**Building** upon the successes and lessons of the NewMexicoKids Resource & Referral Initiative, Presbyterian Medical Services (PMS) intends to take some natural next steps to encourage and support Home Visiting program advocacy: (1) Magnify the voices of its diverse key stakeholders, children and families; (2) Collaborate to quantify and increase advocacy for Home Visiting here.

 “Monica” and her boyfriend in San Jon (Quay County) never planned on her getting pregnant at fifteen. She was already out of school, spending her nights shooting heroin and her days scrounging for money to buy more. When Monica gave birth to a drug-addicted preterm daughter her boyfriend left. CYFD then removed the baby, giving temporary custody to her parents, the “Baca’s.” When they expressed some panic about parenting all over again, a trained Home Visitor reassured them and referred them to the best community resources for their needs.

**Overwhelming Need -** The tragedy of being born into persistent poverty, a child of color in an isolated rural New Mexico community with many substantiated child abuse allegations can have terrible lifelong disadvantages. The prohibitively high cost of childcare relative to income only adds to the struggle a single parent may have. An evidence-based Home Visiting design which targets pregnant women plus parents / caregivers of very young children under 3 years old has become a genuine remedy for these social ills. It employs non-judgmental relationship-based services brought right into the homes of isolated rural families of pregnant teens and single parents / caregivers, living miles away from the support services they need to meet long term outcomes such as child safety and school readiness.

**Status of voluntary Home Visiting in New Mexico today**

1. Inconsistent referrals, both into and out of the program
2. No unifying theme. No clear message to the public.
3. Lacks recognition, jeopardizing sustainability
4. Conflicting models with disparate lengths of service / visit frequencies
5. Varied funding sources without a vision for continuity
6. Return on Investment (ROI) is unknown
7. Local flexibility is built in
8. But Varied goals and objectives prevail

PMS represents the best choice for a Home Visiting Advocacy Project. Our multicultural plethora of health; behavioral health; reproductive care; well-baby care; nutritional and early childhood education programs across the state are all natural supports for children 0-3 and their parents. Isolated, rural families receiving PMS Home Visits are quickly assessed and reliably connected with the preventive services which get families off to a good, healthy start. PMS is well known for collaborating widely with numerous family service agencies which can augment the backing home visits provide. In our eleven years of home visiting experience we have already built interactive consensus around the state which could be vital to effective home visiting advocacy. Our methods are built on a solid foundation of evidence-based practices.

**PMS Advocacy Project Description**

Who are the key stakeholders in every home visit, in every HV program?

Children, parents and families

Their feedback is the heart of our project design. PMS proposes to boost support for NM families by increasing effective home visiting advocacy with these initiatives:

1. Engage all home visiting projects statewide in surveying their HV families, inquiring how they became involved; its impact on their family and how community connections provided have helped them. Surveys will be distributed in both English and Spanish.
2. Collect, analyze and report these data back to each HV program
3. Use this analysis to develop two advocacy tools for all programs to distribute locally: (1) a one-page generic explanation of home visiting in New Mexico, combining parent feedback and any CYFD statistical outcomes of child/family progress plus (2) a one-page template for local programs to use describing how HV is at work in their counties with some regional statistics on benefits observed.
4. Research other states’ successful home visiting advocacy activities. Use these in building a template unique to New Mexico which incorporates the best of their practices.
5. Provide advocacy training to programmatic staff and parents.
6. Assist in connecting programs to area advocacy opportunities with nontraditional audiences. Offer community advocacy trainings on the value of Home Visiting.
7. Organize HV briefings / information sessions around the state for decision-makers as direct advocacy close to home.
8. Devise and develop consensus around a Home Visiting theme or Brand which will broaden awareness and understanding of what this program does.

**Organizational Background:** Presbyterian Medical Services began offering culturally-sensitive medical services in rural, underserved geographic areas in 1969 when it opened its first health clinic in Cuba, NM. Its Children’s Services for rural families commenced in 1987; Home Visiting was initiated in 2002. *Presbyterian Medical Services’ Mission* is to design and deliver quality, accessible, integrated health, education and human services in response to identified community needs of the multi-cultural people of the Southwest. PMS embraces its overarching purpose of providing programs that respond to the medical, behavioral health, early childhood education and human service needs of the most vulnerable citizens of New Mexico, especially the low/very low-income residents living in underserved communities and diverse populations of color and culture throughout our eighteen county service area. PMS Home Visiting Services utilize PMS *infrastructure already in place* (health centers; behavioral health counseling; early childhood education, etc.) to effectively support the diverse needs of at-risk families and children and successfully link them to the community services which can get them off to a healthy start.

**Key Staff:** For this project PMS would rely upon one EdD candidate who is our current Manager of Home Visiting Services plus our Children’s Services Director, a PhD candidate in early childhood education (ECE) with 20 years’ experience in New Mexico ECE leadership.

**Plan to Measure Results:**

Administer Pre and post HV services surveys for family feedback, asking (1) how they became involved; (2) HV impact on their family and (3) how community connections provided have helped the family progress.

In addition, measure survey research engagement and participation of all programs: How many invitations to participate were sent? How many programs agreed? How many sent back survey results?

**Proposed Timeline:** - Early December: Introduce the project to all programs statewide and engage all in a collaborative study of HV parents/families. Get buy-in, explaining that each program will get the results and analyses of its own anonymous parent feedback. Invite other programs to make local legislative appointments to advocate for Home Visiting in early 2018.

Late December 2017: Use this family-focused Holiday time for internal work designing, field-testing and revising parent feedback surveys in English and Spanish.

January 2018: First, send out anonymous family survey forms for each HV program to distribute to all participants. Suggest methods of administering and collecting surveys. Collect all completed surveys by the end of January. Second, conduct HV staff and parent advocacy training sessions for appointments during 2018 30-day Legislative Session.

February 2018: Compilation, analysis and distribution of local parent data back to each participating HV program. Obtain recommendations from all HV programs concerning an effective advocacy message based on their parental feedback. Goal: build one unified message, name or theme about the value of HV to its stakeholders. Construct an advocacy toolkit every program can adapt for its own use.

March 2018: Build upon stakeholder feedback statewide to create universal advocacy materials to be reviewed, developed and utilized in advocacy efforts. Purpose: Roll these out all year during 2018 for presentation by each Home Visiting program to local decision-makers before the 2019 60-day Legislative session. Suggest options for a simple, easy to remember program slogan. For example Virginia uses “*Early Impact Virginia*.” In another state Home Visiting is “*Strong Babies*.” This single slogan can then be considered by the ECE consortium for universal application to refer to ALL New Mexico Home-Visiting as our HV Brand. (PMS will submit sample slogans for consideration.) Ask all HV programs to publicize this one unifying message in promotional HV social media going forward. Submit a final report to NMECFG, recommending that HV programs spend 2018 preparing to do advocacy prior to and during the 2019 60-day Legislative Session.

**Summary**

PMS is extraordinarily well-prepared to quickly operationalize this advocacy project in our state within the brief grant period. We are leaders in comprehensive services for the whole child, within various cultures and languages, to benefit the whole family. Our own infrastructure and established community collaborations will act as catalysts for initiating and successfully completing advocacy activities. We can seek out and engage new voices in HV statewide by surveying the many diverse stakeholders: the participating families themselves. Finally, our project is designed to be the springboard to operationalize valuable Home Visiting advocacy strategies for the 2019 60-day Legislative Session and to identify a HV Brand identity slogan to raise statewide program awareness and build sustainability.