

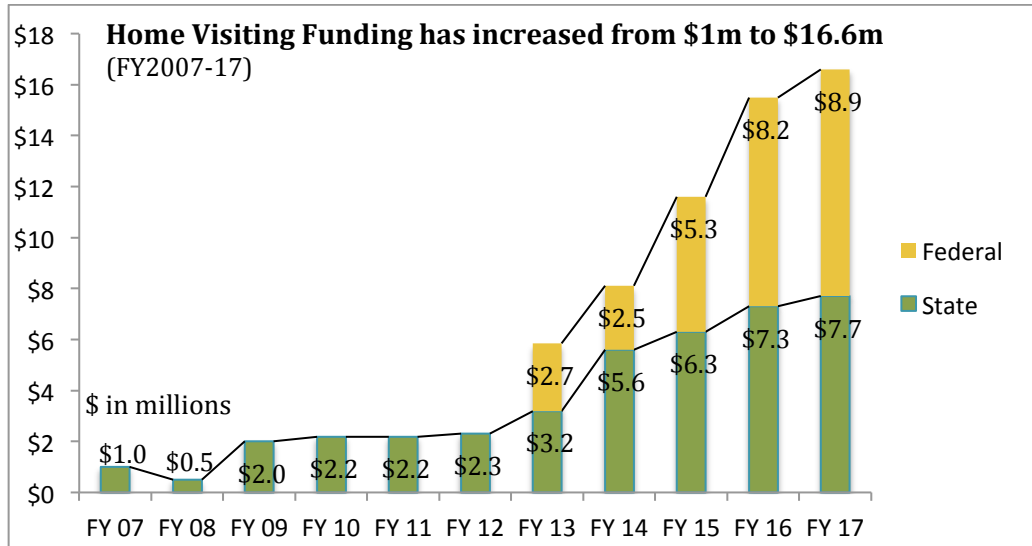


Home Visiting Advocacy
2017 Legislative Session
Talking Points to Describe Handouts



The New Mexico Legislature deserves thanks for making home visiting a priority because of the substantial increase in funding. Home Visiting went from a small pilot project in 2007 to numerous programs serving 28 counties in 2017.

The chart below shows the investment and source of funds. Please note that over half of funds come from the federal government and half of those funds are short-term (non-recurring).¹

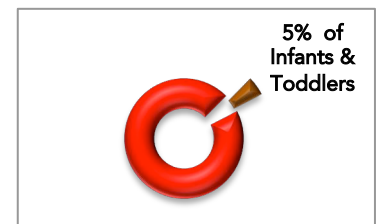


State funding 46%
Federal funding 54%

We also want to thank legislators, who during the 2016 budget crisis special session, appropriated an additional \$1.5 million to prevent child abuse through home visiting. CYFD reports that \$900,000 is allocated to Level II home visiting and \$600,000 to child care for children in protective services.



Yet even with this increased investment, home visiting still only serves 5% of eligible children.



Home visiting saves money in both the short-term and long-term Immediate savings with fewer unnecessary visits to the E.R. and clinics As featured in the January 2017 article in the peer reviewed journal *Pediatrics* (official journal of the American Academy of Pediatrics) by Dr. Rebecca Kilburn (RAND).

Home Visiting returns at least \$5.70 for every \$1 invested (LFC) by avoiding later costs

High Quality Continuum of Care Begins With Home Visiting and Results in 13% ROI

James Heckman, Nobel Laureate in economics, recently released the “The Lifecycle Benefits of an Influential Early Childhood Program,” showing that a continuum of high quality birth-to-five programs for disadvantaged children can deliver a 13% per year return on investment.

As gaps in knowledge and ability arise long before kindergarten, tend to persist throughout life, and are difficult and costly to close, it makes sense to be proactive and invest in cognitive and social skill development through quality early childhood programs. It is more effective and economically efficient than trying to close the gap later on. [heckmanequation.org]

¹ Non-recurring means limited term grants. CYFD has won several grants through the MIECHV [Maternal Infant Early Childhood Home Visiting, part of the U.S. Health and Human Services Department] program funded through the Affordable Care Act, to increase capacity or test pilot programs. The other half of federal funds are also through MIECHV as a ‘formula grant’ based on the number of children living in poverty.

- New Mexico could leverage its investments even more by drawing down a federal match through Medicaid. **More than a dozen states are using Medicaid to fund home visiting now.** Medicaid funding of home visiting would help us draw down 3x the funds and serve more children – most of whom are covered by Medicaid.
- The infusion of health care funding has significantly increased jobs in New Mexico. Home visitors would be employed in each community, supporting our babies, our families, and our state on the path to success!

Home Visiting is a proven strategy to reduce child maltreatment.

- The child and all of society benefit from the long term savings in better school outcomes and lower criminal justice rates and health costs.
- Many returns are realized through reducing toxic stress.
- Our goal is to reduce the number of Adverse Childhood Events that stunt brain development and lead to costly social and health troubles later in life.
- We know that children in juvenile detention have experienced multiple adverse childhood experiences and we know that we have high child abuse rates.

ACEs Have A Significant Impact On A Person's Health From Childhood-Adulthood

- A person with 4 or more ACEs is:
 - 2.5 times more likely to have chronic obstructive pulmonary disease
 - 4.6 times more likely to experience depression
 - 12 times more likely to be suicidal
- A woman with 7 or more ACEs is 5.5 times more likely to become pregnant as a teen

Home Visiting is the best practice we have available to turn around New Mexico's poor child well being outcomes. I'm tired of seeing New Mexico at 49th and 50th.

We can make meaningful changes in the lives of New Mexico children and families.

We can do this.

Translate your story as talking points!

- Pediatricians and Family Practice Physicians serve children in your districts. We are well established members of the community and literally many people here.
- I can share stories about a child(children) that presented with consequences from a preventable adverse experience and how home visiting could have prevented this painful and costly outcome.
- ACEs have a life long impact on the health of child. Impacts last into adulthood and investing in prevention can really save money down the road.
- I can share information on the indicators going in the wrong direction in our area.
- Home visiting efforts are growing, but still fall short of need in our area

Home Visiting Participation, 2016

Federal, state, and privately funded home visiting slots in New Mexico

County	Family Slots Available*	Percent of Zero to Three Served	Zero to Three Population
Bernalillo	1,011	4%	27,612
Catron	-	0%	90
Chaves	30	1%	3,180
Cibola	87	8%	1,128
Colfax	30	7%	411
Curry	59	2%	2,704
De Baca	3	5%	65
Dona Ana	903	10%	9,226
Eddy	25	1%	2,418
Grant	114	11%	1,044
Guadalupe	69	45%	153
Harding	-	0%	16
Hidalgo	50	28%	181
Lea	92	2%	3,793
Lincoln	24	4%	571
Los Alamos	60	11%	555
Luna	228	22%	1,059
McKinley	300	8%	3,804
Mora	5	3%	147
Otero	64	2%	2,937
Quay	57	19%	294
Rio Arriba	86	5%	1,597
Roosevelt	20	2%	958
San Juan	205	3%	6,285
San Miguel	43	5%	817
Sandoval	175	3%	5,607
Santa Fe	254	5%	4,986
Sierra	71	23%	313
Socorro	90	29%	313
Taos	222	20%	1,096
Torrance	84	16%	513
Union	3	2%	145
Valencia	91	3%	3,123
New Mexico	4,555	5%	87,133

Sources: New Mexico Home Visitation Collaborative: statewide capacity as of 11/1/16

NM Selected Health Statistics Annual Report, 2013

(<http://nmhealth.org/data/view/vital/1132/>)

*Includes 431 slots by child, not by family.