# Early Childhood Comprehensive Systems Grant

## State Asset and Gap Analysis

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## I. Executive Summary

This state asset and gap analysis (SAGA) of New Mexico's prenatal to three (PN3) system was conducted for the Early Childhood Comprehensive Systems (ECCS) grant. The purpose of the SAGA is to better understand the state's PN3 landscape, including existing efforts towards integration of the health and early childhood (EC) systems, and to identify gaps in supporting and promoting family well-being in the PN3 years and how ECCS can help address those gaps.

Over the past 10 years New Mexico (NM) has increased its investment in PN3 programs and services and developed partnerships to improve the health, development, and wellbeing of children, which is evident in the many assets listed in this analysis. NM has developed new partnerships and funding streams and is designing a system that is responsive to the needs of families, communities, and the EC workforce. NM is a geographically large state with diverse populations and vibrant cultures including 23 sovereign Tribes, Pueblos, and Nations. NM has received national recognition for its Comprehensive Addiction and Recovery Act (CARA) program and for using federal relief funds to improve the early childhood system for the long term. These are just a few of the many assets identified.

Along with these assets, six major gap areas were identified which stood out as common themes across the reports, plans, qualitative data and needs assessments that were reviewed for this SAGA. Each gap was selected for its relevance to ECCS goals as well as the potential impact its remediation has for prenatal-to-3 (PN3) families. These six gap areas are listed here, and are of equal priority:

1) Lack of awareness of, and difficulty accessing, information on EC services
2) Lack of trust in government or corporate systems, which has historical roots

3) Fragmented data systems, which hampers the ability to track and evaluate long-term progress on child and family wellbeing
4) Logistical problems with getting to EC and health services and sparse transportation infrastructure
5) Healthcare and early childhood workforce shortages
6) Not having voices of lived experience at decision-making tables

## II. Introduction

NM is home to many cultures, including 23 Native American tribes, pueblos, and nations as well as a relatively large foreign-born population who make up 9.2% of the state. The richness of our cultural heritage is further reflected in the diversity of language spoken at home, with thirty-five percent of the population speaking a language other than English. New Mexico's racial and ethnic diversity makes it a majority-minority state, with a population that is 49.1% Hispanic, 37.9% non-Hispanic White, 9.1% American Indian, 2.2% African American, and 1.8% Asian and Pacific Islander.

NM is also a highly rural, sparsely populated state, where transportation is often cited as an issue. With over 121,000 square miles of land and only 2.1 million residents, NM ranks as just the 45$^{th}$ most densely populated state in the country. What is more, NM has only four urban centers with populations exceeding 50,000, and it has a mere 0.57 miles of roadway per square mile of land (placing it at 44$^{th}$ in the country on this metric).

This cultural and geographic context allows one to better understand the circumstances of the New Mexico Early Childhood Education and Care Department (ECECD). The Early Childhood Education and Care Act, enacted in 2019, notably established the position of Assistant Secretary for

Native American Early Education and Care and required ECECD to prepare a four-year finance plan, which set the tone for the new department's approach to its work, foregrounding its commitment to NM's Native American communities (and to NM's culturally diverse population, more generally) and requiring the department to build a plan to scale the PN3 programs and services with tangible, financially feasible action steps.

In 2020, the Early Childhood Trust Fund (ECTF) was established, securing annual funding for the department, and signaling NM's commitment to strengthening its early childhood system. In 2021, a Chief Health Officer position was added to the ECECD Executive Leadership team in recognition of the critical role health plays in early childhood wellbeing, and House Joint Resolution 1 was approved by the New Mexico Legislature, allowing voters to decide in November 2022 whether a portion of the state's Land Grant Permanent Fund (which is currently valued at more than $22 billion) could be used to fund the ECEC system. This measure passed with a wide margin on Nov 8, 2022, ensuring another stable and predictable funding source for the prenatal to five early childhood system.

The creation of ECECD brought together child and family serving programs that previously resided in other state agencies. Currently, ECECD administers child care licensing and assistance; the Child and Adult Care Food Program; Families FIRST, a perinatal case management program; Family Infant Toddler (FIT), New Mexico's Individuals with Disabilities Education Act (IDEA) Part C program; the Head Start State Collaboration office; federal and state home visiting; and NM PreK (school and community-based). Additionally, the department includes quality improvement and early childhood workforce development initiatives and is creating an Infant and Early Childhood Mental Health Consultation (IECMHC) program.

While most PN3 serving programs are now housed in ECECD, some programs impacting the PN3 population are still administered by other state agencies. The Department of Health (DOH) administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Children's Medical Services; Newborn Screening; Family Connects; and Title V. The Children, Youth, and Families Department (CYFD) administers the Infant Mental Health Program, and the Human Services Department (HSD) administers Medicaid and SNAP.

The ECCS grant, held by ECECD, is focused on centering families, promoting equity, convening stakeholders, and collaborating across programs and agencies to strengthen the state EC infrastructure and better connect the EC and healthcare systems. In collaboration with others in the department, the ECCS team (consisting of the ECCS Lead and Family Engagement Coordinator, along with the Chief Health Officer) works on these goals by strengthening partnerships to optimize maternal and early childhood systems.

## III. Methodology:

Most of the insights described in this document are the product of secondary analyses of previous reports. Rather than attempt to duplicate the wealth of analyses already conducted on the wellbeing of the New Mexico PN3 population, the SAGA critically analyzes past work, drawing out common themes. In doing this, ECECD hopes to not only better focus the activities of the ECCS grant but also spur discussions and inquiry that may be helpful to the broader early childhood policy work happening in NM. This systematic review of past reports was also informed and enriched by one-on-one stakeholder interviews and by the incorporation of survey and focus group data.

For the assets sections, this entailed condensing and updating the previously submitted NCC report, adding more recent efforts and information that had come to light since the NCC report was submitted while simultaneously focusing the lion's share of our efforts on the gaps section, which we believe delivers more value to our state moving forward.

For the gaps sections, ECECD compiled and reviewed dozens of reports (listed in the Appendix), studied focus group and survey data, and supplemented those reviews with several key stakeholder interviews to fill in where information was lacking, all while searching for convergent themes as well as gaps.

The interviews performed in support of this report fell into two broad categories: formal interviews, which involved a structured discussion with administrative support, and informal interviews, which were less structured and were done on an ad-hoc basis. The former offered the advantage of greater depth, while the latter allowed for greater flexibility. Both structures, however, provided valuable insights and perspectives on critical issues and alerted us to issues we were not previously aware of. The stakeholders interviewed include the following:

- Four PN3 parents in New Mexico (all of whom are members of parental advisory councils)
- Two Pediatric providers in New Mexico
- The data coordinator for PRAMS, one of the largest PN3 surveys in New Mexico
- The lead developer and author of ECECD's child care cost model
- The former administrator of NM's CARA program
- Staff in CYFDs Behavioral Health Services division
- Data analysts within ECECD

One of ECECD's chief objectives was ensuring that our SAGA analysis centered family perspectives. To achieve this, we made sure to include direct testimony from PN3 families, primarily by incorporating focus group and community input and large-scale family survey results, but also by conducting one-on-one interviews of PN3 parents. Some direct quotes from families are highlighted throughout the SAGA to further emphasize their voices.

## IV: Analysis of Findings

The assets, gaps, and opportunities for ECCS are summarized below and grouped according to the HRSA ECCS goals, which are:

1) *Increase state-level infrastructure and capacity to develop and/or strengthen statewide maternal and early childhood systems of care*
2) *Increase coordination and alignment between maternal and child health (MCH) and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being*
3) *Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family wellbeing, beginning prenatally*
4) *Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the PN3 population*
5) *Increase state-level capacity to advance equitable and improved access to services for underserved PN3 populations.*

Within each goal area, ECECD documented the major assets as well as the frequently reported barriers, gaps or needs. For the Opportunities section of each goal, the Department explored contextual factors that may contribute to progress in the future and ways that ECCS could contribute to progress in each area.

## *A. HRSA Goal 1: Increase state-level infrastructure and capacity to develop and/or strengthen statewide maternal and early childhood systems of care*

### 1. Assets

#### a. Early Childhood and Maternal Leadership Capacity

ECECD used federal relief funding to support 15 Local Early Childhood System Building Coalitions covering 12 counties and the Department's five-year strategic plan includes the goal of at least one coalition in every county by 2027. These coalitions are planning to develop family leadership councils, which will greatly increase the early childhood leadership capacity in the state.

The Pritzker PN3 Family Leadership Council, a diverse group of parents and family members throughout New Mexico, is another excellent resource to inform potential program and policy changes. The objective of the Pritzker Family Leadership Council is to build a more equitable PN3 system through family advocacy and leadership. The council initially had over 100 applicants and the current cohort of 16 members has identified individual advocacy goals as well as areas of interest for training.

Additionally, NM has several other strong organizations that provide opportunities for family leadership in state decision-making. Parents Reaching Out

(PRO) employs families with lived expertise to help other families across the state, especially those whose children have medical complexity or disabilities. They provide advocacy training and often take parents to the state capital during the legislative session to testify on various bills impacting healthcare or the early childhood systems. Family Voices has its national headquarters in Albuquerque, and Navajo Family Voices supports family leaders on the Navajo Nation.

Having these established family organizations to work with is a great asset for ECCS, and there are established maternal organizations as well, including the NM Birth Equity Collaborative, the Maternal Mortality Review Committee, and the NM Perinatal Quality Collaborative, all of which can be thoughtful policy partners in strengthening connections between the EC and maternal systems of care.

**b. Data Infrastructure**

Most of the extant individual data systems are smartly designed and would not require substantial reforms to be made amenable to cross-system linkages. To take a notable example, the Enterprise Provider Information Constituent Services (EPICS) platform, which is housed at ECECD, offers rich information about PreK provider characteristics as well as PreK student demographics, performance, attendance, and IEP status. During the initial integration of EPICS into the Early Childhood Information Data System (ECIDS) system, CYFD was providing PreK student data to PED for STARS ID, but the project was eventually abandoned due to the transition to ECECD. The current ECIDS Expansion project will continue the effort of assigning STARS IDs to the New Mexico PreK population

The data linkage MCH Epidemiologist hired through the Family Success Lab (FSL), a data linkage project focusing on maternal child issues, is currently attempting to link home visiting, FIT, and CARA data, which will provide a better understanding of what programs and policies are positively impacting maternal and child health outcomes to support evidence-based policy making. Among the FSL's current efforts are investigations of interrelations between Medicaid access, substance use, and home visiting survey responses (including maternal depression), with near-term plans to include abuse and neglect referrals, PreK enrollment, and sibling outcomes.

HSD is currently working with several companies to design, develop and implement an enhanced integrated data system that will incorporate data schemas and elements from Human Services Department (HSD), Department of Health (DOH), Children, Youth and Family Department (CYFD), Early Childhood Education and Care Department (ECECD), and Aging and Long-Term Services Department (ALTSD). The effort, titled HHS 2020, will transform the way HHS services and programs are delivered in NM, working across organizations and agencies to deliver seamless services and improve client outcomes more effectively. This project will also provide a centralized point of intake and referral for programs from different state agencies, creating a new unified portal with mobile platform integration which will enable New Mexicans to apply for benefits and services across HHS agencies.

And as a final example, the forthcoming NM all-payer claims database will include medical claims, pharmacy claims, dental claims, and eligibility and provider files collected from private and public payers. This project, managed by the DOH

epidemiology division and scheduled to go live in 2023, will offer yet another step toward data integration.

**c. Agency Partnerships**

Within state government itself, clear and coordinated partnerships between the agencies dedicated to serving the PN3 population – specifically ECECD, DOH, CYFD, and HSD – have been growing stronger over the past year. Although there are still some areas that are siloed, we have been building bridges by working on specific interagency projects. The CARA program for newborns exposed to substances is a perfect example, as it is truly being led by an interagency team from CYFD, DOH and ECECD. The Thriving Families PN3 Prevention Plan to prevent abuse and neglect is another good example of this coordination and includes several other state agencies not normally thought of as PN3 facing, such as Corrections and Workforce Solutions.

**d. Workforce Development**

New Mexico's Infant Mental Health (IMH) System began developing in 2001 and is administered by the Children, Youth & Families Department (CYFD). Its mission is to mitigate the transmission of intergenerational trauma between parents and infants by way of dyadic and triadic clinical work. Infant Mental Health Teams are established in nine of NM's judicial districts, Parent Infant Psychotherapy is offered in ten judicial districts, and a Foster Parent program is offered in nine judicial districts. The CPP workforce will be further supported in expansion by the new Opportunity Scholarship which provides free college tuition to any New Mexican.

Infant and Early Childhood Mental Health Consultation (IECMHC) is a newer service that is being built out by ECECD. A statewide coordinator has been hired, funding has been allocated, and 15 scholarships have been awarded for IECMCH certification that will be completed in the coming year. IECMH does not provide direct service to a child or family, but instead provides education and skill building, helping to increase confidence and competence in adults that support young children. IECMHC services focus on improving outcomes for young children by building the capacity of early childhood professionals and families to understand and promote children's social and emotional development

New Mexico has also implemented a number of strategies to recruit and retain early childhood professionals. NM ECECD provides a scholarship program that covers tuition and books for professionals working toward certification or degrees in early childhood fields. The scholarship is available to New Mexico early childhood educators working in a variety of settings including, child-care, PreK or Early PreK, Head Start or Early Head Start, Tribal programs, Home Visiting, and Family Infant Toddler (FIT) Early Intervention Programs.

On October 6, 2022, ECECD announced a grant available to all childcare providers in the state that funds raises of $3 an hour to all early childhood educators, raising the wage floor to $15 an hour for entry-level workers and $20 an hour for lead teachers. In addition, NM ECECD's Early Childhood Wage Supplement Program provides financial support for early childhood professionals making less than $16 per hour based on levels of higher education completion. The Wage Supplement Program provides education-based supplemental wages to early childhood educators who work

as teachers, teacher's assistants, or family childcare home professionals with children from birth to age five.

## 2. Gaps

### a. Leadership Capacity

One of the gaps we identified from reports, focus groups, and interviews is that certain populations – specifically, young parents and grandparents raising grandchildren – report not always being aware of EC services and opportunities, so adding these voices to the Family Leadership Council cohorts in the future will be an important step in responding to this gap.

Additionally, PRO does a wonderful job of training parents of children with medical conditions or disabilities to advocate for their children's needs; however, there is not an equivalent organization that trains all parents to advocate for their children. NM is fortunate to have an accessible legislature with many opportunities to speak in person to these leaders, including local community town halls and committee hearings; however, some training is necessary for parents to feel comfortable speaking persuasively in these public settings.

### b. Data Infrastructure

With regards to data gaps, early childhood programming has long segregated child outcomes from preconception and maternal/paternal health outcomes. This has led to fractured data and information systems and can result in fragmented care as well when the family is not treated as a unit.

Furthermore, while there exist many well-designed, information-rich data systems in NM state government that collect information on PN3 children and families, most

of these systems do their good work in silos and do not easily link to one another, preventing program staff and policymakers from fully grasping the interrelations between various family needs, stressors, and strengths.

Without the ability to understand dependencies between the many spheres of life that impact a PN3 family, it becomes challenging to efficiently target resources and attention and can also lead to duplicated efforts and missed opportunities.

Some examples drawn from stakeholder interviews, might be of use here:

- The director of the PRAMS data system (which is housed at DOH) reports that nearly all current efforts to link data across systems are done "in pursuit of a specific research question, not with the goal of a connected system." In other words, linkages across systems are not produced in a fashion conducive to broad use but are instead produced to respond to specific questions and needs.
- The deputy director of the Behavioral Health Services unit at CYFD reports that most efforts by her unit to share data arise "on an ad-hoc basis," mirroring the comments of the PRAMS director.

**c. Access and Logistics**

In almost every document about PN3 families in New Mexico, the challenges and costs around the logistics of accessing services were cited as a barrier to obtaining services. These comments are more pronounced for families in rural communities and for families with a relatively low income (and most urgently by families at the intersection of the two groups). The former group consistently reports unsurprising difficulties in making the often hour-plus drive, both ways, to reach pediatricians, therapists, and other health care specialists for their PN3 children. And both groups

report a heightened difficulty around the daily logistics of child care; the former because of fewer child care options nearby, especially for infants, and the latter because of a heavy reliance on the state's sparse public transportation infrastructure.

In the Spring 2022 focus groups conducted by SBS Evaluation and Program Development Specialists, transportation was again identified as a barrier to being able to access services. Some families identified that their primary mode of transportation was the bus, and that when they went to deliver their baby, they did not know they would be unable to take the bus with a newborn. This led to them having to pay for a taxi they could not afford in order to get home.

These challenges and barriers are a concern for at least two reasons:

1) As described above, these barriers are more pronounced in rural parts of the state and have the greatest impact on low-income families. As such, they are at the root of many of the inequities that this agency—and the whole NM state government—is seeking to remedy.
2) These barriers undermine all other efforts at PN3 family support. No manner of improved data system or service provision can help PN3 families if the families cannot reach services to begin with.

**According to a recent needs assessment conducted in McKinley County, located in the northwestern part of the state, 11.26% of households in this area do not have a vehicle. In this area parents expressed, "You need to have a vehicle out here to do anything, because there is no public transportation. A lack of transportation keeps families from taking their child(ren) to child care."**

Transportation is a problem not only for families with young children but for accessing prenatal care as well. The maternity care deserts noted in the Maternal Mortality Review Report of 2022 mean that it is sometimes necessary to drive for hours roundtrip just to receive prenatal care or to deliver at a hospital or birthing center with an appropriate level of care to match an individual's needs.

Of course, the concerns raised above are not fully soluble at the early childhood system level; a significant part is appropriately traced to economic and urban planning policy. And briefly, it is worth noting that the Infrastructure Investment and Jobs Act, which became law in November 2021, has promised $379 million dollars over the next five years to improve NM public transportation and several billion dollars over the same time window to improve NM roads. Add to this a number of smaller initiatives at the state and local level, and these investments are likely to improve the state of affairs described by NM PN3 families today. But more can be done beyond expanding bus networks and building better roads; namely, increasing the geographic density of the PN3 service offerings attacks this issue from the back-end—by reducing the need for transportation to begin with.

**d. COVID impacts on the workforce**

The COVID-19 pandemic has put significant stress on an already strained system, with a shortage of providers and limited options for parents to balance caring for their children and working to maintain their income. Many caregivers, especially those who work nontraditional hours or have multiple children, experienced significant stress, and in some cases job insecurity, due to the lack of consistent childcare.

Early childhood educators have also reported a high level of stress. Almost two years into the pandemic, an ECECD survey of child care professionals in January 2022 identified the top three barriers to their job satisfaction as COVID-19 concerns (34%), general stress (20%), and financial stress (17%). Respondents reported that COVID, lack of staff, and low pay were the primary discouraging factors in their jobs and identified more support, as well as hiring and retaining staff, as their two most important needs.

Following a review of the 15 community needs assessments, a notable gap identified was the lack of child care options for families that work non-traditional hours, specifically flexible care that aligns with their work schedules. This was especially true in New Mexico's rural and frontier communities. Families requiring child care outside of the typical 8am to 5pm workday typically are working lower income jobs or pursuing higher education by taking evening classes. These parents often have to rely on family members or pay for hourly child care, shuffling children

**In the Partners in Early Childhood Education (PIECE) Coalition of Lincoln County needs assessment one parent's frustrations are clearly felt, "I have a 3-year-old son and both my partner and I work as servers. I've hired babysitters to stay with him at home and they have stolen my rent money, not shown up when they were supposed to or didn't take care of my child. When we have to work the same shift, we have had to take him to work with us and he plays in the corner of the restaurant. I can't get into child care and besides it won't cover the hours we work."**

from one care location to another in order to fulfill their needs. The San Miguel Early Childhood Coalition needs assessment noted, “Not having sufficient childcare or non-flexible program hours causes families to have to leave work early, call in, or leave their children with extended family members or friends. This juggling act leaves them stressed and, as one parent says, leaves them “feeling like a chicken with their head cut off.” These additional stressors are likely felt the most by New Mexican families already marginalized.

**A local mother explains, “I work 40 hours a week, and then I do all of my classes after 5:00PM . . .Finding after care after 5:00PM is really, really difficult. My life is crazy, just constantly running. Not having one place to keep your child is really difficult–I’m trying to provide stability for my son, but I have to piece together child care from different places and people–drive over to campus, pay someone to come to my house.”**

A business owner in Lincoln County explained, "I lost a great employee because she could not get child care in Ruidoso and had to move to Alamogordo where she had family to watch her child." Even New Mexico’s urban area, Albuquerque and surrounding communities, are not immune to lack of child care options.

Additionally, families are looking for high-quality child care that provides more for their children than supervision. Families repeatedly used the words “explore” and “play” when they spoke about their hopes and dreams for their children’s care and expressed a desire for educators who are trained and supported to implement developmentally appropriate, child-centered early childhood curricula.

**e. Workforce Shortages**

For many years, New Mexico has been losing physicians, dentists, and all forms of healthcare providers and clinicians. According to the NM Medical Society (NMMS), the most recent data show a loss of hundreds of physicians between 2013 and 2020, with particular losses occurring among primary-care physicians (including pediatricians). And rather than slowing down in recent years, the data indicates an acceleration in loss in the last few years, with an especially alarming net decrease of 23.4% in the primary-care physician work force between 2017-2020. Unfortunately, early data about this workforce during the pandemic suggests that between 2020 and 2022, the situation got worse, not better. And the fact that NM's physicians are, on average, older than US physicians in general suggests that retirements may drive this workforce population ever lower in coming decades.

The NMMS reports the following factors as being responsible for the state's difficulties to recruit and retain physicians:

- A poor reputation as a state regarding medical practice environment.
- A healthcare loan repayment program that offers far less money than other states (including neighboring states). For example, Arizona and Texas both offer over three times the loan forgiveness to physicians as New Mexico.
- Constrained access to credit for young physicians looking to set up shop in rural areas—including and especially for those young physicians already saddled by significant medical school debt.

More investigation regarding these proposed causal factors is needed, but the necessity to recruit and retain physicians to NM is clear, highly relevant to NM PN3

family needs, and, in many ways, parallel to our needs to around child care providers. Twelve of the fifteen community needs assessments submitted by community based early childhood coalitions to ECECD in October 2022, found that there was a lack of prenatal and/or pediatric care available. A parent in southern New Mexico who spoke with the Proveedoras Unidas of Southern NM Early Childhood Coalition, which borders Ciudad Juarez in Mexico and El Paso in Texas, stated she had to drive to El Paso to take her daughter to a pediatrician because her community lacks one. Another parent lamented, "...my frustration is that we don't have medical services for kids and no specialists."

Families from rural and tribal areas who participated in the Spring 2022 focus groups shared it can take up to 4.5 hours of travel time to access needed services. This issue is not limited to pediatrics, as women in rural communities are reporting that they are missing prenatal appointments due to having to travel long distances to receive that care.

New Mexico's more "metro" areas have also identified lack of access to healthcare as an issue. In Bernalillo County, where most of the state's population lives, two of three early childhood coalitions identified access to healthcare as a key issue in their 2022 needs assessments. A community provider interviewed for the Albuquerque-based early childhood coalition

**A parent in Ruidoso, a mountain community in southern New Mexico where the workforce is mainly the service industry, shared that "I have three children and can't find a pediatrician in Ruidoso! No one is taking new patients. I have to go to Roswell to the [doctor] which means driving every month because my one child needed to be seen every month.**

Cuidando Los Ninos' needs assessment stated that a "lack of transportation access makes it difficult for families to get to resources."

One-on-one interviews with two New Mexico pediatricians in rural parts of the state revealed the overwhelm and sense of defeat felt by these providers as they labored to meet the needs of children. Both pediatricians we spoke to admitted to not completing all suggested early developmental screens and not following up on all medically suggested (but not strictly indicated) referrals for children, not because they did not want to, but because their general workload is so large as to render such (non-urgent) tasks secondary. Moreover, they gave the sense that this triage-like approach to pediatrics is commonplace in rural New Mexico, again because of a startlingly imbalance between supply of pediatric expertise and demand for pediatric care.

This situation, though not surprising, underscores the danger presented by an even further diminishing physician workforce. Perhaps most alarming is the prospect of a vicious spiral, in which a shrinking physician workforce worsens conditions for the present physician workforce, encouraging even more physicians to depart the state (or fail to move here to begin with).

Dental services are another shortage area. The newly released PRAMS 2015-2018 report highlighted a gap in dental services for pregnant and postpartum respondents. Fifty-five percent (55%) of women did not receive a dental cleaning and only 45% reported having their teeth cleaned. Those less likely to have a dental cleaning were 20-24 years of age, with lower education levels, unmarried people, those earning less than or 100% of the FPL, or uninsured people.

The limited availability of mental health services is impacting maternal health outcomes as well. Again, services are less available in the rural and frontier communities. The San Juan County Early Childhood Coalition is prioritizing access to postpartum mental health services in their upcoming strategic plan due to "the strong consensus that mental health services were inaccessible or insufficient, particularly during the postpartum period. A majority of respondents discussed their experience with postpartum depression, and their inability to access mental health services due to transportation, financial, and other reasons."

According to the NM Maternal Mortality Review Committee (MMRC) Annual Report, mental health was the most prevalent cause of death in pregnancy-related deaths that occurred between 2015-2018, with mental health contributing to 36% of deaths and 20% of deaths being suicides. Mental health contributed to 42% of pregnancy-associated deaths (defined as a death occurring during pregnancy or within one year of the end of pregnancy) with 12% being suicides. This has led the MMRC to recommend that the state prioritize increasing access to perinatal mental health care through expansion of treatment options, including telehealth, and to implement a campaign to decrease stigma around mental health as well as to make more people aware of the warning signs of depression and anxiety.

Similarly, there is a general lack of adequate access to substance use treatment in the state, especially medications for opioid use disorder (OUD), and an even larger gap when it comes to accessing OUD treatment during pregnancy. Data presented by the Behavioral Health Collaborative shows that many of the providers who have taken the training to provide buprenorphine do not actually prescribe it or do so on a

very limited basis. And the CARA staff report that in some counties it is almost impossible to find providers who treat pregnant women.

As things stand, 13 of NM's 33 counties are designated Maternal Care Deserts by March of Dimes, which means that there are no hospitals or birth centers offering obstetric care and no obstetric providers in the county. Given the strong association between density of maternal care offerings and maternal health outcomes—and given that NM's current maternal mortality rate is 24% higher than the United States as a whole—the prospect of losing more obstetric specialists is extremely concerning.

3. **Opportunities for Impact under Goal One**

The Local Early Childhood Systems Building Coalitions offer a wonderful opportunity for building a stronger EC infrastructure across the state. ECCS is considering providing trainings to the family leaders in each county to build advocacy and leadership skills. ECCS could also investigate whether current advisory council structures are inclusive of young parents & grandparents raising grandchildren. If they are not, ECCS should strategize how to ensure that these voices are included in future leadership council cohorts.

Limited access to PN3 child care and health care providers can be fought on two fronts: by improving the state's transportation infrastructure and by increasing the density of providers. Although this is a many-pronged issue (that extends into domains of policy not generally invoked in early childhood discussions, e.g., urban planning), at least one aspect of the issue deserves urgent attention from those directly concerned with NM PN3 family wellbeing: the recruitment and retention of physicians in NM, especially in relation to the prenatal care deserts. While this seems a daunting task for ECCS to take

on, we can consider whether there are ways we can help push forward change in these areas.

Efforts have begun to ensure that the workforce includes representatives with cultural and linguistic backgrounds like the populations being served, including bilingual incentives for child care professionals and scholarships for indigenous women pursuing AA degrees in early childhood. ECECD also provided 476 early educators working in Tribal child care and Head Start programs a one-time inventive of $1,500 totaling $714,000 to help with workforce retention. Opportunities may exist for ECCS to evaluate the effectiveness of these efforts.

While great strides have been made to increase access to IMH services, there are communities within the state that do not have access to these much-needed services. Currently, CYFD is working to recruit additional therapists to join its community of practice so that it can expand infant mental health services throughout the state. By expanding Home Visiting to include models such as Child First and Healthy Families America, NM will be increasing not only home visiting support for the highest risk families but also the number of clinically trained professionals in the state.

Until now, infant mental health services have mostly been directed to families in the child welfare system. Unaddressed behavioral health issues in infants, toddlers and preschoolers can lead to delays in development and the need for more intensive services later on in life, so expanding these services could have a big impact on a state with one of the highest percentages of ACEs and a history of intergenerational trauma.

The current efforts to share and link data across systems and agencies, such as HHS 2020, the Family Success Lab, and upgrades being made to ECIDS, are encouraging, and

a recently signed agreement that allows most data to be shared between Children's Cabinet agencies will be extremely helpful to many of our initiatives. Many richly informative data systems around PN3 families already exist across state government and most are either currently amenable to cross-system linkage or can be made amenable with moderate effort. Few concrete actions available to the state bear as much promise for the wellbeing of NM PN3 families.

**Table 1: Summary of Goal 1 Opportunities for ECCS**

| Goal 1: Increase state-level infrastructure and capacity to develop and/or strengthen statewide maternal and early childhood systems of care | Opportunities Identified |
|---|---|
| **Capacity of ECS Leaders** | Explore opportunities to provide or enhance advocacy and leadership training to parent leaders.<br>Collaborate with the fifteen ECECD funded early childhood coalitions to strengthen and/or begin implementing family leadership councils.<br>Analyze whether current parent leadership opportunities are inclusive of subpopulations including, young parents and grandparents raising grandchildren.<br>If not, develop strategies to ensure their voices are included as family leaders. |
| **Existing Structures to Advance Goals** | Support development of policies and strategies to recruit and retain physicians in NM.<br>Use the ECCS Advisory Council as a sounding board for the FSL project and as a source for data linkage project ideas<br>Explore collaborations with HSD on HHS2020 and with DOH on the all-payer claims database |

| | |
|---|---|
| **Workforce Development** | Evaluate effectiveness of bilingual incentives as part of the ECCS evaluation of equity<br>Partner with CYFD to increase access to IMH services.<br>As infant early childhood mental health consultation is implemented, ensure that healthcare providers understand the difference between consultation and direct clinical IMH services. |

## *B. HRSA Goal 2: Increase coordination and alignment between maternal and child health (MCH) and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being*

### 1) Assets

#### a. Shared Strategic Plans

With the ECCS grant residing in the newly established Cabinet-level Department for Early Childhood Education and Care (ECDCD), ECCS staff had the opportunity to contribute significantly to the 2022-2027 ECECD Strategic Plan and ensure that the strategic plan for ECECD was aligned with the ECCS work plan and goals. This strategic plan covers a large part of the early childhood landscape statewide and the synergy in priorities will play a large part in making ECCS goals feasible.

The Title V MCH Block grant, held by DOH, also has shared goals and objectives with ECCS, including promoting trauma-informed and trauma-responsive training for early childhood staff, increasing behavioral health services and other supports for children and families to prevent ACEs, improving CARA families' access to early childhood programs, and promoting family leadership and voice. Having shared goals and measures will strengthen our relationship between Title V and ECCS.

The Interagency Coordinating Council (ICC), which advises and assists the Family Infant Toddler (FIT) Program on Part C activities for birth to three, has a strategic plan that includes a subcommittee focused on outreach and engagement. One of the goals under this area is to conduct outreach to physicians and other healthcare providers to educate them about the FIT model and how to refer families to local early intervention (EI) agencies. This supports the ECCS goal of improving connections between the EC and healthcare sectors.

NM is taking steps to align child abuse prevention work across agencies. In July 2021, under the leadership of the Assistant Secretary for Native American Early Childhood Education and Care, NM ECECD applied for and received a one-year Thriving Families Child Welfare Prevention Enhancement Grant from the Pritzker Children's Initiative to develop a PN3 Prevention Plan. With the departure of the Assistant Secretary in Aug. 2022, the ECCS Lead and the Chief Health Officer are now leading this work at ECECD, which provides opportunity to align this plan with the ECCS workplan. A Thriving Families Coordinator is being hired who will work directly under the ECCS Lead and help integrate the thriving families work with ECCS goals.

**b. Advisory Councils**

NM is very strong in this area and ECECD receives advice and feedback from a variety of councils, committees, and coalitions and works to ensure that diverse communities and stakeholders are represented. Established council and coalitions include:

- *Early Learning Advisory Council (ELAC)* – advises ECECD and includes representation from early childhood professionals, state agencies, health, families, and business sectors.
- *Pritzker PN3 Coalition* – this large coalition of early childhood stakeholders was created when NM received a Pritzker Prenatal to Three grant to design and implement strategic prenatal to three policies.
- *Family Leadership Council* – the Pritzker coalition funded a Family Leader Training Cohort, which became the Family Leadership Council (FLC), providing $50/hour stipends as well as travel reimbursement to 16 members. In the future, the Family Leadership Council will mentor incoming Family Leaders to expand their capacity and reach within New Mexico. The trainees represent diverse populations of the state.
- *Interagency Coordinating Council (ICC)* – this is a federally mandated council that advises the FIT program and provides feedback for the Department from families with children enrolled in early intervention.
- *ECCS Advisory Council* – the council hosted its first meeting in April 2022 and is now meeting quarterly. The council invitation list is comprised of a wide variety of stakeholders including pediatricians, community agencies, public health, people with lived experience and representatives of diverse race and ethnicity. The invite list was revisited in September 2022 to ensure that the council was diverse & reflective of all sectors that work with the MCH and PN-3 populations. As a result, additional invites were sent to the NM Doula Association, the

Children, Youth & Families Department, which houses Child Protective Services, and a lactation consultant.

- *Early Childhood Tribal Advisory Council* – established in 2022, this council will advise the Department (including ECCS) on a wide variety of early childhood matters relating to the pueblos, tribes and nations in NM.
- *Additional councils in progress* – In partnership with the community coalitions, regional equity councils are beginning to be developed, and family leadership councils are being formed to work alongside the coalitions.

**c. Strengthening partnerships**

The Office of the Governor established and convenes a Children's Cabinet, bringing together the Secretaries of multiple state agencies to strengthen their partnership and collaboration on issues impacting children and families in New Mexico under the direction of Mariana Padilla, the Director of the Children's Cabinet. Having a Children's Cabinet is a big step towards advancing a common vision across state agencies in support of children's health and wellbeing. As one example of what the Children's Cabinet can achieve, the Thriving Families PN3 prevention plan mentioned above was co-created across the Children's Cabinet with Cabinet Secretaries and representatives coming together for a full day convening.

The Department recognizes that local leaders, including families, understand the needs of their respective communities best. To this end, ECECD invested an estimated $4,274,486.00 of federal relief funding in the previously mentioned local early childhood systems building coalitions. These coalitions will be discussed in more detail in Goal 5 under State-Community Coordination.

ECCS and ECECD are prioritizing strengthening relationships with healthcare providers and hospitals and exploring how we can partner to better serve families. As an example, the FIT program started meeting quarterly with a group of pediatricians to discuss issues with the FIT program, services, or providers. From these discussions, it became apparent that there was a disconnect between FIT providers in the field and the healthcare providers. Even though the children being seen have medical conditions, it was rare that the Early Intervention (EI) agency and the healthcare provider worked closely together to discuss the services being given to the children, even though they are both serving the same children and families. Based on this information, the FIT program sent out two surveys in fall of 2021, one to healthcare providers and the other to Early Intervention providers, to elicit suggestions for improvement. This will be an ongoing project that ECCS and FIT will be working on along with the ICC.

2) **Gaps**

**a. Shared Strategic Plans**

The three HRSA funded MCH grants (Title V, MIECHV, and ECCS) are split between two state agencies, DOH (for Title V) and ECECD (for MIECHV and ECCS). While there has been some effort to align the Title V MCH Block Grant Goals and Objectives with the ECECD Strategic Plan and ECCS goals, the groups do not regularly meet to discuss their progress on shared goals and measures. This gap was exacerbated during the pandemic because DOH staff were reallocated to COVID activities and the Title V Stakeholder meetings that used to occur are no longer happening regularly.

The Thriving Families PN3 Plan has momentum but there are currently gaps in staffing: a coordinator has yet to be hired and a data analyst position has not been identified to work specifically on the measures identified by the agencies during the convening and in subsequent discussions. A data subcommittee could help fill the gap but with resources stretched so thin it is difficult to pull together on any regular basis.

**b. Advisory Councils**

One possible gap in this area is that it does not appear that parents of children with disabilities are represented on early childhood advisory councils (other than the ICC, of which parents make up a significant portion.) The ICC has a strong voice in terms of the needs regarding early intervention, but it is also important that the Department is receiving feedback from parents of children with disabilities who are being served in the PN3 child care and home visiting systems to ensure they are receiving high quality, inclusive, and appropriate services that meet their needs.

In addition, it has been challenging to engage healthcare providers in the ECCS meetings. While invites have been extended to pediatricians, obstetricians, and midwives, it is challenging for these providers to attend advisory council meetings that occur in the middle of a typical workday; however, adjusting the meeting time to after-work or weekend hours may impact the ability of other professionals to attend.

**c. Strengthening Partnerships**

ECECD has very strong partnerships with EC providers but is still building and strengthening the partnerships with the healthcare sector and with birthing hospitals. Prenatal providers in particular are a group that we would like to engage with more closely, and there is still a lot of work to do with improving the collaboration between

FIT and pediatric providers. Our home visitors could also benefit from being more connected with healthcare providers, especially maternal and infant health practitioners such as doulas and midwives.

3) **Opportunities for Impact for Goal Two**

ECCS could investigate ways to get feedback on child care and home visiting services from parents of children with disabilities. The Department has requested funding for four regional Inclusion Specialists, which could be another collaboration opportunity to help us evaluate the services this population is receiving from the EC system, if the funding is approved.

ECCS has aligned some of our goals with those of the Title V MCH Block grant and needs assessment and tries to meet with the MCH staff more regularly to increase our partnership with DOH MCH staff and improve opportunities for synchronizing our efforts. The ECCS and MCH programs are both dedicating significant resources this year to improving the CARA program, which gives us even more opportunity to build that partnership around prenatal and peripartum care.

With ECCS and FIT both housed at ECECD, and the Chief Health Officer serving on the ICC as well as supervising the ECCS work, there are a lot of opportunities for working with FIT and the ICC to strengthen relationships and shared understanding between the EC and health sectors. ECCS staff and FIT staff are meeting to discuss future activities that could be developed in this area, and it seems like a fruitful partnership that can continue to grow in the coming years.

Additionally, a network analysis or mapping of partners engaged in the EC system might be a helpful ECCS activity, as time and resources allow, as well as an evaluation of

the makeup of the ECCS Advisory Council to ensure we are not still missing voices that might be critical to our success.

**Table 2: Summary of Goal 2 Opportunities for ECCS**

| Goal 2: Increase coordination and alignment between maternal and child health (MCH) and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being. | Opportunities Identified |
|---|---|
| **Shared Strategic Planning** | Meet more regularly with DOH (Title V MCH Block Grant) to enhance alignment of joint efforts. |
| **Advisory Council Structure** | Investigate ways to get feedback on child care and home visiting from parents of children with disabilities.<br>Evaluate the makeup of the ECCS advisory council to look for missing voices. |
| **Strengthening Partnerships** | Partner with FIT and ICC to discuss strategies to strengthen relationships between the EC and health sectors.<br>Conduct a network analysis of partnerships |

### C. *HRSA Goal 3: Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family wellbeing, beginning prenatally*

#### 1) <u>Assets</u>

##### a. Models of Health Integration and Practice Transformation

*Transforming Supports for those with Substance Use and Exposure*

In 2019 the NM Legislature amended the Children's Code to require hospitals to create Plans of Care for every baby born exposed to substances and put in place a structure to provide supports and services to those families. This developed into what NM is calling the CARA program.

This program has been nationally recognized as a model of practice transformation and serves to integrate health and early childhood by better connecting families with Plans of Care to early childhood services, helping strengthen connections between ECECD, CYFD, and DOH, and educating home visiting staff and other EC professionals on the CARA law and the impact of substance exposure on brain development.

The Head Start Collaboration Office (HSCCO) Director, in collaboration with CYFD's CARA coordinators, presented a training to Head Start grantees that included an overview of the CARA law, updates on current practices for risk reduction and SUD treatment, and information on developing a CARA plan of care and on CARA care coordination. The CARA Navigators also presented a didactic session at a Perinatal Health ECHO, hosted by the NM Perinatal Collaborative, and attended by healthcare professionals from around the state.

In response to the Opioid and Substance Misuse Campaign, the Bernalillo County Health Council produced a series of 3 videos with funds from the National Center on Early Childhood Health and Wellness, and the support of ECECD and the NM Head Start Association. The videos were posted on the ECECD website, shared with the NM Head Start Association and all grantees in the state, and are available for all early childhood education programs.

*Transforming Home Visiting in New Mexico*

New Mexico has long recognized the benefits of home visiting. Through a combination of private, state, Tribal, and federal funding, home visiting is available to PN3 families in 32 of 33 counties. Over the last five years, state and federal funding for ECECD's home visiting programs has increased by approximately $7 million, and the number of children served by the program has increased by about 2000 (New Mexico Home Visiting Outcomes Annual Report FY21). To foster continued collaboration between privately funded and publicly funded home visiting programs, the LANL Foundation enacted the New Mexico Home Visiting Collaborative, which provides a forum for stakeholders to come together to ensure that NM is leveraging its funding effectively to meet the needs of NM's families.

Recognizing that home visiting is most impactful on child development and family wellbeing when a program model is matched up with the needs of the children & families served, NM has sought to diversify its spectrum of home visiting programming. ECECD is investing $318,000 in Federal MIECHV relief funds to support the training and implementation of a Healthy Families America (HFA) pilot and will be implementing the Child First model in FY23. Both of these models are designed to serve high risk families and provide higher intensity services using clinically trained providers. They have been shown to decrease maternal depression, strengthen parent-child relationships through trauma responsive practices, reduce child maltreatment and improve family economic self-sufficiency.

Additionally, in fiscal year 2023, ECECD, in partnership with the Department of Health, has launched a pilot of Family Connects, a universal touch home visiting

model, in Bernalillo County. Through Family Connects every family receives a connection with a home visitor at the birth of their baby. Families may receive one to three more visits after this newborn connection, based on need and if ongoing support is requested families are linked to additional resources, including an intensive, ongoing home visiting program, as appropriate. NM plans to expand Family Connects statewide over the next few years.

*Transforming Behavioral Health Supports and Services*

The New Mexico Behavioral Health Collaborative was created during the 2004 Legislative Session to allow agencies across state government involved in behavioral health prevention, treatment, and recovery to work as one in an effort to improve mental health and substance abuse services in New Mexico. This cabinet-level group resides in HSD but represents 15 state agencies and the Governor's office. ECECD is the newest member of the Collaborative, officially joining in spring of 2022.

The Collaborative's goal is to improve behavioral health services to adults, children, youth, and families, with a focus on recovery and resiliency. The vision of the Collaborative is to create a single, statewide behavioral health delivery system in which funds from various sources and agencies are managed effectively and efficiently and to create an environment in which recovery is supported, mental health is promoted, the adverse effects of substance abuse and mental illness are prevented or reduced.

*Transforming Medicaid*

Other activities underway related to health transformation and PN3 include proposed Medicaid 1115 Waiver changes such as continuous enrollment for children

under six, adding maternal health service changes to address maternal care deserts, and adding value-based payment initiatives to Medicaid reimbursement for pediatrics.

**b. Statewide Early Childhood Systems and Health Sector Linkages**

*Increasing pediatric access to behavioral health support*

NM's Center for Development and Disability (CDD) at the University of New Mexico (UNM) is working to increase NM pediatric primary care providers' comfort, skill, and capacity to identify, assess, provide treatment, and make effective referrals for patients presenting to their local practices with behavioral and mental health concerns. This goal will be achieved via multiple objectives that will create a network of training, consultation, resource development, and care coordination using evidence-based practices via telehealth and virtual platforms.

*Pediatric and Obstetric Linkages*

ECCS staff meet with members of the NM Perinatal Collaborative (NMPC) to discuss alignment and have worked together on the Perinatal ECHO where healthcare providers receive information and discuss de-identified cases. The NMPC has spent the last year focused specifically on promoting equity in birthing practices and substance use treatment. A subcommittee of the NMPC is dedicated to substance use disorder (SUD) and helps develop the curriculum for the perinatal ECHO and ensure that equitable SUD screening and treatment is on the schedule.

ECCS staff also meet periodically with the DOH Maternal Health Program Manager, who licenses all midwives in the state and coordinates the Maternal Mortality Review Committee, and the Medicaid Medical Director. These discussions involve common issues that are the work of all three agencies, such as maternal

depression screening, maternal care deserts, and improving services for pregnant women who use substances.

The department also works closely with the NM Pediatric Society (NMPS) and meets periodically to discuss special topics. For example, the FIT program attended an NMPS Board Meeting to discuss the provider survey and attended the quarterly Pediatric Council meeting (with Medicaid, NMPS and MCO membership) to discuss issues with getting medical records for children referred to FIT.

**c. Coordinated Intake and Referral Systems (CIRS)**

NM is working on CIRS in several ways. ECECD has constructed the "Am I Eligible?" webpage platform, which allows PN3 parents to determine eligibility quickly and easily for child care assistance, home visiting, PreK, summer food, and early intervention services. And with support from Wonderschool, a new Child Care Finder platform will make it even easier for families to find a child care setting that is right for them in terms of size, location, and other options.

ECECD has a plan already formulated that can help improve the intake and referral process for home visiting. In 2021 ECECD contracted with The Focus Group to lead a task force that developed a Medicaid and Early Childhood Home Visiting report that provided recommendations to increase the availability, efficiency, and effectiveness of the early childhood home visiting system. Four major recommendations were proposed to advance and expand ECECD's Centennial Home Visiting (CHV) programs:

1. **Recommendation 1:** Support CHV providers to successfully bill Medicaid for CHV services

2. **Recommendation 2:** Enhance Collaboration and Communication between MCOs and HV Providers

3. **Recommendation 3:** Improve the Intake and Referral Process

4. **Recommendation 4**: Expand Access to a Variety of Early Childhood Home Visiting Program Models

As part of Recommendation 3, a work plan has been developed that will directly contribute to CHV expansion by creating more efficient access and follow-through for families, referral sources, and home visiting provider wraparound care, and includes development of a centralized intake and referral system that is responsive to regional needs.

The HHS2020 project discussed in the infrastructure section will also provide a coordinated intake and referral system across agencies and may ultimately replace the separate intake and referral systems currently in use. The goal is to provide a single point of entry for an individual so they can easily see what programs they are eligible for and apply.

## 2) Gaps

### a. Health Integration and Practice Transformation

Although the CARA program has many strengths, it also has systemic weaknesses such as inadequate staffing and lack of dedicated funding. There are currently only 2.5 CARA Navigators, despite the fact that NM receives over 1200 Plans of Care annually. The navigators ensure hospitals are reporting Plans of Care for exposed babies, check with Managed Care Organizations (MCOs) to assure care coordination

is being provided, enter data, review the Plans of Care, and contact families who have declined care coordination services to offer additional support.

Another gap identified was due to the switch to telehealth services during the pandemic. Some families in the FIT system felt that their children had not received adequate early intervention services. Telehealth home visiting was also mentioned by some families surveyed, although it did not seem to be as common a complaint from home visiting recipients.

**b. Statewide Early Childhood Systems and Health Sector Linkages**

A critical and obvious gap in the EC and Health Sector linkage is the lack of clinicians participating in EC meetings such as the ECCS Advisory and the ICC subcommittee on outreach and engagement. While some strong connections exist on an individual basis, the healthcare sector in general has been difficult to engage. We hear frequently that providers are interested and want to help but they say they are pressed for time and can't take off in the middle of the day to attend.

DOH's Title V 2020 Needs Assessment is also a helpful guide to identify gaps in the MCH system, especially those related to the health sector. Several of the top priorities, gaps and needs identified are related to connecting early childhood with the healthcare system, including:

1) Promote high-quality maternal care with a focus on patient-centered and trauma-informed models
2) Grow and sustain an equitable diverse birth and family care workforce
3) Support professionals and families to implement best practices for building resilience to address ACEs

4) Increase access to specialty medical care for children and youth with special healthcare needs
5) Address the impact of substance use in families

**c. Coordinated Intake and Referral Systems (CIRS)**

One of the recommendations from SBS Evaluations Qualitative Analysis of the Spring 2022 focus groups was the creation of a statewide centralized referral system that is kept up to date. As discussed in more detail under goal five, the focus group participants were not aware of the PN3 services their family was eligible for. Families who were enrolled in programs were often not referred to other services. This was attributed to "no continuum of care of referral system between departments of programs." The recommendation was to create a "a system or web page that can provide a quick assessment to determine the family's needs and put them in contact with all the available services for their identified needs." Although this is currently a gap, it is being addressed through the projects discussed in the assets section above, and we expect NM families will see much improvement in this area over the next couple of years.

Another identified gap is the lack of publicly available information on child care providers. Recent focus group data from the Native American Budget & Policy Institute and the 2022 Early Childhood System Community Needs Assessments provide evidence that parent communities within NM would feel more comfortable leaving their child with a care provider if the relevant state authority published evaluative data on care providers.

**An example of such an opinion, quoted from a parent of a PN3 child: "It would be good to have access to the early childhood center ratings and evaluation reports especially for first-time parents. We take our children and just leave them in a place we don't know much about. Provide parents information centers."**

### 3) Opportunities for Impact for Goal 3

Opportunities exist to evaluate the quality of telehealth services (and some of this work has already begun). Interestingly, while some families were clearly unhappy and felt their children had been shortchanged, others were happy with telehealth services and grateful that they had an option that allowed for continuation of services in some form while still keeping their family safe and not risking exposure.

The data collected around this issue to date is far too thin to base any firm recommendations off of. However, studies are currently underway at the University of New Mexico and St Joseph's Children's Health Initiative that will hopefully provide insight on the effectiveness of virtual home visiting services. If as effective as in person, remote services have the potential to provide much needed care to families in rural & frontier areas of the state, provided they have access to the technology they need to participate.

When the data from these studies is available ECCS plans to make this part of the Advisory Council agenda and propose two questions, which, if answered, may shed needed light on this concern:

1. How does experience with online services vary across income, race/ethnicity, and geography?
2. Do online services, including online home visiting and online speech therapy, offer comparable short and long-term benefits to PN3 children and their families?

Another theme which emerged in PN3 parent interviews was the immense value of a social network, with whom the parent could discuss the highs and lows of PN3 parenting. All parents spoken to reported that a social network is a key part of their support system. Understanding if and how online service delivery affects this network will be crucial to understanding the full effect of it.

Lastly, with regard to prenatal and postpartum care, the 2022 NM MMRC Report (covering 2015-2018 deaths) concluded that 40% of pregnancy-related deaths and 47% of pregnancy-associated deaths were related to substance use. This suggests that continuing to work on improving screening, diagnosis, and treatment of substance use in the perinatal period could provide huge benefits in outcomes. ECCS could potentially engage with partners to try to address these issues.

**Table 3: Summary of Goal 3 Opportunities for ECCS**

| **Goal 3: Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family wellbeing, beginning prenatally.** | **Opportunities Identified** |
|---|---|
| **Models of Health Integration and Practice Transformation** | Explore ways to improve screening, diagnosis, and treatment of substance use in the perinatal period. |

| | |
|---|---|
| **Statewide Early Childhood Systems and Health Sector Linkages** | Review completed studies on the effectiveness of telework home visiting services & continue to explore this issue with the ECCS Advisory Council meeting. |
| **Coordinated Intake and Referral Systems** | Continue to collaborate to work toward establishing a coordinated intake and referral system. |

### *D. HRSA Goal 4: Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the PN3 population*

#### 1) Assets

##### a. Policy

NM has made several important policy changes in the past few years to benefit children and families. In Feb. 2022, the New Mexico legislature approved an overall Medicaid budget request which included the anticipated increase for the 12-month postpartum period. The expanded coverage extends postpartum coverage under Medicaid from 60 days to 12 months regardless of the reason the pregnancy ends. Moreover, the new option requires the provision of full Medicaid coverage for the duration of the pregnancy and the 12-month postpartum period.

Significant policy changes have occurred in support of child care as well. NM is now providing free child care to any family earning up to 400% of the Federal Poverty Level (FPL), along with wage supplements and a $16/hr minimum wage for child care professionals. These policies will help thousands of families afford child care while helping recruit and retain the child care workforce at the same time.

Several other bills were passed in the 2022 Legislative Session that will improve the lives of many children and families in New Mexico. Some of these include:

- Funding for a study on implementation of Paid Family Medical Leave
- Easier accessibility of insurance through the Health Insurance Exchange or enrollment in Medicaid for New Mexicans without health insurance
- A state-level child tax credit which will return $74 million to families
- Creation of a non-reverting Opportunity Scholarship fund to provide free college tuition for anyone wanting to attend college in New Mexico.

**b. Financing**

One of the most significant accomplishments NM has had in recent years is in leveraging state funds through a dramatic increase in early childhood funding streams, including public-private partnerships. Private funders such as the Conrad N. Hilton Foundation, the Kellogg Foundation, the Brindle Foundation, and the Pritzker Foundation have provided, or have pledged to provide, millions of additional dollars to enhance the state's early childhood efforts, and the state has created two new funding streams for early childhood, an Early Childhood Trust Fund and the Land Grant Permanent Fund, just recently approved by voters in Nov 2022 to be utilized for early childhood instead of just K-12 education.

To estimate the cost of providing child care assistance to all families who need it, ECECD used a cost estimation model developed in 2021 to inform child care assistance rate setting. This model was informed by a cost study that identified what it actually costs to meet state licensing standards, with age, region and program level variations, and the additional costs related to increasing quality and workforce

compensation. This cost estimation model sets rates for family child care home providers comparable to lead teachers in child care settings and includes the cost of health insurance.

ECECD is also addressing the high cost of providing early intervention services through a study that is just being completed. The payment rates for FIT providers were increased in FY20 and FY21 to meet the rates established in the 2017 rate study; however, with rising inflation and workforce shortages the rates are already insufficient to meet the need. ECECD has requested a special appropriation of $800,000 to meet the anticipated need when the cost study is completed, and ongoing funding will be requested in future fiscal year budgets as well.

**c. Medicaid Partnership**

Medicaid has strong partnerships with other state agencies working in the PN3 space, especially around home visiting, maternal health, and CARA. Medicaid and MCO Medical Directors meet quarterly with the New Mexico Pediatric Society (NMPS) Leadership, which includes the ECECD Chief Health Officer, where they discuss issues such as value-based payments, continuous enrollment for children, billing for maternal depression screening, and more.

The Medicaid Medical Director and other HSD staff also meet biweekly with ECECD Leaders (including the Chief Health Officer) to plan the home visiting expansion, and this group jointly plans the agendas for monthly home visiting meetings with the Managed Care Organizations (MCOs) with the goal of improving the home visiting referral process. Work is underway to address provider billing

issues and other difficulties being reported by home visiting agencies that are participating in Medicaid-funded home visiting.

Most recently, Medicaid is participating in the CARA program improvement meetings to discuss possible changes in MCO reporting requirements and other improvements to the process MCOs use to provide care coordination to families with substance use, including dyadic care and repeated follow up over time.

**2) <u>Gaps</u>**

**a. Policy**

Although a Paid Family Leave task force has been meeting for several years, NM has yet to pass this, and it is noted as a gap in the Prenatal to Three Policy Impact Center's Roadmap for New Mexico. The legislature did pass a paid sick leave bill in 2021; however, this does not meet the needs of all working families and does not provide paid leave for caregiving situations or paid leave for new or bereaved parents.

**b. Financing**

One gap we heard from EC providers is that they need funding for large capital expenses, such as building new centers or large remodeling projects. Another gap, at least for now, is that programs such as Home Visiting or Family Connects are not yet funded to scale; i.e., there are not slots for all families who are eligible, which limits access as well as impact. We are hopeful that with the passage of the Land Grant Permanent Fund and the other funding streams mentioned above, the Department's four year finance plan can be fully implemented to scale up EC programs by 2026.

**c. Medicaid Partnership**

Last year one Head Start agency in the state applied for a grant to promote Medicaid enrollment to families they serve, including having dedicated staff to do presumptive enrollment and help families determine eligibility, but their grant was not funded. This highlighted a gap in the EC-Healthcare system connection that could be improved by funding some pilot projects around the state or by developing another way to offer easy Medicaid enrollment to families at child care sites.

The NMPS Agenda for Children 2022 also mentions some activities that Medicaid could take to fill in gaps in their care for children and families. Their recommendations include:

- Expand outreach and decrease barriers to enrollment to ensure all eligible children (and adults) are enrolled
- Maintain retroactive eligibility, implement continuous eligibility for children under six, and implement express lane eligibility (ELE)
- Explore innovative opportunities within Medicaid to help address social and structural determinants of health, such as expanded home visiting, community health programs, and provision of legal services for problems that directly affect health.

**3) <u>Opportunities for Impact for Goal 4</u>**

ECCS staff will continue working with the Paid Family leave coalition to try to implement this key policy in NM. There is momentum for this with the passage last year of a bill to develop an implementation plan and the current political will around this issue.

Another thing to consider is how ECCS may be able to help EC agencies, including the Head Start agency previously mentioned, to pilot a Medicaid enrollment process for EC. We think this has the potential to be a wonderful collaboration between the EC and Healthcare sectors and assist Medicaid with outreach and enrollment for the PN3 population.

**Table 4: Summary of Goal 4 Opportunities for ECCS**

| Goal 4: Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventative services and systems for the PN3 population. | Opportunities Identified |
|---|---|
| **Policy** | Participate in the Paid Family Medical Leave Coalition to work toward implementing a statewide policy. |
| **Financing** | Engage in fiscal mapping efforts. |
| **Medicaid Partnership** | Explore strategies to offer Medicaid enrollment at early childhood centers |

## *E. HRSA Goal 5: Increase state-level capacity to advance equitable and improved access to services for underserved PN3 populations*

### 1) Assets

#### a. Family Leadership

As mentioned in the section on the capacity of ECS Leaders, the New Mexico ECCS team is working with the existing Pritzker PN3 Family Leadership Council to

engage a diverse group of parents and family members throughout New Mexico and to elevate their voices and lived experiences when evaluating potential program and policy changes. The objective of the Pritzker Family Leadership Council is to build a more equitable PN3 system through family advocacy and leadership. The council initially had over 100 applicants and the current cohort of 16 members has identified individual advocacy goals and identified areas of interest for training opportunities to become established leaders.

In the coming year family voices will become even stronger as a number of local coalitions have enacted or are planning to enact parent councils or family councils. Cuidando Los Ninos, which is located in Albuquerque, established a Parent Leadership Group comprised of parents who are experiencing or have experienced houselessness. The focus of this group is to provide space for parents to share their experiences and to practice their advocacy skills so that they can feel empowered to advocate for systems change. Community Partnership for Children, which is an early childhood coalition for Grant, Hidalgo, and Luna Counties, utilized their Family Leadership Team to help develop a community survey for their needs assessments.

NM ECECD and its partners are committed to compensating family leaders for their time. ECCS funds will be used to provide compensation for some of the family leadership council members and this will be provided for all ECCS meetings that include family voices.

**b. State-Community Coordination**

The goal of the local EC system building coalition work is to strengthen the infrastructure within local communities to effect change in early childhood systems

and to develop stronger partnerships between local communities and state government, including mutually agreed upon two-way communications and shared actions to improve early childhood systems.

These coalitions, which include tribal areas as well as one coalition whose primary language is Spanish, provide a wonderful opportunity for ECCS to receive local community input and to work alongside communities to advance equity and enhance the early childhood & healthcare systems so that they better meet the needs of families.

In October 2022, the coalitions completed and shared their local needs assessment with ECECD. They will now use these findings to develop strategic plans which will include their mission and vision statements, equity goals, coalition structure/governance, decision-making process, and goals and objectives.

**c. Equitable Systems**

There is a lot of effort currently underway to address inequities in the way EC systems have served the tribes, pueblos, and nations in NM. ECECD has established tribal liaisons chosen from across the department, and the ECCS Family Coordinator serves as one of the Tribal Liaisons. The Tribal Liaisons meet regularly with the Assistant Secretary for Native American Early Childhood Education and Care. ECECD has established MOUs and Government-to-Government meetings are being regularly scheduled, along with bimonthly calls with tribal early childhood professionals.

Because tribal families in NM have traditionally been underserved in the FIT system as a percentage of the population, the ICC has created a committee to focus

ensuring that tribal families and underserved populations have equitable access to FIT services. Examples of the committee's goals and activities include:

- Increase the percentage of eligible Native children and their families participating in FIT services.
- Advise and provide FIT recommendations regarding culturally meaningful opportunities for tribal families and sovereign nations to support infrastructure and to maintain success.
- Provide representation on the Equity Council and request a representative from this committee join the Tribal Families and Other Underserved Populations Committee.
- Increase the percentage of FIT Service Providers who are Native American.
- Examine barriers for underserved populations such as cultural relevance, language barriers, mobility of family situation, "survival" mode, access to technology-computers and cell phones, grandparents raising grandchildren, EI as reporters of Child Abuse/Neglect (CYFD), misunderstanding of the role of EI, etc.
- Build capacity related to recruiting and retaining Native service providers.

To acknowledge the importance of children being taught in their native language, NM ECECD's Bilingual Incentive program supports certified bilingual/multilingual early childhood educators with a one-time payment of $1,500. Bilingual Incentive payments are open to all early childhood educators who provide direct support to children ages zero to five in multiple settings. ECECD recognizes all languages for

the Bilingual Incentive including the many Native languages represented in New Mexico. Past Bilingual Incentive awards have recognized fluency in languages including Spanish, American Sign Language, and Tewa.

Additionally, ECECD is granting $7 million in endowment grants to seven colleges and universities in order to ensure that the early childhood workforce is reflective of NM's diverse populations. This endowment was made because Spanish speaking and Indigenous families reported that early childhood programs were not reflective of their culture or language needs. To address that, this funding will be dedicated, in part, to hire early childhood faculty members who will help attract more diverse students to its early childhood programs.

**2) <u>Gaps</u>**

**a. Family Leadership**

While ECECD has made it a priority to seek out and involve families in the decision-making process, the state's procurement code prevents ECECD from providing families with direct payments or incentives. Instead, ECECD must funnel these payments or incentives through contracted providers. This can be a major challenge as the procurement process can be lengthy (at times, the Request for Proposal process has exceeded six months), which means that there may be delays in our ability to involve families.

**b. State-Community Coordination**

One obvious gap in this area is that there are only 15 Early Childhood Systems Building Coalitions funded at this time; however, ECECD does have an objective in

its 2022-2027 Strategic Plan of increasing the number of funded coalitions to at least one in each of New Mexico's 33 counties.

**c. Equitable Systems**

Although much effort has been made towards making PN3 services more equitable, many gaps having to do with equity remain and are identified here. For example, the 2022 Birth Equity Collaborative Report highlighted the fact that when decisions about COVID-19 protocols were made, those most impacted (including Black and Indigenous persons) were not represented at the highest levels of decision making. When COVID maternal and perinatal health and hospital birthing policies were drafted, they were developed by the COVID MAT Team made up of hospital clinicians and did not involve the Birth Equity Collaborative or the NM Perinatal Collaborative in the drafting process, nor were thought leaders from the most impacted communities asked to participate in developing the policies. This only added to those communities' lack of trust in the healthcare system and the hospitals and agencies that support it.

The ECCS team recognizes that we could do a better job ensuring diverse voices are included in our work. For example, in drafting this SAGA, ECCS admittedly failed to individually interview any representatives of the 23 pueblos in order to get a better understanding of how well the healthcare and early childhood systems are functioning in their communities. Instead, our SAGA relied on second-hand accounts such as tribal needs assessments and the results of a focus group that included some tribal members.

An additional gap we hear from birth workers is that hospital systems often do not provide culturally and linguistically appropriate perinatal services for communities of color. Though the presence of BIPOC doulas and midwives are a strength in New Mexico, and they are prepared to provide culturally relevant services, their role in medical settings continues to be structurally limited. This was especially notable during the period of COVID restrictions; however, we continue to hear that doulas are not being allowed in hospital settings even though COVID restrictions have been lifted.

The COVID-19 pandemic exacerbated pre-existing inequities, especially for families and young children experiencing trauma and adverse early childhood experiences. Conditions under the pandemic revealed a growing awareness of the mental health needs of children and caregivers and many community needs assessments (CNAs) highlighted an unmet need for infant and early childhood mental health services. Children's lack of access to basic health and mental health services makes it challenging to address the state's most critical health issues, such as low birthweight, infant and maternal mortality, and childhood obesity.

In surveys and family dialogue circles conducted across coalitions, parents articulated challenges accessing information about available services and supports. Coalitions with significant Tribal populations provided suggestions for state outreach efforts to these communities. Language barriers were consistently identified as a concern, with caregivers saying that materials and resources frequently did not meet their language needs. This included translated documents, family engagement activities and opportunities, and bilingual early educators.

In the summer of 2022, ECECD contracted with Education for Parents of Indian Children with Special Needs (EPICS) to conduct a needs assessment to gain information in two categories: (1) How families who are currently enrolled or were recently enrolled in FIT have experienced the services in terms of their alignment with their cultural context, and (2) What tribes, pueblos, and nations would need to provide FIT early intervention services to their communities.

Key findings from this report, which was just submitted in Nov 2022, include:

- Lack of funding for early intervention programs
- Need for infrastructure funding to build a building or office dedicated to early intervention services only
- Higher wages to enable hiring of more qualified staff that are knowledgeable about FIT services
- Lack of internet access
- Need for tribal leaders to be educated on early intervention, FIT, the process of EI, and how to advocate
- Language and culture should be integrated into early intervention

Parents utilizing the FIT program also commented as part of this needs assessment, saying that services should be extended to age 5 as many Native American communities lack the FIT services and the pandemic put their children behind 2+ years. This echoes what ECECD Leadership heard on the spring tour from EI agencies, where extending the age of EI services past age 3 was a frequent request.

As previously mentioned, in late spring of 2022, an evaluation agency (SBS Evaluation) was hired to conduct, and analyze the proceedings from, five focus

groups comprised of 43 PN3 stakeholders. Participants represented various sectors from across the state including Indian Child Welfare Directors, state agencies, young parents, family leadership council members, and substance abuse treatment staff from across the state, with wide geographic and cultural representation. The resultant responses and analysis were broadly informative, but two themes were especially prominent: a lack of trust in government systems, and lack of information on early childhood services in NM. Moreover, stakeholder interviews that we conducted with parents supplied us with several more first and second-hand accounts of PN3 parents who were both unaware of many available service offerings and hesitant to access the ones they knew of.

These issues were echoed in the New Mexico Early Childhood Family Engagement and Satisfaction Survey, which polled 1,549 families from 32 of NM's 33 counties, all of whom have personal experience with early childhood programs in the state. The survey found that most parents surveyed had a poor understanding of services available to them. The Santa Fe Early Childhood Steering Committee had similar findings in its Community Needs Assessment from 2022, which stated that families are not aware of the services and programs that are available to them.

Lack of knowledge about available service offerings appeared, perhaps unsurprisingly, to be mediated by geography, cultural background, race, and socioeconomic stratum. More precisely, rural, Native American, non-White, and lower-income families appeared to, on average, have a tougher time learning about service offerings than urban, non-Native American, White, and higher-income families. This correlational finding (which likely has some causal underpinning)

underscores the equity issues invoked by sparse informational access: those on the margins of society are likely to be further marginalized when information is tough to reach.

The lack of awareness about available service offerings is especially prevalent in two sub-populations: grandparents who raise grandchildren, and young parents. In NM, more than 1 in 10 children are in part raised by their grandparents—and about 1 in 30 are raised *exclusively* by their grandparents. Notably, both figures have steadily risen in the past few decades (as they have in the rest of the nation). The unmet needs of this population come through in the Con Alma report as well as the community coalitions' needs assessments. This family dynamic cuts unevenly across race, geography, and income: families in which grandparents assume a primary care role for children are more likely to be Hispanic or Native American, living in a rural region, and low-income than other families.

Beyond being older, on average, than parents raising their own children, grandparents who raise grandchildren tend to operate in different media spheres than other primary caregivers. This difference in informational access can intersect with racial, geographic, and economic disparities described above to make access to PN3 programs particularly challenging.

At a panel of young parents convened by the Aspen Institute in Nov 2022, many of them mentioned not knowing where to find information on early childhood services, and one also described her difficulty finding the right medical specialists to see her baby born with a cleft lip and palate. When asked where they look for

information, the young parents cited websites as their first option; yet they were not aware of the resources on the ECECD website.

While NM's CARA program has much to be proud of, including recently being cited as a model by the Federal Office of Drug Control Policy, it is also battling a few serious difficulties, some of which are related to trust and informational penetration. As described by the program's former administrator, generating trust in the program among substance using PN3 parents is difficult and serves as a major obstacle to program efficacy. This is not only because it is challenging to stay in contact with distrusting parents, but also because attempts at program expansion—e.g., expansion of prenatal screening or father involvement, both of which were given as future aims—are substantially hindered by lack of trust. (If one is already distrusted regarding the task at hand, it becomes that much tougher to take on additional tasks.) Other aims, such as reaching substance using PN3 mothers earlier in their pregnancies, are directly related to informational penetration and thus further underscores the relevance of this issue.

Another challenge is that providers themselves are unaware or unclear of the service offerings within their communities. Therefore, they are unable to accurately share or refer families to needed services. This was an issue that was brought up by several ECCS Advisory Council members at the November 3, 2022, meeting. One attendee who works in rural and frontier communities noted that there are high numbers of travelling physicians in those areas, and those physicians do not know about the PN3 services available in the communities they are practicing in. Another advisory council member shared that, as a social worker, she is constantly having to

explain what programming is available to other medical and service providers, and suggested that a centralized portal where providers can easily access this information would help address this problem.

To the state's credit, much effort has been poured into addressing concerns around inadequate informational access and lack of trust. Community organizations have been engaged, social media content has been created and distributed, multi-lingual marketing strategies have been fully embraced, television and radio advertisements have been aired—and yet we do not seem to have hit our mark.

**3) <u>Opportunities for Impact for Goal 5</u>**

There is a definite need to increase opportunities and funding for BIPOC led groups so that work is developed and driven by those most impacted. There will be an opportunity soon with a new round of Pritzker Foundation funding in which they are specifically supporting a BIPOC coalition to work on PN3 issues in conjunction with the larger state PN3 coalition, of which ECCS staff are a part. We are hopeful this collaboration will develop into a true partnership that helps build trust between all the participants.

In addition, ECCS will continue to look for ways to support BIPOC providers such as doulas and midwives and to connect their work with the early childhood sector. ECCS will also work to build personal relationships with NM tribes and pueblos to ensure that the ECCS work is inclusive of the priorities and needs of their communities. The Tribal Advisory Council presents a venue to begin to build these relationships. Depending on the makeup of the council, it may also be appropriate to schedule individual meetings to make sure that all tribes, pueblos, and nations are actively engaged with ECCS work.

ECCS can also explore how NM can partner with the HHS Hear Her™ campaign, which aims to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent warning signs of pregnancy-related complications, including mental health information. Additional resources have recently been added to better reach providers who serve pregnant and postpartum women.

The Department is committed to using the Equity Guiding Principles developed by the Pritzker Coalition Equity Subcommittee, and to build equity questions into every project, process, and program, including hiring. ECCS may be able to support this work by monitoring how well the programs are integrating the Subcommittee's Equity Guiding Questions such as:

- What system and community-based organizations are at the table to inform and guide decision-making? Who is missing?
- Beyond being invited to the table, are diverse families being engaged in a meaningful way?
- How are families involved in gathering information, developing solutions, and making-decisions about investments?
- How do our Strategic Plan Goals and Objectives advance a shared vision of equity?
- Does the vision explicitly call out addressing systemic inequities? Does it articulate a commitment to anti-racism?
- Do cross-system and community-based partners have a shared understanding of the overarching goals?

- How do the identified goals support the health and well-being of Black, Latinx, Native, and immigrant young children and families?

Based on the gaps noted here, there are opportunities to improve the way we share information, specifically trying to reach populations such as grandparents raising grandchildren and young parents. Grandparents raising grandchildren in NM are more likely to be Hispanic or Native American, living in a rural region, older, and have lower income than other families. Therefore, efforts to reach them with information on PN3 services might require special targeting with unconventional media strategies. A San Miguel County caregiver suggested posting program information at the post office, county utility offices, and other public offices that this population tends to frequent. ECCS can work with the two new communication specialists who are being hired by ECECD to try to ensure that these populations receive special attention and effort.

PN3 children with school-age siblings can be reached by means of school-centered informational distribution. And NM's proud *promotora* tradition, of which the home visiting program is arguably an extension, provides another venue for informational distribution. Although meaningful efforts are currently made in both domains, increasing the extent of these may be fruitful.

ECCS will continue to seek ways to engage healthcare providers, especially those who care for the PN3 population. Although there has been erosion over time, physicians, including pediatricians, still occupy a position of trust that could be leveraged to help families learn of—and come to place trust in—EC programs.

**Table 5: Summary of Goal 5 Opportunities for ECCS**

| Goal 5: Increase state-level capacity to advance equitable and improved access to services for underserved PN3 populations. | Opportunities Identified |
|---|---|
| **Family Leadership** | Explore ways to support or provide advocacy and leadership training to parent leaders.<br>Collaborate with the early childhood coalitions to develop family leadership councils. |
| **State-Community Coordination** | Continue to engage with local early childhood coalitions. |
| **Equitable Systems** | Explore opportunities for funding BIPOC led groups<br>Build relationships with BIPOC providers such as doulas and midwives to connect their work with the early childhood sector.<br>Monitor how well ECECD programs are integrating the Equity Guiding Principles.<br>To help address informational access, investigate whether current communication methods are reaching grandparents raising grandchildren and young parents.<br>Explore using schools to disburse information.<br>Engage physicians by ensuring they understand EC programming and how to refer. |

## V. Appendix

The reports and data that contributed to this SAGA include:

- Anonymous Parent from Santa Fe, Individual Interview (August 2022)
- Anonymous Parent Leader from Sunland Park, Individual Interview, (August 2022)
- Anonymous PN3 Parent from Roswell, Individual Interview (2022)
- Anonymous PN3 Parent from the South Valley in Albuquerque, Individual Interview (2022)
- Brian Etheridge, MD, Pediatrician in Silver City, Individual Interview (August 2022)
- Community Early Childhood Coalition Needs Assessments of NM's local early childhood system (fifteen documents, all of which were conducted and written up by county-level organizations) (Oct. 2022)
- Con Alma Health Foundation's report on Grandparents Raising Grandchildren in New Mexico (2017)
- DOH's Health Equity in New Mexico report (2019)
- DOH's Maternal Child Health Title V Block Grant Needs Assessment (2020)
- DOH's NM PRAMS Report 2016-2018 (published Nov 2022)
- ECECD's Child Care Cost Model Report (constructed by P-5 Fiscal Strategies) (2021)
- ECECD's Family Engagement and Satisfaction Survey Data (Winter 2022)
- ECECD's Finance Plan for FY 2023-2026
- ECECD's Maternal, Infant, & Early Childhood Home Visiting Program Needs Assessment (2021)
- ECECD's Thriving Families qualitative analysis of PN3 service accessibility, which draws from 5 focus groups of PN3 families (Spring 2022)

- ECECD's *Florecer* Strategic Plan for FY 2022-2027
- Eirian Coronado, Title V/MCH Director, Department of Health, Individual Interview (August 2022)
- Erin Nakasone, AIE and EPICS Data Manager, Individual Interview (2022)
- FIT Tribal Needs Assessment (Nov. 2022)
- Jeanna Capito, Prenatal to Five Fiscal Strategies, Individual Interview (August 2022)
- Julia Hecht, MD, New Mexico Pediatric Society Member (2022), Individual Interview (August 2022)
- Kids Count Report (2021)
- Kristin Jones, Deputy Director of Behavioral Health Services at the Children, Youth & Families Department, Individual Interview (2022)
- Medicaid and Early Childhood Home Visiting Task Force Recommendations (Sept. 2022)
- Native American Budget and Policy Institute's report of the Conversations with the Native American Community in New Mexico focus groups
- New Mexico Birth Equity Collaborative Policy Brief (2022)
- New Mexico Medical Society's report on the physician shortage in New Mexico (2022)
- New Mexico Pediatric Society's Specialty Care Task Force Report (2019)
- New Mexico Pediatric Society's Agenda for Children (July 2022)
- New Mexico's Birth-to-Five Early Childhood Needs Assessment (2019)
- New Mexico's Interagency Coordinating Council Strategic Plan (2022)
- NM Child Fatality Review report (2020)
- NM Data and Policy Elements (as assembled by the ECS-TACC team)

- NM Maternal Mortality Review Committee 2015-2018 report (published in Sept. 2022)
- NM's Indian Education Semi-Annual Government-to-Government Summit proceedings (2021)
- NM's Comprehensive Addiction and Recovery Act evaluation report (2022)
- NM's PN3 Thriving Families Prevention Plan (Aug. 2022)
- NM's Infant Early Childhood Mental Health Consultation Report and Three-Year Plan (2021)
- Prenatal-to-3 Policy Impact Center's NM Roadmap (Oct. 2022)
- Trisstin Maroney, MD, former CARA Program Administrator, Individual Interview (October 2022)