



Unmet Need for Early Childhood Education in New Mexico

Catherine F. Kinney MSW PhD
Kinney Associates LLC



February 2017

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY.....	1
II. INTRODUCTION.....	3
III. ASSUMPTIONS AND SUMMARY TABLES OF UNMET NEED.....	11
IV. DESCRIPTION OF SERVICES AND UNMET NEED.....	15
a. Home Visiting	15
b. Enhanced Referral Services.....	21
c. Child Care Assistance.....	25
d. Pre-Kindergarten.....	31
e. Quality Improvement.....	35
f. Accountability and Evaluation.....	41
V. CONCLUSION AND RECOMMENDATIONS.....	43
VI. ENDNOTES.....	45
VII. BIBLIOGRAPHY.....	51

I. EXECUTIVE SUMMARY

New Mexico has been **ranked 50th or 49th in child well being** for every year since 2012. The modest increases in federal and state investments in early childhood education over the last five years represent only a first step in a long journey to address the pressing needs of NM children and families. For early childhood education programs in New Mexico serving children under age five, both the Executive request and the New Mexico Legislative Finance Committee (LFC) recommend \$76.4 million for FY18 General Fund appropriationⁱ and estimate that the federal government will allocate \$96.9 million.ⁱⁱ However, even if this recommendation is fully funded, the budget will reach only a small proportion of those in need. If either the FY18 LFC budget request or the federal allocation is reduced in the final FY18 budget, the amount of unmet need will increase even more. Funding for future years from both the state General Fund and the federal government is very uncertain.

Evidence has shown that a continuum of high quality, comprehensive, well-coordinated services for children from 0 to 5 and their parents can yield a 13% return on investment.ⁱⁱⁱ Using national evidence about the range and quality of services needed, with evidence- and experience-based assumptions regarding uptake rates, **we estimate that the unmet need in New Mexico for early childhood education is \$405.6 million per year.** This figure is higher than the Legislative Finance Committee's estimate of \$115 million, due to our assumptions that:

- Greater numbers need and will receive services;
- Services should be higher quality than current funding supports;
- Enhanced referral services are a necessary component to help families obtain needed services;
- Investments to support early childhood educators in improving quality are key;
- Resources are needed to evaluate programs and insure accountability.

Extension of the Common Schools Portion of the NM Land Grant Permanent Fund to include early childhood education provides the singular opportunity to assure reliable and increased funding for early childhood education. Phased in over time, the proposed constitutional amendment would **provide 1% of the Common Schools Portion of the LGPF to early childhood education, representing about \$112 million toward the unmet need. Seventy-one percent of New Mexico voters support this approach.**^{iv} Through the NM Public Education Department, local school districts will receive an allocation proportionate to their population of children 0-5 years of age. A Center for Early Childhood Education Excellence will be established to assist the school districts in assessing their communities, identifying priorities, developing plans, and implementing evidence-based programs to meet their communities' early childhood education needs. State level resources will provide a measurement system and objective evaluation to assess effectiveness and impact at the local and state level.

I. EXECUTIVE SUMMARY

These services are recommended to serve more children and families with high quality services, all appropriate for funding under the current parameters of the Common Schools portion of the LGPF:

- Home visiting
- Enhanced referral services
- Child care assistance
- Pre-Kindergarten
- Quality improvement
- Accountability and evaluation

II. INTRODUCTION

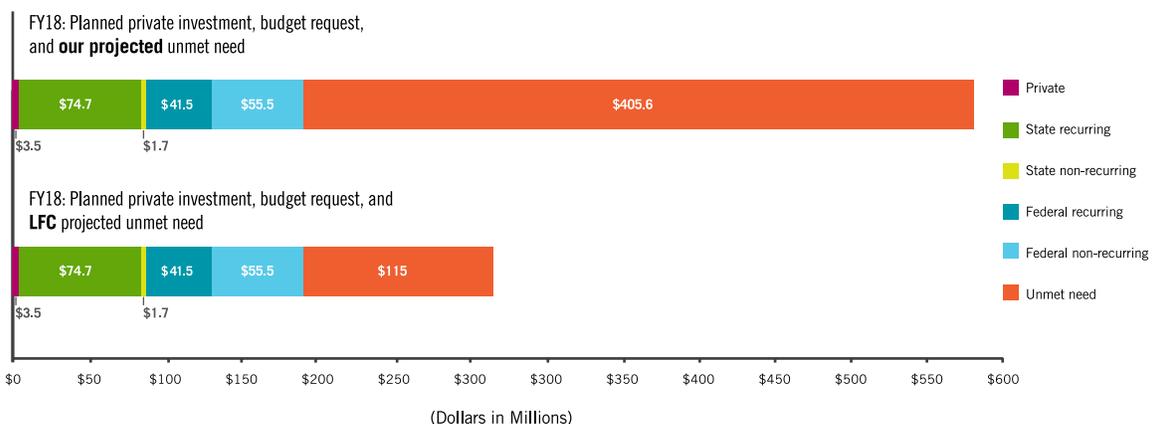
This paper describes the significant unmet need for early childhood education services in New Mexico. It reviews the status of current services, estimates the unmet need in New Mexico based on national evidence and best practice information, and compares these estimates to those developed by the New Mexico Legislative Finance Committee (LFC) in recent years. The paper argues that the use of a small portion of the Common Schools Portion of the New Mexico Land Grant Permanent Fund is the singular opportunity to address the significant and urgent unmet need that has been identified by both the LFC and this study.

FUNDING:

Not enough has been appropriated to address the full need of cost-effective interventions in early childhood for all children and families at risk. To support early childhood education in FY18 in New Mexico, LFC estimates that the federal government allocation will be \$96.9 million, of which an estimated \$55.5 is non-recurring funding. The Executive and LFC recommend a FY18 state allocation of \$76.4 million, of which \$1.7 million is non-recurring funding.

LFC estimates that the unmet need for early childhood education services (including home visiting, Pre-K, and child care assistance) is \$115 million. **We estimate that the unmet need is \$405.6 million per year**, using assumptions that include greater numbers receiving services, higher quality services, and investments in quality improvement, accountability and evaluation, and enhanced referral services. Our unmet need estimates are based on FY18 proposed allocations as of February 1, 2017. If the final FY18 budget is reduced from the proposed level, the amount of unmet need will increase even more. We also have assumed that current private funding for these early childhood education services will continue at the same level and will not be supplanted with public funds.

OVERALL EARLY CHILDHOOD EDUCATION UNDER AGE 5: UNMET NEED COMPARISON



II. INTRODUCTION

Reliance on state General Fund resources alone to increase the spread and quality of services in these difficult economic times is unrealistic. The future of federal funding for early childhood education is also very uncertain. We know that it will take time to reap the benefits of these investments, but we must greatly expand our investment now, before the next generation of children suffers from poor school performance and other significant personal and social costs. If 1% of the Common Schools Portion of the Land Grant Permanent Fund were allocated to early childhood education, the \$112 million is close to the LFC estimated unmet need, and would address approximately 28% of our identified unmet need.

There is widespread public support for allocating a very small percentage of the Common Schools Portion of the NM Land Grant Permanent Fund (LGPF) for early childhood education. When the LGPF was established in 1912, the evidence about the crucial impact of the first five years of life on a child's long-term success in school and employment was not available. In 2011, a rigorous statewide poll found that a very large margin of New Mexico voters (71%) supported distributing additional funds from the Common Schools Portion of the NM Land Grant Permanent Fund to support early childhood education and 80% believe that the state legislators should pass the resolution and send the ballot question to the voters.^{vi} Since 2011, many events and much learning have reinforced these opinions about the critical importance of early childhood education and a realistic funding strategy. If the survey were conducted now, we can expect that the level of support for early childhood education through these resources would be even broader and stronger.

STATUS OF CURRENT SERVICES:

Even with the recent modest increases in funding, New Mexico currently provides early childhood education services to only **a small proportion of children and families**. With the high prevalence of risk factors among NM families, dealing with only a small number of families will not achieve individual and societal goals for all children at risk.

- The **number of children funded** to participate in early childhood services **declined** by 12% from FY16 to FY17.^{vii}
- Among families with children under 3 years of age, **only 5% are receiving home visiting services, although almost 60% of children experience at least one Adverse Childhood Event**, a risk factor for future problems.^{viii}
- **Only one in three (31%)** of eligible children in working low income families who receive Child Care Assistance are **in high quality (levels 4 or 5) child care settings**.^{ix} In addition to the care provided in other registered or licensed settings, **many more children are receiving care in unlicensed and unregistered settings**.^x In these settings, families have no access to Child Care

II. INTRODUCTION

Assistance funding, and staff members have no supports for professional development.

- Among children 3 and 4 years of age, in FY17 **only 29% receive any pre K services, and only 8% participate in full day Pre K services.**
- Only .5% of children received preventive services from NM Children Youth and Families Department (CYFD) in FY14 **to prevent child abuse, a rate 8 times lower than the national average of 4.3%.^{xi}**

In addition, strong evidence concludes that the quality of the services must be high to achieve the documented cost-benefit returns in reducing government spending and personal costs in child abuse, special education, substance abuse, school performance, and juvenile justice. Current funding levels have not consistently provided the resources needed to develop and maintain high quality, evidence-based programs for all.

STATUS OF NM FAMILIES:

Recent investments have not been adequate in spread and quality to address key risk factors across the state. **Since 2012, the state of New Mexico has been 50th or 49th in the country every year for factors related to child well being,** according to the national Kids Count report.^{xii} These risk factors and their consequences are extremely costly to New Mexico children, families, communities, and the state in crucial human, societal, and financial ways:

Poverty

- According to the LFC, poverty is “one of the most reliable risk factors predicting negative outcomes for children.”^{xiii} **One in three (34%) of NM children under age five lives below the poverty level,** compared to a national rate of about one in five (22%).^{xiv}
- **82% of NM births are funded by Medicaid.^{xv}**

Child stresses and maltreatment:

- Adverse Child Events (ACEs) measure child abuse and household dysfunction factors that have been shown to have negative impacts on child development. **At least one ACE has been experienced by 59.4% of New Mexico children.^{xvi}**
- In 2014, there were 2,918 children between the ages of 0 and 4 who had confirmed cases of maltreatment by Child Protective Services. The NM rate of child maltreatment continues to worsen, and is **62% higher than the national rate.^{xvii}**
- The NM rate of **repeat child maltreatment** in 2016 was **12.3%, over twice as high as the US**

II. INTRODUCTION

average of 5.4%. This rate also continues to worsen over time.^{xviii}

Education:

- **Only 24% of fourth graders are reading at grade level, the lowest rate in the country.** Among low-income children, only 18% are reading at grade level.^{xix}
- 28% of high school students do not graduate on time, placing New Mexico at the 47th rank in the country.

Health:

- The rate of **low birth weight babies is 8.8%**, higher than the national average.^{xxi}
- **Teen birth rate** in New Mexico is 38/1000, **73% higher than the national rate** of 22/1000.^{xxii} About 20% of these births were to teens who already had at least one child.^{xxiii}

EVIDENCE-BASED DIRECTIONS:

It is clear that much needs to be done to address these risk factors and their consequences for New Mexico's families and children. Fortunately, there is striking consistency across national and state level recommendations about the importance of the prenatal to five-year-old age timeframe and

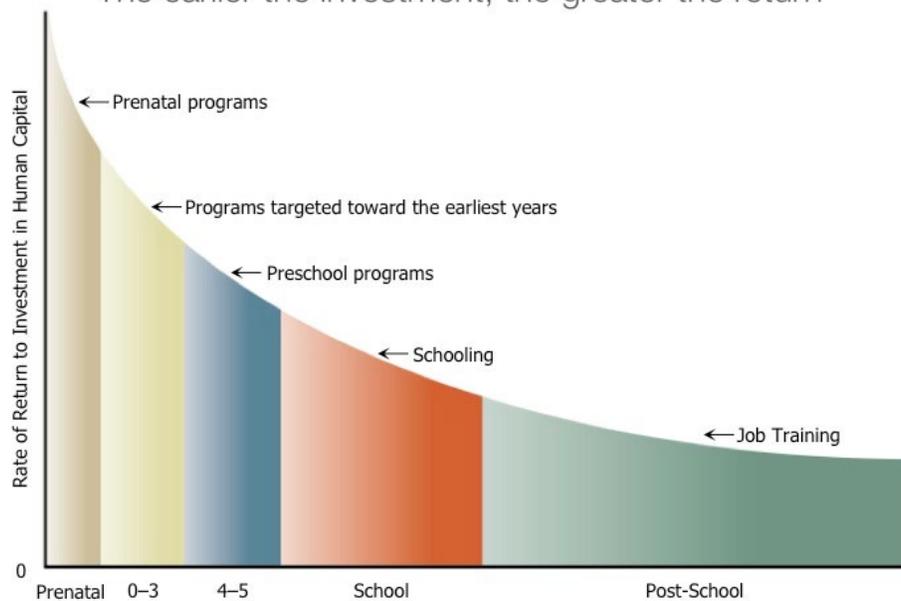
II. INTRODUCTION

National consensus:

Professor James Heckman, a Nobel Prize winning economist, has analyzed the **cost benefit ratio** for investments in human capital, with this conclusion:^{xxiv}

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

Heckman and his colleagues' recent research on the lifecycle benefits of high quality, wrap around early child programs for disadvantaged children ages 0 to 5 found a **13% return on investment**. The approach must include parental involvement, high quality full day care, home visiting, and other services in a well-coordinated "scaffolding" of developmental support. Savings were found in high school graduation, employment, income level, health status, and other factors for the program recipients, and in mothers' economic prospects.^{xxv}

II. INTRODUCTION

The **National Governors Association's** 2013 *White Paper on Increasing Third-Grade Reading Proficiency* called out a major research and policy gap: **“Starting at kindergarten is too late”** to start learning and to impact third grade proficiency levels. They note: “Intervening before age 3 is more advantageous than doing so later.”^{xxvi} The group then recommended five policy actions:

- Expand access to high-quality childcare, pre-K, and full day kindergarten
- Engage and support parents as partners in early language and literacy development
- Equip professionals providing care and education with the skills and knowledge to support early language and literacy development
- Develop mechanisms to promote continuous improvement and accountability
- Adopt comprehensive language and literacy standards and curricula for early care and education programs and kindergarten through third grade ^{xxvii}

The Harvard University Center on the Developing Child is a preeminent research and practice center. Based on fifty years of program evaluation research, the Center defined these principles for addressing early childhood needs:

1. Build caregiver skills
 - Programs that support parents
 - Professional development for teachers and caregivers
 - Parent engagement in center-based services
 - Programs for caregivers of children with challenging behavior
 - Recruitment and retention of skilled professionals
2. Match interventions to sources of significant stress
 - Families dealing with the burdens of poverty
 - Children with special needs
 - Parents and other caregivers with mental health problems
 - Child maltreatment
 - Parental substance abuse
 - Intimate partner violence in the home
3. Support the health and nutrition of children and mothers before, during, and after pregnancy
 - Medical home
 - Treatment of maternal depression
 - Developmental screening

II. INTRODUCTION

4. Improve the quality of the broader caregiving environment through high quality child care
5. Establish clear goals and appropriately targeted curricula.^{xxviii}

New Mexico consensus

The New Mexico Legislative Finance Committee (LFC) noted in the 2015 Accountability Report on Early Childhood:

“Research indicates the most rapid period of brain development occurs in the first few years of life.... This means the earliest years may present the most significant opportunity but also the highest risk... Research also shows that later interventions may be less successful. As a result, programs that identify and support children and families who are most-at-risk for experiencing highly stressful environments can reduce or avoid the need for more costly and less effective remediation and support programs later.”^{xxix}

In addition, LFC’s 2015 Results First report on child abuse in the state reviewed national evidence about prevention of child abuse and neglect in relation to NM performance. LFC concluded, “Research shows that investing in families before it is necessary to remove children is a safer, more cost-effective approach.”^{xxx}

The J. Paul Taylor Early Childhood Task Force, a NM Legislature-appointed group of early childhood experts, made recommendations in 2016 that are consistent with these other national and LFC recommendations:

- **Funding for early childhood programs**, including “those that support families, improve parenting practices, strengthen protective factors, prevent child abuse and neglect, and create opportunities for children to thrive;”
- **Screening** to help identify young children at risk;
- Promote and expand **post-partum visiting programs** to assist families with newborns;
- Access to **early childhood mental health services**;
- Increase support for **community health workers** in assisting families with young children.^{xxxi}

II. INTRODUCTION

CONCLUSION

Despite some modest increases in federal and state funding for early childhood education over the last five years, **the remaining level of unmet need is many times greater**. Too many of NM's children and families remain in high-risk situations without the support of evidence-based programs. While there are some preliminary encouraging results in home visiting services, pre K, and incentives to increase child care quality, the spread of these services is very inadequate. We also must insure that the quality and intensity of services is appropriate to reach the societal and individual impacts and cost-benefits demonstrated in the literature. Use of a small portion of the Common Schools Portion of the Land Grant Permanent Fund provides the most realistic and reliable funding stream to supplement the state General Fund appropriations.

III. ASSUMPTIONS AND SUMMARY TABLES OF UNMET NEED

ASSUMPTIONS USED IN OUR NEEDS ASSESSMENT

These programs and eligible groups are included in Our Needs Assessment:

- Home visiting: Families with children prenatal up to age three;
- Enhanced referral: Families with children 0-5 years of age;
- High quality child care: Infants and toddlers 0-2 who are eligible for Child Care Assistance;
- Pre-K: Three and four year olds;
- Quality improvement: Early childhood educators.

In addition, resources are allocated for appropriate Accountability and Evaluation support.

The assumptions used in making these cost and utilization projections include:

- Evidence has documented that the recommended programs support all types of families and children, with a possible greater return for high-risk families. According to the evidence, poverty is the most important risk factor for families with young children. With 82% of NM births paid by Medicaid (a proxy for poverty), this model **includes the entire population of families of children under age 5 (who meet program requirements) as eligible for services.**
- The model assumes that **use of these services is voluntary.** The uptake rates for the various services are projected based on national and local experiences, assuming that personalized outreach strategies and transportation resources will be utilized to engage those in need.
- Evidence has documented that early childhood education services must be **high quality to achieve the desired outcomes.** Therefore, the service costs are estimated based on the provision of high quality services, which may be more expensive than current costs.
- Our calculations of current investments and needed services encompass children only until they enter Kindergarten, consistent with the evidence about the importance of the first 5 years. This approach differs from usual LFC early childhood education reports that include remediation services for elementary school students in their calculations, such as K-3 plus (\$23.7 million) and Early Literacy tutoring programs (\$15 million) in their calculations. We have not included these services for older children in the LFC Unmet Need calculations.
- Our Needs Assessment addresses only those services that can be appropriately funded through the current parameters of the Common Schools Portion of the Land Grant Permanent Fund. For example, the DOH Family Infant Toddler Program (\$43.4 million) included by LFC as early education services is not included in our model, because the program is primarily funded through health resources and insurance.

III. ASSUMPTIONS AND SUMMARY TABLES OF UNMET NEED

- We fully recognize that there are many other services crucial to child development and family support, including health care services, mental health services for infants and mothers with postpartum depression, treatment for substance use disorders, employment and transportation support, and many others. These may not be eligible for funding through the Common Schools portion of the LGPF and therefore are not included in this listing of additional services. Enhanced referral services can insure that effective connections are made for families to address these other important needs. Also, the quality improvement initiatives can assist early childhood educators in identifying and making appropriate referrals for those needs.
- Assumptions are explained and presented in comparison with LFC Needs Assessment documents, Early Childhood Services Accountability Report Card, Gap Analysis, and Spending Plan, January 19, 2015^{xxxi} and Early Childhood Programs: FY17 and FY18 Enrollment and Estimated Funding Needed for Statewide Programs on pages 94 and 95 of the FY18 LFC Report to the Legislature.^{xxxiii}
- The projected state and federal investment levels are based on FY18 Executive Request and LFC Recommendation as of February 1, 2017. FY18 actual budgeted amounts may differ.
- The current level of private funding for early childhood education services (mainly in home visiting and enhanced referral services) is assumed to remain constant, and is not supplanted by public funding.

Service-specific assumptions are included in the service descriptions.

III. SUMMARY TABLE A. FY18 PROPOSED INVESTMENTS AND OUR UNMET NEED

PROPOSED INVESTMENTS		Home Visiting	Enhanced Referral	Child Care Assistance	Full-Day Pre-K	Quality Improvement	Subtotal	Accountability and Evaluation	Total
	FY18 proposed budget State funds	\$8,600,000		\$30,600,000	\$35,900,000	\$1,300,000	\$76,400,000		
	FY18 est. federal investment	\$9,700,000		\$69,600,000	\$17,600,000		\$96,900,000		
	FY18 planned private funding	\$3,150,000	\$365,400				\$3,515,400		
	Total FY18 proposed budget	\$21,450,000	\$365,400	\$100,200,000	\$53,500,000	\$1,300,000	\$176,815,400		
OUR UNMET NEED	Additional Investment Needed	\$50,451,000	\$10,570,500	\$81,950,000	\$210,160,550	\$15,572,200	\$368,704,250	\$36,870,425	\$405,574,675
	FY18 proposed plus unmet need	\$71,901,000	\$10,935,900	\$182,150,000	\$263,660,550	\$16,872,200	\$545,519,650	\$36,870,425	\$582,390,075

III. SUMMARY TABLE B. FY 18 PROPOSED NUMBER OF PERSONS SERVED AND OUR UNMET NEED

PERSONS SERVED		Home Visiting	Enhanced Referral	Child Care Assistance	Full-Day Pre-K	Quality Improvement
	Proposed FY18 persons served in LFC budget request	4,815		18,433	9,116	1,360
	FY18 privately funded	700	630			
OUR UNMET NEED	Additional persons to be served	13,125	18,225	742	21,554	6,610
	FY18 proposed plus unmet need	18,640	18,855	19,175	30,670	7,970

IV. A. HOME VISITING SERVICES

DEFINITION: Caring, culturally sensitive, skilled providers share information with expectant and new parents during regular home visits. After a thorough assessment, home visitors build a trusting relationship with parents and provide regular mentoring and support for parenting skills and information on child development.^{xxxiv} Services are voluntary, can begin prenatally, and are optimally provided through the age of three.

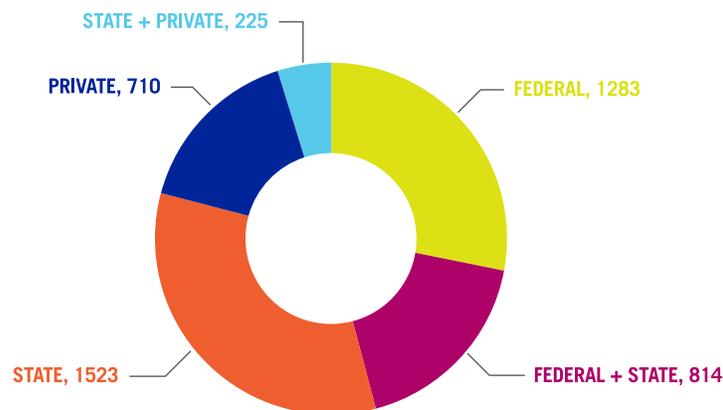
EVIDENCE: shows that high quality home visiting programs improve positive parenting, enhance children’s school readiness, reduce child abuse and neglect, and reduce costs for healthcare and remedial education.^{xxxv,xxxvi,xxxvii,xxxviii} NM’s Legislative Finance Committee reported a potential positive return for most home visiting programs, “with substantial positive benefit to cost ratios, in both taxpayer and non taxpayer benefits.”^{xxxix}

CURRENT NEW MEXICO HOME VISITING STATUS

Over the last 10 years, the federal government, New Mexico legislature, and foundations have made investments in home visiting, resulting in a beginning capacity to serve children throughout the state. In fall 2016, a mix of funding sources supported NM home visiting agencies in serving 4,555 children in 28 counties.^{xl} However, home visitors only **reach 5% of New Mexico’s newborns, infants and toddlers**, and much of the federal funding is not long term.

The following chart describes the home visiting slots and funding source as of fall 2016.^{xli,xlii}

2016 HOME VISITING SLOTS AND FUNDING SOURCE



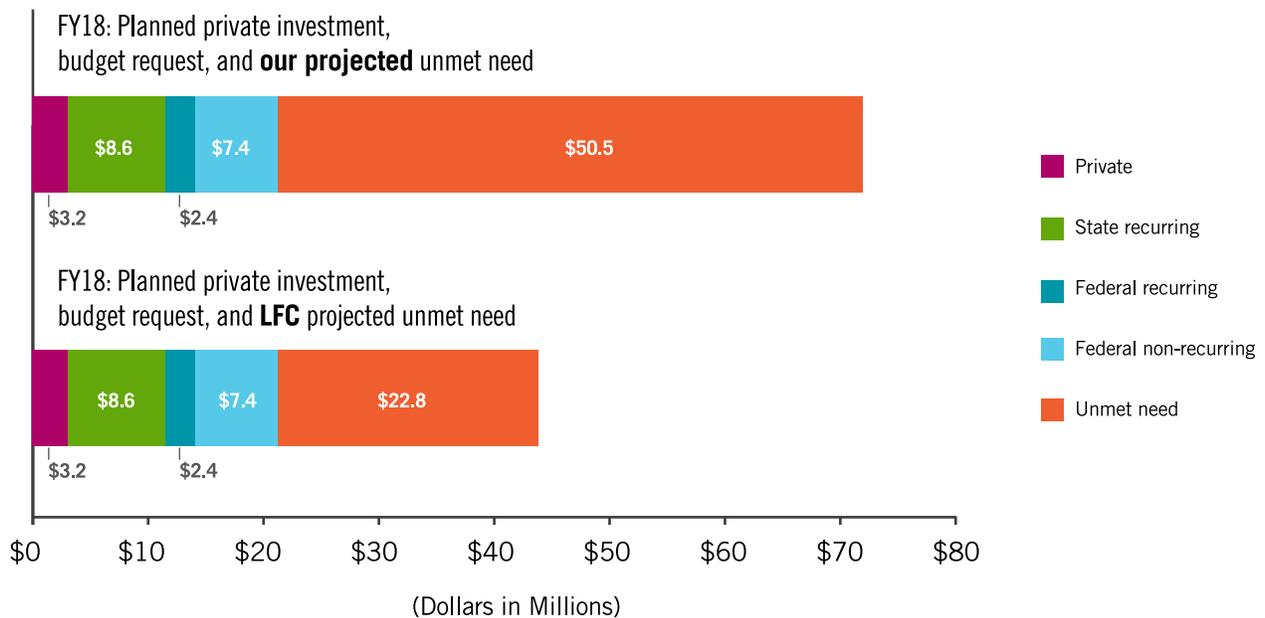
Source: NM Home Visitation Collaborative: Statewide Capacity, Fall 2016

IV. A. HOME VISITING SERVICES

ANNUAL INVESTMENTS NEEDED TO ADDRESS UNMET NEED:

Our Needs Assessment calculates that an **additional \$50,451,000** is needed in FY18 and future years, to address the unmet need by providing an **additional 13,125 families annually** with high quality home visiting services.

HOME VISITING: UNMET NEED COMPARISON



ASSUMPTIONS:

The following chart compares the unmet need calculations in our Needs Assessment to LFC's Needs Assessment. Major differences between our assumptions and the LFC FY18 assumptions are these: the provision of services to a much greater number of families, extension of services to age three, and higher cost per year to provide a greater number of visits for greater impact. If the FY18 LFC budget request is not fully funded, the amount of unmet need will increase for both LFC and our estimates. Our calculations also assume that the current private funding of home visiting services will continue and will not be supplanted by state funds.

IV. A. HOME VISITING SERVICES

Summary: Home Visiting Assumptions

	Our Needs Assessment	LFC's FY18 Needs Assessment
Population Count	Under Age 3 - 79,890	Under Age 2 - 54,000
Eligibility	100% - 79,890	Priority is for first time parents and teen parents
Uptake	80% of all births initially enroll = 20,584. Of these, half will receive 0-2 visits; half will engage in full service home visiting = 10,292 ^{xiii}	20% (priority given to first time parents and teen mothers)
Retention	Age 1-2: of those engaged in full service, half remain for second year (20% of eligible population) Age 2-3: of those engaged in full service in year two, half will remain for third year (10% of eligible population)	Not specified, though the same number is used for 2 years
Number of children to serve annually	18,640 to receive full service	4,815
Current number served annually	5515 (includes 700 privately funded)	4,815
Average annual cost per unit	\$4,500 full intensity (40 visits/yr.) \$2,250 for half the intensity after 18 months of age	\$3,801 average. Rates vary from \$3,500 to \$5,000
FY18 LFC budget request, as of 2/1/17	\$18,300,000	\$18,300,000
FY18 planned private investment	\$3,150,000	
Projected Unmet Need	\$50,451,000	\$22,750,800
Projected Total Need	\$71,901,000	\$41,050,800

IV. A. HOME VISITING SERVICES

ASSUMPTIONS DETAIL:

The information below details the assumptions used in our Needs Assessment, in comparison to the assumptions used in the LFC's FY18 Needs Assessment. The LFC FY18 Needs Assessment is used in this comparison, as it is their latest estimate. The LFC FY16 Needs Assessment provided substantial detail about the assumptions for that report. However, it is not possible from available information to determine if the LFC FY16 assumptions are used in the FY18 report, as the total amount of funds needed and some calculations differ in the two reports.

Population

- **Our Needs Assessment** calculates the population based on birth to age three data for 2015 for children under age 3, totaling 79,890. It does not count the prenatal population as an additional group.^{xliv}
- **LFC's Needs Assessment** used an average number of 27,000 per age group for children up to age 2, totaling 54,000.

Eligibility

- **Our Needs Assessment** assumes universal access to home visiting for all children under age 3, including the prenatal period. Our approach assumes that all families need support with all infants and toddlers, not just the first child born to the family or only Medicaid births (82% of NM births). In addition, researchers suggest that, "Universal versus targeted program enrollment improves program acceptance by removing stigma associated with program participation."^{xlv}
- **LFC's FY 18 Needs Assessment** refers to prioritizing eligibility for the first infant/child to age 3, adoptive parents of child to age 3, and all teen parents.^{xlvi}

Uptake

- **Our Needs Assessment** is based on national evidence that 75-90% of families initially enroll in home visiting: we assume 80% initially enroll. Of these, approximately half (or 40% of the total eligible population of parents) enroll and engage in full services.^{xlvii}
- **LFC's Needs Assessment** assumes a 20% uptake (assumption basis not provided in FY18 report).

IV. A. HOME VISITING SERVICES

Retention

- **Our Needs Assessment** rate is consistent with available national estimates^{xlviii} that half of the enrolled families leave the program after the first year, and then another half of those remaining leave after the second year.
- **LFC's Needs Assessment** does not specify retention rate, though enrollment numbers are the same for years 1 and 2, suggesting that there would not be any dropout between years one and two.

Full Service Level

- **Our Needs Assessment** assumes that a best practice home visiting model (such as the First Born model or CHI St. Joseph's hybrid model) provides an average of 40 visits per year to a family from prenatal to age 18 months. For children 19-36 months, common practice in First Born, Nurse Family Partnership, and CHI St. Joseph's is to reduce visits to 12-20 per year.^{xlix} Experience in the largest NM home visiting program has demonstrated the ability to achieve these levels, if personalized outreach strategies are used to enroll and maintain family engagement.
- **LFC's Needs Assessment** assumes that costs and visits vary by program and does not specify best practice number of visits per year. In FY15, families receiving CYFD home visiting had between 5 and 20 visits and in FY14 had an average of 14 visits per year.^{li} In FY16, 56.6% of families receiving CYFD home visits received 10 or fewer visits.^{lii}

Average Annual Cost per Unit

- **Our Needs Assessment** rate of \$4,500 is based on internal review of CHI St. Joseph's, the largest home visiting program in the state. It incorporates all staff and operational costs per child (including attention to professional development, in person family recruitment, and retention) and provides 40 visits/year. National evidence has found that participants are twice as likely to accept services when assessed for eligibility in person rather than by telephone.^{liii}
- Our per unit cost is adjusted to reflect changes in dosage over time: full cost until 18 months of age and half cost thereafter, as the number of visits per year are reduced.
- Our costs do not include home visiting costs for those families who initially enroll and then receive 0-2 home visits before dropping out. These families are provided enhanced referral services, as described in the following section.
- Our projected costs assume that current private funding for home visiting services will continue at current levels. For example, the budget for largest home visiting provider in the state, CHI St. Joseph's Children, is \$3,150,000, funded by the CHI St. Joseph's Children trust.

IV. A. HOME VISITING SERVICES

- **LFC's Needs Assessment** payment rate is \$3500 for Level I and \$4,000 for Level I Plus,^{liv} with \$3,801 as the average cost for current CYFD services per family. It does not appear that there is a cost adjustment for reduced service intensity for varied program approaches or age of child. The FY17 CYFD pilot of Level II home visiting will provide \$4500 for Level II and \$5000 for Level II Plus for a limited number of cases, to address additional costs such as travel, and to allow the hiring of some specialized staff to address infant mental health, post partum depression, and some other specialized needs during home visits.

IV. B. ENHANCED REFERRAL SERVICES

Definition: Trained resource experts work directly with families and providers to make appropriate referrals and coordinate care for needed services. They follow up as often as needed to facilitate a successful connection with appropriate services. These services may include health care, behavioral health, housing, and employment training. Enhanced referral services can be provided in collaboration with existing home visiting programs, child care centers, medical homes, and other services oriented to families with young children.

Evidence: A national review of federal investment in home visiting found that, “Often the key to meeting families’ needs lies with services outside home visiting.”^{lv} The Help Me Grow model (HMG), which is built on an enhanced referral system, has been established in 25 states over the last ten years, with parents the most frequent users of the resource. In HMG sites, approximately **seven contacts are required for a successful connection to a service.**^{lvi} HMG has enabled more than 80% of children for whom parents shared concerns to be effectively linked to needed services.^{lvii}

Current New Mexico Enhanced Referral Services Status: A defined goal of NM CYFD’s home visiting program is to connect families to formal and informal supports in their communities. However, in 2015, **only about one in ten** of the children and parents in the CYFD home visiting program were identified as high risk and therefore eligible for a referral. Of the very small number designated as needing a referral, only 38% were referred and successfully engaged with the needed service.^{lviii} The FY15 Annual Report on Home Visiting noted a concern about low follow through on needed referrals.^{lix} LFC ‘s 2016 Early Childhood Accountability Report expressed “significant” concern about these low engagement rates for additional services among the CYFD home visiting sites, a result they believe may “hinder outcomes.”^{lx}

The NM Kids Resource and Referral Service encourages parents to use an online directory of child care providers and other services. If the parent wants to speak to a referral specialist, the Service offers up to 15 minutes of phone time, as their resources are limited. They state that they are “not responsible for finding, securing, or ensuring continued services for families.”^{lxi}

In contrast, the one NM home visiting program that has invested in an additional enhanced referral service has found that after a careful assessment, 89% of its families have additional referral needs beyond home visiting. On average, over 4 referrals per family are needed for behavioral health services, employment, housing, and other needs that impact family stability. The referral specialists make on average four contacts for each referral, totaling on average **16 contacts with each family** to insure that the connections have been successful and services have commenced.^{lxii}

IV. B. ENHANCED REFERRAL SERVICES

ANNUAL INVESTMENTS NEEDED TO ADDRESS UNMET NEED:

Our Needs Assessment calculates that at least an **additional \$10,570,500** is needed to address the unmet need for at least an **additional 18,225** families with high quality enhanced referral services.

Assumptions:

We assume that these services will help many families obtain the support services needed to maintain family stability. LFC did not include this service as a separate service in their Needs Assessments or FY18 budget proposal for early childhood education services. Our calculations assume the existing private enhanced referral service will continue at its current level and will not be supplanted by state funds.

Summary: Enhanced Referral Assumptions

	Our Needs Assessment	LFC's Needs Assessment
Eligibility	Families with children 0-5 years of age= 138,379	N/A
Uptake	Estimated as 90% of home visiting clients with child under 1 year of age	N/A
Average annual cost per unit	\$580	N/A
FY18 LFC budget request, as of 2/1/17	\$0	N/A
FY18 planned private funding	\$365,400	
Projected Unmet Need	\$10,570,500	N/A
Projected Total Need	\$10,935,900	N/A

IV. B. ENHANCED REFERRAL SERVICES

ASSUMPTIONS DETAIL:

Eligibility

- **Our Needs Assessment** assumes that there is a high rate of need for enhanced referral services to assist families of young children to make successful connections to the broad range of additional services needed by families. Current funding of home visiting, Child Care Assistance, and information phone lines do not provide adequate resources to provide the in-depth, personal connections and repeated contacts needed to insure that the right connections with resources are successfully made. Therefore, this service should be available to all families with children 0-5.
- **LFC Needs Assessments** do not include this service as a separate service.

Uptake

- **Our Needs Assessment** estimates need based on the experience of one organization that provides this service in conjunction with its home visiting service to estimate use by families who have initially enrolled in home visiting services. Once families have made a connection with the organization (whether or not they continue with home visiting), 90% need and receive enhanced referral at CHI St. Joseph's, according to their data. To provide a conservative estimate of uptake, we assume that each family receives enhanced referral services once. We utilize the home visiting population of families with children under the age of one and assume that 80% of the parents in this group will make at least an initial contact with a home visiting agency, and then 90% of this group will be identified as needing enhanced referral services. Thus, even if they are not receiving home visiting for full service, they will have made contact with an agency that can serve them with enhanced referral services. In other states, there is substantial additional demand for these enhanced referral services from families with young children who are not in home visiting, but Help Me Grow does not have a metric for predicting demand from families in the community.^{lxiii} Therefore, our estimate is quite conservative but data-based. We believe the demand will be higher as the service is implemented and promoted to young families and to providers of early childhood education and health services.
- **LFC Needs Assessment** does not specify uptake rates or number of participants for CYFD's new pilot of Level II home visiting services, and the level of effort that will be focused specifically on additional assistance in connecting families to needed additional services is not clear.

IV. B. ENHANCED REFERRAL SERVICES

Average Annual Cost per Unit

- **Our Needs Assessment** assumes a cost of \$580 per child, based on internal cost review of the largest enhanced referral program in NM (CHI St. Joseph's). This per family cost funds an average of 16 contacts for each family to insure successful connections to all needed services. Our projected costs assume that current private funding for enhanced referral services will continue at current levels.
- **LFC Needs Assessment:** The CYFD pilot Level II targeted home visiting provides an increased reimbursement rate of \$500 to \$1,000 for families to address transportation costs of home visitors in rural and remote areas, the provision of some specialized services, and provision of additional referral services.^{lxiv} As it is not clear how much of these resources will actually address enhanced referral needs, those allocations are not included in the funding for enhanced referral services.

IV. C. CHILD CARE ASSISTANCE

DEFINITION: Child Care Assistance provides a sliding fee subsidy for children in income eligible families while their parents are working or enrolled in training/education programs.^{lxxv} In NM, income eligibility has ranged from 100% to 200% of the Federal Poverty Level (FPL), depending on available funds.^{lxxvi}

Parents select a licensed or registered child care provider, who receives a subsidy amount tied to the child's age and provider quality level.^{lxxvii} Most parents (84%) also pay a sliding fee co-payment, averaging 7% of gross income.^{lxxviii}

EVIDENCE: High-quality and responsive child care provides, “emotional support, offers reciprocal communication, accepting the need for growing independence, and providing cognitive stimulation that scaffolds the young child’s early learning.”^{lxxix} Access to high-quality child care has been demonstrated to increase morale and employer loyalty, and the absence of reliable child care costs businesses over \$4 billion annually.^{lxxx} High quality, affordable, and available child care for families is crucial to NM’s ability to produce and sustain an economically viable, competitively positioned workforce in the future.^{lxxxi} Research has also identified that the presence of waiting lists for access to subsidized child care is significantly correlated with higher child physical abuse and neglect.^{lxxxii}

NM’s Legislative Finance Committee emphasize the importance of high quality child care in their analysis of ways to improve educational outcomes:

“Results-driven programs promote healthy early development and lay the foundation for greater achievement, economic productivity, and responsible citizenship. The best early care environments maintain high-quality standards such as highly-skilled teachers and caregivers, low caregiver- and teacher-to-child ratios, language-rich environments, consistent and stable caregivers and teachers, healthy food, calm environments, and consistent participation.”^{lxxxiii}

CURRENT NEW MEXICO CHILD CARE ASSISTANCE STATUS

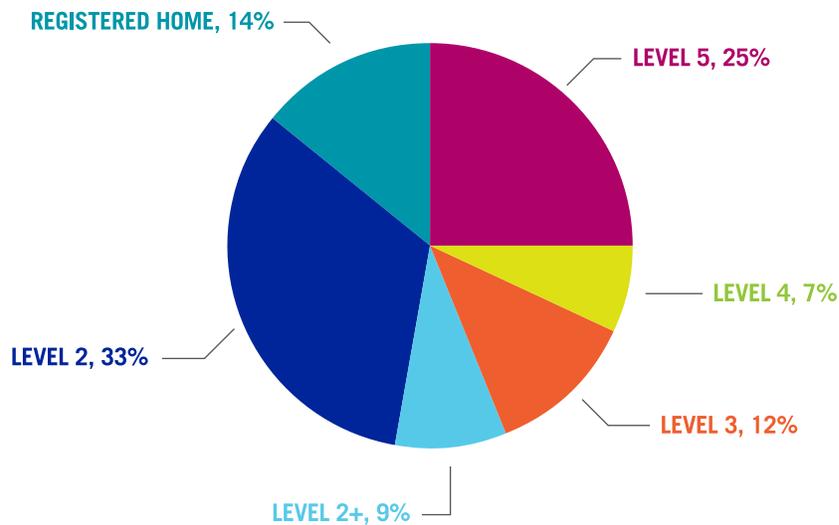
Federal funding comes from the Child Care and Development Fund (recurring) as well as the Temporary Assistance for Needy Families (TANF) block grant (non-recurring variable amounts).^{lxxxiv} Child care reimbursement rates vary greatly for age of child and quality rating. For instance, FY2017 rates for infant care range from \$290/month for registered centers not in the quality rating system to \$1,270/month for 5-star center care.

IV. C. CHILD CARE ASSISTANCE

CYFD reported in August 2016 that 17,727 children^{lxxv} receive Child Care Assistance, with an average monthly cost of \$579/month to the state. Most (85%) children who receive Child Care Assistance are in a licensed home or center (participating in CYFD's quality improvement system) and 15% are in a registered, non-licensed home.^{lxxvi} **Only thirty two percent^{lxxvii} of children receiving Child Care Assistance are in high quality (levels 4 and 5) settings. The remainder are in lower or unknown quality (licensed levels 2-3 or registered homes).**

In addition, it is important to note that only children who receive care in a licensed or registered child care setting are eligible for Child Care Assistance funding. It is estimated that there are a **large number of additional children receiving care in unregistered and non-licensed care settings.**^{lxxviii} The specific numbers and the quality of care for these children are unknown.

CHILD CARE ASSISTANCE BY QUALITY LEVEL



Source FY14 LFC Early Childhood Services accountability report card January 19, 2015 Appendix K

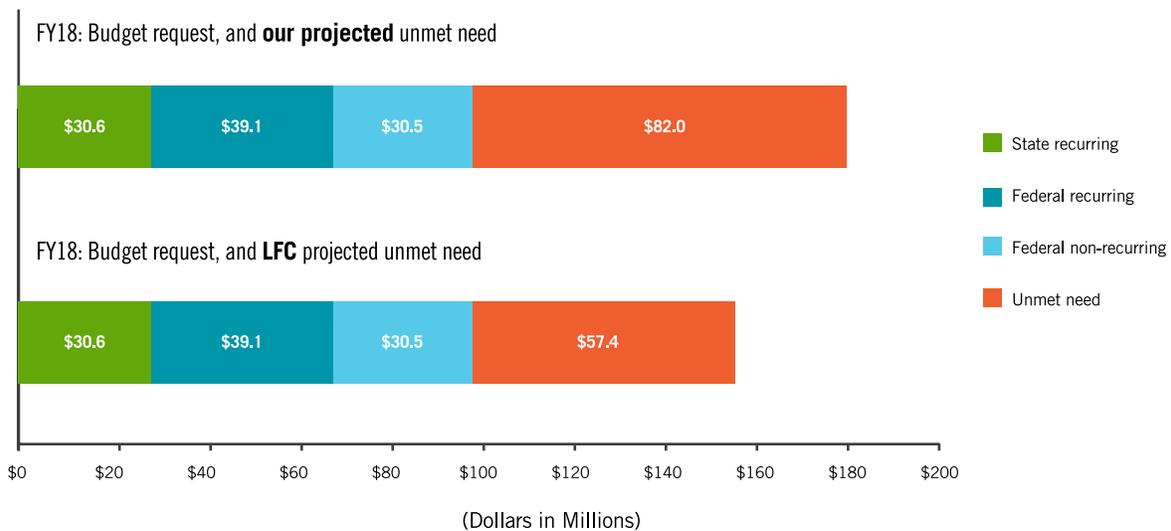
IV. C. CHILD CARE ASSISTANCE

ANNUAL INVESTMENTS NEEDED TO ADDRESS UNMET NEED:

Our Needs Assessment calculates that an **additional investment of \$81,950,000** is needed to cover the cost of improved child care quality for **19,175 children** 0-2 years of age whose families are eligible for Child Care Assistance.

The following chart compares the unmet need calculations in our Needs Assessment to LFC's Needs Assessment. If the FY18 LFC budget request is not fully funded, the amount of unmet need will increase for both LFC and our estimates.

CHILD CARE ASSISTANCE : UNMET NEED COMPARISON



ASSUMPTIONS:

The information below describes the assumptions used in our Needs Assessment, in comparison to the assumptions used in the LFC's FY18 Needs Assessment. There are two major differences. First, our Needs Assessment assumes that all 0-2 year olds eligible for Child Care Assistance (due to income limits and use of eligible care sites) will receive it, and that 3 and 4 year olds will be in full day Pre K rather than child care. Second, our Needs Assessment assumes that all children receiving Child Care Assistance will be in high quality (levels 4 and 5) child care settings, at higher cost per child. Thus, the number served reflects a modest growth in the number of 0-2 year olds receiving Assistance and a removal of 3 and 4 year olds from this funding source (and inclusion in PreK costs). The increased costs also assume a substantial increase in quality for all 0-2 year olds in Child Care Assistance.

IV. C. CHILD CARE ASSISTANCE

Summary: Child Care Assistance Assumptions

	Our Needs Assessment	LFC's Needs Assessment
Population Count	Under Age 3 - 79,890	N/A
Eligibility	Children below age 3 in eligible families below 200% FPL (40% of population) 31,956	Children below age 6 in working families below 200% FPL
Uptake	60% of those eligible, ages 6 weeks up to three years of age	As funds permit, children under age 6 - 29,000
Uptake:	60% of those eligible and ages 0-3= 19174	N/A
Average annual cost per unit	\$9,000 per child in Level 4 \$10,000 per child in Level 5 infant and toddler care ^{xxix}	\$5,400 per child for all quality levels and ages
FY18 LFC budget request, as of 2/1/17	\$100,200,000	\$100,200,000
Projected Unmet Need	\$81,950,000	\$57,444,000
Projected Total Need	\$182,150,000	\$157,644,000

IV. C. CHILD CARE ASSISTANCE

ASSUMPTIONS DETAIL:

Eligibility

- In 2015, there were 134,230 children ages birth to age five in New Mexico, with an average of 27,000 in each one-year age group.
- 40% of children under age 6 are in working families or those with a parent in school, earning less than 200% of the Federal Poverty Level (FPL).^{lxxx}
- **LFC and our Needs Assessment** agree on eligibility level as 200% of FPL, the existing program guideline for Child Care Assistance.^{lxxxi} Our plan assumes that funding will insure that all children in this eligibility group due to income and care in eligible setting will receive financial support. LFC's Needs Assessment states that the actual eligibility may be lower due to funding available, which has resulted in the past in either reducing the financial eligibility level below 200%, or using a waiting list.

Uptake

- **Our Needs Assessment** includes only costs for infants and toddlers 0-2 years of age in the eligible group. Our model assumes that 3- and 4- year olds will be in pre-K; the costs and uptake rates for this group are described in the pre-K section.
- **Our Needs Assessment** assumes that 60% of the children of working low-income families will be in child care settings that are eligible for Child Care Assistance. Other families may choose family/friend/neighbor care, which is not eligible for Child Care Assistance funding.
- **LFC Needs Assessment** assumes that some children up to age 6 will be receiving Child Care Assistance. Their assumptions regarding distribution of children between Child Care Assistance and Pre K are not specified.

Average Annual Cost per Unit

- **LFC FY18 Needs Assessment** uses average investment of \$453/month per child, representing a mix of all levels of quality to calculate costs. Sixty-eight percent of children receiving Child Care Assistance in FY17 are in lower or unknown levels of quality (QRIS levels two or three or registered homes). Although LFC acknowledges the need to move more children into higher quality care (and thus greater cost), the investment/child is not adjusted to reflect improvement in current reimbursement levels. Information is not available on the number or the quality of family/friend/neighbor care settings, which provide care to an additional group of children deserving high quality care.

IV. C. CHILD CARE ASSISTANCE

- **Our Needs Assessment** calculates cost assuming that half of the children receiving Child Care Assistance are at a level 4 and half at a level 5 center, to maximize the quality of child care received for all children. This assumption results in an increased additional monthly payment of \$297 to \$380 per child.^{lxxxii}

IV. D. PRE-KINDERGARTEN

DEFINITION: Pre-Kindergarten is designed to ensure that preschoolers acquire the knowledge, skills, and self regulation needed to be ready for kindergarten and to succeed in school by third grade. NM Pre-K programs currently serve mostly 4 year olds and some 3 year olds in part time and extended day settings.^{.lxxxiii}

EVIDENCE: RAND Corporation’s 2016 comprehensive review of 15 preschool evaluations concluded that high-quality, full scale preschool programs (pre K for 3 and 4 year olds) show benefits in school readiness across a broad range of knowledge and skills, with sustained benefits over time in lower rates of special education use, reduced grade repetition, and higher high school graduation rates.^{.lxxxiv} Children across the income spectrum benefit from high quality preschool, with even greater impacts for more disadvantaged children. Favorable impacts have been demonstrated for part- and full-day preschool programs, as well as one- and two-year programs. As many families need a full-day program to accommodate work schedules, children in low-income working families can miss out on high quality pre-K if only half day public programs are available.^{.lxxxv} **Sustained benefits are most common with universal, full-day pre-K programs that bring children into kindergarten prepared to build upon the skills they have learned.**^{.lxxxvi} Key attributes of high quality programs that demonstrate sustained effects include teacher-child ratios; quality of teacher-child interactions; quality of instructional support; quality improvement supports through coaching and professional development; a systematic approach to monitoring and improving quality; and employing a proven curriculum with targeted training for teachers.^{.lxxxvii}

CURRENT NEW MEXICO PRE-K STATUS

The FY18 LFC and Executive budget request asks for \$53.5 million to support Pre-K. Since FY15, the state has expanded Pre-K to an extended day for some 4-year olds and is piloting Pre K programs for 3-year olds. LFC reports that in FY2017, an estimated 5,745 children are in half day Pre-K, with an average cost of \$4,101. In addition, 3,641 children are in extended day Pre-K at an average per-child cost of \$7,786. **In FY17, only 29% of NM 3 and 4 year olds received any Pre-K, and only 8% of NM 4 year olds were in extended day Pre-K.**^{.lxxxviii}

The 2010 external evaluation of New Mexico’s 4-year-old Pre-K found that participating children entered school with significant improvements in vocabulary, math, and literacy skills and had lower special education rates.^{.lxxxix} LFC concluded, “Pre-K delivers a positive return on investment for NM taxpayers based on improvement in test scores alone.”^{xc} In addition, LFC recommended in 2015 that the Legislature increase Pre-K appropriations to expand services for 3 year olds and full day services for low income 4 year olds.^{.xci}

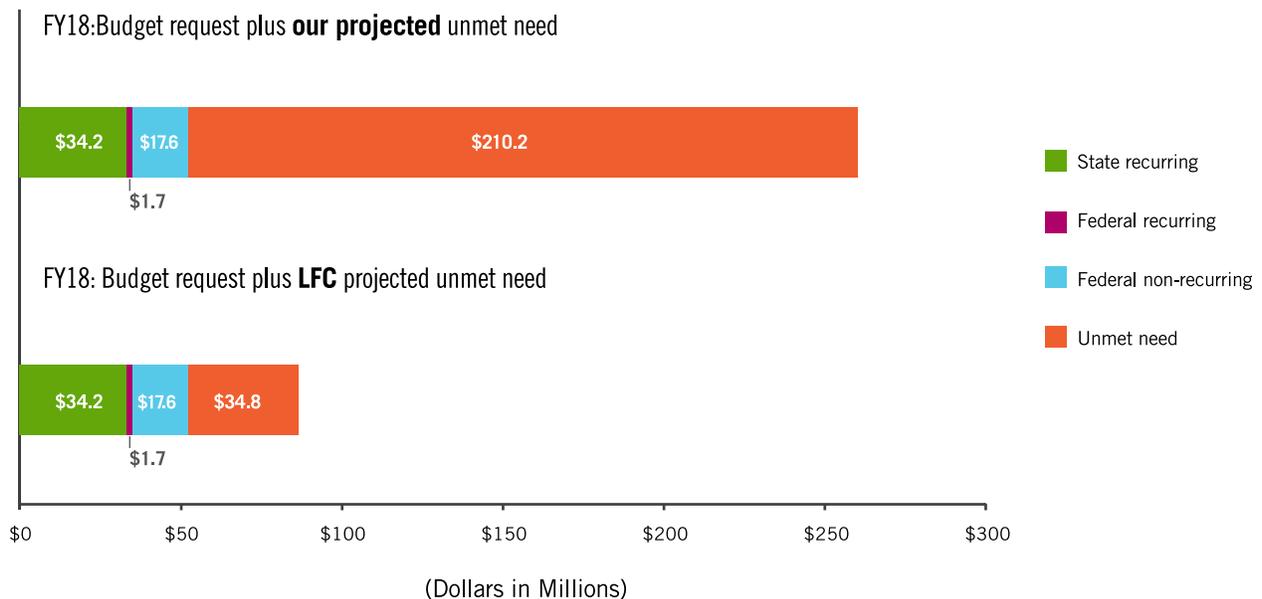
IV. D. PRE-KINDERGARTEN

ANNUAL INVESTMENTS NEEDED TO ADDRESS UNMET NEED:

Our Needs Assessment calculates that **\$210,160,550 additional investment** is needed to fill the unmet need for high quality full day pre-K for 3 and 4 year olds. An **additional 21,554 children** would thus benefit from Pre-K, totaling 30,670 children in Pre-K.

The following chart compares the unmet need calculations in our Needs Assessment to LFC's Needs Assessment. If the FY18 LFC budget request is not fully funded, the amount of unmet need will increase for both LFC and our estimates.

NM PRE-K : UNMET NEED COMPARISON



ASSUMPTIONS:

The information below describes the assumptions used in our needs assessment in comparison to those used by LFC. Major differences are these: we assume full day rather than half day preK; greater participation by 3 year olds; greater investment per child to support high quality.

IV. D. PRE-KINDERGARTEN

Summary: PreK Assumptions

	Our Needs Assessment	LFC's Needs Assessment
Population Count	58,489 Three- and four-year olds	58,489 Three- and four-year olds
Eligibility	All 3 and 4 year olds not in Head Start or IDEA Special Ed= 47,186	All 3 and 4 year olds not in Head Start or Idea Special Ed= 47,186 as funding permits, with 2/3 of funding reserved for 4-year olds in high priority school areas
Uptake	<ul style="list-style-type: none"> 80% of eligible 4-year olds = 18,874 full day 50% of eligible 3-year olds = 11,797 full day Total = 30,671 	<ul style="list-style-type: none"> 4794 students in half day 4322 extended day Total= 9116
Average annual cost per unit	Average cost per child for QRIS Level 4 = \$8,086 Level 5 = \$9,106. Half of served population in each level.	\$4,101 per child half day \$7,786 per child full day
FY18 LFC budget request, as of 2/1/17	\$53,500,000	\$53,500,000
Projected Unmet Need	\$210,160,550	\$34,792,856
Projected Total Need	\$263,660,550	\$88,102,856

ASSUMPTIONS DETAIL:

Population

- Both Needs Assessments** assume that Head Start and IDEA enrollments will remain constant and are excluded from the eligible population.

IV. D. PRE-KINDERGARTEN

Eligibility

- **Our Needs Assessment** assumes universal eligibility for Pre-K for three and four year olds.
- **LFC Needs Assessment** prioritizes and reserves two thirds of the NM pre-K funding for children living in a Title I school attendance zone (40% of students eligible for free or reduced lunch).

Uptake

- **Our Needs Assessment** extends all pre-K to full day and assumes participation rates of 80% of 4-year olds and 50% of 3-year olds.
- **LFC FY 18 Needs Assessment** focuses mostly on 4-year olds, requesting funding for 4794 half day students and 4322 extended day students. Most of these slots appear to be for 4 year olds. There is a CYFD pilot for 3 year olds, but number of slots is not specified. Therefore, it cannot be determined if the total number of FY18 slots (9115 plus the 3 year old pilot) is the same as the FY2017 LFC estimate of 9386 children served in PreK.

Per Unit Cost

- **Our Needs Assessment** increases the per child cost to match the average reimbursement rate for licensed and home-based child care with high quality ratings for Levels 4 (\$8086) and 5 (\$9106), assuming half of the children are at each level. This level of funding will support the provision of high quality Pre K, with appropriate staffing ratios of well-trained, equitably paid staff. By providing full day care, this level of funding also addresses the challenge for working parents to arrange transportation and wrap-around care. Without a full day, many working parents may not be able to send their children to Pre K.
- **LFC Needs Assessment** assumes the current rate of \$7,786 for extended pre-K (6 hours) and \$4,101 for half-day pre-K.

IV. E. QUALITY IMPROVEMENT

DEFINITION: These services are aimed at supporting and improving the quality of the early child education workforce. They include:

- Education scholarships (T.E.A.C.H.);
- Incentive supplement to pay educators who take early childhood college classes (Incentive\$);
- Consultation to licensed child care center directors participating in the CYFD quality improvement program, aimed at improving quality rankings (FOCUS);
- Early childhood training and technical assistance program (TTAP);
- Early childhood development consultation, providing periodic onsite coaching to early childhood educators in registered and non registered care settings (including those providing family/friend/neighbor care) on child development topics such as language and math skill development, infant mental health, socio-emotional development, and transitions between care settings.

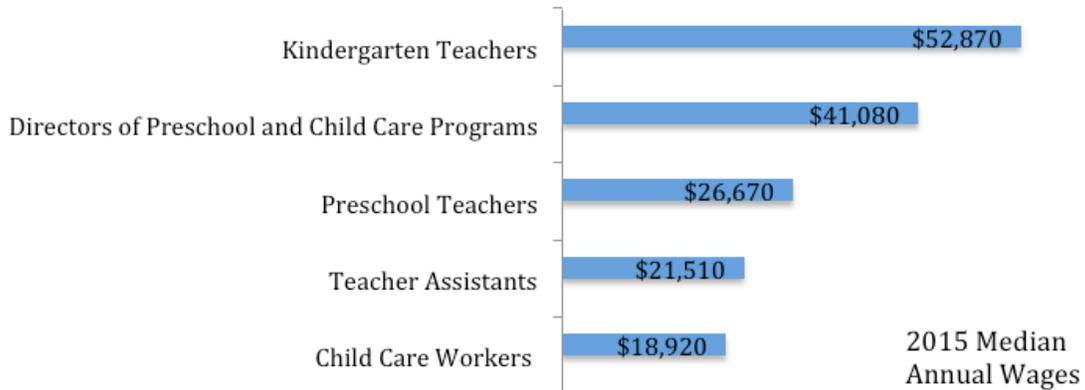
EVIDENCE: A major national report in 2015 on the child care and education workforce summarized the research: “Effort in this area (the development of workforce) is one of the most important mechanisms available for improving the quality of the care and education received by young children.”^{xcii} The quality of adult-child interactions is one of the most powerful predictors of children’s development and learning, and high teacher turnover leads to lower quality interactions and care.^{xciii} Low salaries are the biggest factor influencing a child care educator’s decision to leave the profession or shift to higher paying early education jobs.^{xciv} **The annual turnover rate for child care professionals is estimated between 30% and 40%,**^{xcv} more than four times greater than the 7% rate among elementary school teachers.^{xcvi} Evidence regarding the outcomes of consultation services to non-licensed settings suggests that onsite professional coaching “had a positive effect on children’s language and literacy outcomes.”^{xcvii}

CURRENT NEW MEXICO QUALITY IMPROVEMENT STATUS:

New Mexico’s statement of core competencies for early childhood educators calls for early learning professionals to be able to “use their child development knowledge, their knowledge of developmentally appropriate practices, and their content knowledge to design, implement, and evaluate experiences that promote optimal development and learning” for all children from birth through age 8.^{xcviii}

IV. E. QUALITY IMPROVEMENT

Early Educators Earnings Comparison



Source: 2015 Median wage data, NM Department of Workforce Solutions, Occupational Employment Statistics Program, excluding special education

However, current New Mexico regulations do not require completion of high school for child care educators and only require completion of 45 hours of training in the first six months.^{xcix} The current median wage for New Mexico's child care educators is \$9.10 per hour (\$18,920/yr.), with more experienced workers averaging \$10.34/hour (\$21,510/yr.).^c Among workers in NM child day care services, 40% have only a high school diploma or less.^{ci}

Over the last few years, quality improvement resources have been provided to support early childhood educators, relying heavily on approximately \$6.2 million annually from the federal Race to the Top grant. Funding from that grant expires in FY17.

- Scholarships: In 2015, 1,000 T.E.A.C.H. scholarships (serving less than 20% of the early childhood workforce) were awarded, mostly for associate degrees. One third of these were paid by the Race to the Top grant. The turnover rate for T.E.A.C.H. scholars was reduced by two thirds (to 10%).^{cii}
- Incentives: Incentive\$ started as a privately funded pilot program in 2012, with State funding of \$500,000 in FY2016. In 2015, Incentive\$ served 216 (less than 5% of the early childhood workforce) early childhood educators who had earned an associate degree, with an average annual incentive payment of \$1850 per person. The turnover rate for Incentive\$ participants was significantly reduced (to 9%).^{cii}

IV. E. QUALITY IMPROVEMENT

- FOCUS consultation: Funded as a pilot through the federal Race to the Top grant, contracted consultants support licensed providers in incorporating quality early learning practices which can raise their CYFD quality scale rating and thus improve their reimbursement. In 2015, CYFD reported that 260 providers were actively involved in FOCUS.^{civ}
- Training and Technical Assistance Programs: Eight regional Training and Technical Assistance Programs provide a variety of training opportunities to registered and licensed early care and education staff, funded through the federal Child Care Development Fund. About 41 trainers are contracted across the state.^{civ}
- Early Child Development Consultation: A pilot program to provide twice a month visits for a year to 48 home-based child care providers was initiated in FY 2015 by CYFD through a federal grant. This program was not continued, but serves as a model for this analysis.

ANNUAL INVESTMENTS NEEDED TO ADDRESS UNMET NEED:

Our Needs Assessment calculates that an **additional \$15,572,200** is needed to provide quality improvement programs for **a total of 6610 early childhood educators**.

ASSUMPTIONS:

The size of the early childhood workforce is estimated based on the substantial expansion of high quality child care and Pre K, as recommended in our Needs Assessment. There will be additional slots in PreK and some additional slots in Child Care Assistance, and all are funded to support the recommended staffing levels. LFC has recommended FY18 funding for quality improvement at \$1,300,000. Although LFC reports have often commented on the need for higher quality, its early childhood Needs Assessments have not included making substantial additional investments in quality improvement. If the FY18 LFC budget request is not fully funded, the amount of unmet need will increase.

IV. E. QUALITY IMPROVEMENT

Summary: Quality Improvement Assumptions

	Our Needs Assessment	LFC's Needs Assessment
Population Count	<p>Early childhood educators for children under age 5:</p> <ul style="list-style-type: none"> • Educators in Licensed and registered child care for infants and toddlers = 6,264 • Pre-K educators = 3,177 • Registered home proprietors = 2,426 • Estimated unregistered proprietors = 1,600 	N/A
Eligibility	Existing program rules for T.E.A.C.H., Incentive\$, FOCUS, and EC Consultant Pilot	N/A
Uptake	<ul style="list-style-type: none"> • FOCUS TQRIS: 25% of licensed providers in child care centers and 50% of pre-K • T.E.A.C.H. Scholarships: 25% of early educators in child care and NM pre-K • Incentive\$ wage supplements: 25% of early educators in child care and NM pre-K • Early Childhood Development Consultants: 25% of registered child care homes and 10% of unregistered child care homes 	N/A
Average annual cost per unit	<p>FOCUS: \$2,000 T.E.A.C.H: \$1,500 Incentive\$: 2,000 EC Development Consultants: \$4,750</p>	<p>FOCUS: \$2,000 T.E.A.C.H: \$1,500 Incentive\$: \$1800</p>
FY18 LFC budget request, as of 2/1/17	\$1,300,000	\$1,300,000
Projected Unmet Need	\$15,572,200	N/A
Projected Total Need	\$16,872,200	N/A

IV. E. QUALITY IMPROVEMENT

ASSUMPTIONS DETAIL:

Population

- **Our Needs Assessment** estimates the number of child care providers who would be eligible for professional development and education incentives based on our recommended expansion of pre K and high quality child care and national recommendations regarding adult: child ratios for high quality early education and programs. The total number of early childhood educators would expand by approximately 90%, if the number of slots in high quality child care and Pre K as recommended in our Needs Assessment were developed. The evidence documents the critical importance of appropriate adult: child ratios and adequate professional development to high quality early childhood experiences.
 - Licensed Child Care (1:4 infant and 1:6 toddler^{cvi})= 6,264 providers
 - NM Pre-K (1:10)^{cvi} = 1,222 educators of 3-year olds and 1,955 educators of 4-year olds^{cvi}
 - Registered home proprietors = 2,526^{cix}
 - Estimated unregistered proprietors (often family friend neighbor care) = 1,600^{cx}
- **LFC Needs Assessment** does not include additional investments to replace the Race to the Top funding, although they do comment on the need to improve quality by supporting early childhood educators.

Eligibility

- **Our Needs Assessment** assumes that eligibility will follow existing program criteria such as levels of education, wage caps for incentive supplements, hours/week, and employment duration.

Uptake

- **Our Needs Assessment** is informed by uptake rates in existing programs:
 - FOCUS TQRIS – 27% of licensed infant and toddler care and 50% for 3- and 4-year old pre-K providers = 3,279
 - T.E.A.C.H. Scholarships – 25% of early educators in registered and licensed child care and pre-K = 2,360
 - Incentive\$ - 25% of early educators in registered and licensed child care and pre-K = 1,566
 - Early childhood development consultants – 25% of registered homes and 10% of unregistered providers = 767

IV. E. QUALITY IMPROVEMENT

Average Annual Cost per Unit

- Our Needs Assessment maintains per person costs:
 - FOCUS TQRIS – \$2,000 per provider per year, amounting to an estimated \$3,378,075 for licensed child care providers and \$3,178,875 for pre-K settings
 - T.E.A.C.H. Scholarships – average of \$1,500 per scholar per year, consistent with current trend of pursuit of an Associate’s degree.^{cxii}
 - Incentive\$ - average of \$2,000 per scholar per year for attaining an Associate’s degree.^{cxii}
 - Early childhood development consultants provide services at an average cost of \$4,750 per provider per year, with an average caseload of 12 providers/consultant.^{cxiii}

IV. F. ACCOUNTABILITY AND EVALUATION

Definition: To ensure that public funds are used appropriately and effectively, three major areas of investment are needed:

- A solid, useful data system that integrates data across the various public agencies must be established and well maintained. This system must include ongoing reporting of meaningful process and outcome measures regarding specific programs and their collective impact at the local and state levels.
- A New Mexico Center of Early Childhood Education Excellence is needed to provide ongoing expert guidance on evidence-based practices to the state and local officials, who will be responsible for overseeing the early childhood education programs. The Center will guide the state and local officials in optimizing fit with local context and maximizing cost-benefit for the children and families involved.
- Rigorous, objective evaluations must document baselines, monitor implementation, assess impact, and recommend changes as needed.

Evidence: A recent review of the massive federal investment in home visiting programs found that funding for infrastructure including data systems was “key” to the programs’ capacity for reporting and for continuous quality improvement. The federal government limited infrastructure investments to 25% of grant funding, and even that level was cited as creating problems in meeting substantial infrastructure needs.^{cxiv}

Current New Mexico Accountability and Evaluation status: The federal Race to the Top Early Learning grant has provided crucial resources to create a NM Early Childhood Integrated Data System to span state agencies. In 2015 alone, over \$2 million of federal funds were disbursed through this grant to connect existing state agency data systems for early childhood with a unique child identifier. This identifier provides a necessary foundation to coordinate services and assess impact over time. Race to the Top funds expire in FY 2017. Substantial additional ongoing investment is needed to ensure that the interagency data system is well maintained and that appropriate measures are defined, gathered, and tracked.

Expert consultation to school districts and state officials will be provided through a Center for Early Childhood Education Excellence and to insure appropriate assessment, planning, and implementation of early childhood education services, and oversight of all the investments.

Rigorous, objective evaluation must begin at the onset to insure that the cost/benefit of these new investments is carefully assessed for reporting to decision makers in the executive and legislative branches, school boards, and other stakeholders.

IV. F. ACCOUNTABILITY AND EVALUATION

ANNUAL INVESTMENTS NEEDED TO ADDRESS UNMET NEED: \$36,870,426

Assumptions:

- Federal funds for any of these areas of investment will not be available from Race to the Top, as its funding ends in FY2017.
- The FY18 LFC and Executive budget request does not include any funding requests to support continued work on the data system, collection of data, evaluation, or establishment of a Center for Early Childhood Education Excellence.
- Funding of accountability and evaluation resources is needed in year one, to insure appropriate baseline data collection, system maintenance, gathering of progress measures, and analysis and reporting at the state and local levels.
- Funding for the Center for Early Childhood Education Excellence will be needed to support the school districts in doing a local assessment, setting priorities, choosing evidence based programs, and meeting their responsibilities for oversight.
- A designated amount representing approximately 10% of total program costs is needed to support the necessary accountability and evaluation resources for the LGPF investments.

V. CONCLUSION AND RECOMMENDATIONS

The number of New Mexico young children in need of high quality early childhood education services to support their optimal development is striking, and the price tag of \$405.6 million additional annual funds to address the unmet need is staggering. With the continuing state General Fund challenges and the uncertainty of future federal funding, how do responsible policy makers continue to make meaningful progress on these needs?

The Land Grant Permanent Fund (LGPF) was established to support education in New Mexico, at a time when the science about the critical first five years was not available. We believe that dedicating 1% of the Common Schools Portion of the LGPF for early childhood education will best support long term, meaningful progress for New Mexico's children and their families. The estimated \$112 million would partially address our estimated \$405.6 million or LFC's estimated \$115 million required to serve the unmet need.

These specific steps are recommended:

- Pass a joint resolution for a constitutional amendment to distribute 1% of the LGPF to early childhood education, phased in over 3 years.
- Designate the state Public Education Department as the oversight and resource for these funds, using up to 10% of the dedicated LGPF resources to:
 - Establish a Center of Early Childhood Education Excellence, to provide expert assistance to local school boards and leadership on evidence-based practices, outreach approaches, and planning strategies;
 - Hold lead responsibility for the gathering and analysis of baseline and ongoing measurement of key indicators, working collaboratively with other agencies;
 - Contract for an objective, expert evaluation to assess impact at the state and local levels over time.
- Allocate the dedicated Common Schools Portion of LGPF early childhood resources by school district, prorated based on the number of children 0 to 5 in each district.
- Require each school district to perform a systematic assessment of current resources, gaps, and priorities in early childhood education, supported by the Center of Early Childhood Education Excellence and engaging families and stakeholders in the district.
- Require each school district to develop a plan to allocate these new resources to address local priorities, supported by the Center of Early Childhood Excellence and engaging families and stakeholders in the district.
- Through the local school districts, implement the local plans, through direct and/or contracted services, with the districts maintaining fiscal and programmatic oversight responsibilities.

V. CONCLUSION AND RECOMMENDATIONS

- Through the Center for Early Childhood Excellence and the evaluation contract, monitor progress annually for each school district and the state, with regular reports to the legislative and executive branches of New Mexico government, local school boards, and other stakeholders.

There are multiple reasons for this approach, grounded in national evidence and in New Mexico's unique context:

- Continuity in standards and curricula between early childhood education and K-3 is a key requirement for sustaining the progress made in early childhood settings. Based on their review of the literature, the National Governors Association emphasizes a continuum of comprehensive standards between early childhood education and K-3. The RAND Corporation's most recent review of the evidence regarding impacts and economic returns from preschool programs also emphasizes the importance of this continuity: "Improving the alignment between preschool and the early elementary grades may help sustain the initial boost in cognitive and noncognitive skills from preschool participation."^{cxvi}
- New Mexico's communities vary greatly, and local school boards and administrators hold a deep responsibility to understand and address the unique needs of their districts. Thus, the local school system is the appropriate body to take responsibility for the establishment of an early childhood education plan based on local needs, working with local constituents and stakeholders. This local orientation will greatly facilitate the coordination of all providers of early childhood education, health, and other services critical to a child's full development.
- Parent engagement is another key component for successful early childhood education programs. A summary of the parental engagement research by the National Center for Children in Poverty concluded that parental skills can "help children become highly engaged in classroom learning activities in preschool settings, the early grades, and beyond, increasing their chances of strong academic achievement."^{cxvii} In most New Mexico communities, the elementary school is the central resource for children, and thus the most visible and constant entity for parents to connect with professionals and services for their children. As parent engagement is developed through early childhood education programs overseen by the school district, the parents will build a positive relationship with the school that can continue throughout their children's elementary years.
- Coordination through the school system will optimize opportunities for efficient outreach and transportation services, needed for early childhood education services in both rural and urban settings.

VI. END NOTES

- i* New Mexico Legislative Finance Committee, Report of the Legislative Finance Committee to the Fifty-Third Legislature January 2017 FIRST SESSION For Fiscal Year 2018 Volume 3, budget for Home Visiting, Child Care Assistance, NM Pre-K and Professional Development, p. 95.
- ii* New Mexico Legislative Finance Committee, Report of Legislative Finance Committee, January 2017.
- iii* Garcia, J.L., Heckman, J.J., Leaf, D.E., Prados, J.J. The Life-cycle Benefits of an Influential Early Childhood Program, Heckman Equation, December 2016.
- iv* Research and Polling, Inc., St. Joseph Community Health Early Childhood Survey, 2011.
- v* New Mexico Legislative Finance Committee, Report of Legislative Finance Committee, January 2017.
- vi* Research and Polling, Inc., 2011.
- vii* New Mexico Legislative Finance Committee, 2015 and 2016 Accountability Report: Early Childhood.
- viii* Funded slots serve children from prenatal to age 3. The calculation of portion served is funded slot data compiled by the New Mexico Home Visiting Collaborative 2016, divided by U.S. Census count of children age Birth-3.
- ix* New Mexico Children Youth and Families Department, Data reported to the U.S. Child Care and Development Fund Data, HHS, ACF-801 data for FY2014, Table 4, 2016.
- x* Durana, A., “Why Parents Are Being Forced to Find Child Care Underground,” The Atlantic, October 3, 2016.
- xi* New Mexico Legislative Finance Committee. Results First: Evidence Based Practices to Reduce Child Maltreatment, 2014. Preventive services are defined by CYFD to include parenting programs and home visiting programs.
- xii* Annie E. Casey Foundation, Kids Count 2016.
- xiii* New Mexico Legislative Finance Committee, Results First: Child Maltreatment, p. 4.
- xiv* Annie E. Casey Foundation, 2016.
- xv* New Mexico Human Services Department, Report to Legislative Finance Committee, 2015.
- xvi* Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults—Five States, 2009. Morbidity and Mortality Weekly Report, 2010.
- xvii* Annie E. Casey Foundation, 2016.
- xviii* New Mexico Legislative Finance Committee, 2016 Early Childhood Accountability Report, 2016, p. 3.
- xix* Annie E. Casey Foundation, 2016.
- xx* Annie E. Casey Foundation, 2016.
- xxi* Annie E. Casey Foundation, 2016.
- xxii* Annie E. Casey Foundation, 2016.
- xxiii* New Mexico Indicator-Based Information System (IBIS), 2016.

VI. END NOTES

- xxiv* Heckman, James, The Heckman Website, 2016.
- xxv* Garcia, J.L., Heckman, J. J., Leaf, D. E., Prados, M.J., 2016.
- xxvi* National Governors Association, A Governor's Guide to Early Literacy: Getting All Students Reading by Third Grade. Washington DC: National Governors Association, 2013, page 1.
- xxvii* National Governors Association, 2013.
- xxviii* Harvard University Center on the Developing Child, From Best Practices to Breakthrough Impacts, 2016.
- xxix* New Mexico Legislative Finance Committee, 2015 Accountability Report: Early Childhood, 2015, p. 1.
- xxx* New Mexico Legislative Finance Committee, Results First: Child Maltreatment, 2014, p. 10.
- xxxi* J Paul Taylor Early Childhood Task Force, Recommendations, 2016.
- xxxii* New Mexico Legislative Finance Committee, Special Review: Early Childhood Services Accountability Report Card, Gap Analysis and Spending Plan Report #15-01, January 19, 2015. Retrieved from: <https://www.nmlegis.gov/lcs/lfc/lfcdocs/perfaudit/Early%20Childhood%20Services%20Accountability%20Report%20Card%20-%20Gap%20Analysis%20and%20Spending%20Plan.pdf>
- xxxiii* New Mexico Legislative Finance Committee, Report to the Fifty-Third Legislature January 2017 FIRST SESSION For Fiscal Year 2018 Volume 3, pages 94 and 95.
- xxxiv* Michalopoulos, C., et al., Evaluation Report to Congress of Maternal, Infant, and Child Home Visiting Programs, 2015. MDRC.
- xxxv* Avellar, S., Home Visiting Evidence of Effectiveness Review: Executive Summary, U.S. Department of Health and Human Services, Office of Policy, Research and Evaluation, 2013.
- xxxvi* Pew Center on the States, Meta-Analytic Review of Components Associated with Home Visiting Programs, 2012.
- xxxvii* New Mexico Legislative Finance Committee, Results First: Child Maltreatment, 2014.
- xxxviii* Kilburn, M.R., Cannon, J., Home Visiting and Use of Infant Health Care: A Randomized Clinical Trial, Pediatrics, Vol. 139, no. 1, January 2017. Retrieved from: <http://content.early/2016/12/12/peds.2016-1274.full.html>.
- xxxix* New Mexico Legislative Finance Committee, 2016 Accountability Report: Early Childhood, 2016.
- xl* New Mexico Home Visitation Collaborative, statewide capacity as of 11/1/16 for Early Head Start and State, Federal, and privately funded home visiting slots for families.
- xli* New Mexico Legislative Finance Committee, Post Session Fiscal Reviews, FY2006-FY2017.
- xlii* New Mexico Home Visitation Collaborative, Statewide Capacity, 2016.
- xliii* US Dept. of Health and Human Services, HRSA, Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center (MIECHV) issue brief on family enrollment

VI. END NOTES

and engagement, 2015. Retrieved from: <http://mchb.hrsa.gov/sitesdefault/files.mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/enrollmentandengagement.pdf>

xliv Under Age 1 birth data reported by the Bureau of Vital Statistics, NM DOH IBIS, 2016. Age groups 1 to 2 and 2 to 3 reported from 2015 Estimate revising 2010 U.S. Census Bureau age group data.

xlv US Dept. of Health and Human Services, Assistance Coordinating Center MIECHV, 2015.

xlviii New Mexico Legislative Finance Committee, Report of Legislative Finance Committee, 2017.

xlvii US Dept. of Health and Human Services, Assistance Coordinating Center MIECHV, 2015.

xlviii US Dept. of Health and Human Services Assistance Coordinating Center MIECHV, 2015.

xlix Kilburn and Cannon, 2016. They note that Nurse Family Partnership provides between 12 and 40 visits in the child's first year of life. The First Born model aims for 40 weekly home visits in the child's first year of life, but visits may be less frequent in the child's second and third year of life.

i University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health, 2016. Prepared for the New Mexico Children, Youth and Families Department. New Mexico Home Visiting Annual Outcomes Report, Fiscal Years 2015,

ii University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health, 2015. Prepared for the New Mexico Children, Youth, and Families department. New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2014.

iii University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health, 2017. Prepared for the New Mexico Children, Youth, and Families department. New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2016.

liii US Dept. of Health and Human Services, Assistance Coordinating Center MIECHV, 2015.

liii New Mexico Department of Children, Youth and Families. Home Visiting Rate Schedule, 2016.

lv Zero to Three. The Next Horizon for Home Visiting: A White Paper on Policy Discussions among Stakeholders, 2016.

lvi Dworkin, P., Honigfeld, L., Meyers, J., A Framework for Child Health Services Supporting the Healthy Development and School Readiness of Connecticut's Children, Child Health and Development Institute of Connecticut, 2009.

lvii Dworkin, Paul. Toward a Critical Reframing of Early Detection and Intervention for Developmental Concerns. *Journal of Developmental and Behavioral Pediatrics*, 36, (8), October 2015.

lviii University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health, 2015, page 27.

lix University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health, prepared for the New Mexico Children, Youth and Families Department. New Mexico Home Visiting Annual Outcomes Report, Fiscal Years 2015, 2016.

VI. END NOTES

^{lx} New Mexico Legislative Finance Committee, 2016 Accountability Report: Early Childhood, 2016, p. 4.

^{lxi} University of New Mexico Community Services website. Information about Early Childhood Services.

^{lxii} CHI St. Joseph's Children, Enhanced Referral Services data, 2016.

^{lxiii} Interview with Help Me Grow National Program Director, November 2016.

^{lxiv} New Mexico Legislative Finance Committee presentation, November 9, 2016.

^{lxv} The average cost of child care in New Mexico is \$8,865/year for center care, ^{lxv} costing nearly as much (91%) as rent, ^{lxv} more than half of a minimum wage annual salary, and nearly 1.5 times more than the average tuition at NM 4-year colleges (\$5,850).

^{lxvi} Annual federal poverty level (FPL) for a family of 1 adult and 1 child is \$16,020. 200% FPL is \$32,040.

^{lxvii} Program requirements are based on the federal Child Care and Development Fund (CCDF) and Temporary Assistance for Needy Families (TANF) program requirements. See New Mexico Administrative Code, Title 8, Chapter 15, Requirements for Child Care Assistance Programs for Clients and Child Care Providers

^{lxviii} New Mexico Children Youth and Families Department, Data reported to the U.S. Child Care and Development Fund Data, HHS, ACF-801 data for FY2014, 2016.

^{lxix} Landry, S. H., et al., Enhancing early child care quality and learning for toddlers at risk: The responsive early childhood program, *Developmental Psychology*, 2014, 50(2), p. 526-541.

^{lxx} Shellenback, K., *Child Care & Parent Productivity: Making the Business Case*, Cornell University Linking Economic Development and Child Care Research Project, 2014.

^{lxxi} Child Care Aware® of America, *Parents and the High Cost of Care*, 2015.

^{lxxii} Klevens J, Barnett SB, Florence C., Moore D., Exploring policies for the reduction of child physical abuse and neglect, *Child Abuse and Neglect*, 2015 Feb; 40: 1-11.

^{lxxiii} New Mexico Legislative Finance Committee, *Results First: Evidence-Based Early Education Programs to Improve Education Outcomes*, 2014.

^{lxxiv} New Mexico Legislative Finance Committee, 2006-2017.

^{lxxv} New Mexico Children Youth and Families Department, *Statistical Report on Children Receiving Child Care Assistance Subsidies By County by Month*. August 2016.

^{lxxvi} New Mexico Children Youth and Families Department, Data reported to the U.S. Child Care and Development Fund Data, HHS, ACF-801 data for FY2014, 2016.

^{lxxvii} New Mexico Legislative Finance Committee, *Accountability Report: Early Childhood*, Appendix K, 2015.

^{lxxviii} Durana, 2016.

VI. END NOTES

- lxxx* U.S. Census Bureau, 2008 - 2014 Population Reference Bureau.
- lxxxi* New Mexico Administrative Code 8.15.2.9
- lxxxii* New Mexico Administrative Code, 8.15.2.17.
- lxxxiii* Barnett, W.S, Jung, K, Friedman, A., The New Mexico Pre K Evaluation: Impacts From the Fourth Year (2008-2009) of New Mexico's State-Funded PreK Program, National Institute for Early Education Research (NIEER). 2010.
- lxxxiv* Karoly, L.A. and Auger, A., Informing Investments in Preschool Quality and Access in Cincinnati, The RAND Corporation, 2016.
- lxxxv* Robin, K.B., Frede, E.C., & Barnett, W.S. Is More Better? The Effects of Full-Day vs. Half-Day Preschool on Early School Achievement, National Institute for Early Education Research, Rutgers University, 2016. Retrieved from: <http://nieer-www1.rutgers.edu/resources/research/IsMoreBetter.pdf>.
- lxxxvi* Karoly and Auger, 2016.
- lxxxvii* Karoly and Auger, 2016.
- lxxxviii* New Mexico Legislative Finance Committee, Post Session Fiscal Reviews, 2006-2017.
- lxxxix* Barnett, W.S. et al., 2010.
- xc* New Mexico Legislative Finance Committee. 2016 Accountability Report: Early Childhood, p. 6.
- xc i* New Mexico Legislative Finance Committee. Special Review: Early Childhood Services Accountability Report Card, Gap Analysis and Spending Plan, January 19, 2015.
- xc ii* Institute of Medicine and National Research Council, Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation, The National Academies Press, 2015, p. 38.
- xc iii* Whitebook, M. & Sakai, L., By a Thread: How Child Care Centers Hold on to Teachers, How Teachers Build Lasting Careers, Upjohn Institute for Employment Research. 2003.
- xc iv* Cornille, T.A., Mullis, R. L., Mullis, A.K, & Shriner, M. An Examination of Child Care Teachers in For-profit and Non-profit Child Care Centers. Early Child Development and Care, 2010. Vol. 173, p. 545-566.
- xc v* Baumgartner, J., Carson, R., & Apava, L., Uncovering Common Stressful Factors and Coping Strategies Among Childcare Providers, Child and Youth Care Forum. 2009.
- xc vi* Whitebook. M. & Sakai, L., Turnover Begets Turnover: An Examination of Job and Occupational Instability Among Childcare Center Staff, Early Childhood Research Quarterly, 273-293. 2003.
- xc vii* Child Trends, Coaching in Early Care and Education Programs and QRIS: Identifying Promising Features, 2011, p. 14.
- xc viii* Institute of Medicine, 2015, p 253.
- xc ix* New Mexico Children Youth and Family Department, Child Care and Development Fund. 2016.
- c* New Mexico Department of Workforce Solutions, Occupational Employment Statistics. 2016.

VI. END NOTES

- ci* U.S. Census Bureau American Community Survey Public Use Micro-Sample for New Mexico 2009-2013. Individuals employed in the “Child Day Care Services” sector NAICS 6244, cited in Early Childhood Comprehensive Needs and Cost Analysis, New Mexico Early Childhood Partnership, 2015.
- cii* New Mexico Children Youth and Families Department and Public Education Department, Pre K Report for School Year 2014-5. 2015.
- ciii* New Mexico Early Learning Advisory Council, Meeting Minutes, Professional Development Report – TEACH Scholarships. 2015.
- civ* NM Early Learning Advisory Council Meeting Minutes, December 3, 2016.
- cv* NM Early Child Development Partnership, Early Childhood Comprehensive Needs and Cost Analysis, 2015, p. 22.
- cvi* New Mexico Administrative Code, 8.16.2.22.
- cvi* New Mexico Department of Children, Youth, and Families. Preschool Program Standards For School Year 2015–2016.
- cviii* New Mexico Administrative Code, 8.16.22.
- cix* New Mexico Department of Health, Community Data Collaborative.
- cx* Durana, 2016.
- cx* New Mexico Early Learning Advisory Council (ELAC) Meeting Minutes December 3, 2015. Retrieved from: <http://www.earlylearningnm.org/media/files/ELAC%20Meeting%20Minutes%2012%2015.pdf>
- cxii* New Mexico ELAC, 2015.
- cxiii* Based on New Mexico CYFD federally-funded pilot program, which utilized a caseload of 12 per consultant.
- cxiv* Zero to Three, The Next Horizon for Home Visiting: A White Paper on Policy Discussions among Stakeholders, 2016.
- cxv* State of New Mexico, Race to the Top-Early Learning Challenge, 2015 Annual Performance Report, June 2016.
- cxvi* Karoly and Auger, 2016.
- cxvii* Higgins, L., Stagman, S., Smith, S., Improving Supports for Parents of Young Children, National Center for Children in Poverty, September 2010.

VII. BIBLIOGRAPHY

Alliance for Early Success. (2015). *Birth Through Eight State Policy Framework: Research at a Glance*. Leawood KS: Alliance for Early Success.

Annie E. Casey Foundation. (2016). *KIDS COUNT Data Book*. Baltimore MD: Annie E. Casey Foundation. Retrieved from: <http://datacenter.kidscount.org/data#NM/2/0/char/0>.

Avellar, S. (2013). *Home Visiting Evidence of Effectiveness Review: Executive Summary*. Washington, D.C.: US Department of Health and Human Services, Office of Policy, Research and Evaluation.

Barnett, W.S., Jung K., Friedman, A. (2010). *The New Mexico PreK Evaluation: Impacts from the Fourth Year (2008-2009) of New Mexico's State Funded PreK Program*. New Brunswick NJ: National Institute for Early Education Research.

Baumgartner, J., Carson, R., and Apava, L. (2009). Uncovering Common Stressful Factors and Coping Strategies Among Childcare Providers. *Child and Youth Care Forum*.

Centers for Disease Control and Prevention. (2010). Adverse Childhood Experiences Reported by Adults — Five States, 2009. *Morbidity and Mortality Weekly Report*. Atlanta GA: Centers for Disease Control and Prevention.

CHI St. Joseph's Children. (2016). Home visiting and enhanced referral services data.

Child Care Aware of America. (2015). *Parents and the High Cost of Care*. Arlington VA: Child Care Aware of America. Retrieved from: <http://wa.childcareaware.org/news/parents-and-the-high-cost-of-child-care-2015-report>.

Child Care and Early Education Research Connections. (2016.) *Quality in Home-based Settings: Themes from Current Research*. New York: Columbia University Center for Children in Poverty.

Child Trends. (2011). *Coaching in Early Care and Education Programs and QRIS: Identifying Promising Features*. Bethesda MA: Child Trends.

Cornille, T.A., Mullis, R. L., Mullis, A.K, & Shriner, M. (2006). *An Examination of Child Care Teachers in For-profit and Non-profit Child Care Centers*. Early Child Development and Care.

VII. BIBLIOGRAPHY

Retrieved from: <http://www.tandfonline.com/doi/full/10.1080/03004430500147516>.

Dworkin, P. (2015). Towards a Critical Reframing of Early Detection and Intervention for Developmental Concerns. *Journal of Developmental and Behavioral Pediatrics*, Vol. 36, No. 8.

Dworkin, P., Honigfeld, L, Meyers, J. (2009). *A Framework for Child Health Services Supporting the Healthy Development and School Readiness of Connecticut's Children*. Farmington CT: Child Health and Development Institute of Connecticut.

Durana, A. (2016). Why Parents Are Being Forced to Find Child Care Underground. *The Atlantic*. October 3, 2016.

Early Childhood-LINC. (2016). *Early Learning Communities: Building Blocks for Success*. Washington DC: Center for the Study of Social Policy.

Garcia, J., L. Heckman, J. J., Leaf, D.E., Prados, M. J. (2016). *The Life-cycle Benefits of an Influential Early Childhood Program*. Retrieved from <http://www.heckmanequation.org>.

Harvard University Center on the Developing Child. (2016). *From Best Practices to Breakthrough Impacts*. Cambridge MA: Harvard University.

Heckman, James. (2016). *The Heckman Website*. Retrieved from: <http://heckmanequation.org/>.

Higgins, L., Stagman, S., Smith, S. (2010). *Improving Supports for Parents of Young Children*. New York NY: Columbia University National Center for Children in Poverty.

Institute of Medicine and National Research Council. (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington DC: The National Academies Press.

J. Paul Taylor Early Childhood Task Force. (2016). *Recommendations*. Santa Fe NM.

Johnson Group Consulting, Inc. (2014). *Opportunities to Strengthen Early Childhood Services, Programs, and Systems in New Mexico*. Hinesburg, Vermont: Johnson Group Consulting.

VII. BIBLIOGRAPHY

Karoly, L. A. (2016). The Economic Returns to Early Childhood. *Future of Children*, Vol. 26, No. 2.

Karoly, L.A. and Auger, A. (2016). *Informing Investments in Preschool Quality and Access in Cincinnati*. Santa Monica, CA: The RAND Corporation.

Kilburn, M.R. and Cannon, J. (2017). Home Visiting and Use of Infant Health Care: A Randomized Clinical Trial, *Pediatrics*, Vol. 139, no. 1, January 2017. Retrieved from: [http://content/early/2016/12/12/peds.2016-1274.full.html](http://content.early/2016/12/12/peds.2016-1274.full.html).

Klevens J., Barnett S.B., Florence C., Moore D. (2015). Exploring policies for the reduction of child physical abuse and neglect. *Child Abuse and Neglect*, Vol. 40.

Landry, S. H. et al. (2014). Enhancing early child care quality and learning for toddlers at risk: The responsive early childhood program. *Developmental Psychology*, Vol. 50, No 2.

Michalopoulos, C. et al. (2015). *Evaluation Report to Congress of Maternal, Infant, and Child Home Visiting Program*. New York: MDRC. Retrieved from: http://www.acf.hhs.gov/sites/default/files/opre/mihope_report_to_congress_final.pdf.

National Governors Association. (2013). *A Governor's Guide to Early Literacy: Getting All Students Reading by Third Grade*. Washington DC: National Governors Association.

National Research Center on Hispanic Children and Families. (2016). *Hispanic Children's Participation in Early Care and Education*.

New Mexico Administrative Code.

New Mexico Child Care and Early Education Task Force. (2014). *Final Report*.

New Mexico Children Youth and Families Department. (2016.) Home Visiting Rate Schedule.

New Mexico Children Youth and Families Department. (2016). *Report on Children Receiving Child Assistance Subsidies*.

VII. BIBLIOGRAPHY

New Mexico Departments of Children Youth and Families and Public Education. (2015). New Mexico's Preschool Program Standards For School Year 2015–2016.

New Mexico Departments of Children Youth and Families Department and Public Education. (2016). *Pre K Report for School Year 2014-5*. Retrieved from: <http://ped.state.nm.us/ped/LiteracyDocs/PreK/20142015%20PED%20CYFD%20PreK%20Program%20Annual%20Reportbhgaccept2%20FINAL.pdf>.

New Mexico Department of Health. (2016). Community Data Collaborative.

New Mexico Department of Workforce Solutions. (2016). *Occupational Employment Statistics*. Retrieved from: <https://www.jobs.state.nm.us/vosnet>.

New Mexico Early Child Development Partnership. (2016). *Early Childhood Comprehensive Needs and Cost Analysis*.

New Mexico Early Learning Advisory Council. (2015 and 2016). *Meeting Minutes*. Retrieved from: <http://www.earlylearningnm.org/media/files/ELAC%20Meeting%20Minutes%2012%2015.pdf>
Professional Development Report – TEACH Scholarships

New Mexico Home Visitation Collaborative. (2016). *Statewide Capacity*.

New Mexico Human Services Department. (2015). *Report to the Legislative Finance Committee*.

New Mexico Indicator-Based Information System. (2016). Retrieved from: <https://ibis.health.state.nm.us>.

New Mexico Legislative Finance Committee. (2015 and 2016). *Accountability Report: Early Childhood*.

New Mexico Legislative Finance Committee. (2014). *Results First: Evidence-Based Early Education Programs to Improve Education Outcomes*. Retrieved from: <https://www.nmlegis.gov/lcs/lfc/lfcdocs/resultsfirst/Evidence-Based%20Early%20Education%20Programs%20to%20Improve%20Education%20Outcomes.pdf>

VII. BIBLIOGRAPHY

New Mexico Legislative Finance Committee. (2014). *Results First: Evidence-Based Programs to Reduce Child Maltreatment*. Retrieved from: https://www.nmlegis.gov/Entity/LFC/Documents/Results_First/Evidence-Based%20Programs%20to%20Reduce%20Child%20Maltreatment.pdf.

New Mexico Legislative Finance Committee. (2006-2017). *Post Session Fiscal Reviews*. Retrieved from: https://www.nmlegis.gov/Entity/LFC/Money_Matters.

New Mexico Legislative Finance Committee. (2015). *Special Review: Early Childhood Services Accountability Report Card, Gap Analysis and Spending Plan*.

New Mexico Legislative Finance Committee. (2016). Home Visiting Presentation November 9, 2016.

New Mexico Legislative Finance Committee. Report of the Legislative Finance Committee. (2017.) Report to the Fifty-Third Legislature January 2017 FIRST SESSION For Fiscal Year 2018 Volume 3, budget for Home Visiting, Child Care Assistance, NM Pre-K and Professional Development, page 95.

New Mexico Public Education Department. (2015). Report on Pre K.

Partnership for Community Action, Robert Wood Johnson Center for Health Policy, and Central New Mexico Community College. (2015). *Child Care Provider Survey in Southwest Albuquerque Survey Report*.

Pew Center on the States. (2011). *Paying Later: The High Costs of Failing to Invest in Young Children*. Washington DC: Pew Center on the States.

Pew Center on the States. (2012). *Meta-Analytic Review of Components Associated with Home Visiting Programs*. Washington DC: Pew Center on the States.

Research and Polling, Inc. (2011). *St. Joseph Community Health Early Childhood Survey*.

Robin, K.B., Frede, E.C., Barnett, W. S. (2006). *Is More Better? The Effects of Full-Day vs. Half-Day Preschool on Early School Achievement*. New Brunswick, NJ: Rutgers University National Institute for Early Education Research. Retrieved from: <http://nieer-www1.rutgers.edu/resources/research/IsMoreBetter.pdf>.

VII. BIBLIOGRAPHY

Shellenback, K. (2014). *Child Care and Parent Productivity: Making the Business Case*. Ithaca NY: Cornell University Linking Economic Development and Child Care Research Project.

State of New Mexico. (2016). *Race to the Top-Early Learning Challenge, 2015 Annual Performance Report*.

US Department of Health and Human Services, Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center. (2016). MIECHV issue brief on family enrollment and engagement. Retrieved from: <http://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildhealthInitiative.HomeVisiting/tafiles/enrollmentandengagement.pdf>.

University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health. (2015). Prepared for the New Mexico Children, Youth and Families Department. *New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2014*.

University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health. (2016). Prepared for the New Mexico Children, Youth and Families Department. *New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2015*.

University of New Mexico Community Services website. (2016). Information about Early Childhood Services. Retrieved from: <https://www.newmexicokids.org/parents-and-families/childcare-search>.

Whitebook, M. and Sakal, L. (2003). Turnover Begets Turnover: An Examination of Job and Occupational Instability Among Childcare Center Staff. *Early Childhood Research Quarterly*, 273-293.

Whitebook, M. and Sakal, L. (2004). *By a Thread: How Child Care Centers Hold on to Teachers, How Teachers Build Lasting Careers*. Kalamazoo, MI: Upjohn Institute for Employment Research.

Zero to Three. (2016). *The Next Horizon for Home Visiting: A White Paper on Policy Discussions among Stakeholders*. Washington DC: Zero to Three.



CHI

**St. Joseph's
Children**