2022 Prenatal-to-3 State Policy Roadmap

NEW MEXICO

prenatal-to-3 policy IMPACT CENTER RESEARCH FOR ACTION AND OUTCOMES

> VANDERBILT Peabody College

A Roadmap to Strengthen Your State's Prenatal-to-3 System of Care

The Prenatal-to-3 State Policy Roadmap provides guidance to state leaders on the most effective investments states can make to ensure all children thrive from the start. Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, the Roadmap provides detailed information on five effective policies and six effective strategies that foster the nurturing environments infants and toddlers need, and that reduce longstanding disparities in access and outcomes among racial and ethnic groups and socioeconomic statuses.

The Roadmap is an annual guide for each state to:

- Assess the wellbeing of its infants and toddlers and prioritize state PN-3 policy goals;
- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;
- Monitor states' adoption and implementation of the 11 effective Roadmap policies and strategies;
- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.



Few States Are Doing It All, But Many Are Moving Forward

Six states have adopted and fully implemented all five effective policies. This year, Connecticut and Washington joined California, the District of Columbia, Massachusetts, and New Jersey in fully implementing all five Roadmap policies.

Explore New Mexico's Roadmap for detailed status, data, and comparisons

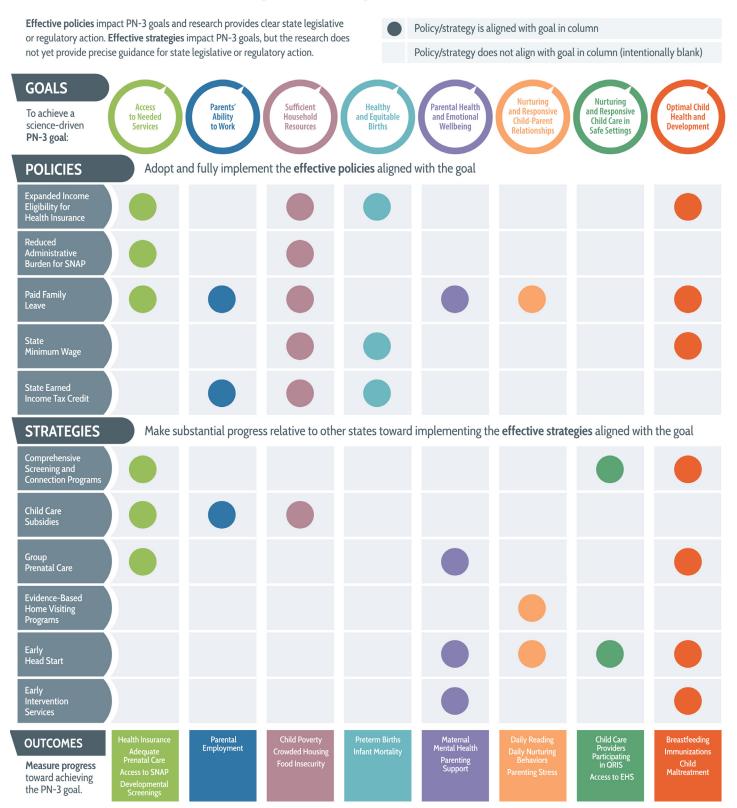


pn3policy.org/roadmap/nm



Prenatal-to-3 State Policy Roadmap

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To date, states have lacked clear guidance on how to effectively promote the environments in which children can thrive. This Prenatal-to-3 State Policy Roadmap identifies the 11 most effective evidence-based investments that states can make to foster equitable opportunities for infants and toddlers.

New Mexico Roadmap Summary							
Effective Roadmap Policy			2022 Policy Snapshot				
	Expanded Income Eligibility or Health Insurance	138%	New Mexico is one of 39 states that has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in NM.				
	Reduced Administrative Burden for SNAP	12 months	New Mexico offers all three policies to reduce administrative burden (12-month recertification intervals, simplified reporting, and at least an online application) to all families.				
	Paid Family Leave Program f at Least 6 Weeks	O weeks	New Mexico does not have a statewide paid family leave program, but it does have a paid family leave program for eligible state employees.				
	itate Minimum Wage f \$10.00 or Greater	\$11.50	The current state minimum wage in New Mexico is \$11.50, and it is scheduled to increase \$12.00 in in 2023.				
	Refundable State Earned Income Tax Credit of at Least 10%	20%	New Mexico has a refundable state EITC equal to 20% of the federal credit.				
State has adopted and fully implemented the policy +1 State has newly adopted and fully implemented the policy since October 1, 2021							
Effectiv	Effective Roadmap Strategy 2022 Strategy Snapshot						
	omprehensive Screening nd Connection Programs	0	Families had access to 0 evidence-based comprehensive screening and connection programs in New Mexico in 2021.				
()	hild Care Subsidies	82.9%	New Mexico's base reimbursement rates cover 82.9% of the true cost of providing base- quality care for infants in center-based care.				
G	roup Prenatal Care	1	New Mexico served pregnant people in 1 group prenatal care site across the state in 2021.				
E	roup Prenatal Care vidence-Based Home isiting Programs	1 5.7%	New Mexico served pregnant people in 1 group prenatal care site across the state in 2021. New Mexico served an estimated 5.7% of children under age 3 in families with incomes of less than 150% of the FPL in the state's home visiting programs in 2019.				
E4 Vi	vidence-Based Home	1 5.7% 9.0%	New Mexico served an estimated 5.7% of children under age 3 in families with incomes of				
E4 Vi	vidence-Based Home isiting Programs		New Mexico served an estimated 5.7% of children under age 3 in families with incomes of less than 150% of the FPL in the state's home visiting programs in 2019. Approximately 9.0% of income-eligible infants and toddlers had access to Early Head				

Prenatal-to-3 Outcomes to Measure Impact

Policy Goal	Outcome Measure	Worst State		Best State
	% Low-Income Women Uninsured	47.8%	16.1%	• 3.8%
Access to Needed	% Births to Women Not Receiving Adequate Prenatal Care	23.3%	•	• 5.1%
Services	% Eligible Families with Children < 18 Not Receiving SNAP	26.7% •	6.8%	• 2.0%
	% Children < 3 Not Receiving Developmental Screening	73.9%	55.6% NM	• 40.2%
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0% 34.3%	•	• 14.8%
	% Children < 3 in Poverty	33.1% (• NM	•	• 8.6%
Sufficient Household Resources	% Children < 3 Living in Crowded Households	35.8%	18.5%	• 8.6%
	% Households Reporting Child Food Insecurity	16.7% •	6.7% MM	• 0.8%
Healthy and	% Babies Born Preterm (< 37 Weeks)	14.2%	9.6% NM	—— 7.6%
Equitable Births	# of Infant Deaths per 1,000 Births	8.3	5.1 NM	—— 3.7
Parental Health and	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	12.6%	5.2%	• 2.3%
Emotional Wellbeing	% Children < 3 Whose Parent Lacks Parenting Support	23.5% •	12.9% NM	• 5.4%
	% Children < 3 Not Read to Daily	75.4%	60.3%	• 47.7%
Nurturing and Responsive Child- Parent Relationships	% Children < 3 Not Nurtured Daily	51.7% •	39.2% NM	• 27.6%
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.0% 37.1%	•	• 20.8%
Nurturing and	% Providers Not Participating in QRIS [^]	97.6% •	63.6% NM	• 0.0%
Responsive Child Care in Safe Settings	% Children Without Access to EHS	96.2%	91.0%	• 69.0%
	% Children Whose Mother Reported Never Breastfeeding	34.0% •	14.1% NM	• 6.0%
Optimal Child Health and Development	% Children < 3 Not Up to Date on Immunizations	36.0%	28.4%	• 14.2%
	Maltreatment Rate per 1,000 Children < 3	347	24.8 NM	• 1.9