

HOUSE MEMORIAL 75

51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013

INTRODUCED BY

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A MEMORIAL

REQUESTING THE HEALTH SCIENCES CENTER AT THE UNIVERSITY OF NEW MEXICO TO CREATE THE J. PAUL TAYLOR EARLY CHILDHOOD TASK FORCE AS AN INITIATIVE TO IMPROVE COLLABORATION AMONG EARLY CHILDHOOD DEVELOPMENT STAKEHOLDERS, TO BETTER IDENTIFY CHILDREN AT RISK OF CHILD ABUSE AND NEGLECT, TO DEVELOP AN EARLY CHILDHOOD MENTAL HEALTH PLAN AND TO IMPROVE THE EARLY CHILDHOOD SERVICES SYSTEM AND PROMOTE EVIDENCE- AND COMMUNITY-BASED EARLY CHILDHOOD PROGRAMS THROUGHOUT THE STATE.

WHEREAS, former Representative J. Paul Taylor has devoted his life to and been a beloved champion of children throughout the state, and, over his years as a legislator and an advocate, he has always urged state policymakers to recognize the vital importance of a coordinated, seamless system of care for New Mexico's children, particularly for those from birth to age

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1 five and those at risk; and

2 WHEREAS, early childhood is the most important phase for
3 overall development throughout a person's life span; and

4 WHEREAS, brain and biological development during the first
5 years of life is highly influenced by an infant's environment,
6 and early experiences determine health, education, economic and
7 social participation for the rest of a person's life; and

8 WHEREAS, preschool-aged children are overrepresented in
9 substantiated cases of abuse, neglect and maltreatment that
10 leave a legacy of poor physical and emotional health and
11 developmental challenges; and

12 WHEREAS, children at risk, especially those affected by
13 prenatal health challenges, family trauma or disruption,
14 parental depression or mental illness, poverty, abuse or
15 exposure to violence, need a safety net of early childhood
16 mental health services; and

17 WHEREAS, the social and financial costs that New Mexico
18 and the United States pay for the failed potential of children
19 are enormous, and they are costs that could be ameliorated by
20 adequate funding for early childhood services, particularly
21 services for at-risk infants and children; and

22 WHEREAS, as states have faced financial crises and
23 struggled to fund necessary public services, early childhood
24 programs have been drastically reduced and, in some cases,
25 eliminated, even though research and data show the cost-

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1 effectiveness of such programs, and the result of such cutbacks
2 is that underserved and unidentified at-risk infants and
3 children remain in the societal shadows; and

4 WHEREAS, in its report on early childhood, the world
5 health organization notes that "globally, societies that invest
6 in children and families in the early years – whether rich or
7 poor – have the most literate and numerate populations. These
8 are also the societies that have the best health status and
9 lowest levels of health inequality in the world. . . .

10 Investing in young children is an essential component for the
11 development of a national economy. Early opportunities for
12 learning in combination with improved nutrition increase the
13 likelihood that a child will attend school and become an adult
14 with higher income, better health, lower crime rates, and lower
15 levels of welfare dependence than those who do not receive
16 early development support"; and

17 WHEREAS, to reach their potential, young children need to
18 spend time in a caring, responsive environment that protects
19 them from abuse, neglect and inappropriate disapproval and
20 punishment, and parents and families are the key to early child
21 development, but they sometimes need support to provide the
22 right environment; and

23 WHEREAS, New Mexico has unacceptably high rates of child
24 abuse and neglect, and not only does the state's current system
25 of care for at-risk children have significant geographic and

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1 programmatic gaps, the state lacks a comprehensive plan of
2 prevention, intervention and treatment for at-risk children and
3 families; and

4 WHEREAS, in New Mexico, behavioral health services for
5 children from birth through five years of age have been reduced
6 and altered drastically over the past three years, evidenced by
7 significant funding restrictions and cuts to services for
8 children in the family, infant, toddler program and in the
9 children, youth and families department behavioral health
10 program and in the redefining of services to at-risk young
11 children that has resulted in the elimination of individualized
12 services for three-, four- and five-year-old at-risk children
13 and the establishment of a significant deficit-based model; and

14 WHEREAS, a public health approach seeks to optimize the
15 well-being of all children through health promotion, and the
16 health care system and health providers have pivotal roles to
17 play in intervention and treatment strategies as they are often
18 the points of early contact with a child and can serve as
19 gateways to other early childhood services;

20 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
21 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the health
22 sciences center at the university of New Mexico appoint the "J.
23 Paul Taylor early childhood task force", to be chaired by the
24 chairperson of the children's trust fund board of trustees and
25 to include members who represent the New Mexico youth providers

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1 alliance, New Mexico state university, the birth to five policy
2 alliance, the coalition against child abuse and neglect, the
3 New Mexico early learning advisory council and the early
4 childhood accountability partnership; one representative each
5 from military child care, the peanut butter and jelly family
6 services and the infant mental health association; one member
7 who represents the interests of early childhood development in
8 Native American communities and one who represents those
9 interests in immigrant communities; one medical professional
10 and one research faculty at a college of education or other
11 university department with expertise in early childhood
12 cognitive and social development research, and, in an advisory
13 role, one member each from the public education department's
14 race to the top team, the children, youth and families
15 department's early childhood services, the department of
16 health's family, infant, toddler program and the human services
17 department's medical assistance and behavioral health services
18 divisions;

19 BE IT FURTHER RESOLVED that the task force:

- 20 A. recommend means and methods to improve
21 collaboration among early childhood development stakeholders;
- 22 B. develop a system to identify invisible, unserved
23 and underserved at-risk infants and young children;
- 24 C. develop an early childhood mental health plan
25 and process for infants and children through age eight, ranging

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1 from prevention through early intervention and treatment, that
2 is community health-based and outcomes-driven to ensure that
3 children and infants at risk for child abuse and neglect and
4 adverse childhood environments have a full cadre of services,
5 with multiple access points, and that informs state and local
6 funding decisions and the growth of the early childhood system;

7 D. identify how the early childhood system can be
8 used for child abuse prevention; and

9 E. promote evidence-based, community early
10 childhood programs in New Mexico by ensuring access to state
11 data for early childhood research; and

12 BE IT FURTHER RESOLVED that the university of New Mexico's
13 health sciences center office of community health be requested
14 to coordinate and administer the task force along with the
15 legislative council service; and

16 BE IT FURTHER RESOLVED that the task force report its
17 findings and recommendations to the legislative health and
18 human services committee, the legislative finance committee and
19 the early learning advisory council no later than November
20 2013; and

21 BE IT FURTHER RESOLVED that a copy of this memorial be
22 transmitted to the health sciences center at the university of
23 New Mexico.