Making KIDS COUNT in New Mexico

A systems-based framework for improving child well-being through policy

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Amber Wallin, MPA
Deputy Director
NM Voices for Children

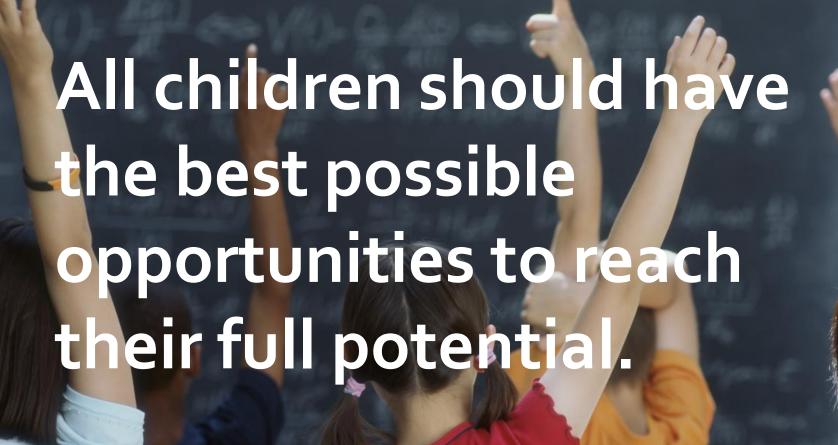
















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Adverse childhood experiences

NM	US
25%	24%
32%	25%
5%	3%
12%	8%
11%	6%
6%	4%
12%	8%
13%	9%
	25% 32% 5% 12% 11% 6% 12%

ACEs add up.

Children who have experienced 0 ACEs

Children who have experienced 1 ACE

Children who have experienced 2 ACEs

Children who have experienced 3 or more ACEs

NM	US
48%	55%
25%	24%
9%	11%
18%	11%

Source: 2016-2017 National Survey of Children's Health (NSCH)





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NM's families face big challenges

67% of Jobs in NM Pay Low Wages



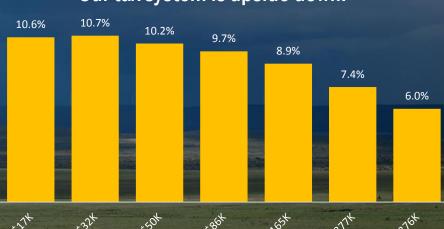
2nd Worst Rate of Working Families That are Low-income

42%

NM Has Some of the Highest Rates of Poverty in the U.S. Among:

- the employed
- people who work full-time, year-round
- people with a bachelor's degree or higher

Our tax system is upside down.



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Sources: U.S. Census American Community Survey data, 2015-2017; BLS data from 2014 and 2015

NM's systems are inadequate

- Enrollment in child care assistance down by 20% since 2010
- 5% of NM kids o-3 receive state-funded home visiting
- Only 7% of mental health care providers speak Spanish
- Only 5 out of 1,000 kids in the child protective system receive preventive services
 - Compared to 43 out of 1,000 in the US
- Chronically understaffed agencies
- 14% cut in per-pupil K-12 spending from 2008-2018*
- Cut U.I. benefits for unemployed workers with kids
- Underfunded Medicaid
- Dismantled behavioral health system
- Over a billion dollars drained from various targeted funds



But there is good news too.

Kids are resilient.
Communities are strong.



higher grad better reading rates & math scores better health outcomes lower rates of lower remedial food insecurity education costs

Policies can prevent ACEs

- Home visiting programs for pregnant women and families with newborns
- Parent coaching programs
- Domestic violence prevention programs
- Social support programs for parents
- Teen pregnancy prevention programs
- Treatment for mental illness and substance abuse
- High quality affordable child care
- Income supports for low-income families

Policies can interrupt ACEs

- Access to robust health services including mental health and substance abuse services
- Increasing capacity of health care providers to assess ACEs
- Ensuring resources for referrals
- Holding HMOs accountable for sufficient provider networks
- Fully staffing for critical positions
- Investing in evidence-based prevention programming and trauma interventions









