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## FISCAL IMPACT REPORT

ORIGINAL DATE 1/18/08

SPONSOR Picraux LAST UPDATED \_\_\_\_\_ HB 157

SHORT TITLE Statewide Home Visitation Program SB \_\_\_\_\_

ANALYST Lucero

### APPROPRIATION (dollars in thousands)

| Appropriation |           | Recurring<br>or Non-Rec | Fund<br>Affected |
|---------------|-----------|-------------------------|------------------|
| FY08          | FY09      |                         |                  |
|               | \$1,000.0 | Recurring               | General Fund     |

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act: The LFC recommendation includes a \$1 million increase to expand home visitation services. The HAFC recommendation for HB2 includes the \$1 million increase.

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Children, Youth and Families Department (CYFD)

### SUMMARY

#### Synopsis of Bill

House Bill 157 appropriates one million (\$1,000,000) from the General Fund to Children, Youth and Families for expenditure in fiscal year 2009 and subsequent fiscal years to fund a statewide home visiting program.

### FISCAL IMPLICATIONS

The appropriation of one million (\$1,000,000) contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of a fiscal year shall NOT revert to the general fund.

This bill would add to the existing funds received by CYFD and managed by ValueOptions New Mexico.

This appropriation is not included in the executive recommendation.

## SIGNIFICANT ISSUES

This bill would expand statewide home visiting services and provide existing programs the ability to serve additional new first time parents. Home visiting services help identify possible developmental delays and ameliorate further developmental problems, identify maternal post partum depression, provide developmental guidance to the parents so that they know what to expect from the infant and or toddler in terms of development. Home visitors provide referrals to community resources, assist the parent/caregiver in accessing or building formal and informal networks that the parent/caregiver may or may not have. In addition, home visiting provides information on nutrition, breast-feeding, and the consequences of prenatal drug use to the infant and mother. Finally, home visiting provides supports to enhance the child-parent relationship in order to create environments that positively impact the child's social and emotional development and prepare the child for a productive life.

The Home visiting program is targeted toward first time parents and provides services to prenatal mothers and continuing through the third year of the child's life. Funding appropriated in FY07 for home visiting services was \$979.6. As of the first half of FY08, the nine current home visiting programs conducted 6,222 visits.

Home visiting is a preventive strategy used to offer parents and families better pregnancy and birth outcomes, increased time between pregnancies, improved child health and safety, parenting skills, and improved economic well-being. Children receiving home visiting show improvements in academic skills, are more likely to complete high school, less likely to abuse drugs, more likely to be employed and less likely to be involved in the criminal justice system.

Mothers face a variety of obstacles including being teens, having less than a high school education, being single, living at or below the poverty level, and health disparities. The latter include, access to and use of prenatal care, smoking, alcohol and drug abuse, being overweight, and family stressors such as homelessness or jail time. These disparities often disproportionately affect racial and ethnic minorities. A statewide home visiting initiative would be able to address these issues.

Access to voluntary home visiting is a priority of the Lieutenant Governor's Early Childhood Action Network (ECAN), a statewide, multi-agency, multidisciplinary working group that is aimed at assuring that all newborns and their families are connected with essential services at the local level. Home visiting is a prevention strategy used by states and communities to improve the health and well being of infants and their families and to maximize each child's potential and readiness to succeed in life.

In New Mexico, home visiting services are fragmented, provided by several agencies and funded through various mechanisms. HB168s proposes appropriating funds to develop a comprehensive, long-range plan for a statewide system of universal voluntary home visiting. A coordinated plan could help to assure that all home visiting programs or providers work together so that the families of New Mexico receive services seamlessly. In New Mexico, an estimated 10-11% of all mothers received at least one home visit from 1997 to 2000, and an estimated 25% of first-time or teen mothers receive at least one home visit ([www.health.state.nm.us/phd/prams/home.html](http://www.health.state.nm.us/phd/prams/home.html)). New Mexico has a wide range of home visiting models that target needs, outcomes, and intensity of services. Some models provide comprehensive services, while others are targeted with limited interventions.

Research has shown that new families who receive intensive home visits starting during pregnancy and continuing to age 3, have improved short-term outcomes including better pregnancy and birth outcomes, increased pregnancy intervals, improved child health and safety, reduction of emergency room use and improved preschool readiness. Parents in families receiving home visiting have better parenting skills, improved economic well-being, and enhanced maternal life courses. Children receiving home visiting show improvements in academic skills, are more likely to complete high school, less likely to abuse drugs, more likely to be employed and less likely to be involved with the criminal justice system. Investment in evidence-based home visiting programs has demonstrated significant returns on investment returning from \$6,000 to \$17,200 per youth (<http://www.nursefamilypartnership.org>; [http://www.rand.org/pubs/research\\_briefs/RB9145/index1.html](http://www.rand.org/pubs/research_briefs/RB9145/index1.html)) In Washington State, Nurse Family Partnership Home Visiting programs resulted in savings of \$2.88 for every \$1 invested. In New Mexico, an estimated 10-11% of all mothers received at least one home visit in the years 1997-2000 and an estimated 25% of first time or teen mothers receive at least one home visit ([www.health.state.nm.us/phd/prams/home.html](http://www.health.state.nm.us/phd/prams/home.html)).

### **PERFORMANCE IMPLICATIONS**

HB168 is related to the Governor's Performance and Accountability Contract, Goal 2: Improve Health Outcomes and Family Support for New Mexicans; Task 2.5, Improve health, developmental, and educational outcomes of newborns.

CYFD maintains several output and outcome measures related to home visiting focusing on the number of visits, the early identification of possible developmental delays, and enhancing positive parent/child interactions.

### **ADMINISTRATIVE IMPLICATIONS**

CYFD states that adding new sites may require additional resources to manage the monitoring and evaluation components of the program. The current web-based data collection system may need to be upgraded in order to accommodate the additional data and analysis that would result from program expansion.

### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

Relates to the General Appropriation Act (GAA). HAFC has recommended a recurring \$1 million increase for the home visiting program.

### **TECHNICAL ISSUES**

None identified.

### **OTHER SUBSTANTIVE ISSUES**

A Home Visiting Work Group was organized last year by the Children Youth and Families Department to build a comprehensive plan for New Mexico. The plan promotes evidence-based approaches to expand home visiting services in New Mexico. As currently written, HB 157 does

not require that funded activities comply with the New Mexico Home Visiting Work Group's long range plan.

A statewide home visiting initiative would address disparities seen in mothers who are teens, who have less than a high school education, who are single, and who live at or below the federal poverty level. Health disparities frequently affect racial and ethnic minorities. Health disparities include access to and use of prenatal care; smoking, alcohol or drug abuse; exposure to physical abuse; high family stressors (loss of job, use of drugs, homelessness, and jail time); being overweight and being at risk of diabetes. For families with children, health disparities indicators include access to and use of recommended health care for the child, immunizations, intentional and unintentional injuries, infant feeding practices, and a violence-free home.

**ALTERNATIVES**

None identified.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status quo.

**POSSIBLE QUESTIONS**

None at this time.

DL/bb