SANTA FE COUNTY

zero to three

STRATEGIC PLAN

Santa Fe County Maternal and Child Health Council
Spring 2002

DEDICATION

This Zero to Three Strategic Plan
is dedicated to

Cameron Lauren Gonzales

and all her young peers in Santa Fe County.

With special thanks to her father
Commissioner Javier Gonzales

And to
Commissioner Paul Campos
Commissioner Paul Duran
Commissioner Jack Sullivan
Commissioner Marcos Trujillo

Who have resolved to "Stand For Children"

And

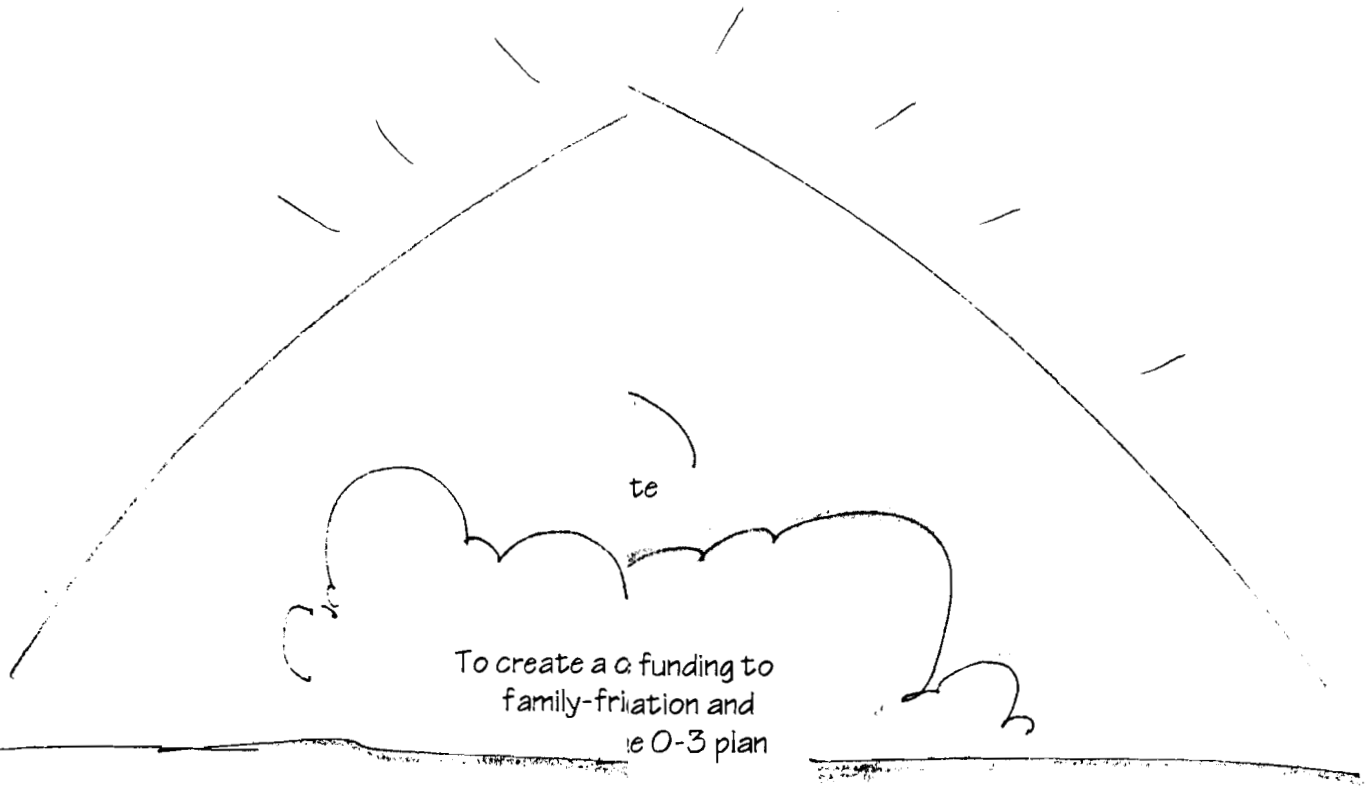
Whose support has created a plan
to ensure that children and families will have opportunities
to thrive in Santa Fe County.

SANTA FE COUNTY

ZERO TO THREE STRATEGIC PLAN

2002-2006

Presented by the Santa Fe County Maternal and Child Health Council



Strategic Issues

Strategic issues are crucial to effective implementation.

- Securing adequate sustainable support
- Establishing leadership and responsibility for ea Priority Area
- Building coalitions among stakeholders (provider and community)
- Developing and advocating for child-friendly, fa friendly policies
- Creating and funding a 0-3 social marketing pla bilingual public relations and educational materia
- Leveraging funding from coalitions for recruitme and training of professional and lay/community providers (home visitors and child caregivers)
- Evaluating existing services and programs and developing best practice models for 0-3 care

Criteria for Success

rategies in this plan strive toward these ideals.

ildren and their parents will be valued as a unit d treated with dignity and respect.

rents/families will be included in the planning of sources and services.

ch priority area will have strong, consistent dership from agencies and naturally occurring mmunity networks.

llaborations and partnerships will be a keystone success.

stainable funding will be secured.

gal status, class and race will not be deterrents accessing services.

ltural competence will be the norm for all providers.

sources and services will be available before oblems exist.

sources will not be limited to services and ograms.

ality health and mental health care will be cessible in diverse cultural and language settings in se proximity to clients' neighborhoods.

March 15, 2002

This 0-3 Strategic Plan was a collaboration between the Santa Fe MCH Council and the following agencies and organizations whose representatives were dedicated to the process and instrumental in the development of the Plan. The MCH Council expresses its deepest gratitude to:

Santa Fe County Maternal and Child Health Council
Ariane Mahmud-Ghazi, Chair; Edi Powers, Coordinator
Santa Fe Community College, Nosotros Program
Elizabeth MacMahon Herrera
Presbyterian Medical Services, Early Head Start
Tekla Johnson
Santa Fe Community Infant Program
Kathleen Benecke
Catholic Charities
Barbara Robidoux
Children's Medical Services/FIT
Craig Herrera and Yolanda Castro, Intern
City of Santa Fe, Children and Youth Commission
Lynn Hathaway
Teen Parent Center
Ariane Mahmud-Ghazi and Cissy Ludlow
Santa Fe Children's Museum
Londi Carbajal
United Way/Success by Six
Cindi Stetson
New Mexico School for the Deaf – Step-Hi Program
Kristi Readyhough
St. Vincent Hospital Case Management Services
Marcia Panagakos

Facilitator and Graphics – Suzanne Zilke, Suzanne Zilke Consulting
Plan Preparation – Whitney K, Robbins, MPH, WKR Consulting

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Santa Fe County Maternal-Child Health Council is pleased to present this 0-3 Strategic Plan on behalf of young children and their families in Santa Fe County. (0-3 to Three is defined in this plan as from conception to three years of age). We believe that the following UNICEF mission statement is as applicable to our County as to any other part of the world. It states that its mandate is to:

"Advocate for the protection of children's rights to help meet their basic needs and to expand their opportunities to reach their full potential...the survival, protection and development of children are universal development imperatives that are integral to human progress".

Along with the Board of County Commissioner's "Stand For Children " Resolution, this United Nations commitment forms the basis of the vision and hope upon which this plan is written.

The Vision:

- **All children in Santa Fe County will begin their lives with opportunities to thrive.**

The Mission of the 0-3 Strategic Plan is:

- **To create awareness in Santa Fe County that the "first years last forever"**
  - **Through a county-wide social marketing campaign**
  - **Through educational information/resources and training opportunities**
  - **Through the development/promotion of child/family oriented public policies**
- **To promote the optimal health, social, emotional and cognitive development of Santa Fe County's infants and toddlers**
  - **Through health prevention information and accessible resources for young families**
  - **Through the availability of infant mental health and perinatal home visiting services for new parents**
  - **Through safe, culturally appropriate, affordable child care for infants and toddlers**
- **To support and strengthen families, caregivers, communities and all who work on behalf of children 0-3 years of age in Santa Fe County**
  - **Through opportunities for parents of new children to learn/improve parenting skills and share child-rearing experiences with their peers**
  - **Through community and professional trainings to enhance abilities of non-family caregivers to provide consistent, family-integrated care to infants and toddlers.**
  - **Through advocacy to increase recognition of the profession of child care and provide compensation equitable to the difficulty of the task**

The County 0-3 Strategic Plan has been a collaboration between twelve Santa Fe agencies devoted to early childhood health, mental health, social and cognitive development, and the County Maternal-Child Health Council (MCH). Based on the premise that "health", as defined by the World Health Organization, is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", the Plan addresses five specific areas for improving the total well-being of our 0-3 population and their parents. The environmental/socio-economic problems that create "at-risk" situations for so many of our children and families were deemed so complex that the priorities chosen here were those for which realistic goals, strategies, and measurable outcomes could be developed. Even the task of implementing this 0-3 Plan is too large and varied for any one group to undertake and will depend on coalitions and partnerships specific to each Priority area taking on leadership and responsibility.

0-3 Priorities:

- **Home Visiting**
- **Infant/Toddler Care**
- **Infant/Parent Mental Health**
- **Prenatal/Infant/Toddler Health**
- **Opportunities for Parents with New Children**

Although long and short-term goals unique to each priority have been determined and are delineated in the body of the Plan, there are **Overarching Goals** that apply to the Plan in its entirety. These are:

- **To create a Child and Family-Friendly County**
- **To Foster Community-wide Grassroots Collaboration in Planning for Prenatal, Infant and Toddler Care**
- **To Honor, Welcome and Support Parents of New Children as Expert Caregivers**
- **To Reduce Health Disparities and Create Culturally Competent 0-3 Services**
- **To Secure Sustainable Funding to Support the Coordination and Implementation of the 0-3 Plan**

Strategic issues were identified that are crucial to the effective implementation of the 0-3 Plan – to carry it beyond the mere creation of a document to an operational, action-oriented process. These are:

- **Securing Adequate Sustainable Support**
- **Establishing Leadership/Responsibility for each Priority Area**
- **Building Coalitions among Stakeholders (Providers and Community)**
- **Developing and Advocating for Child/Family-Friendly Policies**
- **Creating and Funding a 0-3 Social Marketing Plan with Bilingual Public Relations/Educational Materials**
- **Leveraging Funding from Coalitions for Recruitment and Training of Professional and Lay/Community Providers (Home Visitors and Child Caregivers)**
- **Evaluating Existing Services/Programs and Developing Best Practice Models of 0-3 Care**

Criteria for Success/Assumptions in implementing all the strategies and achieving the goals and objectives of each priority were articulated to assure that the following ideals are met:

- **Children and their parents will be valued as a unit and treated with dignity and respect.**
- **Parents/Families will be included in the planning of resources and services.**
- **Each Priority area will have strong, consistent leadership from agencies and naturally occurring community networks.**
- **Collaborations/partnerships will be a keystone to success.**
- **Sustainable funding will be secured.**
- **Legal status, class and race will not be deterrents to accessing services.**
- **Cultural competence will be the norm for all providers.**
- **Resources/Services will be available before problems exist.**
- **Resources will not be limited to services and programs.**
- **Quality health and mental health care will be accessible in diverse cultural/language settings in close proximity to clients' neighborhoods.**

Priority Areas are addressed separately in the Plan, but there are certain themes that run through each. Although there is an abundance of resources for parents and children in Santa Fe County, not all are accessible to all families. Nor do parents, and often providers, know exactly what is available. Similarly, in spite of needs assessments stating that care is inadequate, for planning to be effective the amount of inadequacy in relation to need/desire must be more accurately determined.

Many families face economic, language and transportation barriers to accessing services. Services, in turn, face barriers in the delivery of care because of lack of human and financial resources to serve all those who may need or want them. Affordability, appropriateness of services, integration with families' culture, language and philosophies cross all Priorities and pose a challenge for providers and clients alike. Isolation from neighbors/neighborhoods, family and communities for parents of new children is a universal problem whether or not both parents are working, attending school or homebound. The demands of parenting other children and the absence of extended family caregivers in today's mobile society add stresses to the task of finding safe, reliable care for infants and toddlers. The majority of employment practices are neither child-friendly nor flexible enough to allow the quality time for mothers to breastfeed/visit with infants at work or to allow for adequate maternity/paternity leaves during the crucial formative months after birth.

In conclusion, the challenges for new parents and their children are many. Each Priority selected in this Plan has the potential for becoming an individual strategic plan. The County 0-3 Plan is only the beginning of a process that will evolve and grow as recognition that the time to concentrate on developing healthy members of society is in the 0-3 years, as commitment to leadership by coalitions occurs, and as funding becomes available to support implementation. Improving the total health and well-being of our young children and strengthening families will not only assure the health and well-being of the society in which we live, but with investments made in the beginning of life, savings will be available in the future to enhance life for and at all ages. (There is evidence that for every dollar spent on prevention and intervention in the early years, seven dollars will be saved on treatment.) It is our responsibility and legacy to provide our infants and toddlers with an environment conducive to their thriving and achieving their highest potential.

Santa Fe County Zero to Three Strategic Plan
2002 -2006

INTRODUCTION

"The care and protection of young children are shared responsibilities ...In their broadest context, they depend on an environment that supports the childrearing functions of families. In the final analysis, healthy development is dependent on a combination of individual responsibility, informal social support, and formalized structures that evolve within a society." Neurons to Neighborhoods: The Science of Early Childhood Development, 2000. (p. 337)

VISION OF 0-3 PLAN:

- **All children in Santa Fe County will begin their lives with opportunities to thrive.***

MISSION OF 0-3 PLAN:

- **To create awareness in Santa Fe County that the first years last forever.**
- **To promote the optimal health, social, emotional and cognitive development of Santa Fe County's infants and toddlers.**
- **To support and strengthen families, caregivers, communities, and all who work on behalf of children 0-3 years of age in Santa Fe County.**

The impetus for the creation of a strategic plan addressing the needs of the zero to three-year old (prenatal to three) population of Santa Fe County came from the Santa Fe Board of County Commissioners (BCC) on July 31, 2001. The BCC passed a resolution calling for Santa Fe County to "Stand For Children". Resolution # 2001-95 (Appendix pp. 1-2) states that:

- The County will develop a comprehensive strategic plan for addressing support for children 0-3 in collaboration with planning efforts of the Santa Fe Maternal and Child Health Planning Council.
- The County should fund and undertake this depth of strategic planning for the 0-3 population in our county.
- The County should help develop sustainable funding sources for the implementation of the strategic plan with its cornerstone being the Santa Fe Community Infant Program, which is providing much needed infant mental health services to Santa Fe County.

The most recent Census states that in 2000 there were 7,986 children under five years of age living in Santa Fe County, of these 6,286 were between the ages of one and four. There were 1,675 births at St. Vincent Hospital and approximately 220 at the Santa Fe Indian Hospital in that same year. In 1999 22% of the County's children lived in poverty. (See other Indicators in Appendix pp.3-10). In addition, there has been a 105% increase in the number of young children in Southwest Santa Fe. Many of these children are born to single mothers, teen parents, and immigrants. Information and services regarding child development, parenting, medical and mental health resources, and child-care are crucial to these families having opportunities to thrive in our County. This Plan includes perinatal care in its definition of 0-3, with the understanding

that quality perinatal care for all mothers and their unborn children will improve the potential for healthy birth outcomes for both mothers and babies. The call by the Board of County Commissioners for a plan addressing the needs of the 0-3 population and their families could not be more timely. The Santa Fe County Maternal-Child Health Council is pleased to present this 0-3 Strategic Plan on behalf of our infants, toddlers and their parents.

* *"Thrive" according to Webster's New College Dictionary (1995) is defined as:*

1. *To make steady progress: prosper*
2. *To grow vigorously: flourish*

CHALLENGES AND OPPORTUNITIES:

Santa Fe County is blessed with **an abundance of assets** upon which the 0-3 Plan can be built:

- A heritage of strong cultural family values amongst the Hispanic and Native American populations, in particular.
- A plethora of nonprofit organizations devoted to health and human services
- Vast numbers of professionals and volunteers committed to improving the health, welfare, and education of young children and families
- Many new health planning and funding opportunities (Appendix pp.11-12)

The challenges, on the other hand, in implementing a 0-3 strategic plan for the County, are considerable. According to the KIDS COUNT Census 2000 Supplementary Survey released 3/7/02 (p.3) "The percentage of children living in poverty is perhaps the most widely used indicator of child well-being. This is partly due to the fact that poverty is closely linked to a number of undesirable outcomes in areas such as health, education, emotional welfare and delinquency". The overall poverty rate in Santa Fe County (Census 2000) was 11.7%. However, in Santa Fe County, even though one of the wealthiest counties in New Mexico, for 2000 the estimate was that 28.8% of its children under five live below poverty, compared with 26% for the entire state in 2002. This Plan cannot address changing poverty, but it acknowledges that it is a strong influence on health disparities, access to care, and need for 0-3 services.

- The first and most important challenge is **to change attitudes and create policies that support a culture within the County that is in actual practice child, parent and family friendly** – to raise awareness at all levels in the community that "the first years last forever" and to "put children first". Not only Santa Fe, but the United States in general, lags behind most other nations in social and economic policies that support children, parenting and family life. We pay lip service to such statements as "Children are our ultimate investment" (Huxley) and "Our children are our future, but they don't know it yet". (Mutual of Omaha advertisement). Unfortunately, our children do not have a voice and cannot advocate for themselves. Local city, county and state decision-makers must change their priorities if our culture is to accommodate the health, welfare and developmental needs of our young population, growing especially rapidly in Southwest Santa Fe. Without a family-friendly society, Santa Fe will not attract new businesses/economic development, nor even attend adequately to the needs of its current families. In addition to increasing the number and quality of relevant services, attitudes and economic priorities must be refocused. It is widely known that investment in developing healthy attachments/relationships between parents and children during the first years of life will help

prevent the lack of both self-esteem and trust that so frequently lead to violence, homelessness, school dropouts, juvenile crime and the incarceration of youth - so costly in later years in loss of both healthy, productive lives and of taxpayer dollars.

- **Collaboration, cooperation and communication amongst** already overburdened **early childhood** providers will be difficult but is imperative to the success of a 0-3 County Plan. Finding time and compensation for opportunities to come together around early childhood issues are necessary. These issues include: assuring adequate salaries and quality training/continuing education for professional caregivers, networking and sharing relevant data/information, facilitating appropriate referrals and emphasizing consistent follow-up to interventions. It is equally important that parents have increased choices in childcare and opportunities for and access to parenting education, peer-to-peer counseling and support for the stress incurred in raising a family, often in poverty and isolation. A lack of neighborhood networks and awareness of what services exist, on the part of both professionals and of the community, guarantees that needy clients will "fall through the cracks". Insufficient knowledge of where to find help for medical, mental health and social problems, and the socio-economic, language, racial and cultural barriers that so often impede access to needed services must be addressed in order to enhance opportunities for infants, toddlers and their families to thrive. The development of coalitions of providers and of community members, linkages, such as with the Department of Health/FIT Program and Children Youth and Families Department/Office of Child Development, and their collaboration are key both to aligning and enhancing the multiple local planning efforts taking place and to the implementation of resulting plans. (See list Appendix)

- **Sustainable funding must be secured to ensure coordination for the 0-3 Plan's implementation** and **financial support** for the myriad agencies struggling to improve the quantity and quality of the services they offer for their young clients. The city of Santa Fe, with approximately 65,000 residents, has more than 450 nonprofits seeking funding from many of the same sources. Creativity and collaboration to leverage financial resources through partnerships will be crucial to the survival and improvement of the County's human service and healthcare resources for the 0-3 year old population.

- **The care of children must become a more respected and better-compensated occupation/profession.** Parents need affordable options in child care, whether they care for their infants/toddlers at home themselves, with leave and compensation from their work, enlist help from extended family/neighbors, or utilize the services of registered/licensed caregivers/professionals outside the home or in daycare centers. **Those who provide child care must be trained, qualified, supervised, and compensated** for the enormous responsibilities of providing infants and children with safe, stimulating, culturally appropriate, affordable and consistent care. Increased salaries and benefits for early childhood professionals are also requisite to attracting, recruiting, training and retaining additional caregivers from the community. Increasing pay scales for these providers will pose a major challenge to increasing the quality and quantity of resources.

0-3 STRATEGIC PLAN – A COLLABORATION

Although the charge to create the County 0-3 Strategic Plan was in conjunction with Maternal-Child Health (MCH) planning, to date the 0-3 Plan's development has been in the truest sense **an exemplary community collaboration.** This collaboration has taken place over the six month period from October 2001-March 2002, but is just the **beginning of an ongoing cooperative community venture that will continue to be an evolutionary process.**

- **Seven facilitated meetings** have taken place in which representatives from **twelve Santa Fe County social service and health care agencies** (see list following cover sheet), spent a total of approximately sixteen hours meeting together to develop a mission and vision, define strategic issues and priorities for which realistic goals and strategies have been set. The larger social and economic issues that need to be addressed in order to create an environment that is conducive to achieving the optimum health and well-being of children and families were discussed at length. The planning group concluded that many of these issues, such as poverty and racism, were far beyond the scope of this project. These societal concerns and problems cutting across all ages, economic levels and cultures are listed in the Appendix p.13. .
- **Two mapping meetings** sponsored by the **Santa Fe Maternal-Child (MCH) Council** took place in 2000 and 2001 and resulted in the creation of a comprehensive directory of early childhood resources. (See attached in Appendix). Many of the same people who were involved in the original mapping sessions became the dedicated group who consistently met to develop the 0-3 Plan. Without their passion for and commitment to the health and welfare of Santa Fe's young children and families this Plan would not have been possible.
- **The MCH Council and its Executive Committee members** have been an integral part of the 0-3 planning process.
- Much of the statistical and needs assessment information which has served as a basis for this plan, has come from the recently completed **MCH Plan Update for 2002-2006**, approved by the Board of County Commissioners January 29, 2001.
- The **Santa Fe Community Infant Program (CIP)** recently held a retreat and planning sessions to chart its future as it looks forward to staff growth and governance structure change in response to the community's increasing awareness of and need for infant/parent mental health services. Although designated by the BCC as the "cornerstone" for sustainable funding of this Plan, the CIP is but one piece of the 0-3 picture requiring funding, and infant/parent mental health is but one of the five priorities identified for this Plan.
- Collaboration continues with the **United Way's Success by Six Campaign** to ensure that duplication of efforts is avoided and that plans are aligned to cover **all aspects** of the 0-6 populations. An Early Childhood Roundtable is planned for late spring.
- There is ongoing collaboration with the **Women's Health Services/CCOE** (Community Centers of Excellence) **grant and its partners** to determine how children and families can be better served through the coordination of all the County's health services for women. (See Appendix p.14)
- Initial meetings have taken place between the CIP and the director of the three-year SAMSHA grant awarded to **NewMACTS (New Mexico Alliance for Children with Traumatic Stress)** to share information and explore cooperative training relationships. (See attached description of funding purposes in Appendix p.15-16)

- There is a **statewide infant mental health strategic planning effort** underway in which the CIP is currently involved.
- It is anticipated that, although the focus of this 0-3 Plan will be on Santa Fe County, as part of the Plan's evolution to sustain and improve services, additional collaboration will take place in the near future with other early childhood state agencies, plans and resources, and funders outside the county to share information and to leverage financial support.

GOALS OF 0-3 STRATEGIC PLAN

OVERARCHING GOALS ARE TO:

- Create a child and family-friendly county that will have the attitudes, policies, and resources necessary to protect, promote and support children and parents in an environment conducive to their healthy physical, social and emotional development and well-becoming/well-being.
- Honor, welcome, and support parents of new children - acknowledging that the birth of an infant is an event to be celebrated, but that it is at the same time a stressful change impacting family relationships/dynamics, creating new needs and requiring new skills.
- Empower parents as the expert caregivers.
- Foster naturally occurring networks in communities to promote leadership, input and collaboration in the planning and implementation of the 0-3 Plan.
- Eliminate health disparities and promote cultural competency in all services available to families of infants and toddlers
- Secure sustainable funding for coordinating the implementation of the 0-3 Plan and for improving and supporting those resources, services and providers that will help all young children and their families to thrive.

STRATEGIC ISSUES IN 0-3 PLAN IMPLEMENTATION:

- **Responsibility/ Budget development/Accountability/Coordination for the 0-3 Plan** : Who/what coalitions/partnerships will assume leadership? Who will coordinate activities over a four-year period and beyond?
- **Availability of sustainable funding to support 0-3 Plan**: Where will it come from? Who will seek and oversee financial resources?
- **Coalition-building amongst stakeholders** to create a Child/Family-Friendly community Who will convene groups and when? How to bring families into the planning process?
- **Development of County policy**: Who will take the lead? Who will develop policy and gain support of decision-makers at State and City levels?
- **A Countywide Marketing/PR Awareness Campaign** – (MCH Council has initiated discussions with a social marketing consultant to develop a Family-Friendly Santa Fe County Marketing Plan.) How will it be funded? Who else will be involved?
- **Community Education/Provider Recruitment and Training** – Who will do and pay for it?
  - Policy/Decision-makers re: importance of 0-3
  - Parenting education opportunities for all families with new children
  - Training to increase quantity, variety and quality of providers

- **Research and Evaluation** – Who will develop tools? How will responsibilities for evaluation be coordinated/by whom?

0-3 PLAN PRIORITIES: (not listed in order of importance)

1. **Home Visiting**
2. **Infant/Toddler Care**
3. **Infant/Parent Mental Health**
4. **Infant/Toddler Health**
5. **Opportunities for Parents with New Children**

CRITERIA FOR SUCCESS IN IMPLEMENTING ALL STRATEGIES AND FOR ACHIEVING OBJECTIVES FOR EACH OF THE PRIORITIES:

- Children and their parents will be valued as a unit and treated with dignity and respect.
- Parents/families will be included in the planning of resources and services.
- Community education and buy-in to 0-3 Plan.
- Each Priority will have strong and consistent leadership.
- Collaboration will be a keystone to success.
- Sustainable funding will be secured.
- Alignment of countywide planning initiatives.
- No stigma will be attached to client participation in services/resources.
- Legal status, class and race will not be deterrents to accessing services.
- Cultural competence will be the norm for all providers.
- Prevention resources/services will be available/accessible.
- Resources will not be limited to only services and programs.
- Quality health and mental health care will be accessible in diverse cultural/language settings and in close proximity to clients' neighborhoods.

PRIORITY #1: HOME VISITING

Priority # 1 – Home Visiting

The New Mexico Department of Health (DOH), in its 2000 State of Health in New Mexico, called for "Nurse home visits for all pregnant women and children age 0-3 years". (p.12). The goal of this 0-3 Plan is that all mothers, who want home visitation, have the opportunity for prenatal and postnatal visits. Not all prenatal home visits to women who give birth each year in the County are or can be made by professional nurses, nor are nurse visits required in most cases. There are different types of home visitors - professional and paraprofessional, medical, mental health and social workers - which can offer services to new moms that include assessment, education, support and referral. A recent informal survey (2002) of six agencies providing perinatal home visits indicates that perhaps more than 50% of new mothers/infants were seen over the past year - close to 1,100 home visits for approximately 1,700 births in the County. It must also be understood that not all mothers find home visiting acceptable or desirable. Many more families can be served if community knowledge can be increased about the availability and benefits of perinatal home visiting, and both the type of services and the age range of eligibility for children are expanded and become accepted. The rate of prenatal care in the County, and subsequently healthier birth outcomes, can be improved by increasing early, personalized contact through prenatal home visiting. An accurate picture of the desire and need for home visiting, as well as actual utilization is necessary and must be determined to plan for expansion of services.

What is home visiting and why is it important?

- **Home visiting is a unique strategy** "for offering information, guidance and emotional and practical support directly to families in their homes" through the delivery of services with such goals as:
  - improving pregnancy outcomes
  - improving child health outcomes
  - teaching parents about early development
  - enhancing the parent-child relationship
  - enriching the home environment to encourage young children's learning
  - decreasing social problems such as poverty, crime and delinquency
  - identifying and treating children with special health care needs, developmental delays or disabilities; or
  - increasing families' appropriate use of community resources.

- **Long-term results** of an urban program utilizing nurse home visits showed **that mothers who received visits** demonstrated:
  - 30 fewer months on welfare
  - 27 months greater spacing between first and second births
  - 33% fewer subsequent births
  - 81% fewer arrests and convictions: and
  - 79% fewer verified cases of child abuse and neglect.

Children at age 15 of these mothers, compared with others who did not have home visiting, experienced:

- 60% fewer instances of running away
- 56% fewer arrests; and
- 81% fewer convictions or violations of probation.

(Home Visiting, Zero to Three, 1999, pp.1-2)

There are currently approximately 15 home visiting agencies in Santa Fe County that provide professional nurse, therapist, social worker, Doula/Promotora and volunteer services. (See list Appendix p.17) There were 1,675 births at St. Vincent Hospital in 2000. It is reported that all of these mothers who wanted home visits received them. At the US Public Health Service's Santa Fe Indian Hospital, (224 births in the first 11 months of 2001) public health nurses and community health representatives (CHRs) together were able to visit 75% of moms during pregnancy and 98% after delivery. Through the utilization of both professional and lay health workers, and a strong commitment to home visiting, the St. Vincent Doula, La Familia Medical Clinic's Promotora and the Indian Hospital public health nurse and CHR services exemplify best practice in home visitation.

LONG TERM GOAL:

- By 2006 linguistically and culturally effective home visiting opportunities will be available to every pregnant woman and newborn child in Santa Fe County who desires services.

SHORT TERM GOALS:

- 2002 - Identify % of new mothers receiving and those wanting perinatal home visits; 2003 - Increase percent of perinatal/0-3 home visits from 50% to ------%; 2004 to -----%; 2004 to ----- %; 2005 to ----%

STRATEGIES:

I. COALITIONS/STAKEHOLDERS:

- MCH Council and United Way – Success by Six to convene home visitor and early childhood summits representative of communities served - 2002.
- Identify stakeholders - include families, faith community, perinatal providers, mental health and social service agencies, CPS, CYFD, DOH/FIT, Domestic Violence, Rape Crisis, SANE, Police, hospitals, WIC, SFCC, 100 Women Coalition, immigrant community and informed networks.

II. LEADERSHIP/RESPONSIBILITY/ACCOUNTABILITY:

- A Home Visiting Coalition (HVC) should be created to assume/delegate responsibilities for needs assessment, coordination, funding, implementation of strategies and research/evaluation to achieve 0-3 Plan home visiting goals.

III. EDUCATION -

- Educate public officials and home visiting agencies' leadership re: 0-3 Plan, goals and obtain commitment to form a home visitor coalition (HVC) **(Next step: 2002 - MCH Council to convene a home visitor summit)**
- MCH 0-3 Social Marketing Plan will include publicizing to County/City/non-profit/funder decision-makers, providers, parents and community at-large the availability/benefits of perinatal home visiting services.
- Santa Fe Community College (SFCC), WHS/CCOE and agencies with home visiting professionals/volunteers to collaborate on creating new recruitment and training opportunities for expanding the numbers of bilingual Community Doulas/home visitors. (**Next step: Follow up on**

proposal written to SFCC 12/01 to coordinate: ESL Program, Nursing Program, Women in Transition and Early Childhood Development)

- ❖ Coordinate with other community and provider resources to develop linkages for expansion of knowledge.

IV. MARKETING/PR:

- ❖ Include home visiting in 0-3 Marketing Plan through bilingual marketing tools (flyers, posters); utilize marketing materials of HVC coalition
- ❖ HVC to identify who receives/desires perinatal/0-3 visits through surveys, focus groups and creates a home visiting-specific, culturally relevant needs assessment.
- ❖ Target families and disseminate information through perinatal providers, hospitals, community centers, and MCH developing parent assistance warmline.

V. PUBLIC POLICY:

- ❖ Garner support for DOH/0-3 Plan goals at local levels.
- ❖ Advocate for SFCC to create a collaborative Community Doula Program.

VI. FUNDING:

- ❖ Identify and contact funders of pilot/model home visiting programs nationally (See Home Visiting: Reaching Babies and Families " Where They Live".)
- ❖ Meet with DOH, NM Council of Grantmakers, local and state public and private foundations who support perinatal/0-3 home visiting.
- ❖ Explore possibilities of leveraging funding from partnering in new grant opportunities (CCOE, NewMACTS, Friendly Access)
- ❖ Federal Early Head Start Grants

VII. RESEARCH/EVALUATION:

- ❖ HVC to develop culturally relevant evidence-based outcome evaluation tools to track long-term results of home visitation for mothers and their children.
- ❖ HVC will decide on extent and methods of research for tracking success and develop best practice model
- ❖ HVC will explore effective home visiting programs and develop a culturally and linguistically effective best practice model for perinatal and 0-3 home visitation.

PRIORITY #2: INFANT/TODDLER CARE

PRIORITY #2: INFANT/TODDLER CARE

"Scientific breakthroughs have given us an extraordinary new understanding of early childhood – and a renewed appreciation for the importance of a parent's nurturing care. (Newsweek, Special 2000 Edition, Fall and Winter 2000 – "Your Child", Barbara Kantrowitz, p.4.)

"There are better choices available to us. We are not making them because we are not seeing them. We are not seeing them because we are not looking...New choices for children would cost money...The clearer it becomes that present socio-economic policies are neither successful nor self-sustaining, the more obvious the answer becomes: they cannot afford not to." (Children First. Penelope Leach, 1994, pp 27-28)

An article in USA Today (3/13/02 showed an increase of the percentage of professional working moms who are staying home with their infants. (Appendix p.18) Unfortunately, many parents in Santa Fe County in 2001 must return to work soon after their baby is born, and do not have this option. The care of their infants and toddlers is a choice not between which parent will be caregiver, but a question of who else they can find and trust to provide the safe, nurturing, affordable, culturally appropriate and quality care they may seek. Unlike other countries such as Sweden which offers maternity and paternity leaves of up to 18 months, lengthy paid "sabbaticals" during this period - crucial to attachment and bonding - are neither offered by U.S. employers nor publicly supported. Finding a child-care situation that fulfills the needs of the parents, and especially the needs of their infants for loving, consistent care, is a growing problem. Today women, so many of them single parent families (33% in New Mexico/2000 and 42% in Santa Fe County), have few if any alternatives to leaving their children in order to work to support their families. The increasing mobility of our population has removed the possibility for many of relying on extended families for child-care.

Santa Fe County is no exception to new patterns of family life. The high cost of living in the County forces both parents to work, so that child care has become a necessity for most. In its 2001 report "Defining Issues: Shaping the Future of Santa Fe ", the Santa Fe Community Foundation (SFCF) found that the amount of infant care in Santa Fe is "inadequate" and child care insufficient. According to Pam Sellers of the Santa Fe Community College's (SFCC) early childhood training and technical assistance program, "There are few centers that provide care for infants because the cost of infant care is high". (Santa Fe New Mexican 2/22/02 Appendix p. 18). The child development program at SFCC is licensed to provide care for 114 children. They have a waiting list of 100 families. The SFCF discovered that while there were 3,683 child care spaces available for children less than six years of age, 5,499, or nearly two thousand more families, were in need. In 1999 only 14.8% (530) of all eligible children utilized subsidized child care. In light of a recent publicly reported dangerous home infant-care situation, parents will be even more in need of the kind of information released 2/22/02 in the Santa Fe New Mexican regarding what to look for when choosing quality child-care. (See Appendix p.19 for Child-care Tips) But, where will families find the child care they seek? Respect for the profession and compensation for services must be increased to recruit and retain skilled and caring people from the communities in which they will work.

LONG TERM GOALS:

- All children/families who want infant/toddler care will have access to safe, culturally and linguistically appropriate, high quality and affordable services.
- The number of qualified providers and licensed/registered centers will be increased to meet the needs of young families for both day, after work hours of care, and for emergency situations .
- Employers will become more flexible in both work scheduling and in increasing the length of paid leaves for new parents..
- Children will have opportunities to thrive no matter where their care takes place: their physical and emotional needs will be met; they will develop trust that their needs will be met; they will be loved, nurtured and provided with healthy, developmentally appropriate and stimulating experiences when away from their families in settings that respect cultural and family differences.

SHORT TERM GOALS:

- Determine how many parents want child-care services and what kind of care by the end of 2002. How many child-care providers/centers exist? How many children/families are served
- Adequate numbers of bilingual caregivers will be recruited, trained, licensed, and available to meet demand. Increase subsidized care and providers/staffed centers from ------to---- by 2003; ----- by 2004, ----- by 2005.
- Capacity to provide resource and referral information in English and Spanish will be accessible/available.

Strategies:

I. COALTIONS/STAKEHOLDERS

- A summit of Child Care-givers, educators, licensing agencies, 0-3 health providers, Santa Fe Public Schools Early Education programs, and parents/neighborhood representatives will be convened by MCH and/or United Way/Success by Six for an Early Childhood Summit/Roundtable in late spring of 2002.
- Organization of Volunteer Caregivers/foster day care will be explored with extended family members, retirees, grandparents, faith community, Spanish-speaking community

II. LEADERSHIP/RESPONSIBILITY/ACCOUNTABILITY

- A Coalition of Child Care Providers (CCCP) should be developed in response to the need for 0-3 child care changes to accommodate County families choices and needs. **(Next step: Reconvene Child Care Task Force; MCH Council in cooperation with United Way/Success by Six schedule a Child Care Providers Summit representative of communities served)**
- Leadership and coordination responsibilities will emerge from the CCCP.

III. EDUCATION:

- Decision-makers at all levels will be made aware of the need for quality, affordable child-care in the County.
- Parents of 0-3 age children will be convened to take part in Early Childhood Summits; include Santa Fe Public Schools early education programs in outreach **(Next step: MCH and United Way/Success by Six will cooperate in establishing individual or collaborative meetings; decide dates; determine who will involved in planning and who will "be at the table"- Spring 2002)**
- Child care tips for parents will be published/disseminated in Spanish and English.

- A Parent Assistance Warmline (PAL) will established: **(Next steps: MCH Council's Child Wellness Committee will negotiate PAL coordination through the SFCC or Women's Health Services CCOE partnership.)**
- Child care agencies and educational institutions training providers will develop affordable opportunities/programs for recruiting and training community members – outreach to ESL programs and high schools. **(Next step: Collaboration between CCOE partners; NAEYC)**
- Utilize interpreters who understand the culture in Spanish-speaking neighborhoods
- Provide interpreters for English-speakers not understanding Spanish (Sweeney Elementary)

IV. MARKETING/PR:

- Marketing Plan/Campaign will include information/promotion of Child Care resources; private and subsidized
- Advertise child care worker qualifications, responsibilities, educational opportunities, salary ranges
- Promote recruitment and training for community members to become licensed/registered caregivers
- Post flyers in Mexican grocery stores, schools and churches with large Spanish-speaking members

V. PUBLIC POLICY:

- Policy will be geared toward employers creating family-friendly, culturally appropriate work policies: increased maternity/paternity leave; compensation for time away and guarantee of job upon return; creation of more flexible schedules; on-site day care and breastfeeding facilities
- Policy directed toward increasing salaries and benefits for caregivers

VI. FUNDING:

- Leverage financial support for training programs through providers' coalition funding sources

VII. RESEARCH/EVALUATION

- Surveys/focus groups will be organized by CCCP in neighborhoods/communities to determine need/desire for child-care. CCCP/Childcare Task Force will develop and publish needs assessment.
- Real costs to parents of leaving infants/toddlers in child care will be determined: economic; social/emotional; cost of care in the home.
- CCCP will develop a culturally and linguistically appropriate best practice model for 0-3 child care.
- CCCP will research ways of assuring supervision of existing child care providers/ agencies/centers in conjunction with CYFD and other registering/licensing agencies.

PRIORITY #3: INFANT/PARENT MENTAL HEALTH

PRIORITY #3 - INFANT/PARENT MENTAL HEALTH

"Research increasingly substantiates how biological, social and environmental influences interact during pregnancy and infancy to lay the foundation for healthy emotional and behavioral development and learning development....The factors affecting an individual's life trajectory are the quality of care they receive, the attachments they form with adults who care for them, and the richness of their experiences.

What happens or doesn't happen in those first few years of life lays the foundation for becoming a productive, contributing member of society, or it can lay the foundation for intergenerational cycles of abuse, neglect, dysfunction and mental illness. It our premise that many of these problems can be prevented if social-emotional development during infancy and early childhood... is understood and fostered, and if we have programs and services that support them and their families". (Florida's Strategic Plan for Infant Mental Health. September 29, 2000. p. 8)

In addressing Infant/Parent Mental Health as a priority in the Santa Fe 0-3 Strategic Plan, we are aware that the title is confusing to most health professionals as well as to the majority of members of the community-at-large. The field of Infant Mental Health and the science of early brain development are relatively new. One of the most important strategies to be considered in this plan is that of education: What is Infant Mental Health? Who provides it and how?

What is Infant Mental Health?

Although the term conjures up images of infants receiving psychotherapy, Infant Mental Health is about relationships - promoting attachment and bonding between infants and their parents/caregivers. Therefore, in this 0-3 Plan "parent" has been added to Infant Mental Health for clarification. It is about "prevention and early intervention in assuring positive growth and development." (Florida's Strategic Plan, p.10) (See "40 Developmental Assets for Infants", Appendix pp. 25-28) and it should be understood that toddlers to age three are also included in addressing Infant/Parent Mental Health.

"Infant Mental Health is the ability of children from birth to five to grow, develop and learn in a way that enhances their social and emotional health, both as an individual and in relationships with others." (Florida's Strategic Plan, p. 14)

What are Infant Mental Health services and how are they provided?

According to The National Center for Children in Poverty's Policy Paper #1 - Promoting the Emotional Well-being of Children and Families: Building Services and Systems to Support the Healthy Emotional Development of Young Children – An Action Guide for Policymakers (released January 2002)

I. Strategies for early childhood mental health "should be designed to:

- Enhance the emotional and behavioral well-being of infants, toddlers, and preschoolers to promote early school success, particularly those whose emotional development is compromised by poverty or other risk factors.
- Help parents to be more effective nurturers.

- Expand the competencies of non-familial caregivers to prevent and address problems..." (FSP Executive Summary, p.3)

II. "Effective mental health services for young children are:
- Grounded in developmental knowledge
- Relationship-based
- Family supportive
- Infused into existing early childhood networks
- Responsive to other community and cultural context
- Attentive to outcomes ..." (FSP Executive Summary, p. 3)

Who provides Infant Mental Health?

" It is parents, social workers, doctors, nurses, child care providers, teachers, psychologists, and therapists. And it's also lawyers, judges and lawmakers who write and enforce laws that affect infants, laws about food shelter, parenting, and mental and physical health. It's all of us working together to support families as they do the hard work of parenting." (FSP, p.10)

There are numerous agencies (see Appendix p.17) in Santa Fe County that offer home visiting assessment, prevention and intervention for 0-3 age children/parents among their services. These include:
- Healthy Families First, Primeros Pasos
- PMS Early Head Start
- Santa Fe Family Center
- Nosotros Program at Santa Fe Community College
- New Vistas
- The Santa Fe Community Infant Program
- Children's Medical Services/Family Infant Toddler Program

Since 1999 the Santa Fe Board of County Commissioners (BCC) has supported the development of the Santa Fe Community Infant Program (CIP) – the first program of its kind in New Mexico devoted purely to Infant Mental Health. Modeled after the 20 year-old successful Boulder County Community Infant Project, the CIP began with the Santa Fe Family Center as its fiscal agent and is now under the financial umbrella of Las Cumbres Learning Services, Inc. in Espanola. The CIP has adapted to the specific needs of Santa Fe County's at risk young population and has grown to a staff of three mental health therapists and a part-time program administrator. It currently carries a full caseload of 45 clients, and at this writing, has a waiting list of 14 families. CIP's "conception and birth" were the result of a collaboration between 12 local social service agencies, most of whom after three years still comprise the CIP Steering Committee, oversee its mission and guide its progress. Its purpose is to promote attachment and bonding between infants and parents with ultimate goal of reducing child abuse and neglect.

In addition to its professional therapists providing therapeutic prevention, intervention and referral services through home visits to at-risk families, the CIP and the County MCH Council, with recurrent funding from the Frost Foundation, have sponsored a series of trainings and workshops for the past three years to educate the community about infant mental health and

related issues. (See list of trainings in Appendix p.20) Training and collaboration were, and remain, important parts of the CIP Mission Statement.)

As it experiences growing pains in response to increasing referrals and demand for care, the CIP Steering Committee is in the process of planning to create a stronger governing structure and to seek sustainable funding for increasing administrative and therapeutic staffing, bilingual services, reflective supervision, and outreach. As part of the County 0-3 Plan, the CIP will continue to increase its collaborative relationships with referral and other social service agencies and to improve knowledge of and techniques for the delivery of Infant Mental Health through the continuation of its annual series Learning Communities of Commitment. (To clarify general understanding of Infant Mental Health, it will be referred to as Infant/Parent Mental Health hereafter in this Plan.)

Risk Factors: What are the factors determining **"high risk families"?**

"Children living in families with three or more of the following characteristics are considered at "high risk". (KIDS COUNT Census 2000 Supplementary Survey, 3/7/02, p.33, Appendix p. 24)

- Child lives in a family with income below the poverty line
- Child lives in a single parent family
- Child lives in a family where no parent has full-time, year-round employment
- Child lives with a household head who is a high school dropout

What are risk factors for attachment/bonding problems?

- Poverty
- Maternal Depression/ Psychiatric history
- Premature Birth/medical fragility/disabilities
- Substance Abuse
- Parents with abusive family history
- Abuse/neglect
- Teen pregnancies
- Closely spaced pregnancies/unwanted pregnancies
- Homelessness
- Undocumented status

LONG TERM GOALS:

- All parents will have the commitment, skills, knowledge and supports to create a healthy emotional relationship with their infants
- Infant/Parent Mental Health services will be available to all families who need them in Santa Fe County

SHORT TERM GOALS:

- A complete inventory of infant/parent mental health services and resources will be in place by the end of 2002.
- A comprehensive referral system will be operational by 2003.

STRATEGIES:

I. COALITIONS/STAKEHOLDERS

- Build and participate in a coalition of culturally and linguistically skilled infant/child mental health providers – local, other counties, state, university.

- Create linkage systems with other agencies (FIT/New Vistas) for wrap-around services for troubled families and families with disabilities.
- Work with CPS/Foster care agencies to provide support for parents and children to keep in family of origin if possible.
- Convene neighborhood forums around the topic of cultural and intergenerational healing.
- Work with CPS re: unopened cases; Substance Abuse providers; Domestic Violence Task Force
- Develop a Corps of Mentor Moms, who have turned their own lives around, to counsel new mothers.

II. LEADERSHIP/RESPONSIBILITY/ACCOUNTABILITY

- The Community Infant Program (CIP) will take a leadership role in establishing a coalition of culturally and linguistically skilled early childhood mental health providers to share responsibility for increasing knowledge about and services for at risk infants, toddlers and their families. **(Next step: The CIP will strengthen its governing structure and hire a full-time Program Administrator/Clinical Coordinator)**

III. EDUCATION -

- "The moment of birth is a teachable moment". Utilize the period following birth to educate mothers; provide ongoing education to health care providers; link to doulas and home visitors..
- Increase staff awareness/sensitivity to parents who may have ambivalence in becoming a parent and be experiencing issues of loss/grief.
- Teach providers, hospital staff, families awareness of the need for attachment/bonding.
- CIP will promote understanding of infant/parent mental health through outreach to decisionmakers, funders, health care providers, mental health, social service and justice agencies, and will develop community parent groups. **(Next step: CIP will: increase administrative staff to assist in outreach activities, add an additional bilingual therapist to handle anticipated resulting increased referrals, and increase reflective supervision for staff from two to four times a month)**
- Culturally relevant community infant mental health trainings will continue as funding is available: 2 to 4 per year to increase knowledge and skills of providers and parents where appropriate. **(Next step: secure sustainable funding for Learning Communities of Commitment Community Education Series)**
- Educate providers as to what constitutes "at risk" re: healthy emotional and social development and those populations most at risk. **(Next step: Obtain and distribute FIT at-risk characteristics list from DOH; develop a community training 2002-2003 on this topic)**
- Educate perinatal providers re: mental health needs during pregnancy.
- Promote awareness of national, state and local 0-3 mental health conferences and training opportunities for members of the mental health community.
- Encourage families to come together to discuss what they need.

IV. MARKETING/PR

- Identify/target parents/families who may need services
- Consider low context as well as high context marketing: low=impersonal/mass; high=personal; face-to-face.
- Create media campaign as part of 0-3 Marketing Plan that "Birth is a Rite of Passage" and "To You I Pledge...."
- Create and disseminate a bilingual infant/child mental health listing of all resources and services – to parents, community and providers. **(Next steps: CIP will develop a brochure re: its services when funding can be secured; Coalition will develop a bilingual, comprehensive, infant/child mental health services listing/website)**

V. PUBLIC POLICY

- Identify people willing to advocate/lobby for Infant Mental Health at State Legislature and members of Coalition to develop policy changes.
- Explore involvement of Think New Mexico in taking on cause of Infant Mental Health and importance of 0-3 in developing and advocating for policy changes and Legislative support

VI. FUNDING

- Explore sources of sustainable funding for CIP and seek grants (See Appendix p. 23) **(Next step: CIP hire staff to write grants and collaborate with members of Coalition to leverage funding – 2002-2003)**
- CIP establish an Emergency Services/Equipment Fund

VII. RESEARCH/EVALUATION

- Annual evaluation of clinical outcomes, client satisfaction and program self-evaluations will continue.
- Best-practice model of Infant Mental Health care will be developed as possible model for statewide replication.

PRIORITY # 4:
PRENATAL/INFANT/TODDLER HEALTH

PRIORITY #4 – PRENATAL/INFANT/TODDLER HEALTH

The health of infants and toddlers as defined by the World Health Organization encompasses "complete physical, mental and social well-being and not merely the absence of disease or infirmity." In order to assure that all these aspects of well-being are addressed, parent education, health prevention, intervention and ongoing supervision of a child's development are necessary. With nearly 8,000 children under the age of five in Santa Fe County, it is a tall order to fill.

Prenatal health has been added to Infant/Toddler health, because it is well known that the care of mothers early in their pregnancies - monitoring weight and blood pressure, providing nutrition and childbirth education, promoting healthy practices such as smoking cessation, that leads to the reduction of low birth weight babies, emotional support and encouraging postnatal follow-up – has positive effects on their own health and healthier outcomes for their babies.

PROVIDERS

This 0-3 Plan will limit its consideration of Prenatal/Infant/Toddler Health Priority issues to a few that can be addressed through existing partnerships, by strengthening service coordination and training collaborations, and by creating awareness among parents of the availability of resources through community education and marketing. It will not focus on the development of direct services. The County has a wealth of public and private health providers for infants, toddlers and mothers (obstetricians, family physicians, pediatricians, certified nurse and licensed midwives, nurse practitioners, doulas/promotoras) and clinics that accept uninsured and Medicaid clients. The question remains: are there enough resources to serve the growing number of young children in Southwest Santa Fe County and outlying rural areas? New Mexico ranks as the state with the highest percentage of certified nurse midwife (CNM) deliveries in the U.S. (26%), 7,338 in N.M, according to the NMDOH. How can nurse-midwives (CNMs) gain privileges at St. Vincent Hospital to enhance perinatal best practices, as they have at the Santa Fe Indian Hospital and elsewhere around the state?

ACCESS

Who is falling through the cracks? How can they be reached? Are the perinatal and pediatric services that exist accessible to them geographically, economically and culturally/linguistically? A list of recent demographic, socio-economic and health Indicators, developed for the recent MCH Plan Update, shows areas where many more eligible families could be enrolled and utilize services: Medicaid - 57% were eligible but not enrolled in 1999; WIC – DOH estimated that only 41.3% of eligible families were served in 2001; 14.8% of children eligible for subsidized child care utilized services. Rates of prenatal care, especially for teen and single gained "unfavorable" status vs. US rates in the HRSA Community Health Status Report. July 2000, p.8 (See Indicators Appendix pp. 3-10)

IMMUNIZATIONS

Infectious diseases of childhood such as pertussis (whooping cough) and measles have risen surprisingly against expectations in Santa Fe County in the recent past. Pertussis cases increased to 119 between 1995-1997 (vs. 13 expected cases) and 57 between 1998-2000. Thirteen cases of measles were reported during the same period, whereas only was case was expected based on peer counties. (Community Health Status Report/HRSA 7/2002) Against the Healthy People

2010 goal of a national immunization rate of 80% (US rate is 78%), Santa Fe County's immunization rates for DPT/polio/MMR stand at only 68.6%. (New Mexico's rate of 69% ranks 50th in the U.S.) Controversy over the safety of vaccinations for young children may be causing some parents to forego immunizations out of fear. The benefits far outweigh the risks according to the DOH's website information (Appendix pp.21-22). Perhaps a bilingual campaign at the community/grassroots level would help reach those families who are unsure, may not comply with well-baby check-ups, and make choices against immunization that may ultimately affect the health not only of their children but of the public at large.

BREASTFEEDING

The promotion of healthy nutrition practices, starting at the very beginning of life with breastfeeding, is essential to the healthy development of all infants and toddlers. The Santa Fe Breastfeeding Task Force, lactation consultants and doulas at St. Vincent Hospital, and promotoras at La Familia Medical Center continue to encourage initiation and maintenance of breastfeeding. At St. Vincent Hospital formula companies who traditionally provided sample kits to new mothers no longer do so. The majority of perinatal providers in the community does not have health educators on staff (See MCH Plan Update Perinatal Providers Survey) and refers their patients interested in breastfeeding to the lactation consultant at St. Vincent Hospital. Societal norms are also a strong factor in discouraging breastfeeding - in public and at the workplace. A campaign by the Breastfeeding Task Force has been encouraging Santa Fe businesses to become more breastfeeding-friendly.

PERINATAL HOME VISITNG

Increased perinatal home visiting (during pregnancy and after birth) by a variety of health workers is an excellent means of providing consultation and assistance to mothers who may experience problems and discouragement in breastfeeding their infants, and who may be unaware of the benefits of breastfeeding to both their babies an to themselves.

Perinatal home visiting has been discussed in relation to its importance to infant mental health (attachment and bonding), but the concept applies equally to maintaining infant/toddler wellness and for screening and monitoring physical and developmental disabilities. Determining eligibility for insurance, helping with enrollment and helping families find a permanent "medical home" for their children's care can all be initiated through home visits by professionals.

Home visits also provide an excellent opportunity for assessment of hunger/family nutritional status, environmental dangers (gas leaks, sanitation, lack of heat, lead paint), and the potential for physical safety problems.

As part of an overall policy to protect children and promote their well-being and physical development in a healthy environment, parental education regarding lead poisoning is particularly important in Santa Fe County - 16.8% of houses were constructed before 1950. The percentage of young children in the County living below the poverty level puts them at even greater risk. Lead poisoning, according to the NMDOH 2002 County Health Profile, "is the number one preventable environmental health problem for children under 6 years. It further notes, "screening rates have declined significantly since the mid-1990s." (p.35) Safe domestic and vehicular practices should also be assessed, taught, and encouraged. Unintentional accidents, and sadly intentional injuries, including child abuse and neglect, are all too prevalent in the 0-3

year old population. (Substantiated and unsubstantiated reports of child abuse/neglect for 2000 totaled 657 cases as documented by the Children, Youth and Family Department, Child Protective Services.)

LONG TERM GOALS:

- Rates of prenatal care will increase to -----by 2003; to----by 2004; to ----by 2005; to----by 2006 (for rates see Indicators in Appendix)
- All infants/toddlers in Santa Fe County will have a "medical home" with access to quality preventive health care and consistency in the services of a culturally/linguistically competent provider when intervention is necessary
- The number of pediatric Emergency Room visits for will be decreased. (By -----by ------.)

SHORT TERM GOALS:

- Breastfeeding rates will be increased at initiation to ------ by --------; at six months to------ by -----
- Immunization rates will be increased to ------
- The incidence of pertussis and measles will be reduced to --- by-------
- EPDST screening by SALUD will be increased and given to all eligible clients to improve screening, early diagnosis and intervention for physical and mental disabilities

STRATEGIES:

I. COALITIONS/STAKEHODERS

- WHS/CCOE partners will collaborate with all other early childhood health care providers in the County to coordinate means of improving access to and quality of culturally appropriate services and resources for mothers and babies.(**Next step: continue exploration of partner roles in WHS/CCOE grant)**
- Coalitions will involve parents and other community members in planning how to increase access to and utilization of services.

II. LEADERSHIP/RESPONSIBILITY/ACCOUNTABILITY

- MCH Council subcommittees (Healthy Mothers/Healthy Babies and Child Wellness) will coordinate with WHS/CCOE partners to assume responsibility for improvement of care to all County mothers/babies (**Next Step: Advocate for development of Perinatal Care as 5th Episode of Care of the Sangre de Cristo CAP grant)**

III. EDUCATION

- Bilingual Information re: MCH resources will be coordinated, updated and disseminated through community channels that reach the Spanish speaking population without electronic access to County websites.
- Breastfeeding, immunization protection and child safety to be stressed as part of well-baby check-ups and during home visits
- Breastfeeding information given out re: cost and availability of breast pumps for mothers returning to work/school (clinics, WIC offices, etc.)

IV. MARKETING

- Social marketing/PR Plan will involve community members in promoting breastfeeding, immunizations, nutrition, Medicaid eligibility, and well baby resources/information.

V. PUBLIC POLICY

- Advocacy for increasing support/training for perinatal home visiting as a means of assessing, maintaining and improving 0-3 health
- Advocacy for making infant/toddler health care a priority and for finding "medical homes" for all new children

VI. FUNDING

- CCOE partners to leverage funding through grants such as Friendly Access, the Sangre de Cristo CAP Grant and the St. Vincent Community Service Network.

VII. RESEARCH/EVALUATION

- CCOE partners to develop a MCH data base to coordinate information from all providers of care to mothers and 0-3
- Existing perinatal services exhibiting successful practices to develop a perinatal care best practice model
- CCOE partnership/ coalitions to create outcome evaluation tools for perinatal, infant and toddler health

PRIORITY # 5:
OPPORTUNITIES FOR PARENTS WITH NEW CHILDREN

PRIORITY #5: OPPORTUNITIES FOR PARENTS WITH NEW CHILDREN

"Births shake up lives as children shake kaleidoscopes; leaving the patterns of the past in pieces." (Children First, Penelope Leach, 1994, p.54)

Although the birth of an infant is an event to be celebrated in all cultures, it is often accompanied, in our culture especially, by physical stresses on the mother and emotional stresses on the relationship between mother and father, as well as on the sibling(s) who must adapt to attention being focused on the baby. All parents need all the support and assistance they can get during the exhausting first days, weeks and months of tending to the needs of an infant and in trying to maintain balance in their own lives between sleep, feedings, family responsibilities, and increasingly frequently returning to a job after only a few weeks of maternity leave. Community/neighborhood forums can be the starting point to get support of parents by parents and develop peer-to-peer parent groups. Opportunities through socializing and sharing information can lessen the isolation, provide relief from the feeling as new parents that "we are alone", as well as lead to enduring new supportive relationships.

An important part of the 0-3 Strategic Plan mission is "to support and strengthen families" in their roles as caregivers of infants and toddlers. The vision of this Priority is that all parents will receive caring support, regardless of how many children they have, recognizing that with each new birth parents have new needs and families experience changed dynamics. The way to put these words into practice is to create a community that is family and child-friendly - one that gives parents skills and confidence as the experts caregivers and access to the resources they need in order to "put children first".

Community parent networks should be the prime decision-makers in determining what neighborhood educational and play resources they would like to use with their children. Santa Fe's Children's Museum is an excellent example of a place where families can learn and play together. Mother's Centers where mothers can meet other mothers, neighborhood Child Resource Centers for parents and their toddlers, and parenting groups for fathers can be modeled on a variety of successful endeavors in existence around the country. Resources for families should be culturally and linguistically appropriate to those using them and include parenting information, sources of professional and volunteer assistance in finding child care, preschool availability and classes for mothers and fathers to enhance their parenting abilities. Examination of successful models in both urban and rural areas elsewhere may also yield important information about how these centers are funded and maintained.

LONG TERM GOALS:

- Develop a caring, family and child-focused County that gives mothers and fathers of new children access to a broad range of parenting resources
- Increase amount of quality time parents can spend with their children and in supportive relationships with each other.

SHORT TERM GOALS:

- Increase culturally/linguistically appropriate educational, play and social opportunities for all parents of new children in Santa Fe County
- Determine what opportunities/facilities exist, where and what parents would like/use

STRATEGIES:

I. COALITIONS/STAKEHOLDERS

- Develop neighborhood networks/coalitions of parents to have a voice in planning of child/parent-oriented resources and opportunities for socialization
- Develop linkages between local and national early childhood resources (DOH/Department of Education PRO-parents reaching out to parents - program statewide)
- Develop linkages with NM Parent and Child Resources for special needs children needing adoption

II. LEADERSHIP/RESPONSIBILITY/ACCOUNTABILITY

- Identify young parent community leaders to assume responsibility in organizing their peers around parenting issues
- Utilize interpreters with early childhood experience/skills to assist parents in development of resources/centers/playgrounds
- Collaborate with United Way/Success by Six Planning in community outreach

III. EDUCATION

- Utilize and develop linkages with existing public facilities (Santa Fe Public Schools Early childhood programs, neighborhood centers, libraries, public housing recreation centers, Boys and Girls Clubs) to increase opportunities for socializing, parenting classes and supervised constructive play; explore other resources for those concerned with child developmental issues.
- Link with DOH Call to Courage Group to foster story-telling amongst new parents.

IV. MARKETING/PR

- Provide information through Social Marketing Plan.
- Provide new parents with informational packets through home visitors, child care. providers/centers, and PAL (parent assistance warmline to be created by MCH Child Wellness committee.
- Update MCH bilingual resource brochures and County website to include new parenting opportunities/resources.

V. PUBLIC POLICY

- Advocate for County/City funding to increase physical and educational resources for parents of 0-3 children.

VI. FUNDING

- Explore funding sources for local/state/national early child hood model programs.
- Collaborate in leveraging funding with other early childhood projects (United Way/ Success by Six, Children's Museum to create satellite centers)

VII. RESEARCH/EVALUATION

- Create and implement a needs assessment re: what resources exist and which are needed/wanted by parents
- Develop data base re costs/utilization of existing facilities

NEXT STEPS FOR IMMEDIATE IMPLEMENTATION OF 0-3 STRATEGIC PLAN

I. Secure funding, annually renewable for 4 years, for a County 0-3 Plan Coordinator (2002) ($50,000)

II. Recruit and hire 0-3 Coordinator (2002)

III. MCH Council and United Way/Success by Six collaborate to Convene Summits/Roundtables for:

- **Home Visiting Agencies (MCH - spring 2002)**
- **Child Care Providers (MCH - spring 2002)**
- **Early Childhood Growth and Development (Success by Six and/or MCH – late spring/summer 2002)**

IV. Coalition Building/Leadership Development/Needs Assessments (2002-2003)

V. Select and hire Social Marketing Consultant to develop and implement Santa Fe County Family-Friendly Campaign (2002-2003) ($50,000)

EVALUATION METHODS

As Coalitions are developed for each of the Priority areas, early childhood specialists will coordinate with partners to create uniform and consistent tools to record data, track clients, and establish evidence-based outcome criteria to be evaluated on a regular, mutually-determined basis. Data will be collected and maintained in a central "bank" in order to be available to all providers/public health agencies. (WHS/CCOE as central site?)

CONCLUSION

In conclusion, this Strategic Plan for Santa Fe County merely lays the foundation for the development of more specific 0-3 Priority plans to address the needs of the County's infant, toddlers and parents. It is the beginning of an evolutionary process, the success of which is dependent on:

- Building public awareness and support for children and families: "putting children first" as a top priority in creating a "healthy" County.
- Securing sustainable funding to hire a Coordinator to manage the 0-3 Strategic Plan.
- Developing coalitions of partners, political leaders, professionals and community members, with the expertise and dedication to refine and actualize the Plan's goals, ideas and strategies.

Without both a strong commitment from County policy and decision-makers, early childhood providers, community leaders, and families, and from the funders whose financial support will be necessary to make the 0-3 Plan strategies operational, this document - produced by so many passionate and dedicated people - will go no further than simply being a Plan.

Santa Fe County in 2002 is investing in infant/parent mental health at a cost of $3,000 per family – an intervention that can save significant amounts of money already spent on the institutionalization of young adults who, because of domestic violence, abuse and neglect, or other high risk factors in their childhood, took the "ghosts from their nurseries" with them into adulthood – perpetuating the cycles established by their parents. (The average cost of incarceration has been estimated at $35,000 per year per case.) Such a loss to society is measured not only in terms of dollars, but also in unproductive lives and family distress. The quality of life for all Santa Fe citizens will ultimately be measured by the quality of the growth and development of its children. A Strategic Plan not acted upon now could soon turn into a strategic tragedy. Santa Fe County cannot afford to allow this to happen to its infants, toddlers and their young parents who will soon become the responsible citizens and decision-makers of the future.

APPENDIX

Santa Fe County

Resolution No.2001- 95

1950410

A RESOLUTION CALLING FOR SANTA FE COUNTY TO STAND FOR CHILDREN

WHEREAS, the quality of early parent child interactions profoundly shapes the course and nature of social and emotional development of the child; and

WHEREAS, ninety percent of brain development occurs in the first three years of life; and

WHEREAS, a twenty year study of children conducted by Allen Sroufe at the University of Minnesota Child Development Institute has found that the attachment children form by age one, predicts the future quality of peer relationships, social competency and school achievement; and

WHEREAS, the longitudinal studies of Werner and Rutter identify the phenomena of resilience in high risk children programs that support more positive development through prevention of problems in the parent-infant relationship to reduce costs to the public such as schools, special welfare and criminal justice programs; and

WHEREAS, the birth of an infant redefines and requires responsibility in the social environment of any family; and

WHEREAS, the potential for abuse and neglect is further heightened in families experiencing stressors involving substance abuse, domestic violence, poverty and isolation; and

WHEREAS, the US Advisory Board on Child Abuse and Neglect cited home visiting as its single most important recommendation to prevent child abuse and neglect; and

WHEREAS, the majority of physical abuse and neglect occurs to children under the age of two, with 45% of deaths from abuse occurring in the first year of life. National statistics indicate that serious risk for child abuse and neglect exists for 10% of children, translating to approximately 480 children under three years of age that are at risk at any one time in Santa Fe County; and

WHEREAS, National studies indicate programs utilizing home visiting services by paraprofessionals and professionals who provide the following services: health promotion, child development information, parental support, social work, nursing,

counseling, and prevention and intervention services to families who are experiencing difficulties in attaching and bonding with their infant can reduce the potential for child abuse and neglect and improve both the short term and long term emotional and mental health for families.

WHEREAS, the U.S. General Accounting Office has identified Home Visiting " helping at risk families becoming healthier and more self sufficient by reducing later serious and costly problems"

NOW THEREFORE, BE IT RESOLVED THAT THE SANTA FE BOARD OF COUNTY COMMISSIONERS BELIEVES THAT IT MUST STAND FOR CHILDREN AND IMPLEMENT THE FOLLOWING: 1950411

1. The County will develop a comprehensive strategic plan for addressing support for children 0-3 in collaboration with planning efforts of the Santa Fe County Maternal and Child Health Planning Council.
2. The County should fund and undertake this depth of strategic planning for the 0-3 population in our county.
3. The County should help develop sustainable funding sources for the implementation of the strategic plan with its cornerstone being the Santa Fe Community Infant Program, which is currently providing much needed infant mental health services to Santa Fe County.

APPROVED, ADOPTED AND PASSED this 31st day of July, 2001

BOARD OF COUNTY COMMISSIONERS

BY: _____
Paul Duran, Chairman

ATTEST:

Rebecca Bustamante

Rebecca Bustamante, Clerk

APPROVED AS TO FORM:

By: _____
Steven Kopleman, County Attorney

1166. 592

COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed for record on the 1 day of Aug A.D. 20 01 at 8:22 o'clock a m and was duly recorded in book 1950 page 410 - 411 of the records of Santa Fe County
Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Marcella Talayes
Deputy

MATERNAL-CHILD HEALTH COUNCIL PLAN UPDATE STATISTICS

(Complete to date 2/23/02; ongoing revision dependent on availability of information)
Numbers to note in italics

INDICATORS	1997	1998	1999	2000	2001-
DEMOGRAPHICS					
SF County population (Influx of 30,000 since 1990) 1,909 square miles pop. density 67.7/sq. mile	121,791	123,386	124,200	129,292 ***(SFC increase 31% since '90)*** ***(So. SFC growth 47.3% since 1990)***	Predicted 1.8% growth rate in SFC (¼ in SFCC area)
SFC Women of childbearing age 15-44	24,848			26,992/20.9%	
SF County population 0-19				34,261/26.5%	
SF County Population <18 years of age % total population	25%			31,101 24%; (a decrease of 26% since '90)	
SF County population Ages 10-19		16,065 (nmdoh)		*17,752/13.8%* *(2000 census)*	
SF County female s: **15-17 years old** **18-19 years old**			2,914 1,512	*(prov/census2000)* *2,615* *1,513*	
SF County Population **1-4 years of age** **< 5 years of age #** **%** **White-non-Hispanic** **Hispanic all races** **Native American** **Other**			8,494 2,404 5,569 362 159	6,286 7,986 6.2%	
SF County population 15-19 years of age #/% **White non-Hispanic** **Hispanic (all races)** **Native American** **Other**			9,100 3,049 5,460 395 196	8,623/6.7%	
SF City population				*62,203* *11% growth since 1990*	
South SF City				***105% increase in number of children***	

INDICATORS	1997	1998	1999	2000	2001-
East SF City population				35% Decrease	
Hispanic # % total population (younger w/more children)				63,405 49% *(30% increase in '90's)*	
Non-white Hispanic# % total population				*65,887* *51%* *(32% increase in '90s)*	
Urban % total	72% (1996 est.)			*49%*	
Rural % total	28 (1996 est.)			*51%*	Growth in So. SFC
Estimated # immigrants				*30,000 influx last decade*	Est.7-5,000 City Est.10-15,000 County (SFCF Report 2001)
Socio-economic indicators	**1997**	**1998**	**1999**	**2000**	**2001-**
#/% SFC in poverty <18 5-17 <5 SFPS Moriarty Pojoaque	14,544/11.9% 5,410/17.2% 3,745/16.7% 21.7%	 19.3% (KCNM)	 22% 17.5%(2,986) 22% 13.8% (US Dep't Commerce 2/99)	11.7% (census 2000) 17%	
Uninsured SFC # % Uninsured NM Uninsured US			 25.8%	 26%	 25,000 (HPC) 20-25%
Child health care coverage SFC % not covered at all % covered part of year % covered all year		NMHealth Policy Comm. 2001 7.9% 8.6% 83.4%			
# Medicaid enrollees served (Families w/children)/% pop. Medicaid eligible<19 Eligible children not Enrolled SF County NM	8,589 7,884 11,394 87%	11,094 8,946 57% (KCNM 1999)	*12,025/9.4%* *(KC NM2001)* *27.7% (census 2000)*	13,912/10.8% (MAD) 8,162 (average monthly DOH 2002)	)
Lack Access to primary care NM			*(DOH 2000)* *20-36%*		
<100% poverty	13%				
100% -200% poverty	19.5%				

INDICATORS	1997	1998	1999	2000	2001-
Families receiving AFDC **TANF** **Food stamps** **Medicaid enrollees*** * **adults/children** (KCNM2001	 3.9% *553* *2,035* *8,589*	 *884/1.3%* *2,379/3.9%* *11,094*	 *960/.8%* *2,425/2%* *12.025*		
SFPS free/reduced lunches	41.2	40.3%	*50.8%(NMKC)*		
WIC # enrolled **# Eligibles (est.)** **% served**	 57%	2,289 37%	2,538	2,517(KCNM2001 60%	2,601(DOH) 6,386 41.3%

MATERNAL-CHILD HEALTH INDICATORS	1997	1998	1999	2000	2001-
# Births	1,586	1,576	1,688	1638BVS (provisional) 1675 @ St. Vincent)	1075 YTD @ St. V. (1/01 to 8/31/01) SFIH to date 12/01 224
Birth rate for SF County	13.0%	12.8%	13.6%	12.7	3.2% births to Native American residents of SFC (SFIH)
NM Unintended births % (PRAMS) **SFC % of respondents 1997-1999**		*51%*	44.8% 39.8%		
#Births to single mothers **% (of total births SFC)** **US**	623 39.3% 32.4%	*657* 41.7%	*712* 42%	*665* 40.6%	37.3% YTD 2/01 (DOH) *SFIH 93%*
# Births to teens SFC **ages 15-19** **rate per 1,000 teens** **% births to teens of total** **15-17** **18-19** **US 15-19**	225 68% 52.3%	228 69.1% 14.9% 34.6% 77.1% 51.1%	247 67.2% 14.6% 45.6% 128.3% 49.6%	212 65.5% 13% 51.6% 119.6% 48.7%	12.3% YTD 2/01 DOH
#Pregnancies for SFC teens **15-17** **18-19**			133 194	135(prov) 181(prov)	
Teen Moms 13 years old					SFIH 0
Teen moms 14 years old			LFMC <15 3		1
Teen moms 15 years old					3
Teen moms 16 years old					8
Teen moms 17 years old					8
Teen moms 18 years old			LFMC 15-19-107		6
Teen moms 19 years old **Total**					15 41
Infant deaths SF County	5	3	3	*12 ?*	3 (19wks)
Infant mortality rate/1000 live births SFC **Urban SFC** **New Mexico** **U.S.**	5.8%(95-97)	6.1%(96-98) 7.2/1000	4.7% (NMKC 2001)	*6.7/1000* *7.2/1000*	2010 goal 4.5% SFIH 1.3/1000

MCH INDICATORS	1997	1998	1999	2000	2001-
Premature births<37 weeks SFC US	10% 11.4%				2010 goal 7.6% SFIH 5.8%
C-Sections #/% U.S. rate	LFMC 12.6%	LFMC 13.5%	LFMC 16%	23%	SFIH- 20/8.9%
Complications of pregnancy (NM Women's Health profile-DOH 2001)					*One of top 5 reasons for hospitalization of women in NM 19-44*
Physically abused during pregnancy (PRAMS) NM Before/during pregnancy		6.7% 10%[	5..5%		
#Treated during pregnancy for gestational diabetes SFC (PRAMS)	LFMC 20	LFMC 14	LFMC 8 6.8%		
Infant deaths SFC	5	3 (at STV)	3	12	6 YTD 2/01 (DOH)
Infant mortality rate IMR (Deaths/1000 live births) **SFC** **NM** **US**	5.8% (1995-97) 7.2%			1996-2000 average 6.3% 6.5%	2010 goal 4.5% SFIH- 1.3/1000
Neonatal **Postneonatal mortality rate (<29 days)**	3.5% 4.8%	3.8%	4.1%	4.2%1996-2000 average DOH) 2.2%	2010 goal 2.9% SFIH- 0 2 YTD 2/01 (DOH)
Low birth weight rate (<2500 g) **NM** **US**	115/7.3% LFMC 8.1% 7.5%	144/9.1% LFMC 9.1%	118/7.0% LFMC 3.4% 7.6%	124/7.6%	2010 goal 5.05% SFIH 8/224
Very Low birth weight rate (<1500g) SFC **US**	(1995-97) 51/1.1%% 1.4%		1.4%	(1998-20000 58/1.2%	2010 goal 0.9% SFIH- 3/224
High birth weight for gestational age					SFIH- 4/224
% Medicaid births	60.2 (1996)				
Prenatal care all ages: Lo/No care 1st trimester: #/% **SF** **US** **Care first trimester** **NM**	162/10.2% 17% 72.4%/LFMC 61% 73%(PRAMS)	11.8% 70.6%/LFMC 61% 63.8%	11.2% 66.3%LFMC56% 61.9%	7.6% 68.3%LFMC68.4 % 65.3%	2010 goal 10% SFIH after 1st trimester –35.2% 2000 goal 90% SFIH- 60.7% 73.1%YTD 2/01(DOH)
Unknown	3.5%	4.3%	4.1%	4.0%	SFIH- 4.1%
Mid level PNC	45.9%	48.4%	49.9%	48.4%	
High level PNC	40.4%	35.6%	34.7%	40.0%	

INDICATORS	1997	1998	1999	2000	2001-
Teen prenatal care: **Low/none %** **Mid level** **High level**	9.8%	*16.7%* 49% 29.4%			SFIH 6.9% unknown 40.9% after 1st trim. 52.2% 1st trim
Teen STDs: **NM Among highest in US (DOH 2000)** **SFC:** **Chlamydia** **10-14** **15-19** **Gonorrhea** **10-14** **15-19**	142/100,000 23/100,000			2 87 3 8	5 112 0 8
Postpartum exams	LFMC 75%	LFMC 63%	LFMC 70%		LFMC goal 80%
Immunization rates: **DPT/polio/MMR** **2 year olds** Santa Fe County NM US Hib: SFC	*57%(1996)*	*73%(DOH)*	77%(DOH) 76% 78% 89%	*68.6% (DOH) (LFMC-80%)* *69% (ranks 50th in US/DOH)*	2010 goal 80% *68.6% (SFIH 83-87%)*
Breastfeeding: SFC **Initiated** **9 weeks**		*75% initiated* *47%*	*80.4%* *(PRAMS)* *77.1%*		*SFIH 92% initiate* *63% @ 4 weeks*
Homevisiting: **Before birth** **After delivery SFC**		8% 12%	*PRAMS* *11.7%* *12.9 %*		*Goal: all new moms* *SFIH 75%* *SFIH 98%*
SFC Women's health status satisfaction: (HRSA) **Fair or poor** **Peer counties:**		**8.9%** **9.3-18.8%**			
Childcare for infants			***Inadequate to meet needs***	**SFCF 2001**	
Child care <6 In need: Available services Utilization of subsidized care by eligible children #/%	438	*5,499* *3,683 spaces* *(SFCF Report 2001)* *438*	*530/14.8%*	619	
Preschool experience Eligible for Headstart	*½ had none by kindergarten* *63% served (1996)CSFCYP*				
WIC cases served **% served at 4 SFC sites**		2,289 57%	2,538 37%	2,517 estimated 60% (SFCF Report 2001)	2,319 cases served (YTD 6 mos. 2001)

INDICATORS	1997	1998	1999	2000	2001-
Dental health: SFC (Only 2 of 10 dentists surveyed by MCH accept Medicaid) NM				*43% cavities untreated in 3rd grade (DOH 2000)* *33%*	
Child Abuse and Neglect – total reports (NMKC 2001) **Accepted reports:** **Total investigations:** **#/% substantiated:** **Alleged victims** **#/% Substantiated allegations**		**381** **220** **595** **29.9%** **795** **28.2%**	*1,168* *607* *429* *148/25.2%* *699* *147/21.0%*	*144/21.9%*	
# Children killed by guns (KCNM 2001)	**1**	**0**	**3**		

ADOLESCENT HEALTH/BEHAVIOR INDICATORS (see MCH adolescent chartbook Fall 2001)	1997	1998	1999	2000	2001-
Juvenile crime **Referrals to Juvenile Probation and Parole**	**1,937** **2,639**	**2,050** **2,714**	**1,702** **2,536**		
Juvenile Offenses: **Substance abuse** Property Offense vs. people (KCNM2001	*1.5%* *32.2%* *15.9%*	*13.7%* *31.8%* *13.7*	*18.4%* *28.4%* *18.4%*		
Injuries: **Ages 1-14:** **% intentional** **Ages 15-19:** **% intentional**	**34** **20.6%** **59** **8.5%**	**41** **22.0%** **30** **3.3%**	**6** **33%** **4** **25%**		
Teen suicides 15-19: SFC NM US Suicides ages 15-24: SFC NM(3rd highest in US DOH 2000) US	*55.8/100,000* *22.5/100,000* *11.4/100,000*	*(1996-98)* *17.5/100,000* *14.6/100,000* *37.3/100,000* *20.5/100,000* *(SFCF report 2001)*		*12.5/100,000* *23.2/100,000*	
Deaths - Children 1-14 **Accidents/homicides/suicides** **Childen 15-19** **Accidents/homocides/suicides**			**(1996-1999)** **16** **9** **26** **18** **(NMKC2001)**		

INDICATORS	1997	1998	1999	2000	2001
High School dropout rates	7.8%	9.9%	7.9%		
Students graduating from High School		88.5% increase of 10% since 1990			
Limited English proficiency (High School)	26.4%	N/A	9.4%	2,967 of all 13,250 SFPS students	

Youth Shelters /Family Services Clients served		1998-99	'99-2000	2000-01	
		3,939 (?Include street outreach SOR)	1,943 plus 2700 SOR contacts	*2,935 plus 3,300 Street Outreach contacts*	
Homeless youth/needing shelter (Estimated 3,000-5,000 homeless people in Santa Fe/year- SF New Mexican 12/26/01)					
Residency:					
Urban (city SF)		1188	253		
Rural (SF county outside city)		657	87	*259/33.64%*	
Other		2094	1603	*44/5.71%*	
Ages: #/%				*467/60.65%*	
0-2					
3-5				*4/0.14%*	
6-12				*4/0.14%*	
13-18				*168/5.72%*	
19-21				*969/51%*	
				1790/60.99%	
Gender:		1348	538		
Female		2591	1405	*2027*	
Male				*908*	

HEALTH PLANNING STUDIES IN SANTA FE COUNTY
(EXISTING, PLANNED, OR IN PROCESS)

PLAN	CONSTITUENCY/ TARGET POPULATION	EMPHASIS	RESOURCE ALLOCATION	SPONSOR(S)	CONSULTANT	COMPLETION DATE
1. Santa Fe County Health Plan	All Santa Fe County residents	--Access --Systems --Map --Model	--County Gen Fund --County Indigent Fund --Sole Prov $ --Other	Santa Fe HPC WKKaiser Found.	Shaening & Associates	9/30/01
2. Maternal Child Health Plan Update	--Women --Children --Families	--Access --Coordination --Health Education --Prevention --Public Health	--DOH MCH funds --Other --Santa Fe County (CLP) Funds	--Santa Fe Maternal and Child Health --Department of Health	Whitney Robbins	12/31/01
3. Rural Focus Group Study	--Families and Children in rural areas	--Access --MCH Outreach	--	--SFMCH --SVH --County Indigent Fund --Sole Provider $	Ron Hale	9/30/01
4. United Way/ELC	--Children 0 – 6	--Access	Not yet determined	UWSFC ELC	Not yet determined	6/30/01
5. Community Access Program Grant		Four Episodes of Care: Substance Abuse, Diabetes, Depression, and Hypertension		Sangre de Cristo Health Partnership: (St. Vincent's Hospital, La Familia, Las Clinicas del Norte, Rio Arriba Family Care Network; Health Centers of Northern New Mexico		
6. DWI Plan						
7. City of Santa Fe Children and Youth Strategic Plan					Ron Hale	1/1999
8. Youth Providers Coalition Plan						
9. Community Health Improvement Processes						
10. Santa Fe Cares Plan					Shaening & Associates	
11. UWSFC and SFCF Needs Assessment						1992
12. Dental Health Steering Committee						
13. SFCF Needs Assessment						3/01
14. Medicaid Enrollment Task Force						
15. Youth Summit Reports (3)						

City of Santa Fe Children and Youth Commission and Administration

- **History**: City Councilor and Community Services Department Director attended National League of Cities Conference focused on youth, 1988. Education, Children and Youth Section included in the City General Plan, 1989. Seed funding for Children and Youth Planner position $25,000 from federal Community Development Block Grant Funding, July 1989. Fund and Commission established by Resolution 1989-53.

- **Children and Youth Fund**: An annual allocation from the City General Fund equal to a minimum of 3% of the city's share of State Gross Receipts Tax (sales tax). Revenue for annual grants and operating expenses for the administration of the Children and Youth Office: approximately one million dollars.

- **Children and Youth Commission**: Seven community members (volunteers) appointed by the Mayor attend monthly meetings, conduct annual needs assessments, set funding priorities, review proposals, and recommend grant awards to the Finance Committee and City Council. Three year terms of office, renewable contingent upon Mayor's reappointment.

- **Children and Youth Planner**: Manages grants; staffs Commission and administrative office; matches resources to needs; works with elected officials, public schools, community organizations and other grantmakers; catalyst for improving conditions for young people; contact person and clearinghouse for information about children and youth activities, programs and services.

- **Funding Categories**: Early Childhood Development; Mental Health and Life Skills Training; Recreation Including Transportation, Youth Development, Supplemental Educational Programs for Students in the Santa Fe Public Schools. For ages 0-21.

- **Funding Amounts**: Ranges from $2,500 to $50,000. New applicants limited to $5,000 the first year. Sustained funding for successful, ongoing programs. Total available for grants approximately $900,000. Numbers of Grants: 35-40 grants to community programs. Grant cycle: every other year. Applicants: non-profits and public schools (see RFP.) Fiscal Year 2003-2004 next opportunity for new applicants. Contact office January, 2003.

- **Documents**: Children and Youth Strategic Plan, 1999 (Vision Santa Fe, Resolutions { Establishing the Fund and Commission; Supplemental programs, supplies and materials; Family-friendly and Childcare Center Space}; Ordinance 2001-7.)
  Annual Needs Assessment, Division Reports, Quarterly and Final Program Reports.

- **Collaborating Councils and Coalitions**: Santa Fe County Maternal and Child Health Planning Council: Contact: Edi Powers, Coordinator, 983-3688. 0-3 Strategic Plan, MCH Directory, Community Infant Program. Youth Provider's Coalition, Contact: Judith Gabriel, Coordinator: 827-3793. Networking, Help for Youth Card and Youth Directory.

- **Consultant**: Ron Hale, 988-3953 assists with program evaluation and plan updates.

- **Contact**: Lynn Hathaway, Ph.D., Children and Youth Planner, 955-6678
  lhathaway@ci.santa-fe.nm.us City of Santa Fe Website: www.ci.santa-fe.nm.us 6/2002

Issues/questions cutting across all ages that need to be addressed in creating a positive, healthy environment, but which are too broad for the 0-3 Plan to undertake:

- **Poverty**
- **Racism/classism**
- **Unemployment**
- **Transportation**
- **Substance abuse**
- **Violence**
- **Childbearing as a choice and commitment**
- **Universal access to healthcare**
- **Infant mortality rates**
- **Education**

Women's Health Services Grant – Five year from DHHS grant of $150,000/year for Community Centers of Excellence in Women's Health to:

- Provide recognition and funding to community-based programs that unite promising approaches in women's health through the integration of the following six components:
  1. comprehensive health service delivery
  2. training for lay and health professionals
  3. community-based research
  4. public education and outreach
  5. leadership development for women as health care consumers and providers, and
  6. technical assistance to ensure the replication of promising models and strategies that coordinate and integrate women's health activities at the community level and improve health outcomes for underserved women

The Grant is NOT for development of new programs, but :

- To integrate, coordinate and strengthen linkages between activities/programs underway in community
- To reduce fragmentation in women's health services and activities
- To fund a Program Coordinator and outreach activities
- To provide a centralized location for program coordination
-

CCOE Grant Partners:

- American College of Women's Health Physicians
- Santa Fe Community College Developmental Studies Division and Women in Transition Program
- Santa Fe County Maternal and Child Health Planning Council
- St. Vincent Hospital
- Santa Fe Family Advocacy Center: SANE Program, SF Police Dep't Juvenile Investigation Division, Santa Fe Rape Crisis Center's Strongheart Safehouse forensic interviewers
- La Familia Medical Center

NewMACTS

New Mexico Alliance for Children with Traumatic Stress

What is NewMACTS?

NewMACTS is a collaboration of non-profit, state government, and tribal organizations committed to improving New Mexico's capacity to identify, treat, and serve children who experience traumatic stress. NewMACTS is part of a National Child Traumatic Stress Initiative to identify and expand promising interventions for children and adolescents exposed to traumatic events.

How will NewMACTS improve interventions for traumatized children?

Principal activities of NewMACTS will include:

- Training on child and adolescent traumatic stress,
- Bringing in local and national experts to share information on effective treatment approaches,
- Sharing local and national learning about promising interventions,
- Collecting and analyzing data to evaluate the effectiveness of specific treatment approaches with traumatized children,
- Identifying barriers and policy changes needed across multiple systems to more effectively address the needs of traumatized children, and;
- Expanding public awareness and increasing education regarding the needs of traumatized children.

Why NewMACTS?

The federal government, through its Substance Abuse and Mental Health Services Administration agency, has awarded three types of grants to focus the National Child Traumatic Stress Initiative at multiple levels. NewMACTS is one of twelve community level grantees in the National Initiative. This aspect of the Initiative focuses on expanding community expertise in treating and supporting children and adolescents with traumatic stress. Over the three years of the grant, NewMACTS will focus on expanding effective interventions for children experiencing "traumatic events within their living environments," i.e. sexual and/or physical abuse or witnessing violence in their home, foster care placement, the streets or immediate community. The Children, Youth and Families Department, Department of Health, Indian Health Service, University of

New Mexico and the Technical Assistance Collaborative, Inc. are amongst the organizations participating in NewMACTS.

Another level of grant activity establishes a National Center for Child Traumatic Stress. The University of California Los Angeles and the Duke National Center for Traumatic Stress have partnered to form a National Center that will coordinate the Initiative. The National Center will work with the other grantees, including NewMACTS, to collect and disseminate local and national information on effective treatment and services for children and families impacted by traumatic stress.

A final component of the National Initiative is to develop five treatment/services development centers across the nation. These centers have received grant funding to:

- identify and/or develop effective treatment and service approaches for different types of child traumatic events,
- identify developmentally appropriate trauma interventions, and;
- identify appropriate services for children in specialty child service sectors, such as schools, protective service systems, and juvenile justice systems.

Grants to establish these centers have been awarded by SAMHSA to organizations in Massachusetts, California, Pennsylvania, Connecticut and New York.

How will NewMACTS benefit New Mexico?

NewMACTS' activities and focus will accomplish the four identified goals for New Mexico and the National Initiative.

1. NewMACTS will create a **network of children's service providers** in Santa Fe, NM that will function as part of the federally sponsored National Child Traumatic Stress Initiative.
2. Local and national learning about **evidence-based practices and promising interventions** will be shared and implemented in at least two other unique communities and cultures within New Mexico, Grant County and an area within Indian Health Service.
3. NewMACTS will establish a Policy Committee comprised of state agencies, policy makers, consumer and family members, and local experts and leaders in the systems interacting with traumatized children. This committee will **develop strategies for impacting state and community policies**, services and system practices that affect children who experience traumatic stress.
4. NewMACTS will work to **increase public awareness** about the existence and consequences of traumatic stress for children and inform the public about the resources available and needed to prevent the negative consequences of these traumas. A public outreach and education plan will be implemented to impact communities beyond the specified geographic areas of the grant.

Home-visiting Agencies in Santa Fe County:

- New Vistas
- Healthy Families First, Primeros Pasos
- PMS Early Head Start
- New Mexico School for the Deaf - Step Hi Program
- La Familia Medical Center Promotoras
- St. Vincent Hospital Doula Program
- Santa Fe Community Infant Program
- Catholic Charities Teen Support Program
- Santa Fe Health Office –Family, Infant and Toddler Program (as indicated)
- Childrens Medical Services (if needed)
- SFCC Nosotros (as part of evaluation)
- Teen Parent Center
- New Mexico Young Fathers Project
- Santa Fe Family Center
    - Muchas Mamas
    - Parents United Program

Groups urge passing of child-care bills

By DEBORAH DAVIS
The New Mexican

An advocate group for children gathered in the capitol on Tuesday to promote two bills that would make child care affordable to more families.

The New Mexico Advocates for Families and Children urged legislators to recognize that quality child care can prevent later cases of abuse and neglect.

Kay Monaco, director of the Albuquerque-based nonprofit, pointed out that single parents and their children make up 47 percent of families in New Mexico. And those are the ones who cannot afford the high costs of child care, she said.

"Those are the kids that often get referred to CYFD (Children Youth and Families Department) for neglect," Monaco said on Tuesday, this year's Kids Count Day. "Child care is also an opportunity for early intervention when a family is under stress."

HB 73 would reverse CYFD's decision last year to lower the eligibility requirements for child-care subsidies from 200 percent of poverty level to 100 percent. It would give the department an additional $17 million for subsidies.

Because CYFD was issued almost $5 million extra from the federal government's child-care block grant last year, the families that earned between 100 and 200 percent still received the subsidy in the 2001-2002 fiscal year. That gave 864 families financial assistance for child care, according to Dorian Dodson, CYFD Secretary.

But Dodson said she does not expect that extra funding next year.

Another bill, which Rep. Gail Beam, D-Albuquerque, plans to introduce soon, would make New Mexico's child-care tax credit easier and more profitable for families.

Currently the credit is only available to people who make less than $21,424 — 128 percent of the federal poverty level for a family of four. The proposed legislation would target families who earn between 100 percent and 235 percent of the poverty level.

ontinued from Page B-1

hild-care home, but not a censed one.

CYFD regulations say a egistered child-care rovider can care for up to our children who do not live the home. In addition, applicants undergo six hours training, and only the person applying for the license ust undergo a criminal ackground check.

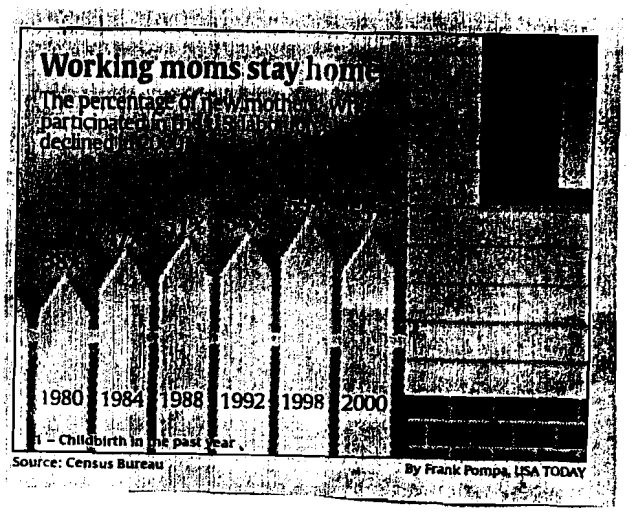
Licensed child-care oviders can care for six or 2 children, depending on the ze of the home, according to CYFD regulations. All residents of the home require riminal background checks nd applicants require 12 ours of training.

Serna said Bower was part of CYFD's food-service program, where registered child-care providers are reimbursed for providing nutritious meals to children in their care. Serna said CYFD's last payment to Bower was January 2001, but would not comment on why payments stopped at that time.

The public defender's office was assigned Bower's case Jan. 9, when she filed a motion to withdraw the services of Mark H. Donatelli's law firm. Knutson would not comment on why Bower decided to stop using the Donatelli firm.

Bower's next pretrial conference has been scheduled for May 20 and jury selection for her trial will be July 9.

USA TODAY 3/12/02



Child-care issues

I agree with the editorial (Feb. 25) about parents

examining the credentials of day-care providers and dropping in unannounced to check out conditions.

Nevertheless, let's face reality:

Parents have very little choice in day-care providers, especially for children under 2 years old.

There is an acute shortage of quality day care in Santa Fe.

Child care for the very young is an issue for those who are concerned about education, crime, economic development and the status of women in our society.

Our city needs a cadre of caring, intelligent and trained women and men who consider caring for young children a viable career option offering a decent livelihood.

Susan Bodenstein
Santa Fe

CHILD-CARE TIPS (offered by the Santa Fe Community College Child Development Program in the February 22, 2002 Santa Fe New Mexican)

Before choosing a center or home, screen providers over the phone and ask about:

- Years of experience
- Training completed
- Accreditation
- Daily schedule and activities provided for children
- References
- A written description of the program
- Fees, holidays and hours of operation
-

When ready to visit the home or center, remember that everyone has good and bad days. You might need to go more than once to get a realistic idea of the center. Take note of the providers:

- Are they warm, considerate and caring to each child?
- Do they listen to the children and talk to them?
- Do their expectations vary appropriately to each age group?
- Are they gentle, yet firm and also positive in guiding children?

Evaluate the Program:

- Are activities balanced between quiet and active play?
- Are children encouraged to work alone and in small groups?
- Are there ample tools and hands-on materials such as sand, clay wood and paint to stimulate creativity?
- Are there enough toys available?
- Are the books age-appropriate?

Evaluate health and safety:

- Are snacks and meals nutritious?
- Are healthy practices, such as hand-washing carried out?

Evaluate parental participation:

- Are parents encouraged to visit the facility at anytime?
- Do caregivers communicate with parents regularly?
- Do children seem happy and involved? Does the facility appear to be a comfortable place to spend many hours?

Any parents who wish to check the records of child-care providers can do so at the Children Youth and Families Department located in the PERA Building, 1120 Paseo de Peralta.

LEARNING COMMUNITIES OF COMMITMENT TRAINING SERIES - /1999-2001

1999-2000

Hosted by the Santa Fe MCH Council and provided by one-time funding from the NMDOH, a series of four community trainings to increase awareness of Infant Mental Health was held.

- November 18, 1999: **Mary Claire Heffron, PhD**, Clinical Director of Early Intervention Services at Children's Hospital, Oakland, CA. presented a workshop for community agency staff entitled **"Self-Awareness in the Delivery of Home Based Services" (70 people attended)**
- February 10, 2000: **Janet Dean, LISW,** Clinical Director of the Boulder, CO Community Infant Project conducted a workshop **"Building Community Capacity and Consensus in Support of Healthy Parent-Infant Attachment" (70 attended)** and met with the Health Planning Commission.
- June 9, 2000: **Jane Clarke, PhD. and Susan Windeck, M.A.** presented a training **"Prenatal Effects of Substance Use on Infants and Toddlers" -(59 attended)**
- June 22, 2000: **Maria Mathias, BA/LMT and Dawn Ehrhard-Wingard, ORT/L-DOM** presented an all-day workshop "Mindful Touch: Supporting Family Relationships and Baby's Development". **(24 attended)**

2000-2001

Hosted by the MCH Council and funded by the Frost Foundation, the Learning Community Training series presented four trainings.

- February 13-14, 2001: **Marshall Klaus, MD** presented a series of workshops **on "Perinatal Care in the 21st Century: Evidence for changing the care for the mother and the infant"** for medical staff at St. Vincent Hospital and for community providers. An evening presentation **"Your Amazing Newborn"** was held for parents and the community. **(>200 people attended)**
- March 30, 2001: **Mary Claire Heffron, PhD., "Infant Mental Health Status Assessment" (56 attended)**
- May 9, 2001: **Deborah Harris-Usner, LISW and Cynthia Fulreader, MA, LPC** presented **"Issues and Intervention Techniques in Infant Mental Health Treatment. (39 attended)**
- June 15, 2001: **Donna Weston PhD, Oakland Children's Hospital** held a workshop **"Linking Good Assessment to Program Evaluation". (34 attended)**

(Total number of community attendees 552 to date)

2001-2002

Frost Foundation Funding and the MCH Council will provide the following trainings:

- March 14-15; 21-22, 2002: **Maria Mathias "Infant Massage Training"**
- To be determined: **Cultural Competency Training for Home Visitors of 0-3.**

MEASLES

Measles is an acute viral infection caused by the measles virus. It is also known as rubeola, "red", or "seven-day" measles.

What are the symptoms of measles?

Measles usually starts with a fever, followed by cough, runny nose and pink eye (conjunctivitis). A blotchy, red rash usually appears 3 - 7 days after symptoms start. The rash usually begins on the face and lasts 4 - 7 days and may cause the skin to peel.

Is measles a serious disease?

Yes. Before measles vaccine was available, about 400 deaths due to measles occurred each year in the U.S. Since the vaccine was developed, deaths have been rare but are usually due to pneumonia in children less than two years of age. Children and adults who get measles may develop complications such as ear infections, pneumonia, dehydration, seizures and encephalitis (inflammation of the brain). Encephalitis occurs in about 1 in 1,000 cases of measles. Subacute sclerosing panencephalitis (SSPE) develops rarely (1 - 5 occurrences in 100,000 cases of measles) several years after a measles infection.

How common is measles?

With development of an effective measles vaccine, the number of cases of measles in the U.S. decreased dramatically. Outbreaks of measles do occur, however, in the U.S. predominantly in unvaccinated preschool children, school age and college students. In the United States, 9,424 cases of measles were reported to the Centers for Disease Control in 1995. A total of 152 cases of measles were reported in New Mexico from 1991 to 1996.

What is the difference between measles and German measles?

Measles (rubeola) is a serious viral disease. German measles (rubella) is also a viral infection, but causes only a mild, 3-day illness that seldom leads to complications in children. However, German measles may cause birth deformities in babies born to mothers who are infected with the virus when they are pregnant.

Who should receive measles vaccine?

Measles vaccine should be given to all healthy children at 12-15 months of age. Older children and adults who have not had natural measles or have not received measles vaccine should be vaccinated.

Who should NOT receive measles vaccine?

People with immune deficiency diseases (leukemia, lymphoma, generalized malignancy, or on therapy with steroids or radiation) should not receive this live virus vaccine. In addition, pregnant women should not receive the vaccine. People with a history of allergy to eggs should consult their physician before receiving the vaccine. Children with high fever should have vaccination postponed until the temperature is normal.

Are there any side effects to measles?

Some children may develop a fever and/or mild rash beginning about the sixth day after vaccination. The fever may last up to five days, but the child is otherwise asymptomatic. Encephalitis has been reported about once for every million doses of vaccine administered.

Can children receiving the vaccine spread measles to others?

No.

If a parent is uncertain whether a child has had measles or measles vaccination, should the child be vaccinated?

Yes. No harm is done by vaccinating a child who has had measles or measles vaccine.

Will DTP immunizations interfere with the measles vaccine?

No. DTP can be given simultaneously, at different sites, with the measles vaccine

Can other live virus vaccines be administered simultaneously?

Yes. Measles vaccine is available in two combinations: measles-mumps-rubella (MMR) and measles-rubella (MR). These vaccines are safe and effective when administered together. In addition, it is safe and effective to administer oral polio vaccine (OPV) at the time of measles vaccination.

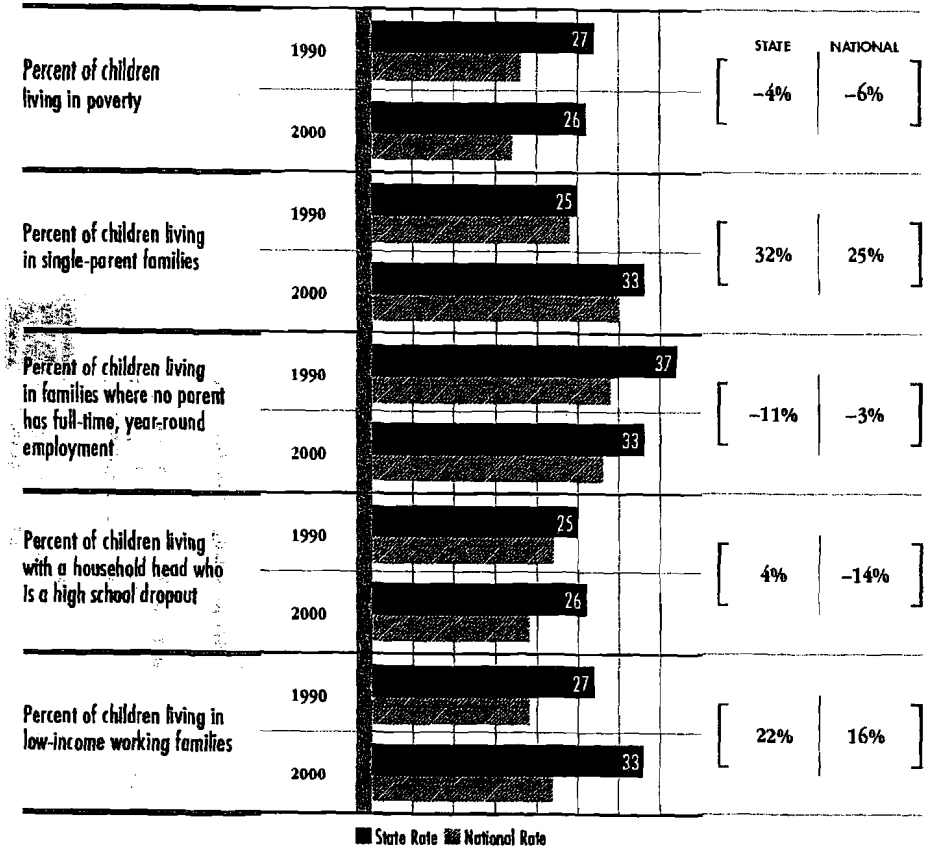
Who can I call for further information?

Contact your physician or you may call the New Mexico Department of Health's Office of Epidemiology at 505-827-0006.

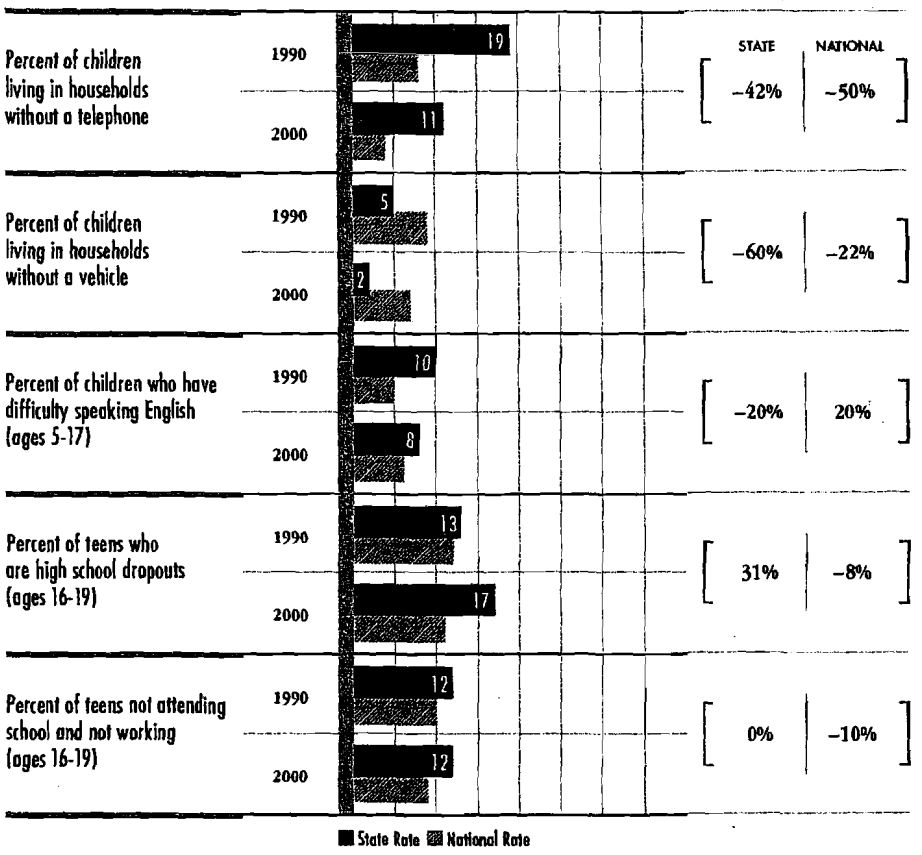
Potential Funding Sources for 0-3:

Friendly Access Grant
Messengers of Healing Winds (Steve Rasmussen)
US Children's Defense Fund
NM Children's Trust Fund (3 year grants for prevention)
Children's Museum
Child Welfare League of America (parenting)
Mott Foundation
DOH
RW Johnson Foundation
Packard Foundation
Daniels Foundation
NM Community Foundation
Santa Fe Community Foundation
St. Vincent Hospital Community Services Network (Sole Community Provider Funds)
New MACTS

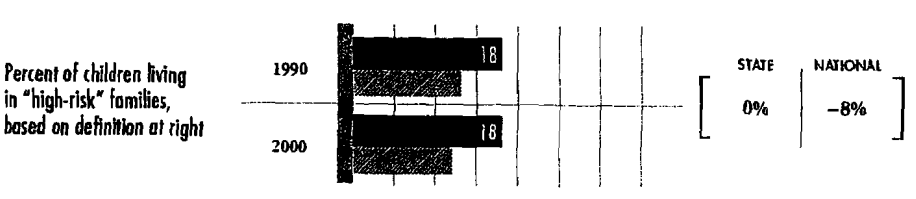
Key Indicators*



Key Indicators*



Family Risk Index



Children living in families with three or more of the following characteristics are considered at "high risk":

- Child lives in a family with income below the poverty line
- Child lives in a single-parent family
- Child lives in a family where no parent has full-time, year-round employment
- Child lives with a household head who is a high school dropout

*See Definitions and Data Sources, page 102.

40 Developmental Assets for Infants

Search Institute has identified a framework of 40 developmental assets for infants (birth to 12 months) that blends Search Institute's research on developmental assets for adolescents with research on healthy child development. For more information, see *What Young Children Need to Succeed* (Free Spirit, 2000).

EXTERNAL ASSETS

Support

1. Family support	Family life provides high levels of love and support.
2. Positive family communication	Parents communicate with infants in positive ways. Parents respond immediately to infants and respect their needs.
3. Other adult relationships	Parents have support from three or more adults and ask for help when needed. Infants receive additional love and comfort from at least one adult other than their parents.
4. Caring neighborhood	Infants experience caring neighbors.
5. Caring out-of-home climate	Infants are in caring, encouraging environments outside the home.
6. Parent involvement in out-of-home situations	Parents are actively involved in communicating infants' needs to caretakers and others in situations outside the home.

Empowerment

7. Community values children	The family places infants at the center of family life. Other adults in the community value and appreciate infants.
8. Children are given useful roles	The family involves infants in family life.
9. Service to others	Parents serve others in the community.
10. Safety	Infants have safe environments at home, in out-of-home settings, and in the neighborhood. This includes childproofing these environments.

Boundaries and Expectations

11. Family boundaries	Parents are aware of infants' preferences and adapt the environment and schedule to suit infants' needs. Parents begin setting limits as infants become mobile.

12. Out-of-home boundaries	Childcare settings and other out-of-home environments haveclear rules and consequences for older infants and consistently provide all infants with appropriate stimulation and enough rest.
13. Neighborhood boundaries	Neighbors take responsibility for monitoring and supervising infants' behavior as they begin to play and interact outside the home.
14. Adult role models	Parents and other adults model positive, responsible behavior.
15. Positive peer observation	Infants observe siblings and other children interacting in positive ways. They have opportunities to interact with children of various ages.
16. Appropriate expectations for growth	Parents have realistic expectations for infants' development at this age. Parents encourage development without pushing infants beyond their own pace.

Constructive Use of Time

17. Creative activities	Parents expose infants to music, art, or other creative aspects of the environment each day.
18. Out-of-home activities	Parents expose infants to limited but stimulating situations outside the home. The family keeps infants' needs in mind when attending events.
19. Religious community	The family regularly attends religious programs or services while keeping infants' needs in mind.
20. Positive, supervised time at home	Parents supervise infants at all times and provide predictable, enjoyable routines at home.

INTERNAL ASSETS

Commitment to Learning

21. Achievement expectation and motivation	Family members are motivated to do well at work, at school, and in the community, and model their motivation for infants.
22. Children are engaged in learning	Parents and family members model responsive and attentive attitudes at work, at school, in the community, and at home.
23. Stimulating activity	Parents encourage infants to explore and provide stimulating toys that match infants' emerging skills. Parents are sensitive to infants' dispositions, preferences, and level of development.
24. Enjoyment of learning	Parents enjoy learning and model this through their own learning activities
25. Reading for pleasure	Parents read to infants in enjoyable ways every day.

Positive Values

26. Family values caring	Parents convey their beliefs about helping others by modeling their helping behaviors.
27. Family values equality and social justice	Parents place a high value on promoting social equality, religious tolerance, and reducing hunger and poverty while modeling these beliefs for infants.
28. Family values integrity	Parents act on their convictions, stand up for their beliefs, and communicate and model this in the family.
29. Family values honesty	Parents tell the truth and convey their belief in honesty through their actions.
30. Family values responsibility	Parents accept and take personal responsibility.
31. Family values healthy lifestyle	Parents love children, setting the foundation for infants to develop healthy attitudes and beliefs about relationships. Parents model, monitor, and teach the importance of good health habits, and provide good nutritional choices and adequate rest and playtime.

Social Competencies

32. Planning and decision making observation	Parents make all safety and care decisions for infants and model safe behavior. As infants become more independently mobile, parents allow them to make simple choices.
33. Interpersonal skills observation	Parents model positive, constructive interactions with other people. Parents accept and are responsive to how infants express their feelings, seeing those expressions as cues to infants' needs.
34. Cultural observation	Parents know and are comfortable with people of different cultural, racial, and/or ethnic backgrounds and model this to infants.
35. Resistance observation	Parents model resistance skills through their own behavior.
36. Peaceful conflict resolution Observation	Parents behave in acceptable, nonviolent ways and assist infants in developing these skills by helping them solve problems when they're faced with challenging or frustrating circumstances.

RESOURCES

Documents/Plans:

- Santa Fe Community Foundation - *Defining Issues: Shaping the Future of Santa Fe: An Internal Report, August 2001*
- New Mexico State Department of Health –NMDOH
  - *Santa Fe County Health Profile 1999*
  - *State of Health in New Mexico 1999 Report; 2000 Report*
  - *Primary Care/Rural Health Bureau's Data Compendium 2000, March 2000*
  - *New Mexico Women's Health Profile 2001*
  - *A Look at Teen Mothers in New Mexico- PRAMS 1997-1999*
  - *Vision of Health in New Mexico*
  - *NMDOH Strategic Plan*
  - Bureau of Vital Statistics
  - NMDOH Immunization Program
- New Mexico Health Policy Commission
  - *Health Care in New Mexico: Quick Facts 2001*
- City of Santa Fe
  - *1999 Children and Youth Strategic Plan, 2001 Progress report 9/0*
- New Mexico Advocates for Children and Families
  - *New Mexico Kids Count 2001 Data Book, April 2001and Data Book 2000*
- Santa Fe Health Planning Commission
  - *A Picture of Health: A Profile of the Health of Santa Fe County at the Beginning of the 21st Century* – Shaening and Associates, November 8, 2001
  - Strategic Plan, January 25, 2000
- NewMACTS Proposal for Community Practice Program Abstract – August 2001
- ACMCHC Strategic Plan 2000-2005 (Draft) 7/00
- St. Vincent Hospital
  - Annual Community Report 2001 11/14/01
  - Doula Program Report 2001 – Karen Woods
  - Lactation Program Report 2001 – Ann Lown
  - Draft Strategic Plan, June 15, 1999

Other Direct sources of Information

- La Familia Medical Clinic
- USPHS Santa Fe Indian Hospital
- New Mexico Teen Pregnancy Coalition
- New Mexico Prenatal Care Network
- Santa Fe Breastfeeding Taskforce
- *Santa Fe New Mexican*
- Santa Fe Medicaid Task Force and Medical Assistance Division
- Santa Fe Community College Emergency Child Care Program (Temporary Assistance Program)
- WIC Program

References:

1. Promoting the Emotional Well-being of Children and Families – Policy Paper #1. "Building Services and Systems to Support the Healthy Emotional Development of Young Children – An Action Guide for Policymakers". Jane Knitzer, National Center for Children in Poverty. (Released January 2002) www.nccp.org.

2. "Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiniess". Jane Knitzer. Starting Points: Meeting the Needs of our Youngest Children. Carnegie Corporation of New York/National Center for Children in Poverty. DATE www.nccp.org.

3. Neurons to Neighborhoods: The Science of Early Childhood Development. National Research Council, Institiute of Medicine. Jack P. Shonkoff and Deborah A. Pjillips, Editors. National Academy Press, Washington, D.C. 2000

4. Children First. Penelope Leach. Alfred Knopf, NY 1994.

5. Home Visiting – Reaching Babies and Families "Where They Live". Zero to Three, Washington D.C. 1999.

6. Florida's Strategic Plan for Infant Mental Health. Florida State University Center for Prevention and Early Intervention Policy for the Florida Developmental Disabilities Council, September 29, 2000.

7. "New Careers in the Infant/Family Field. Bulletin of Zero to Three: National Center for Infants, Toddlers, and Families, Volume 21, No. 2. October-November 2000.

8. "Caring For Infants and Toddlers". The Future of Children, Vol.II, No.1. Spring/Summer 2001. The David and Lucile Packard Foundation.

9. Santa Fe County Maternal and Child Council - Plan Update Needs Assessment and Resource Inventory 2002-2006.

10. Ghosts from the Nursery. Robin Karr-Morse and Meredith S. Wiley.

Positive Identity

37. Family has personal power	Parents feel they have control over things that happen in their own lives and model coping skills, demonstrating healthy ways to deal with frustrations and challenges. Parents respond to infants so infants begin to learn that they have influence over their immediate surroundings.
38. Family models high self-esteem	Parents create an environment where infants can develop positive self-esteem, giving infants appropriate, positive feedback and reinforcement about their skills and competencies.
39. Family has a sense of purpose	Parents report that their lives have purpose and demonstrate these beliefs through their behaviors. Infants are curious about the world around them.
40. Family has a positive view of the future	Parents are hopeful and positive about their personal future and work to provide a positive future for children.

Also available at www.search-institute.org are

- 40 developmental assets for toddlers
- 40 developmental assets for preschoolers
- 40 developmental assets for elementary-age children
- 40 developmental assets for adolescents