies, create family engagement partnerships, and incorporate family voice in programmatic decision making.

Education Domain

Objective: Families will have capacity building opportunities to advance equity through programs and policies and state staff will have the training needed to make informed decisions.

State Agencies Involved: HED (leading), CYFD (co-leading), ECECD, BHC, PED, DFA, and DWS.

Measures for Success

- Increase total number of Adult Education students that attained at least one measurable skill gain
- Increase the number of state staff and contractors trained in trauma informed and trauma responsive practices
- Increase number of High School Equivalency attainment in participants in Adult Education

Strategies

- 1 Increase trauma responsive trainings across the state and within state government agencies.
- 2 Support more training on job and life skills to parents and young parents to obtain a career that will result in breaking a poverty cycle and set them up for success.
- 3 Provide a space and forum for more peer-to-peer learning across agencies to better support families with resources within the Children's Cabinet.
- 4 Increase education and prevention training for substance and opioid misuse disorders.
- 5 Provide Adverse Childhood Experiences (ACEs) and other community identified training - utilizing both evidence based and community established curriculums that are culturally adaptive and responsive.
- 6 Work in collaboration with the individual Tribes, Pueblos, and Nations of New Mexico to meet their unique vision of prevention education for their community members in order to reduce child maltreatment.

Centers for Disease Control and Prevention (CDC) Risk and Protective Factors

Risk Factors for Child Abuse and Neglect

According to the CDC, “Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating child abuse and neglect, but they may or may not be direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect. Although children are not responsible for the harm inflicted upon them, certain factors have been found to increase their risk of being abused and or neglected.”

Risk Factors for Victimization

- Children younger than 4 years of age.
- Children with special needs.
- Risk Factors for Perpetration
- Drug and alcohol issues.
- Mental health issues.
- Lack of understanding of child’s needs or development.
- Caregivers who were abused or neglected as children.
- Low education or income.
- High parenting or economic stress.
- Use of corporal punishment.
- A caregiver that is not the biological parent, attitudes that justify violence or aggression.

Community Risk Factors

- Communities with high rates of violence and crime.
- Communities with high rates of poverty.
- Communities with high unemployment rates.
- Communities with easy access to drugs and alcohol.
- Low Community involvement amount residents.
- Few community activities for young people.
- Unstable housing where residents move frequently.
- Communities where families frequently experience food insecurity.

Protective Factors for Child Abuse and Neglect

Protective factors may lessen the likelihood of children being abused or neglected. Identifying and understanding protective factors are equally as important as researching risk factors. Protective factors include:

Appendix A

Individual Protective Factors

- Caregivers who create safe, positive relationships with children.
- Caregivers who practice nurturing parenting skills and provide emotional support.
- Caregivers who can meet basic needs of food, shelter, education, and health services.
- Caregivers who have a college degree or higher and have steady employment.

Family Protective Factors

- Families with strong social support networks and stable, positive relationships with the people around them.
- Families where caregivers are present and interested in the child.
- Families where caregivers enforce household rules and engage in child monitoring.
- Families with caring adults outside the family who can serve as role models or mentors.

Family Protective Factors

- Communities with access to safe, stable housing.
- Communities where families have access to high-quality preschool.
- Communities where families have access to nurturing and safe childcare.
- Communities where families have access to safe, engaging after school programs and activities.
- Communities where families have access to medical care and mental health services.
- Communities where families have access to economic and financial help.
- Communities where adults have work opportunities with family-friendly policies.