# New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2017

HOME VISITING NEW MEXICO

## Home Visiting in FY17, At a Glance:

Programs: 30

Counties Served: 30

Openings Funded: 3,006

Families Served: 4,587

Home Visits Provided: 53,652

## Introduction

The fifth Home Visiting Annual Outcomes Report presents aggregate data about the outcomes for all Children, Youth and Families Department (CYFD) administered home visiting programs in Fiscal Year 2017 (FY17). The report was prepared according to the requirements of NMSA 1978, Sections 32A-23B-1 (2013), referred to here as the "Home Visiting Accountability Act," and is designed to inform policymakers and practitioners about the Home Visiting System's impact on families and children in New Mexico.

## New Mexico's Home Visiting System, FY17
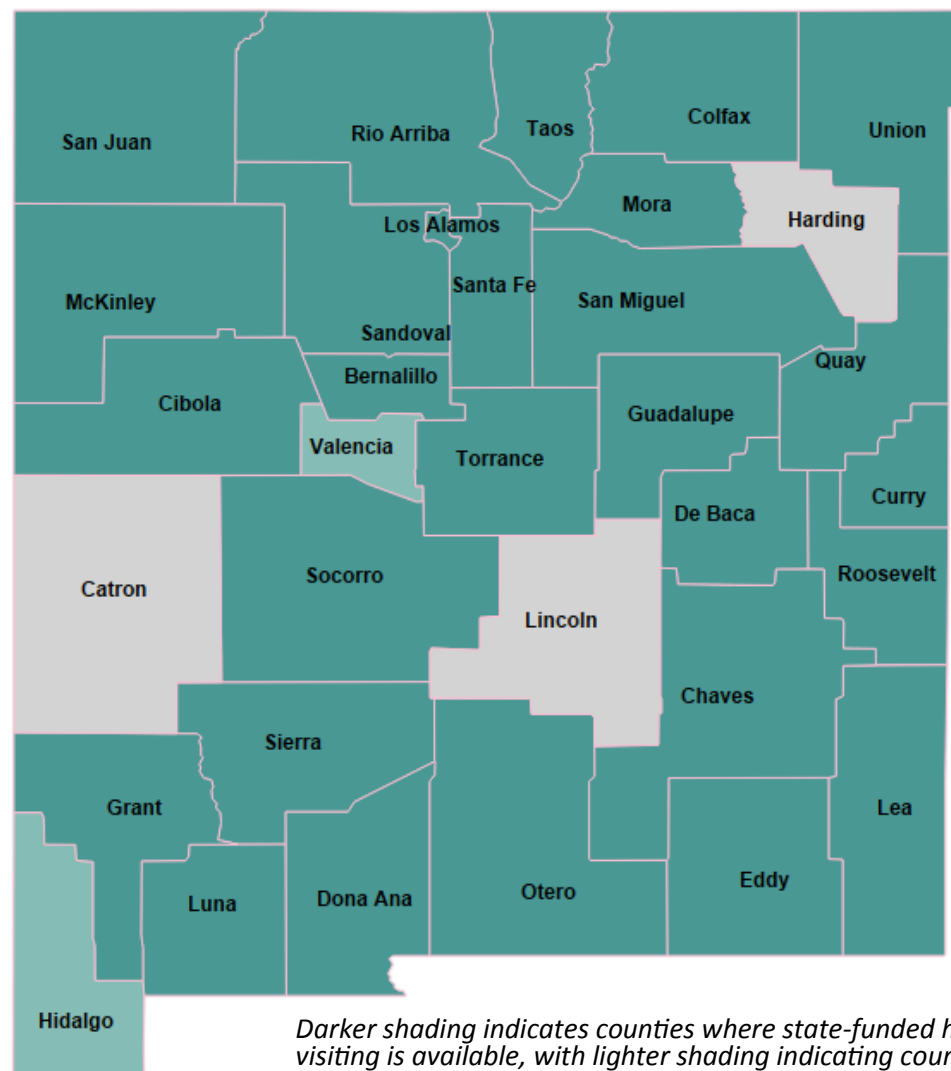
*Darker shading indicates counties where state-funded home visiting is available, with lighter shading indicating counties newly added in FY17. Gray indicates counties where state-funded services are not yet available. Program offices may not be located in all shaded counties, and program service areas may vary.*

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## System Highlights

• For the first time, this year's report will include data on reported incidents of child maltreatment among families receiving home visiting. (p. 25)

•A pilot program began in FY17 to offer targeted intervention (Level II) home visiting services to families experiencing high degrees of stress, as identified by risk screens, social service agency referrals, or a critical family incident. Level II outcomes will be reported next year.

•Level II Home Visiting has begun preparing to offer a Neonatal Intensive Care Unit (NICU) program designed to support healthy parent-infant relationships during the early years of the infant's life, both within the NICU and post-discharge. (p. 29)

•CYFD looks forward to continuing collaboration with programs across the state, regardless of funding source, through the New Mexico Home Visiting Collaborative, to improve coordination, reach, and effectiveness of services to benefit New Mexico's families and children. (p. 32)

• In FY18, home visiting programs will begin participation in CYFD's FOCUS on Young Children's Learning quality improvement system, bringing home visiting into fuller alignment with the state's early childhood continuum of services.

# State of New Mexico
# CHILDREN, YOUTH and FAMILIES DEPARTMENT

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*DEPUTY CABINET SECRETARY*

December 12, 2017

Dear Friends of New Mexico's Children and Families,

It is with pleasure that I present to you the fifth annual New Mexico Home Visiting Outcomes Report. This report has been prepared for Children, Youth and Families Department (CYFD) in collaboration with the University of New Mexico's Center for Education and Policy Research (CEPR).

This report is based on the "Home Visiting Accountability Act (Act)" signed by Governor Martinez in 2013. The Act creates a framework for ensuring quality and consistency in home visiting programs across New Mexico. By using a wide range of data points, CYFD is able to use critical information for reviewing the continuous quality improvement of our home visiting system as it continues to grow. In addition, the Act also allows CYFD to keep Governor Martinez, Legislators, the Early Learning Advisory Council, and all stakeholders informed of the effectiveness of our home visiting program.

As identified in the fifth annual New Mexico Home Visiting Program Report, measurable progress and outcome data match the home visiting program's established goals. CYFD continues to place emphasis on the outcomes and indicators to continually improve the Home Visiting service delivery system with solid data driven practices.

The Home Visiting program is part of a comprehensive early learning continuum that focuses on community engagement to help shape programming responsiveness to family and community strengths and needs. CYFD provides oversight and support to the thirty state and federally funded Home Visiting Programs in New Mexico to ensure the highest quality of services to support our New Mexico families.

In addition to our solid Home Visiting foundations, CYFD has rolled out the Home Visiting Level II Pilot. These enhancements to our program will target higher needs families who are at an increased risk for adverse childhood experiences (ACEs) and will provide services for babies and families involved in the Neonatal Intensive Care Unit (NICU) Hospitals. We are confident that these new programs will improve the lives of our most at risk children and will result in positive results.

In closing, I want to personally thank you for the support you provide to New Mexico's children and families, by pulling resources together we can improve the quality of lives for our children.

Sincerely,

Monique Jacobson, Cabinet Secretary
Children, Youth and Families Department

## Home Visiting Program Goals

Babies are Born Healthy

Children are Nurtured by their Parents and Caregivers

Children are Physically and Mentally Healthy

Children are Ready for School

Children and Families are Safe

Families are Connected to Formal and Informal Supports in their Communities

## TABLE OF CONTENTS

# Executive Summary

## Background

Strong, stable families are the first and most important foundation for children's well-being and success. Before children ever enter an early care or preschool setting, the adults who live in their homes are their first teachers and provide them with the nurturing relationships that children need to thrive. Supporting families of young children to help create these stable environments is particularly important in New Mexico, where childhood poverty is widespread and child well-being is consistently ranked among the worst in the nation. New Mexico families often face persistent barriers and challenges that make it difficult for them to provide the stable, stimulating home environments that all parents want for their children.

Home visiting aims to address those challenges. Home visitors support families in promoting positive parenting practices, screening for risks, and referring families to appropriate community supports (see stories on pages 14 & 18.) The services provided by home visiting programs are expected to be research-based, grounded in best practices and linked to six overarching goals: Babies are born healthy, children are nurtured by their parents and caregivers, children are physically and mentally healthy, children are ready for school, children and families are safe, and families are connected to formal and informal supports in their communities.

In recognition of home visiting's importance, the New Mexico Legislature passed, and the Governor signed, the Home Visiting Accountability Act in 2013. This act defines home visiting, affirms its place as part of New Mexico's early childhood care and education system, and requires an annual report to include data on key home visiting outcomes specified in the Act. This report fulfills that requirement, and has been prepared for CYFD by the University of New Mexico Center for Education Policy Research.

## Implementation

Since the 2013 passage of the Act, CYFD has continued to build and improve infrastructure supports for New Mexico's Home Visiting System. Systems for monitoring programs, training home visitors in state standards, and ensuring data accountability have been strengthened, enabling the evolution of a system that serves more parts of the state, serves more families, and provides specialized services to families with specific needs. The chart below documents trends in key implementation indicators since annual reporting began in FY13.

- In FY17, CYFD received $17.5 million in state and federal funding to support the Home Visiting System, which is a 12.9 percent increase over FY16. The FY18 home visiting budget is $18.3 million, including state and federal funds.
- In FY17, CYFD used its funding to support 30 programs in 30 of New Mexico's 33 counties.
- CYFD funded 3,006 openings in FY17, which is a 9.8 percent increase over FY16. These openings served 4,587 families, as each opening may serve multiple families in one fiscal year.

| Key Implementation Measures | FY13 | FY14 | FY15 | FY16 | FY17 | Change from FY16 to FY17 |
|---|---|---|---|---|---|---|
| Funding (State and Federal) | $5.9 million | $8.1 million | $12 million | $15.5 million | **$17.5 million** | $2 million (12.9%) |
| Home Visiting Programs | 20 | 24 | 26 | 30 | **30** | 0 |
| Counties Served | 22 | 26 | 27 | 28 | **30** | 2 |
| Funded Openings | 1,005 | 1,919 | 2,286 | 2,738 | **3,006** | 268 (9.8%) |
| Families Served | 1,911 | 2,224 | 2,891 | 4,020 | **4,587** | 567 (14.1%) |

## Outcomes

This year's report includes, for the first time, reporting of CYFD data on abuse and maltreatment of children in home visiting, as is required by the Home Visiting Accountability Act. These data are summarized below and provided in more detail on page 25. This year's report also features more robust reporting on outcomes from the PICCOLO, a measure of parental nurturing behavior that shows changes in positive parenting for more families than in previous years. (p. 19)

New Mexico has both contributed to and benefitted from national policy conversations on how best to measure home visiting's impacts on family and child well-being. In accordance with best practices identified in the research, New Mexico's home visitors use a variety of validated screening tools (p. 14) to support families and identify their needs. These tools also provide data that can be used to understand impacts on key outcomes defined in the Home Visiting Accountability Act. Data from these tools suggest continuing positive impacts on families and children through their participation in home visiting. Highlighted findings, by goal outcome area, include:

| Key Outcome | FY17 |
|---|---|
| Healthy Births (p. 15) | • Pregnant women in home visiting consistently report that they access prenatal care more often and earlier than women statewide.<br>• Rates of caregiver engagement with services for perinatal depression were notably increased in FY17. Of eligible mothers, 91% were screened in the perinatal period for risk of depression. Of those found to be at risk, 90% were referred to appropriate services. Nearly two-thirds are known to have engaged with services, up from 53% in FY16. |
| Parent and Caregiver Nurturing of Children (p. 18) | • 1,079 families were observed at least twice using the PICCOLO tool for measuring nurturing parental behaviors. Scores improved across domains, with improvement ranging from 38% to 61%, and with the greatest improvement in caregiver teaching ability. |
| Children's Physical and Mental Health (p. 20) | • 86% of eligible children were screened for potential risk of developmental delay using the ASQ-3. Of those identified for referral, 88% were referred for services, up from 81% last year. About two-thirds of those referred engaged with services. |
| School Readiness (p. 22) | • 83% of eligible children were screened with the ASQ-SE for social-emotional delays. Thirteen percent of those children were identified as at-risk, and home visitors worked with those families to address identified challenges. |
| Safety of Families and Children (p. 24) | • 78% of families were screened for potential risk of domestic violence using the RAT. Of the 6% identified as at risk, an increased 77% were referred for services. Twenty-eight percent of those referred engaged in services, down from 42% in FY16.<br>• Nearly half of those identified as at risk had a safety plan in place.<br>• CYFD has piloted a new indicator of home visiting's relationship with child maltreatment, using data from the 1st quarter of FY18. Of 1,828 families receiving six months or more of home visiting services, 9 (<.05%) were identified as having a substantiated maltreatment or abuse referral. |
| Connections to Community Supports (p. 26) | Based on screening tools for child development (ASQ-3), perinatal depression (EPDS), and domestic violence (RAT):<br>• Home visiting identified 1,328 instances of children or their caregivers being at risk, an increase of 54% from FY16.<br>• In 87% (n=1,158) of those instances, clients were referred for services and 61% of those referred engaged with services.<br>• Rates of referral have increased, in general, with more variation in rates of family engagement with services. |

Protocols for reporting of new measures related to pediatric well-child visits and family literacy activities were also being implemented in FY18 for next year's accountability reporting. As New Mexico's Early Childhood Integrated Data System reaches fuller implementation in FY18, data on connection of children in home visiting to high quality child care and PreK services will also be reported.

## FY17 Home Visiting System Improvements

CYFD has taken a variety of steps in response to previous Annual Home Visiting Outcomes Reports, and has strengthened the Home Visiting System in several important ways in FY17:

- CYFD has begun contracting with programs at different rates, depending on factors like how far home visitors must drive, and whether families have more intensive needs. This move is based on an extensive cost study, and is intended to link funding allocations to the on-the-ground reality that not all families cost the same amount to serve. (p. 9)

- CYFD now reviews and adjusts program contracts throughout the year to ensure funding meets the needs of the community and aligns with the program's ability to serve families. In FY17, CYFD instituted an enrollment accountability measure requiring programs to maintain a continuous enrollment of 75%, which was increased to an 80% expectation for FY18. This system adjustment aims to use funds efficiently, ensure services are being delivered adequately and to support programs in meeting contractual requirements.

- In spring 2017, CYFD began piloting enhanced Level II home visiting services to families under particularly high stress. These specialized intervention services build upon the foundation of Level I home visiting promotion and prevention supports and are available to families experiencing a critical family event, families identified through risk assessments or families referred from agencies such as Child Protective Services, Juvenile Justice Services or Infant Mental Health Services. (p. 7)

- CYFD has completed its first year offering centralized, statewide family support resource and referral services through NewMexicoKids Resource and Referral, launched in conjunction with the state's PullTogether campaign (www.pulltogether.org). NewMexicoKids Resource & Referral aims to ease the referral process for families interested in home visiting and increase visibility of home visiting services statewide.

## Next Steps for FY18

The data in this fifth Annual Home Visiting Outcomes Report show a Home Visiting System with infrastructure in place to support stable expansion of home visiting services in the state. With these supports established, CYFD will continue to implement several system enhancements in FY18 (see Next Steps, pp. 28-31). These include:

- Inclusion of home visiting programs in the state's FOCUS tiered quality improvement system

- T.E.A.C.H. scholarships dedicated to the professional development of the home visiting workforce

- New outreach to families with babies who are hospitalized in the Neonatal Intensive Care Unit (NICU), with preparatory training of more than 200 nurses already completed, and home visits set to begin in 2018

- A project with the New Mexico Departments of Health and Health and Human Services to pilot Medicaid-funded home visiting in three counties.

Even as these improvements are being made, however, there are still many families and children across the state who are not receiving home visiting services and could benefit from them. Expanding where vulnerable children are not yet served by home visiting remains a priority.

CYFD's home visiting program is designed to promote child well-being and prevent adverse childhood experiences.

In spring 2017, CYFD began piloting a specialized intervention package of services (Level II) that offer supports to families under high stress, which build upon the foundation of promotion and prevention supports (Level I).

Eligibility for Level II services is based on referrals from Child Protective Services, Juvenile Justice Services or Infant Mental Health Services. In addition, families may be identified for Level II based on risk assessments used in Level I or through the experience of a critical family incident. The Level II pilot is currently funded for 307 family slots across 12 home visiting programs.

# The Context of Home Visiting in New Mexico

New Mexico has focused substantial attention in recent years on promoting policies and programs that support early childhood development. In 2011, The Early Childhood Care and Education Act (NMSA 1978, Section 32A-23A-1) was passed by the Legislature and signed by Governor Martinez. The bill's purpose was to establish a comprehensive early childhood care and education system through an aligned continuum of state and private programs, including home visiting, early intervention, child care, Early Head Start, Head Start, early childhood special education, family support, and pre-kindergarten, and to maintain or establish the infrastructure necessary to support program quality.

Then in 2013, the Legislature passed the New Mexico Home Visiting Accountability Act. The Act defines the Home Visiting System, establishes a common framework for service delivery and accountability across all programs, and outlines expectations for annual outcomes reporting. The Accountability Act codified a system that has existed in some form since 1989, and has become increasingly unified under the leadership of CYFD. In 2009, CYFD was designated the state's lead agency for a coordinated statewide Home Visiting System.

Rather than adopt a single model of home visiting, CYFD led a process to review current home visiting research and best practices. This research was used to establish program standards that provide a common framework and accountability across all programs. This has allowed the New Mexico Home Visiting System to promote home visiting programs that are responsive to their communities' unique cultural and linguistic heritage, and to respond to the myriad needs of New Mexico's children beyond the restrictions of some nationally recognized home visiting models.

New Mexico's standards-based Home Visiting System is flexible enough to allow each home visiting program to respond to specific community needs, but also provides a unified understanding of what home visiting is and what expectations are for ensuring high-quality service delivery. These concepts are enshrined in the Home Visiting Accountability Act, which defines "Home Visiting" for New Mexico in these terms:

| | |
|---|---|
| *Why:* | To promote child well-being and prevent adverse childhood experiences |
| *What:* | "Home visiting" is a program strategy that delivers a variety of informational, educational, developmental, referral and other support services |
| *For Whom:* | Families who are expecting or who have children who have not yet entered kindergarten |
| *By Whom:* | Well-trained and competent staff, including nurses, social workers and other early childhood and health professionals, or trained and supervised lay workers |
| *How:* | By promoting parental competence and successful early childhood health and development by building long-term relationships with families and optimizing the relationships between parents and children |

# What Do Home Visitors Do?

Home visiting aims to help New Mexico's parents and caregivers reach their full potential as parents. New babies can be challenging, and parents may feel overwhelmed and unsure of themselves. Parents and caregivers can rely on home visitors as a source of emotional support and information about child development. A home visitor might counsel a first-time mother who is concerned about her baby's eating habits, for example, or give her tips on how to safely bathe a newborn. Most of all, home visiting is based on relationships – strengthening the relationship between caregiver and child, through the relationship between the home visitor and the caregiver. The guiding philosophy of New Mexico's Home Visiting System is that every facet of young children's success – physical, social, cognitive, or otherwise – is grounded in their relationships with primary caregivers.

Within this framework of relationships and trust, home visitors provide support and information, with an emphasis on preventing adverse experiences for children and families. Home visitors administer screenings that allow them to check for early signs of developmental delay in children, depression in mothers, abuse within the family, and other risk factors. When these screenings show families have challenges that are beyond the scope of prevention, home visitors refer families to support services in their communities and follow up on these referrals. With the addition of Level II home visiting services that began during FY17, home visitors in some programs can also directly provide intensive services for families with more complex needs, such as mental health support or in-depth assistance connecting them with services like Social Security or Medicaid.
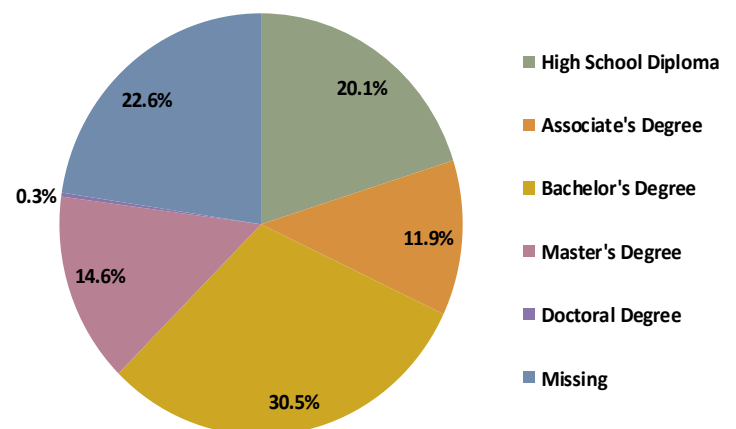
Home visitors also provide families with information, support, and advice. This part of the service is uniquely tailored to families and their goals, and can include everything from breastfeeding support to information on car seat safety and safe sleep practices. Families work with home visitors to set goals for their home visiting experience; these goals help to define the focus of services and to determine the frequency of visits needed to meet the family's needs.

# New Mexico's Home Visiting Workforce

A total of 328 home visitors provided services in FY17. Programs may be staffed with a combination of degreed and non-degreed professionals who have knowledge of the prenatal period, infant/toddler safety and health, early childhood development, early childhood mental health principles and practices, knowledge of community resources, and strong relationship-building skills.

Ongoing professional development is required for New Mexico's home visitors. Within three years of hire, home visitors must obtain the Infant Family Studies certificate and show progress toward an associate or bachelor's degree. Home visitors for the Level II pilot program must hold a relevant bachelor's degree. Programs must also have access to a master's-level, licensed mental health professional for consultation when high-risk situations or concerns arise. In addition, home visitors and program staff are encouraged to work toward an Infant Mental Health endorsement.

**Highest Credential of Home Visitors**



- High School Diploma — 20.1%
- Associate's Degree — 11.9%
- Bachelor's Degree — 30.5%
- Master's Degree — 14.6%
- Doctoral Degree — 0.3%
- Missing — 22.6%

*Total = 328 home visitors employed by all programs during FY17*

# New Mexico's Investments In Home Visiting

New Mexico's leaders have demonstrated an ongoing commitment to home visiting, increasing funding significantly since FY06. State funding for home visiting began in FY06 with a small pilot project funded at $500,000. New Mexico has also received federal grants through the Health Resources & Services Administration as part of the Maternal, Infant and Early Childhood Home Visiting program. In FY17, cumulative funding across state and federal streams reached $17.5 million and the current fiscal year, FY18, saw funding increase to $18.3 million.

## Openings Versus Families

CYFD funds a given number of openings per program, but each opening does not necessarily represent one family.

For example, a family may participate in home visiting for six months and exit the program. A second family would then occupy that same funded opening for the remaining six months.

CYFD funded 3,006 openings in FY17, which resulted in 4,587 families receiving services throughout the year.



**New Mexico's Investment in Home Visiting**

FY17 funding = $17.5

Source: LFC Post-Session Reviews
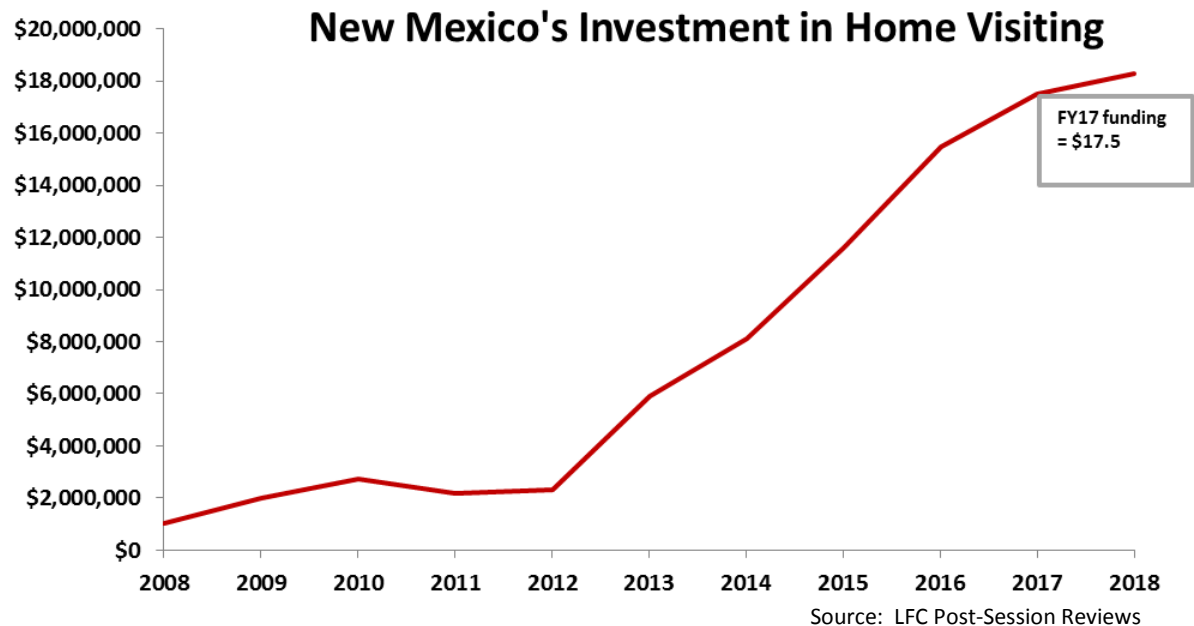
## Home Visiting Costs and State Expenditures

The cost of building a comprehensive Home Visiting System includes both direct services and infrastructure development. Infrastructure costs include data system development and management, professional development, and other administrative costs.

- In FY17, CYFD funded 3,006 openings with $8.6 million in state general funds, $5 million in TANF transfer funds, and $3.9 million in federal funds.

- After conducting a detailed study of the variable costs of providing home visiting services in the state, CYFD has instituted a differentiated reimbursement scale for contracted providers:
  - Level I prevention and promotion home visiting services are contracted at a base rate of $3,500 per opening. Programs may apply to receive an additional $500 per opening ("Base Rate Plus") for documented special circumstance costs, such as travel to reach more rural families, service to high numbers of children with disabilities, or hiring of staff with specialized language skills.
  - Level II targeted intervention services are reimbursed at a higher base rate of $4,500 per opening, to support the higher cost of providing more intensive services. Level II providers may also apply for the supplemental $500 "Base Rate Plus."
  - Federal funds support contracts based on actual costs. Funding rates vary per program, based on the home visiting model being used.

# State-Funded Home Visiting Programs FY17

| Home Visiting Program | Level I Families Funded | Level II Families Funded | Counties Served FY 2017 |
|---|---|---|---|
| Apple Tree Educational Center | 51 | | Sierra |
| Avance, Inc. - NM | 90 | | Doña Ana |
| Avenues Early Childhood Services | 50 | 20 | McKinley |
| Ben Archer Health Center | 141 | 60 | Doña Ana, Luna, Otero |
| Colfax County Commission | 33 | | Colfax, Union |
| ENMRSH, Inc. | 65 | | Curry, Roosevelt, De Baca, Quay, Guadalupe |
| Gadsden Independent School District *Parents as Teachers** | 100 | | Doña Ana, Otero |
| Gallup McKinley County Schools *Parents as Teachers** | 100 | | McKinley |
| Gila Regional Medical Center Beginning Years *First Born* | 114 | 54 | Grant |
| Greater Santa Rosa Council on Alchoholism | 45 | | Guadalupe |
| Guidance Center of Lea Co. | 67 | 45 | Lea |
| Kiwanis Club of Las Vegas Community *First Born* of Northern NM | 48 | | San Miguel and Mora Co. |
| La Clinica De Familia, Inc. | 204 | | Doña Ana |
| Las Cumbres Community Services, Inc. | 66 | 23 | Santa Fe, Rio Arriba |
| Los Alamos County *First Born* | 60 | 5 | Los Alamos |
| Luna County *Parents as Teachers** | 155 | | Luna, Hidalgo |
| Northwest New Mexico *First Born* | 150 | 20 | San Juan, McKinley |
| PB&J Family Services | 103 | 15 | Bernalillo, Sandoval |
| Presbyterian Healthcare Services (Española *First Born* Rio Arriba*)* | 40 | | Rio Arriba |
| Presbyterian Healthcare Services (Socorro General Hospital *First Born* ) | 90 | 10 | Socorro |
| Presbyterian Medical Services *Parents as Teachers* | 160 | 25 | Cibola, Eddy, Lea, San Juan, Chaves |
| Regional Educational Cooperative #6/PMS *Parents as Teachers* | 60 | | Quay, Curry |
| Southwest Pueblo Consultants and Counseling | 30 | 10 | Cibola, Sandoval, Rio Arriba, Bernalillo |
| Taos Health Systems, Inc. (Taos First Steps) | 170 | | Taos |
| Torrance County *Parents as Teachers* | 40 | | Torrance |
| United Way of Santa Fe County *First Born* | 149 | | Santa Fe |
| UNM CDD *Nurse-Family Partnership** | 125 | | Bernalillo |
| UNM CDD *Parents as Teachers** | 120 | | Bernalillo, Valencia |
| UNMHSC Young Children's Health Center | 53 | 20 | Bernalillo |
| Youth Development, Inc. | 20 | | Rio Arriba |
| Sub Total | 2,699 | 307 | |
| Total | 3,066 | | |

*Program received federal funding during FY17. Note: Level II awarded for Jan.-June 2017 period.

## Openings Funded through Private, Tribal and Direct Federal Sources

In addition to home visiting programs funded and overseen by the state, New Mexico also has a robust community of privately funded home visiting programs, tribally funded programs, and programs supported with direct federal funding. These programs have formed a New Mexico Home Visiting Collaborative, convened by the LANL Foundation, to coordinate efforts and to map the comprehensive landscape of home visiting in New Mexico (see p. 32). During the FY17 period, the Collaborative identified nearly 1,900 openings offered through funding other than the State of New Mexico, including:

- 710 privately funded openings
- 337 tribally funded openings, including federal Maternal and Infant Early Childhood Home Visiting Programs
- 431 federal Early Head Start home visiting slots
- 404 openings funded through direct federal grants

# Home Visiting Participants in FY17

## Demographics of Home Visiting Participants in FY17

### Caregivers by Age*

6.4% 13-18
28.4% 19-25
40.8% 26-35
13.1% 36-44
2.2% 45 & older
9.1% Missing

*Total is 6,206, and reflects mother and father caregivers in the 4,587 families with 1 or more home visits in FY17. Mean age is 29 years.

### All Clients Served by Race/Ethnicity*

1.9% African American
13.8% American Indian or Alaska Native
2.2% Asian or Pacific Islander
55.9% Hispanic of Any Race
0.8% Two or More Races
15.1% White Non-Hispanic
10.4% Missing

*Total is 11,925, and reflects all household members in the 4,587 families with 1 or more home visits in FY17.

### Age of All Children Served in FY17* (n=4,793), at start of FY17

| Category | Percentage |
| --- | --- |
| Prenatal | 30.0% |
| 0 to 2 mos. | 4.9% |
| 2 to 4 mos. | 4.7% |
| 4 to 6 mos. | 5.0% |
| 6 to 9 mos. | 6.8% |
| 9 to 12 mos. | 6.4% |
| 1 to 2 yrs | 21.8% |
| 2 to 3 yrs | 13.6% |
| 3 to 4 yrs | 4.5% |
| 4 to 5 yrs | 2.2% |
| 5 yrs & older | 0.1% |

*Data is available on 4,726 of the 4,793 children served, with data missing or inaccurate on 67 child clients.

### Language Spoken, All Child Clients*

59.1% English
22.8% Spanish
0.8% Indigenous
2.2% Other
15.1% Missing
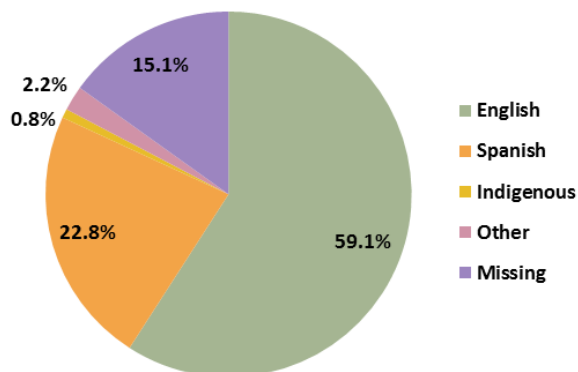
*Primary home language was available for 84.9% of the 4,793 child clients with 1 or more home visits in FY17.

### Families Served by Annual Income*

33.1% $0 - $10,000
12.7% $10,001 - $20,000
8.4% $20,001 - $30,000
4.3% $30,001 - $40,000
1.5% $40,001 - $50,000
4.7% $50,001+
35.3% Missing
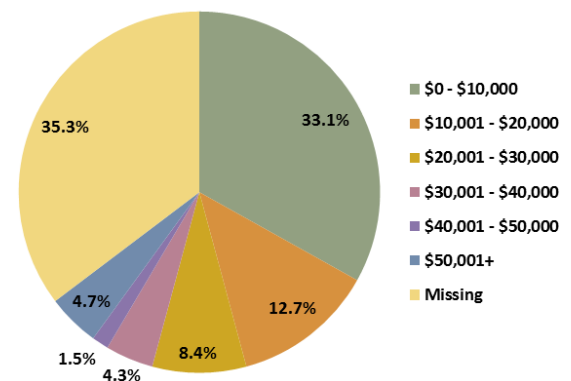
*Annual income is collected on a voluntary basis and was collected for 64.7% of the 4,587 active families with 1 or more home visits in FY17.

## Children Birth to Age 3 in New Mexico

There are an estimated 76,514 children birth to age 3 in New Mexico. *U.S. Census 2016 Pop. Est.*

## Babies Born to New Mexico Teens

In 2016, 2,000 babies were born to teen (age 15-19) mothers. Though teen birth rates in New Mexico are declining, they remain among the highest in the nation.
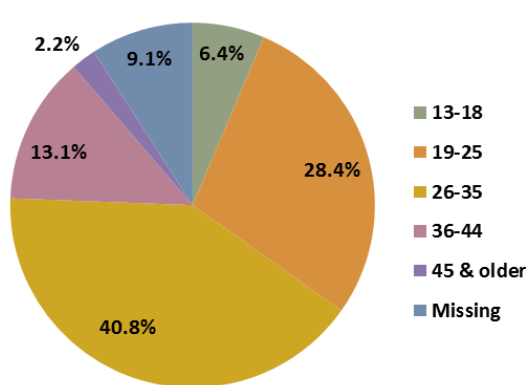
*New Mexico Birth Certificates Database, Department of Health*

In FY17, state-funded home visiting programs served 396 teen parents.
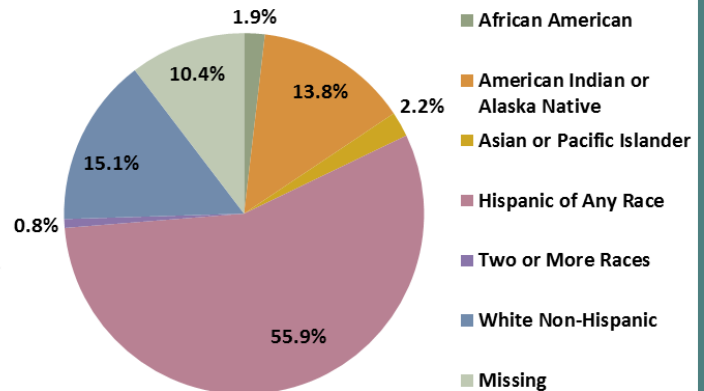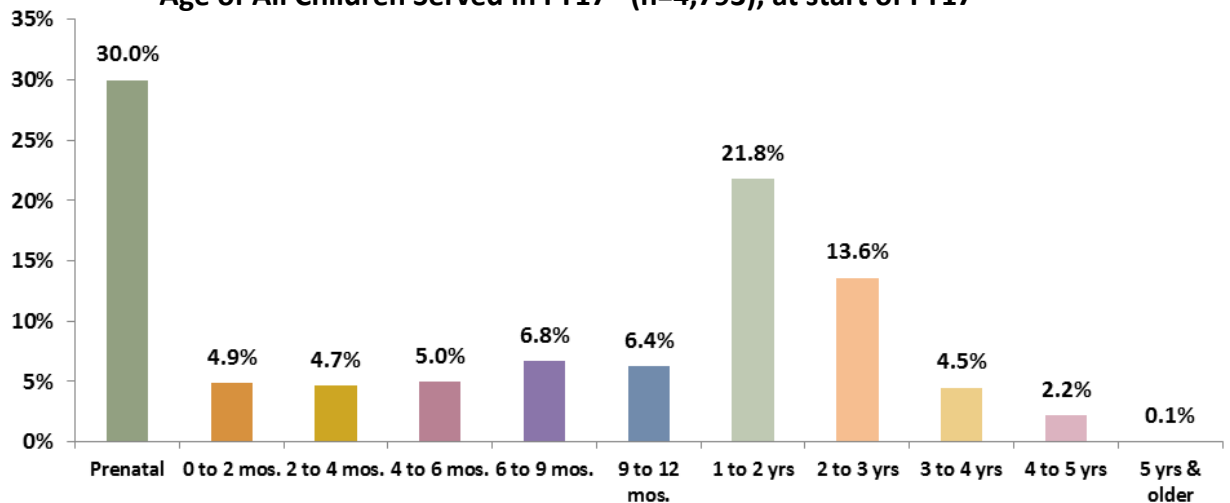
# Home Visiting Participants, FY17

## Duration of Family Participation

Because home visiting models are designed to engage families for varying lengths of time, it is difficult to compare participation durations across families. The goal of all programs, however, is to retain participants until family goals are achieved and/or the home visiting curriculum is completed.

Ideal frequency and duration of services is determined jointly by the home visitor and the family, according to the family's needs, preferences, and cultural context, and according to CYFD's guidelines for screening protocols and curricula completion. The results of screenings are used as a key element for planning services, including frequency of home visits.

**Total Duration of Family Participation, from Initial Date of Enrollment, in Months (n=4,587)**



Pie chart legend:
- <2 months: Exited — 15.0% (n=686)
- <2 months: Active/In Process — 5.3% (n=242)
- 2 to 8 months — 31.4% (n=1,442)
- 9 to 11 months — 9.5% (n=437)
- 12 to 24 months — 23.5% (n=1,077)
- >24 months — 15.3% (n=703)

## How Many Fiscal Year Visits Have Families Received?

**Number of FY17 Visits Received by Participating Families (n=4,587)**



- 1 visit: 11.5% (n=526)
- 2 to 4 visits: 18.6% (n=851)
- 5 to 10 visits: 23.0% (n=1056)
- 11 to 20 visits: 29.1% (n=1337)
- More than 20 visits: 17.8% (n=817)

### Visits Over Time

Data in this report reflect only home visits that took place in FY17. Many families began receiving services in previous years.

Of the 4,587 families active in FY17, 2,535 (55.3%) were enrolled for the first time.

Including visits before FY17, 46.8% of active families (n=2,146) have received a cumulative total of 20 or more home visits, and 1,057 (23%) have received 40 or more visits.
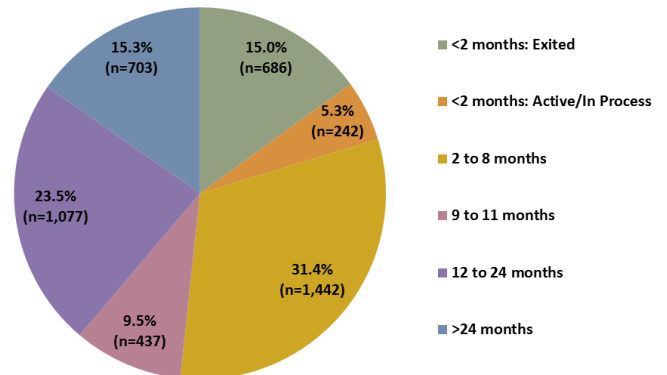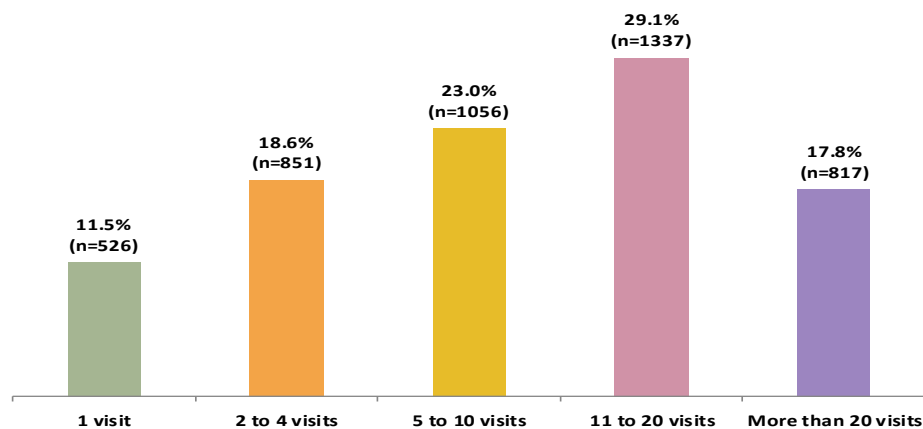
**Annual Number of Visits Received by Participating Families, FY13-FY17**



| | FY2013 | FY2014 | FY2015 | FY2016 | FY2017 |
|---|---|---|---|---|---|
| 11-20 visits | 21.1% | 22.2% | 25.7% | 24.6% | 29.1% |
| 5-10 visits | 23.5% | 23.4% | 23.8% | 23.8% | 23.0% |
| 2-4 visits | 20.8% | 21.1% | 19.7% | 21.3% | 18.6% |
| >20 visits | 16.7% | 20.2% | 18.0% | 18.8% | 17.8% |
| 1 visit | 17.8% | 13.1% | 12.9% | 11.5% | 11.5% |
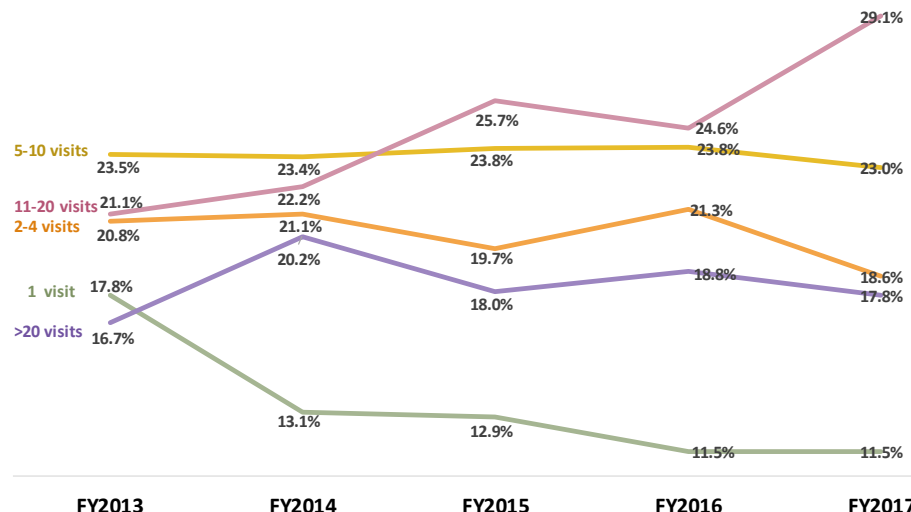
# The Home Visiting Accountability Act Specifies Program Goals and Outcomes to be Reported Annually

| Goals (SB365 Section 1, G, 1, a) | Outcomes (SB365 Section 3, D) | Required Data to Report (SB365 Section 3, I) |
|---|---|---|
| **Babies are born healthy** | 1a) Improve prenatal and maternal health outcomes, including reducing preterm births | (2)i. Percentage of children receiving regular well-child exams, as recommended by the AAP<br><br>(2)j. Percentage of infants on schedule to be fully immunized by age 2 |
| **Children are nurtured by their parents and caregivers** | 2) Promote positive parenting practices<br><br>3) Build healthy parent and child relation-ships | |
| **Children are physically and mentally healthy** | 1b) Improve infant or child health out-comes<br><br>5) Support children's cognitive and physical development | (2)l. Number of children identified with potential developmental delay and, of those, how many began services within two months of screening |
| **Children are ready for school** | 8) Increase children's readiness to succeed in school<br><br>4) Enhance children's social-emotional and language development | (2)f. Any increases in school readiness, child development and literacy<br><br>(2)k. Number of children that received an Ages & Stages questionnaire and what percent scored age appropriately in all developmental domains |
| **Children and families are safe** | 7) Provide resources and supports that may help to reduce child maltreatment and injury | (2)g. Decreases in child maltreatment or child abuse<br><br>(2)h. Any reductions in risky parental behavior |
| **Families are connected to formal and informal supports in their communities** | 6) Improve the health of eligible families<br><br>9) Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families | (2)m. Percentage of children receiving home visiting services who are enrolled in high-quality licensed child care programs |

13

# About the Data: CYFD Home Visiting Database

Data for nearly all program and outcome measures are collected in the state's Home Visiting Database, maintained and managed for CYFD by the Early Childhood Services Center (ECSC) at UNM Continuing Education since 2008. In addition to its use for external accountability, the database is used by program managers, who are trained to use data internally for program improvement.

The data analyzed for this report are de-identified, family-level data provided by ECSC to CEPR on November 30, 2017. Several pre-analyzed data points were provided by ECSC in December 2017. Families' privacy was protected by the removal of all names and other identifying information.

## From the Field: Silver City

To receive Level II home visiting in Silver City is to have a whole team in your corner.

"Families with risk factors tend to isolate, so we want to be able to have them experience a sense of a group of people instead of just one little link," said program director Adriana Bowen. "That there's several people who care, and they're all different."

Gila Regional Medical Center's Beginning Years program connects Level II families to a team that includes a nurse, a referral specialist, a GED instructor, and a mental health specialist. This is in addition to a family's main home visitor, who is their consistent point of contact and is trained in child development, parenting, and the screening tools used across the home visiting system.

Level II home visiting is a new initiative begun in spring of 2017, which provides funding for home visiting programs to serve families with more complicated needs, and to provide services beyond the parenting support and prevention in standard (Level I) home visiting. Sometimes meeting those needs means frequent, intensive services.

"We have two families that last week saw three of the team members different days for different needs," Bowen said. "That, to me, is the intensive piece."

Expanding to Level II also allows Beginning Years to serve families having their second or subsequent child, which they could not previously do under the First Born model they use for Level I. Other families qualified for First Born, but are better served by the Level II team.

Teja and Ben are such a family. Teja became pregnant at 18, and had difficulty with eating and nutrition during her pregnancy. She said the nurse on the team was a big help to her. "I was having a hard time eating during my pregnancy, and we were able to sit down and kind of come up with a schedule for me to eat, healthy things I was able to eat," Teja said. "She was willing to work with me multiple days to get that accomplished."

The team became especially valuable to Teja after her partner, Ben, was injured on the job and could no longer work. "The money flow became almost nothing," Teja said, and the home visiting team pointed her to Women, Infants and Children offices; local churches; and other places that could provide food and key necessities.

Dianna Perea, Beginning Years' lead Level II home visitor, said Level II connects families with essential resources right away, while traditional home visiting is more deeply rooted in building relationships and parenting skills – often engaging with families' core stability and survival needs later, after trust has been built. Level II, in a way, cuts to the chase.

"We're getting in there, and just hooking these families up with resources from the beginning and getting basic stability," Perea said.

Bowen said this accelerated timetable is key.

"We tiptoe less," she said. "We all know in child development that the first years are crucial, so we don't have time to lose. The sooner we can get to what ails the connection between parents and children, the better."

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## Data Sources: Screens Used

**Child Development**
Ages & Stages Questionnaire-3 (ASQ-3)
Ages & Stages Questionnaire Social-Emotional (ASQ-SE)

**Caregiver Depression**
Edinburgh Postnatal Depression Scale (EPDS)

**Nurturing Parenting**
PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes)

**Domestic Violence**
Relationship Assessment Tool (RAT)

**Family Background**
Maternal-Child Health Form (MCH)

# Home Visiting Outcomes for FY17

## Goal 1: Babies are Born Healthy

*SB365* Outcome 1: Improve prenatal, maternal, infant or child health outcomes, including reducing preterm births

### Background: What the Research Says

Maternal and infant health are critical foundations for family well-being, and a number of strategies are known to contribute to infant and child health, including: Encouraging the use of prenatal care, discontinuing substance abuse during pregnancy, increasing rates of childhood immunizations, increasing rates of pediatric well-child visits, initiation of breastfeeding, and preventing and treating maternal depression (Institute of Medicine, 2013; Ip et al., 2007; Center on the Developing Child, 2010). These strategies are all goals of home visiting, and home visiting has been linked, in certain models and locations, to improvements on nearly all of these domains (e.g., Easterbrooks et al., 2016; Sadler et al., 2013; Johnston et al., 2006; Williams et al., 2014).

Sixteen home visiting models have been identified as having positive outcomes for maternal health (Administration for Children and Families, 2017), and the health and well-being of mothers is directly connected to healthy babies. Maternal depression has been linked to child health, with children of mothers with untreated depression demonstrating behavioral problems, cognitive or developmental delays, and impaired attachment. Treatment of a mother's depression can improve not only her own functioning and quality of life, but can improve her child's symptoms as well (Pilowsky et al., 2008). Given the importance of a mother's mental health on her baby's well-being, the American Academy of Pediatrics recommends that pediatricians screen mothers for postpartum depression at baby's one-, two-, four- and six-month well-child visits (American Academy of Pediatrics, 2016; Earls, 2010).

### How Home Visiting Addresses this Goal

Research shows that quality home visiting programs improve birth outcomes and facilitate a more efficient use of the health care system (Lee et al., 2009). Home visitors screen mothers regularly for perinatal depression and health care access and usage. Home visitors work with families to address adequate use of prenatal, postpartum, and well-child medical care, reported prenatal substance abuse, postpartum depression, and initiation of breastfeeding. When a need or risk in these areas is identified, home visitors make appropriate referrals.

### Outcome Measurement

The measures used here to examine the impact of home visiting are:

- Connection to prenatal care
- Discontinuation of substance use during pregnancy
- Rates of screening for postpartum depression and referral to appropriate services
- Initiation of breastfeeding
- Rates of immunization by age 2

## Prenatal Outcome Data

As in previous years, pregnant women who received home visiting reported accessing prenatal care more often and earlier than women statewide. A total of 555 women were enrolled in home visiting services prenatally and had given birth by the end of FY17. Of these, 401 answered a relevant Perinatal Questionnaire item about their engagement in prenatal care. All but four (99 percent) reported receiving prenatal care, and 97.3 percent reported receiving prenatal care before the third trimester of pregnancy.

**Mothers Enrolled Prenatally who Reported Accessing Prenatal Care in FY17 (n=401)***



*Prenatal care in 1st trimester*
*Prenatal care in 2nd trimester*
*Prenatal care in 3rd trimester*
*No prenatal care received*
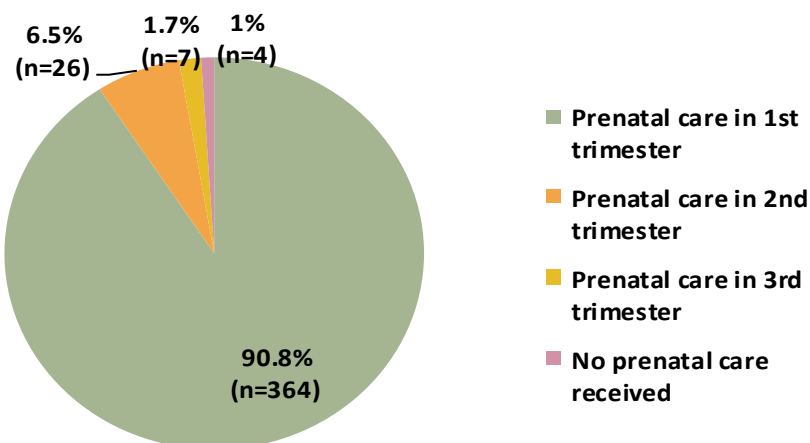
*\*555 women who entered prenatally have a Perinatal Questionnaire recorded, with 401 respondents to a question that asks when prenatal care began. Answers are missing for 154 women (27.7%)*

**Comparison of First Trimester Care, Home Visiting Mothers and Mothers Statewide**

New Mexico is one of five states with the lowest rates of access to prenatal care in the first two trimesters of pregnancy (2016 Health of Women and Children Report). Mothers in New Mexico home visiting access first trimester care at substantially higher rates than pregnant women statewide. In FY17, 90.8 percent of mothers in home visiting began prenatal care in their first trimester, compared to an average of 64.4 percent of women statewide (2014-2016, New Mexico Department of Health). Rates of care before the third trimester are also higher for women in home visiting (97.3 percent) than for pregnant women statewide (86.6 percent, 2016 Health of Women and Children Report).

**Mothers Reporting Substance Use and Discontinued Use During Pregnancy***
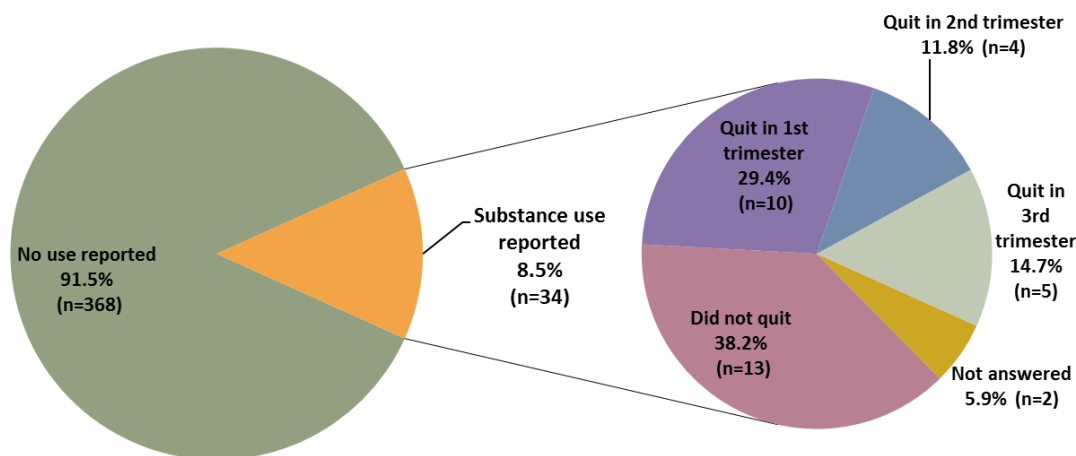


*\*Total=402 of 555 mothers who entered prenatally and gave birth in FY17 were screened with the Perinatal Questionnaire and answered relevant items on substance abuse. Data is missing for 27.6% (n=153).*

## Maternal Health Outcome Data

In FY17, 1,468 eligible mothers* were screened for postpartum depression using the Edinburgh Postnatal Depression Scale. Of the 540 (37 percent) who were identified as having symptoms of postpartum depression ("at risk"), 486 (90 percent) were referred for services, where available. Of the women referred, 320 (66 percent) are recorded as having engaged referral supports, up substantially from 53 percent in FY16.

**Postpartum Mothers Screened for Depression and Connected to Available Services***
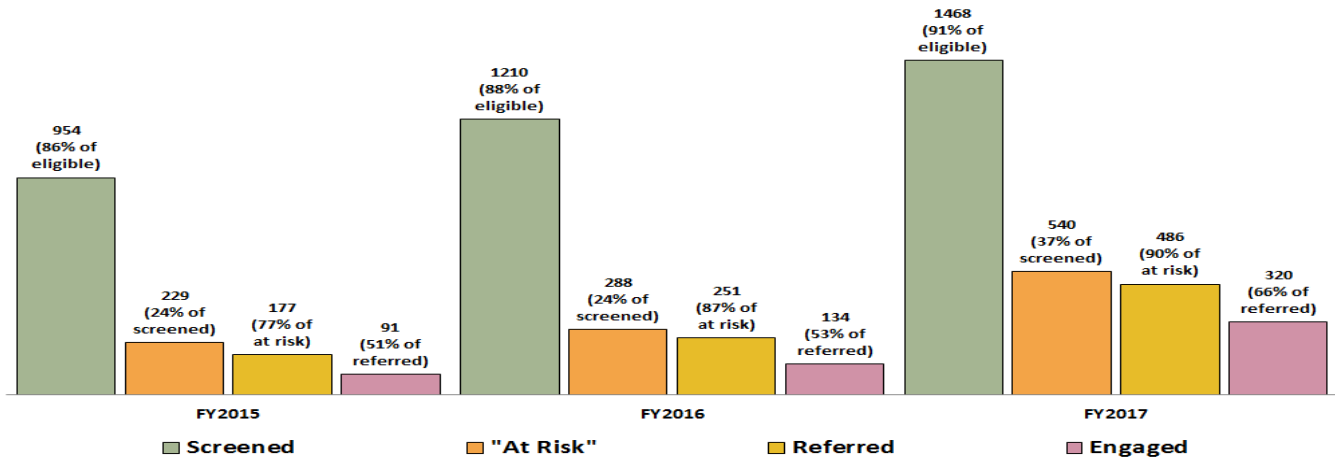


*Eligible were 1,616 caregivers enrolled with a child six months old or younger.*

## Infant and Child Health Outcome Data

Among mothers enrolled in home visiting who gave birth during the reporting period, 93 percent initiated breastfeeding, 4 percentage points higher than the statewide rates (89.4 percent in 2017, New Mexico Department of Health). On the other hand, according to caregiver self-report, 91.5 percent of children in home visiting have received recommended immunizations, while statewide estimates show 91.9 percent immunized (New Mexico Department of Health Immunization Program, 2014).

**Mothers who Report\*\* Initiating Breastfeeding**



**Children Immunized on Schedule, by Parent Report[†]**
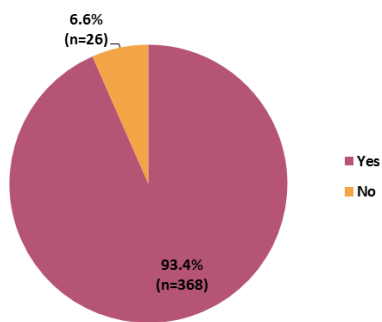


\*\**Total = 555 mothers who gave birth this reporting period. Data missing for 161 or 29%.*
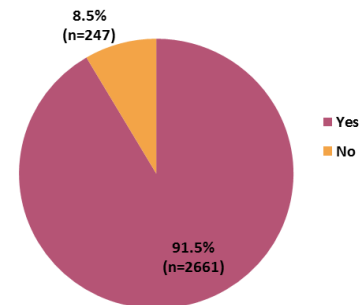
[†]*Total = 2,908 caregivers who were screened with relevant portions of the Maternal Child Health Form.*

## Data Development

CYFD is in the process of adding a reporting protocol to measure the following indicator required by the Home Visiting Accountability Act:

- **The percentage of babies and children receiving the last well-child visit as recommended for their age by the** *American Academy of Pediatrics.*

Amy Weisent doesn't show up empty-handed to a home visit. As she moves up the walk of a home on the West Side of Albuquerque, she is weighed down with toys to use during the visit and a large box of diapers to offer the family.

As Amy enters the home, Melissa is changing her baby's diaper on the living room floor. Her 2-year-old's face lights up as he sees the toy house and tool set, and he goes right for them.

While Amy has been visiting Melissa for several months, this is their first visit since the toddler returned to Melissa's care. He has recently been with a foster family, and an older child remains in state custody. Melissa's 3-month-old baby appears content in her arms, peering out from beneath his shock of black hair.

Melissa launches into a cheerful monologue about the past few days, filling Amy in on a recent visit from her Child Protective Services liaison, whom she likes, and how she took her 2-year-old to the doctor because he woke up vomiting after a long sleep.

Melissa is hardly new to motherhood. As a mother of four, she is no newcomer to bottles and diapers, or to the practiced art of holding adult conversation while constantly monitoring a 2-year-old's explorations. The home visit is happening in Melissa's parents' house, which is bigger than her apartment and full of novel things for him to get into. At one point she expertly supports the baby's bottle with her chin so she can open something for her toddler, prompting him to say please and thank you. Amy takes note.

"I love how you're checking in with him, giving him good praise, and also keeping track of the baby," said Amy, who is the Level II home visitor for Peanut Butter & Jelly Family Services.

Melissa said caring for both kids presents some challenges, because they are closer in age than her

# Goal 2: Children are Nurtured by their Parents and Caregivers

*SB365* Outcome 2: Promote positive parenting practices
*SB365* Outcome 3: Build healthy parent and child relationships

## Background: What the Research Says

The first few months and years of a child's life are critical for cognitive, social, and emotional development, which build the foundation for future success and well-being. Nurturing, responsive relationships between a child and a small group of consistent caregivers foster attachments, support brain development, and promote social and emotional development (Shonkoff & Phillips, 2000; National Scientific Council on the Developing Child, 2007; Center on the Developing Child, 2010). But when parents lack the skills or resources to meet their babies' needs, the results may have long-lasting impact. Research indicates many of our costliest social problems such as poor infant and maternal health, child abuse and neglect, school failure, and crime are rooted in this early period (Pew Center on the States, 2011; Heckman & Masterov, 2007).

Home visiting has been shown to improve mothers' positive parenting behavior, across different locations and across 25 different home visiting models (Administration for Children and Families, 2017). These effects include improvements in parental sensitivity, parental teaching behaviors, parent knowledge of childrearing practices and development, decreased punitive discipline, and improvements in positive, engaged parenting practices (e.g., Yarger, 2015; Chazan-Cohen et al., 2013; Love et al., 2001; LeCroy & Krysik, 2011; Chang et al., 2016). By supporting caregivers in their capacity to provide responsive, nurturing and developmentally appropriate care, home visiting helps to foster the conditions young children need for safe and supportive early learning and optimal development (Hebbeler & Gerlach-Downie, 2002).

## How Home Visiting Addresses this Goal

Relationships are a central focus of home visiting. New Mexico home visitors are trained in various strategies to support positive interactions between caregivers and their infants through play, by fostering regular feeding routines, and by educating caregivers about how to read their infants' cues and respond appropriately. New Mexico home visiting programs use the *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)* observational tool (Roggmann et al., 2013a, 2013b), designed for home visiting programs to measure healthy parenting practices and relationships. Based on the results, home visitors help families implement specific strategies to foster daily nurturing parenting behaviors that are known to support children's early development. Home visiting's strength-based approach helps parents to value the interactions they have with their child and validates their important role in their child's development. Home visitors are also trained to recognize potential signs that a young child's social and emotional development are at risk or that a parent suffers from depression. When these risks are identified, home visitors connect families with appropriate community services.

## Outcome Measurement

The primary indicator used here to measure healthy parenting practices is:
- Caregiver progress in practicing positive parent-child interactions, as measured by the PICCOLO observational tool

other children. With her previous kids, she had five- or six-year gaps between births, so older kids were more autonomous and able to help. Fortunately, she said, the baby has a mellow personality. "He's such a good baby, aren't you?" she said, smiling down at him.

Things are more challenging with her toddler, who is adjusting to being back home. Although he is smiley and warm during the visit, Melissa says he throws tantrums when she tells him "no," sometimes throwing things. Amy advises that he is testing the boundaries of his new environment, and that he may respond better to a positive directive (e.g., "Use your walking feet," instead of "No, don't run"). They also discuss a referral to early intervention for a developmental assessment.

Melissa said she appreciates having Amy there for this kind of advice, as well as for the material support she can bring. Peanut Butter & Jelly runs a program that sponsors families for the holidays, and earlier in the week Amy dropped off Christmas gifts for the kids. She also gave Melissa rides to prenatal appointments, and now offers to come with her on an upcoming visit to the state Income Support Division to handle some particulars of her toddler's Medicaid status. The prospect of bringing both kids is daunting, and Amy offers tips, like making sure to bring toys and activities for the waiting room.

Melissa declines Amy's offer to come along, for now.

"I'll try to do most of it by myself, but if I feel overwhelmed I'll definitely ask for help," she said.
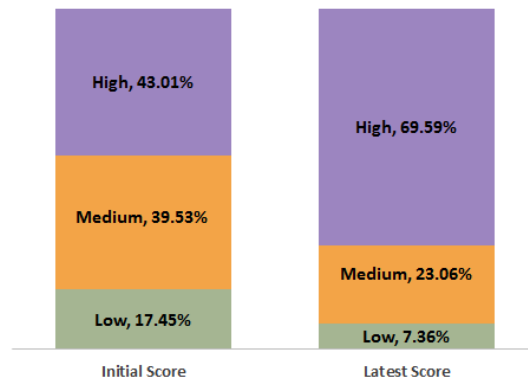
## Outcome Data

Initial PICCOLO screens can be completed once children are at least four months old, and follow-up screens are given after six months of parenting curriculum and activities have been delivered. These follow-up screens measure the development of new strengths in parenting behaviors over time. In FY17, 1,079 families received both an initial and at least one follow-up screen.
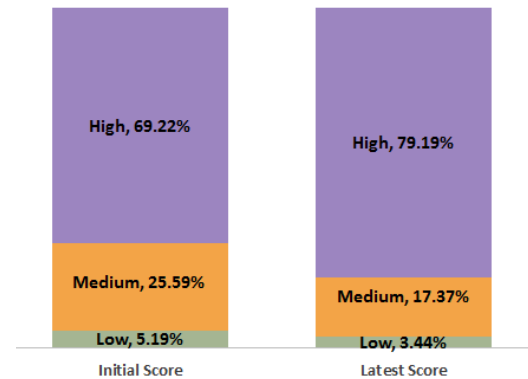
Screens are scored in "low," "medium," or "high" categories, with scores in the "low" range signaling areas of opportunity for growth in healthy parenting practices. The four research-based domains of parenting behavior are: teaching, affection, encouragement, and responsiveness. The following data charts present average percentage change over time by domain between first and latest PICCOLO score. In addition:

- 662 families (61%) showed improvement in teaching. This tends to be the domain where parents initially score lowest, so there is most room for improvement.
- 503 families (47%) showed improvement in encouragement.
- 460 families (43%) showed improvement in responsiveness.
- 405 families (38%) showed improvement in affection.

### PICCOLO Changes Over Time: Teaching Domain



Initial Score: High, 43.01%; Medium, 39.53%; Low, 17.45%
Latest Score: High, 69.59%; Medium, 23.06%; Low, 7.36%

### PICCOLO Changes Over Time: Affection Domain



Initial Score: High, 69.22%; Medium, 25.59%; Low, 5.19%
Latest Score: High, 79.19%; Medium, 17.37%; Low, 3.44%

### PICCOLO Changes Over Time: Encouragement Domain



Initial Score: High, 47.68%; Medium, 37.05%; Low, 15.27%
Latest Score: High, 64.15%; Medium, 26.86%; Low, 8.99%

### PICCOLO Changes Over Time: Responsiveness Domain



Initial Score: High, 47.23%; Medium, 37.85%; Low, 14.93%
Latest Score: High, 63.52%; Medium, 30.04%; Low, 6.44%

# Goal 3: Children are Physically and Mentally Healthy

*SB365* Outcome 1: Improve prenatal, maternal, infant or child health outcomes, including reducing preterm births
*SB365* Outcome 5: Support children's cognitive and physical development

## Background: What the Research Says

Early childhood development is influenced by a host of individual, family, and systemic factors. One key way home visiting can support the physical and mental health of children is to ensure they are appropriately screened for developmental delays and disabilities. Developmental disabilities were reported in about one in six children ages 3-17 in the United States in 2006-2008 (Boyle et al. 2011), while one in four children from infancy to age five are at moderate or high risk for developmental, behavioral, or social delay (Child Trends Data Bank, 2013). Children are also three times as likely to be at high risk for developmental delays if they do not have a parent with at least a high school education, compared to those whose parents have education beyond high school (Child Trends, 2013).

By conducting developmental screening with a standardized tool such as the Ages and Stages Questionnaire 3 (ASQ-3), children are more likely to be identified with delays and referred in a timely manner to appropriate early intervention services (Guevara et al. 2012). The American Academy of Pediatrics recommends all children receive developmental screenings at 9 months, 18 months and 30 months of age and autism screenings at 18 and 24 months of age to ensure the early detection of developmental concerns (American Academy of Pediatrics, 2016). This early identification should result in connections to appropriate services for children and families, and some studies have found home visiting can be successful in referring families into early intervention services and supporting them in engaging with those services (Schwarz et al., 2012).

## How Home Visiting Addresses this Goal

Home visitors discuss issues with mothers and families such as the nutritional needs of babies and mothers, the importance of well-child visits, and behavioral health needs. They teach parents strategies to monitor their child's growth, and home visitors are prepared to discuss feeding and any developmental or behavioral concerns. When concerns regarding the child's growth or health are noted, home visitors will make referrals to appropriate providers. To track and monitor developmental milestones and social-emotional development, home visitors use the Ages & Stages Questionnaire, Third Edition (ASQ-3) and the Ages & Stages Questionnaire-Social-Emotional (ASQ-SE).

## Outcome Measurement

The data used to measure the impact of home visiting services on children's physical and mental health examine:
- Percentage of children screened on schedule for potential delay in development with the ASQ-3 or ASQ-SE screening tool
- Percentage of children screened as at risk of delay who are referred to and engage with appropriate services

Measures for other health-related outcomes, such as rates of up-to-date immunizations, initiation of breastfeeding, and data recommendations related to well-child pediatric visits, can be found under Goal 1, Babies Are Born Healthy.

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## Ages & Stages Questionnaire-3

The ASQ-3 is a screening tool that helps parents provide information about the developmental status of their infant or young child across five developmental areas:

- Communication
- Gross Motor
- Fine Motor
- Problem Solving
- Personal-Social

The screening tool comes in versions to measure development at 21 different ages, from 2 months to 5 years old. Completing the questionnaire takes about 15 minutes, and involves parents observing the behavior of their children.

When a child's ASQ-3 score is below the cut-off and indicates that further assessment is necessary, an appropriate referral is made to the New Mexico Family-Infant Toddler (FIT) early intervention program.

## Outcome Data

In FY17, 3,362 children were old enough (4 months of age) to receive the first ASQ-3 screen required by the CYFD Home Visiting System, and had been in home visiting for at least five home visits. Children already receiving early intervention services were not expected to receive the screen.

Of these 3,362 children, 2,882 (85.7 percent) received at least one ASQ-3 screen. Roughly 20 percent, or 586, were identified by the screen as having characteristics of a delay in development, and therefore in the category of "identified for referral."

Home visitors communicate the results of the ASQ-3 to the child's caregivers and suggest resources for follow-up or further assessment as needed. When a screen indicates a possible delay in development, home visitors should refer families to early intervention programs through the NM Family, Infant, Toddler (FIT) program, supply parents with developmentally appropriate activities, and rescreen at the next age interval or sooner, if warranted.

In FY17, of the 586 children identified for referral through the ASQ-3, 516 children (88 percent) were referred to FIT early intervention services. Of those referred, 67 percent (343) engaged in early intervention services.

**Eligible Children\* (n=3,362) Screened On Schedule for Potential Delay in Development with the ASQ-3, and Connected to Early Intervention Services**
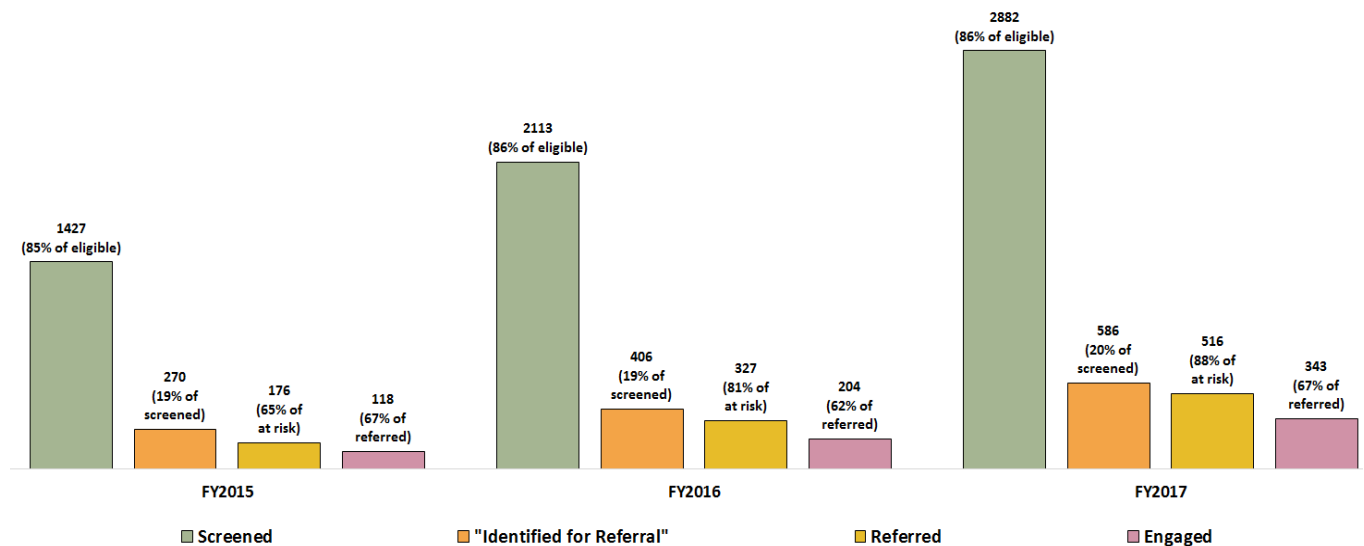


*\*Total of 3,362 eligible children represents the children who were at least 4 months old as of May 1, 2017, who also had received at least 5 home visits, and who were not already enrolled in early intervention services.*

# Goal 4:  Children are Ready for School

*SB365* Outcome 4: Enhance children's social-emotional and language development
*SB365* Outcome 8: Increase children's readiness to succeed in school

## Background: What the Research Says

Becoming ready for school is an ongoing process that begins in infancy and continues in the context of children's relationships with caring adults. These relationships set the stage for all that will follow in a child's life, including success in school (Brazelton, 2013). School readiness involves the child's reading, math, and language skills at school entry, and the child's social-emotional development (Shonkoff & Phillips, 2000; High, 2008; Duncan et al., 2007). Just as nurturing relationships provide the foundation for school readiness, research also indicates that adverse experiences such as poverty and child maltreatment disrupt development of the biological structures children need for learning and well-being. Protective factors such as those promoted by home visiting help set children on a path toward developmental readiness for school (Center on the Developing Child, 2016).

What a child hears also has dramatic consequences for what a child learns. Children who hear fewer words have vocabularies that are half the size of their peers by age three (Hart & Risley, 2003), with studies concluding that these differences continue to relate to academic success at age nine (Gilkerson & Richards, 2009). In addition to promoting language development, talking to children promotes brain development more broadly. Every time a parent or caregiver has a positive, engaging verbal interaction with a child – whether it is talking, singing, or reading – neural connections of all kinds are strengthened within the child's rapidly growing brain (Fernald et al., 2013). Children whose parents read to them regularly and create a literacy-promoting environment at home scored higher on language assessments and also enjoyed reading books more (Zuckerman & Khandekar, 2010). In addition, early home environments that include literacy activities, high-quality engagement between mothers and children, and availability of learning materials are linked to improved academic skills in fifth grade (Tamis-LeMonda et al., 2017).

Beyond cognitive skills, strong social-emotional skills have been shown to ease the transition to kindergarten and support future school success. Self-control, respect for others, interest in classroom materials, skills in listening and attending, and the ability to initiate and persist on small tasks are all expectations of a school-age child; these skills all spring from social-emotional competence (Parlakian, 2003). Home visiting has been shown to support many of these aspects of school readiness, with 21 different home visiting models showing some favorable outcomes for child development and school readiness (Administration for Children and Families, 2017).

## How Home Visiting Addresses this Goal

New Mexico home visiting programs aim to help children meet age-appropriate milestones that prepare them to eventually succeed in school. Home visitors engage parents in activities designed to improve child functioning across developmental areas, educating parents about child development and strategies to enhance school readiness (such as literacy activities), and promoting positive parent-child interactions. Home visitors are also able to link interested families to other quality early childhood care and education experiences.

Home visitors facilitate children's social-emotional development by helping them understand their own feelings, others' feelings, and turn-taking. Using the PICCOLO, home visitors observe and provide feedback, when needed, on caregiver affection, encouragement, responsiveness, and teaching in caregiver-child interactions. These skills are all associated with later school readiness. Home visitors also provide appropriate referrals based on results of standardized developmental screening tools (ASQ-3 and ASQ-SE).

## Outcome Measurement

The measures used here to examine the impact of home visiting services on infants and young children's readiness for learning and school are:

- Percentage of children screened on schedule for potential delay in development with the ASQ-3 and ASQ-SE screening tools
- Percentage of children screened as at risk of delay (both tools), and those who are referred successfully to available services (ASQ-3 only)
- Caregiver progress in practicing positive parent-child interactions, as measured by the PICCOLO tool

## Outcome Data

As reported with Goal 3 outcome data (p. 21), ASQ-3 screenings showed that 86 percent of eligible infants and young children received a screening for possible delay in development, and that 88 percent of those identified with possible characteristics of developmental delay were referred to early intervention services for further assessment. Parents' progress in practicing the positive parent-child interactions that support infants' and young children's social-emotional development is measured using the PICCOLO screen, as reported in Goal 2 outcome data (p. 19).

In addition, the ASQ-Social-Emotional questionnaire was administered to 2,496 (82.8 percent) of 3,016 eligible* children. Of these, 334 (13.4 percent), scored below cut-off. Such scores on the ASQ-SE help guide home visitors' work with families in the preventive interactions designed to address children's social and emotional difficulties.

**Eligible\* Children Screened and Identified as at Risk of Social-Emotional Delay on the ASQ-SE Screen**
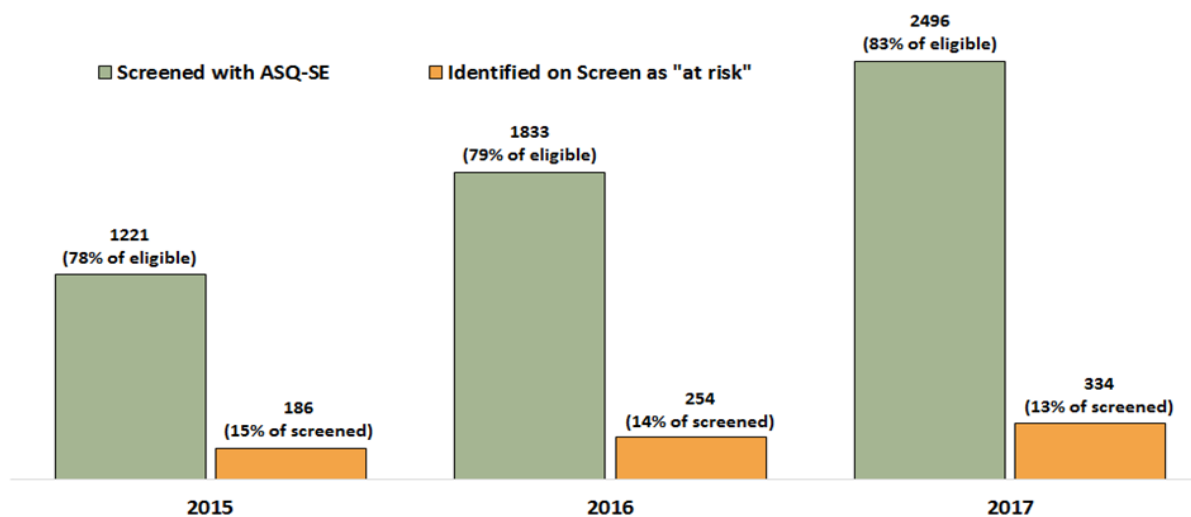


*\*Total of 3,016 eligible children represents the children who were at least 4 months old as of May 1, 2017 who also had received at least 5 home visits, and who were not already enrolled in early intervention services.*

## Data Development

The Home Visiting Accountability Act requires that the Home Visiting System report on "Any increases in school readiness, child development and literacy." It is recommended that:

- CYFD plan for tracking the **percentage of children receiving home visiting services who enter kindergarten at or above grade level on the Kindergarten Observation Tool statewide assessment** currently being implemented.

- CYFD **begin tracking referrals to and engagement with early intervention services that result from ASQ-SE screenings**, as is currently done with the ASQ-3.

- CYFD implement **a measure to capture home visiting successes in promoting family literacy,** such as the number of days in a week that family members report reading, telling stories to, and/or singing to their children.

# Goal 5:  Children and Families are Safe

*SB365* Outcome 6: Improve the health of eligible families
*SB365* Outcome 7: Provide resources and supports that may help to reduce child maltreatment and injury

## Background: What the Research Says

Young children who experience developmental trauma, such as exposure to domestic violence, abuse, and neglect, are significantly impacted in their brain development. These children are at higher risk for nearly every psychiatric disorder, as well as for poor performance in school and in relationships with others (Perry, 2008). In addition, caregivers who experienced child maltreatment themselves are more likely to perpetrate child maltreatment. However, caregivers who experienced maltreatment are significantly less likely to perpetrate maltreatment when they have a better relationship with their intimate partner, more satisfaction with parenthood, and better attachment with their children (Thornberry et al., 2013). Research has shown that programs targeting parent-child relationships can help protect children from maltreatment and related risk factors (Chen & Chan, 2016) and even help heal damage from harm that has already occurred (Ludy-Dobson & Perry, 2010). There is also some evidence that home visiting is linked to reduced intimate partner violence (Jacobs et al., 2016), significantly reduced unintentional injuries to children (Kendrick et al., 2008), and can lead to parents reducing safety hazards in the home (Rostad et al., 2017).

In a review of studies analyzing the effectiveness of child maltreatment prevention interventions, home visiting and parent education appeared to reduce risk factors and prevent physical abuse and neglect (Mikton & Butchart, 2009). Home visitors help prevent child maltreatment by being positive role models for parents, connecting families to community resources, and providing information about child development and appropriate discipline (Howard & Brooks-Gunn, 2009). In another review of hundreds of studies of child maltreatment, several variables were identified as protective factors for child abuse and neglect. These factors include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (Horton, 2003; Thomas et al., 2003; Ridings et al., 2016). In a review of research examining reductions in child maltreatment for families enrolled in home visiting programs, nine models have been linked to such reductions (Administration for Children and Families, 2017).

## How Home Visiting Addresses this Goal

Home visiting programs use screening tools to assess risk and protective factors for child maltreatment. Protective factors include secure attachment, family stability, access to health care and social services, and social connectedness. Conversely, risk factors include exposure to domestic violence and developmental and emotional challenges. Home visitors use their knowledge of each family to establish intervention plans, including safety plans for families who may be at risk for family violence. Home visitors also discuss unintentional injury issues (e.g., potential poisoning, pet safety, and water safety) and positive parenting strategies with caregivers to prevent abuse and neglect. If home visitors identify safety concerns or suspect abuse or neglect, they must complete a report to Statewide Central Intake (Child Protective Services).

## Outcome Measurement

The indicators used to measure home visiting's impact on safety are the percentage of families:
- Identified as at risk of domestic violence on the Relationship Assessment Tool (RAT)
- Identified as at risk of domestic violence who have a safety plan in place
- Identified as at risk of domestic violence who are referred to and receive support services
- Engaged in discussion of unintentional injury prevention
- With reported and substantiated cases of maltreatment experienced by children after entry into home visiting **(new indicator this year)**

## Outcome Data

Of FY17's 4,587 active families, 3,567 (77.8%) were screened for potential risk of intimate partner violence with the Relationship Assessment Tool (RAT).

When screened, 202 (5.7 percent) scored as potentially at risk. Of those at risk, 77.2 percent (156) were referred to available behavioral health services, and 43 (27.6 percent) of those referred are known to have engaged in services. This shows an upward trend in referrals from last year's 73 percent, though family engagement with those referrals is down markedly.

**Caregivers Screened for Domestic Violence Risk & Connected to Services**
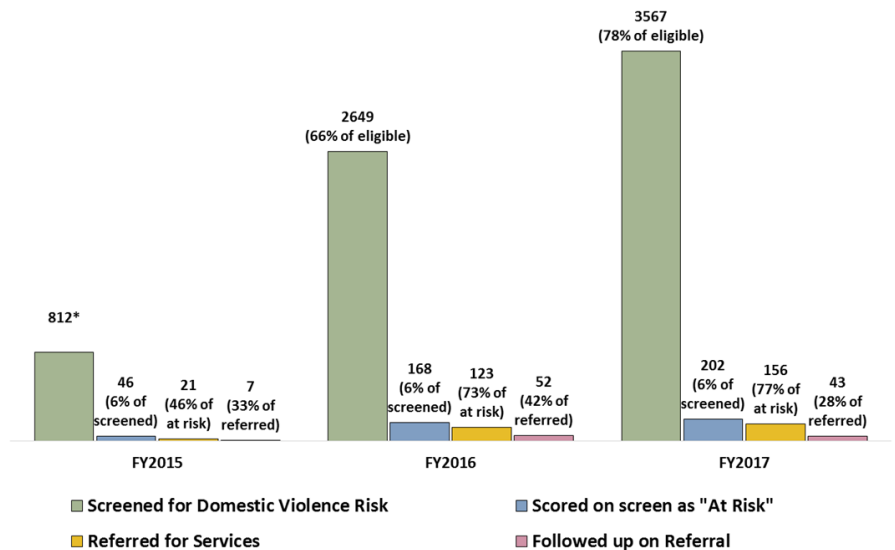


**Families At Risk of Domestic Violence Who Have a Safety Plan in Place**

Of the 202 families who scored as "at risk" on the RAT screen, 49 percent are recorded as having a safety plan in place. This is an increase from the one-third of at-risk families with safety plans last year. Continued training for home visitors in use of the RAT screening tool and protocols for responding to "at risk" scores will need to be continued priorities. It will be important that training and monitoring continue to focus on ensuring that appropriate safety plans and referrals to community services are in place for all families screened as at risk of potential domestic violence.

**Families Engaged in Discussion of Injury Prevention***

For the third year, recorded rates of discussion of home injury prevention were unaccountably lower than expected (33.9 percent, down from 38.8 percent in FY16 and 80 percent in FY13). Review of program practices is needed to determine whether visitor practices or data entry issues need to be addressed.
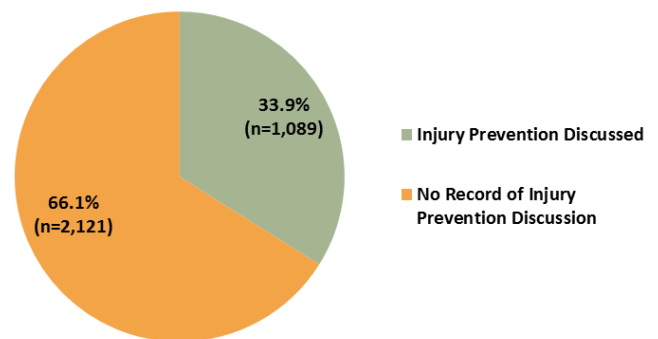


*Total=3,210 families with five or more home visits in FY17.*

**New Indicator in FY17: Reported and Substantiated Child Maltreatment Cases**

As of the first quarter of FY18, CYFD has instituted protocols to enable reporting of data to examine the relationship between home visiting services and maltreatment of children. For the first time, CYFD has reported the number of substantiated cases of maltreatment experienced by children after entry into home visiting.

CYFD reports that of 1,828 families enrolled in home visiting in the first quarter of FY18, a total of 9 were identified as having a substantiated maltreatment or abuse referral (less than .05%).

- Beginning in FY18, CYFD has committed to reporting on the following annual outcome measure: **the number of families receiving home visiting for six months or longer who have one or more protective services substantiated abuse and/or neglect referral.**

# Goal 6: Families are Connected to Formal and Informal Supports in their Communities

*SB365* Outcome 9: Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families

## Background: What the Research Says

Connecting families to community supports is essential for fostering safe and healthy children. In addition to tangible supports like nutrition or housing, supportive social networks also contribute significantly to improved mental health for mothers and experiences for children (Balaji et al., 2007). New Mexico's communities offer services to help families thrive, but those who need them most may not know these supports exist or how to access them. Home visiting can help close those gaps for families. Studies of home visiting programs in various states have found that families who received home visiting services were connected to more community supports than families in a control group, were more frequently enrolled in financial supports like Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program than other eligible families, and were more likely to access high-quality child care (Dodge et al., 2014; Green et al., 2017). This link to child care may be particularly important, as CYFD has recently prioritized the recruitment and retention of eligible families into child care assistance.

A recent review has found that six evidence-based home visiting models are associated with improved referrals and community linkages (Administration for Children and Families, 2017). Research shows families value referrals as a useful part of home visiting (Paris & Dubus, 2005), and are more engaged with home visiting when visitors have the knowledge to make appropriate referrals (Wagner et al., 2000). Multiple researchers have also identified cohesive networks among home visiting programs and the services they refer families to as an important best practice in successful home visiting (e.g., Golden et al., 2011; Dodge & Goodman, 2012).

## How Home Visiting Addresses this Goal

Home visiting programs place a high priority on screening families for potential risks and linking them to community resources and supports that can help address identified needs. Connecting families to social support services is part of CYFD's goal-setting and planning process with each family, which is informed by screening tools and questionnaires to identify risks. Appropriate referrals, and follow-ups on those referrals within a month, should occur regularly. Home visitors make referrals to various services and agencies, including primary care providers, behavioral health services, early intervention programs, domestic violence services, and child protective services. Home visitors also use a screening tool called the Social Support Index to assess whether families are experiencing isolation, and use that information to connect families to community supports as needed.
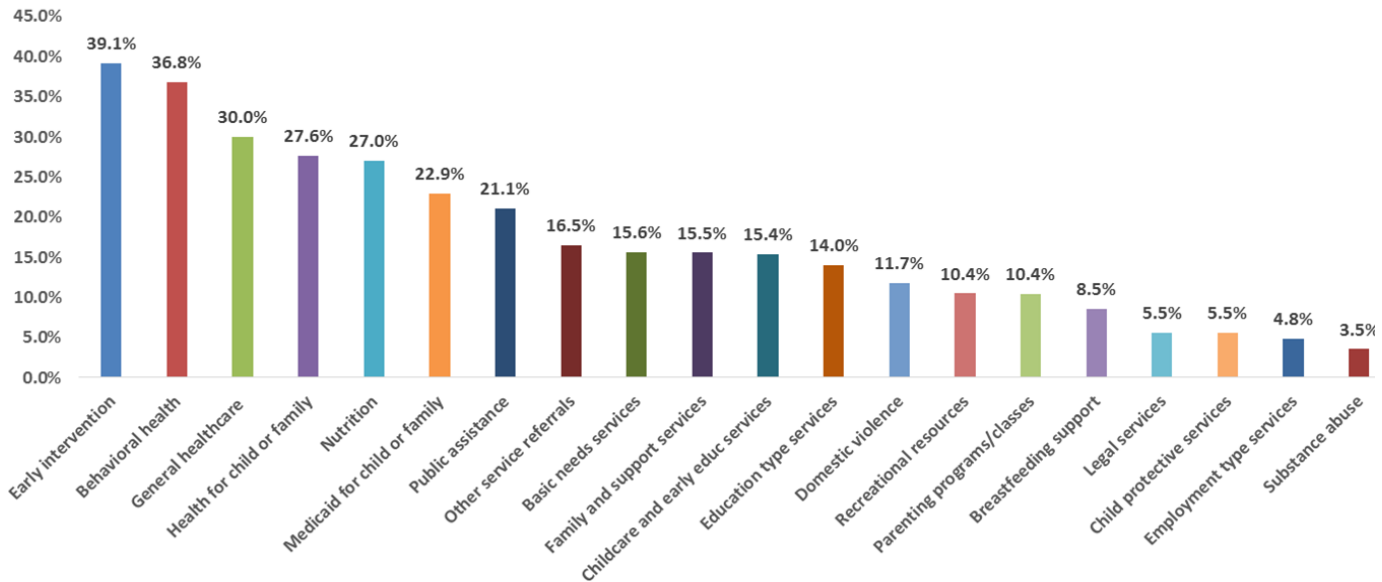
Home visiting can also help identify gaps in available services, and can inform community-level change to address "resource deserts," such as rural communities where resources are not readily available. Home visiting programs often belong to networks of service providers who can help identify these gaps and, in some cases, can be partners in cultivating needed services. Moreover, if home visiting programs are situated within a broader community of providers, they can build relationships between programs that make referrals more seamless for families.

## Outcome Measurement

The indicators used to measure home visiting's effectiveness in connecting families to formal and informal community supports are the percentage of:

- Families referred to support services in their community, by type (all referrals)
- Families with identified need who receive referral to available community supports (maternal depression, developmental delay, family violence)
- Referred families who engaged in services (maternal depression, developmental delay, family violence)

## Percent of Served Families (n=4,587) Receiving 1+ Referral, by Service Type



## Service Referrals and Family Engagement, Enrolled Families, FY15-FY17



EPDS
- Percent Referred: 77.3%, 87.2%, 90.0%
- Percent Engaged: 51.4%, 53.4%, 65.8%

ASQ
- Percent Referred: 67.0%, 80.5%, 88.1%
- Percent Engaged: 65.2%, 62.4%, 66.5%

RAT
- Percent Referred: 45.7%, 73.2%, 77.2%
- Percent Engaged: 33.3%, 42.3%, 27.6%
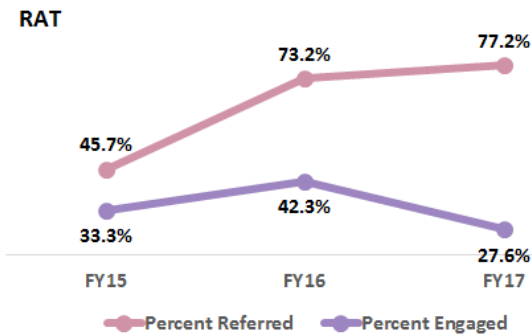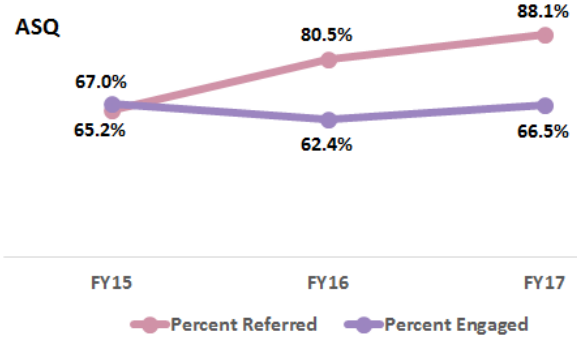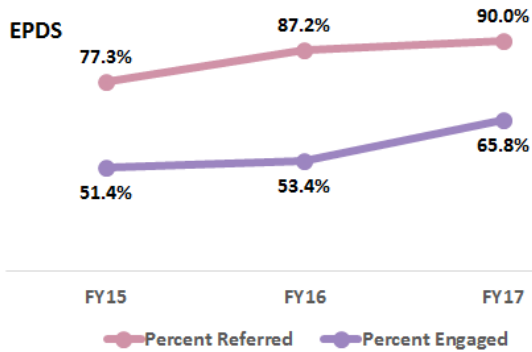
*\* See Appendix 2 for explanation of how eligibility was determined for EPDS (depression), ASQ-3 (developmental delay), and RAT (domestic violence) screens and referrals.*

## Outcome Data

The graphs above show change over time in the percentage of families or children referred to appropriate services after screening scores indicated possible presence of depression (EPDS), developmental delay (ASQ-3) or intimate partner violence (RAT), as well as the percentage of clients receiving referrals who engage with them. Areas flagged by screen scores can sometimes be addressed by home visitors, so not all subscale scores require immediate referral to intervention services. There are also communities with inadequate access to needed services, where referrals cannot be made. Data show that overall rates of referral have increased across the Home Visiting System, with more variability in rates of engagement.

## Data Development

- The Home Visiting Accountability Act requires annual reporting on "**Percentage of children receiving home visiting services who are enrolled in high-quality, licensed child care.**" CYFD should ensure that reporting generated through the Early Childhood Integrated Data System (ECIDS) includes this accountability measure.

# CYFD Next Steps

As part of an ongoing process of expanding and improving the Home Visiting System, CYFD has developed a set of Next Steps, which are organized by: 1) Data and Accountability, 2) Supports for Program Improvement, and 3) Home Visiting System Building.

## Data and Accountability

In the coming year, CYFD will work with programs to continue refinement of current accountability measures, including:

- Expansion of depression screening to all primary caregivers
- Monitoring the length of time infants are breastfed
- Tracking referral steps taken as a result of social-emotional (ASQ-SE) screening.

CYFD will also implement new data collection efforts needed to report on measures for which data have not yet been available. These include:

- Family engagement with early literacy efforts
- Families' regular use of well-child visits, per the recommendations of the American Academy of Pediatrics.

CYFD will take steps to implement cross-agency data sharing efforts required to measure specific child outcomes mandated in the Act, including:

- Matches of home visiting participant data to Child Protective Services data (begun in FY18) to better understand the impact of home visiting on prevention of child maltreatment and/or abuse
- Matches of Public Education Department Kindergarten Observation Tool (KOT) data to participants in home visiting and an appropriate statewide comparison group to enable reporting on home visiting's impact on school readiness
- Tracking enrollment in subsidized quality child care and NM PreK programs by children during and after home visiting participation, through the home visiting data system and the state's new Early Childhood Integrated Data System (ECIDS) project, set to launch in early 2018
- Possible administrative data matching of home visiting participants to the statewide immunization database to increase reliability of immunization data reporting.

In addition, CYFD will ensure that appropriate data is collected and used to identify families who will most benefit from new Level II targeted intervention and Neonatal Intensive Care Unit (NICU) Home Visiting services and to measure the effectiveness of services in meeting family and child needs.

## New Partnership: NICU Home Visiting

Bringing a new baby home is a big moment for any family. For families with a child in the Neonatal Intensive Care Unit (NICU), it can be especially complicated.

"The transition home is the most stressful period for parents," said Peggy MacLean, director of a new NICU home visiting program. "There's intense fear, as well as excitement. It's really fraught. Parents talk about going home, and they're driving, and they're like, 'Is this it?' One day you have a medical staff supporting your baby and the next, it's you."

MacLean is the director of Project HATCH, a new home visiting initiative that stands for Helping fAmilies To Come Home. The program, developed in partnership between the University of New Mexico NICU and CYFD, is aimed at supporting families of children who are hospitalized at birth. The program is set to begin operations in 2018. NICU home visitors will work with families, both during their baby's hospital stay and after discharge, with the goal of transitioning them into community home visiting programs.

MacLean said many families with children in the NICU have additional social stressors, on top of the obvious stress of having a baby with medical challenges. She said a substantial number of children are in the NICU because of social adversity, neonatal abstinence syndrome (drug withdrawal), or prenatal drug use. "Having a little one in the NICU anyway is always very stressful. When you also add those social layers, then it becomes especially stressful," MacLean said.

She noted that even for families without those social challenges, the NICU can be a source of significant trauma.

"Having a newborn hospitalized, for any parent, that is destabilizing," she said. "No parent will tell you that it's easy to have given birth and get in your car and drive home without your newborn. Whether or not they are stable and have the support, it's the most unnatural experience in the world. No parent will say it's easy to negotiate the feeling of, am I the parent of this baby, when you have a staff of twenty who's taking care of this baby, and you have to almost ask permission to change your baby's diaper."

MacLean said home visiting is a good fit for the NICU because of its focus on the parent-child relationship.

"Everything around home visiting, if you look at how it's structured, the mission, is based on supporting that parent-child relationship, which I think is really different from any other system," she said. MacLean noted that while other support systems may be attentive to the needs of the whole family, they are ultimately focused on, for example, a child's developmental milestones or health outcomes. The parent-child relationship may be supported, but it isn't the main goal.

In home visiting, she said, that relationship is the core mission. This is important for families with children in the NICU, because the experience of hospitalization can disrupt those feelings of connection.

"When you're thinking about a little one coming into the world, in most families, they're held," she said. "Little ones who are in the NICU often can't be held. They're in the incubator. There's a true sense of isolation and disruption. There's distance; there's physical distance, and parents are contending with, 'How do I stay connected with my child?'"

In addition to bringing on home visitors, the NICU is training all its nurses in Facilitating Attuned Interactions – a framework that focuses on interacting with parents in ways that are attentive to their emotional state. Janell Fuller, Medical Director of the UNM NICU, said the training is intended to help families and NICU staff have positive interactions.

"Basically, it's a tool to help facilitate communication between two people … so that both people are at the right place to have the conversation," Fuller said, adding that if a parent is visibly stressed, for example, it's not a good time to try to teach them a new feeding technique.

Fuller said home visiting complements other family services available in the NICU, which tend to end as soon as the family is discharged. Adding home visiting is intended to ensure families have what they need to transition from the NICU to home, including referrals to other services they may need, and connecting them to home visiting in their communities.

"The eventual long-term goal is all the home visiting programs, we're going to tap into them as our bridge," Fuller said, adding that families bringing a child home from the NICU may be too overwhelmed to self-refer into home visiting or other supports. That's where the NICU home visitor comes in. "You have someone who doesn't have that stress … who has some familiarity with the patient population, who can relieve anxiety and be one more resource for them."

## Supports for Program Improvement

CYFD continues to support program improvement through an administrative team of home visiting manager-monitors who aim to ensure steps are taken to meet state standards, contractual requirements, and quality improvement goals.

- Manager-monitors continuously work with programs to address any barriers to family recruitment and retention. Supports are provided to ensure consistent services to families, and that a new accountability goal of 80 percent enrollment of contracted slots is regularly met.

- CYFD is working with programs to concretely identify and document barriers to successful family referral to services. CYFD is interested in learning more about how home visiting programs facilitate family connections to community resources, as well as how to support development of resources that are identified as missing or inaccessible.

- CYFD professional development offerings in the coming year will aim to ensure home visiting staff are trained in developmental screening by valid and reliable trainers; intake screenings are integrated into relationship-based practices that can bridge to effective engagement; and best practices guide the development of family safety plans.

- CYFD will continue working with programs and the broader home visiting field to identify which components of home visiting have the most impact with particular families under particular circumstances, and how and when to individualize service components for families.

## Home Visiting System Building

CYFD is increasingly well-positioned to integrate its Home Visiting System more deeply into the overall continuum of early childhood care and education services for children and families in the state.

- In the final quarter of FY17, CYFD launched a pilot of Level II targeted intervention home visiting services, aimed at meeting family needs that are more acute than can be addressed by basic prevention and promotion (Level I) home visiting services. Level II service protocols will be developed by an FY18 advisory team that includes CYFD staff, Level II providers, home visiting consultants, data team managers, and program monitors-managers.

- Neonatal Intensive Care Unit (NICU) Level II home visiting services will launch in 2018. These services are designed to support parent-infant needs and healthy parent-infant relationships both within the NICU and post-discharge. Preparatory training of more than 200 NICU nurses has been conducted to lay the foundation for the services, which will build on best practices to support and engage families with babies who are hospitalized at birth. National studies have demonstrated that newborns discharged from intensive care are at an elevated risk for child maltreatment, with preterm infants at even higher risk.

- CYFD is collaborating this year with the New Mexico Human Services Department and Department of Health to pilot home visiting services to Medicaid-eligible pregnant women and mothers through Centennial Care managed care organizations in Bernalillo, Luna and Eddy Counties. The three agencies will work together to ensure Medicaid-funded home visiting services are aligned with the New Mexico Home Visiting Standards to ensure system continuity.

- CYFD has begun incorporating home visiting into the state's tiered quality rating and improvement system for early childhood programs (FOCUS on Young Children's Learning). With the support of CYFD's home visiting consultation and data services teams, home visiting programs are engaged in a self-assessment and continuous quality improvement (CQI) process, known as Onda. The Onda process aligns with CQI processes among the rest of the state's early childhood programs. In addition, CYFD is developing plans to incorporate home visiting into its newly aligned consultation system for early childhood.

- CYFD has allocated $50,000 of its state general fund appropriation to support home visitors in furthering their educations through T.E.A.C.H. scholarships. Home visitors will be able to use these scholarships to pursue higher education degrees in infant-family, early childhood or related fields. CYFD is exploring other sources of educational support for home visiting professionals specializing in fields such as social work or infant mental health.

- NewMexicoKids Resource & Referral has completed its first year offering centralized, statewide family support resource and referral services. It was launched in conjunction with the state's PullTogether campaign (www.pulltogether.org). NewMexicoKids Resource & Referral aims to ease the referral process for families interested in home visiting services. CYFD will use findings from a CEPR evaluation of implementation successes and challenges to inform continuous recruitment efforts.

- CYFD is appreciative of the continued efforts of the New Mexico Home Visiting Collaborative, which includes programs across state, federal, tribal and private funding streams. The collaborative, sponsored by the LANL Foundation, offers an opportunity for statewide home visiting partners to share data. This has enabled a more comprehensive understanding of where home visiting services and gaps exist statewide and how families are successfully engaged and served in communities across the state. The New Mexico Home Visiting Collaborative map, showing current comprehensive home visiting services in the state, is on p. 32. The interactive web-based map is available at cepr.unm.edu, under the heading "Data Visualization."

# APPENDIX 1:  Comprehensive Statewide Home Visiting Map

In addition to home visiting programs funded and administered by the state, New Mexico also has a considerable number of privately funded home visiting programs, tribally funded programs, and programs supported with direct federal funding. These include programs funded through federal agencies, such as Early Head Start, the Maternal and Child Health Bureau, and the tribal MIECHV (Maternal and Infant Early Childhood Home Visiting) program. Private funders include CHI St. Joseph Children and the W.K. Kellogg Foundation.

These programs, together with CYFD, have formed a New Mexico Home Visiting Collaborative, first convened by the LANL Foundation in February 2016, to "provide a forum for statewide communication and collaboration, inclusive of private and public agencies, for the purposes of alignment and advocacy for home visiting." Partners are in their second year of sharing data to map a more comprehensive view of home visiting capacity in New Mexico. These data show that in FY18 a total of 4,955 funded home visiting slots are available to families across the state.

## STATEWIDE HOME VISITING CAPACITY, FY18 —4,955 family slots
### Map shows total Federal, State and Privately funded home visiting slots by county, as of 7/1/17
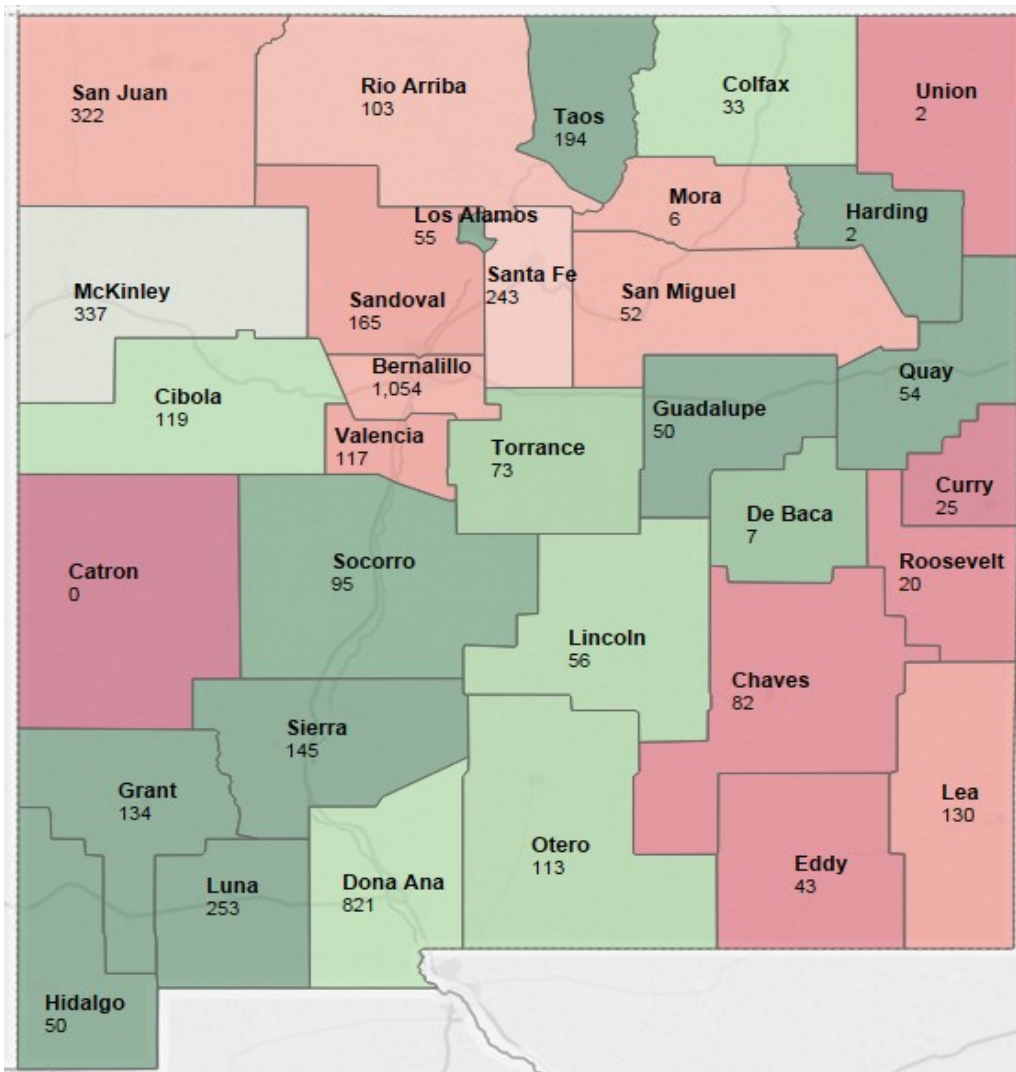


Map colors indicate progress toward meeting estimated need for home visiting, with red showing least estimated need met and green showing most. Estimates are based on calculations used in the New Mexico Legislative Finance Committee's Jan. 2015 Early Childhood Services Accountability Report Card.

The New Mexico Home Visiting Collaborative interactive web-based map is available at cepr.unm.edu  (under "Data Visualization" tab), and is updated regularly.

The interactive map shows funded home visiting slots by county, by program, and by funding source, and shows percentage of estimated need met by county.

Source: Data provided by the New Mexico Home Visiting Collaborative, supported by the LANL Foundation (www.lanlfoundation.org/).
Data visualizations created by the University of New Mexico Center for Education Policy Research (cepr.unm.edu).

# APPENDIX 2: Outcome Measures Defined

| Measure | Measurement Tool | Operational Definition |
|---|---|---|
| **Number and type of programs funded** | Children, Youth and Families Department (CYFD) | All home visiting programs who were both contracted and reported data in the reporting period |
| **Number of families funded (openings)** | CYFD | As reported by CYFD |
| **Number of families served** | Home Visiting Database | All families receiving one or more home visits in the reporting period |
| **Demographics of families served** | Home Visiting Database | Reported on all clients in families with at least one home visit in the reporting period |
| **Duration of participation by families** | Home Visiting Database | Time between most recent enrollment and most recent service date |
| **Home visitors by highest credential earned** | Home Visiting Database | Database entry |
| **Percentage of mothers enrolled prenatally who receive prenatal care** | Perinatal Questionnaire; item asks *"Did you receive prenatal care? If Y, when did you start with prenatal care?"* | **Numerator:** Number of below who reported receiving prenatal care<br><br>**Denominator**: Number of mothers enrolled prenatally who gave birth during reporting period and who answered relevant Perinatal Questionnaire item |
| **Percentage of mothers enrolled prenatally who discontinue reported substance use by end of pregnancy** | Perinatal Questionnaire; item asks *"During pregnancy, did you drink any alcohol, smoke cigarettes, or use any recreational/illegal drugs? If you used substances during pregnancy, when did you quit?"* | **Numerator:** Number of below who report discontinued substance use by end of pregnancy<br><br>**Denominator**: Number of mothers enrolled prenatally who gave birth during reporting period and who self-reported substance use on Perinatal Questionnaire |
| **Percentage of postpartum mothers screened for postpartum depression** | Edinburgh Postpartum Depression Scale | **Numerator**: Number of below screened for depressive symptoms using the EPDS during the reporting period<br><br>**Denominator:** Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period |
| **Percentage of postpartum mothers identified at risk for postpartum depression who are referred for services** | Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records | **Numerator:** Number of below referred for behavioral health services<br><br>**Denominator**: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period who were screened as at risk on the EPDS |
| **Percentage of postpartum mothers identified at risk for postpartum depression who receive services** | Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records | **Numerator:** Number of below recorded as engaged in behavioral health services<br><br>**Denominator**: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period screened as at risk on EPDS who were referred for behavioral health services |
| **Percentage of mothers who initiate breastfeeding** | Perinatal Questionnaire; item asks, *"Did you begin breastfeeding your baby?"* | **Numerator:** Number of below who reported initiation of breastfeeding<br><br>**Denominator**: Number of mothers who had a delivery during the reporting period and answered breastfeeding question on the Perinatal Questionnaire |

## APPENDIX 2: Outcome Measures Defined

| Measure | Measurement Tool | Operational Definition |
|---|---|---|
| **Percentage of babies and children receiving the well-child visits recommended for their age by the AAP** | Maternal Child Health Form item asks, *"Has your child attended one or more appointments during the past 12 months for a 'well-child' regular check-up?"; does not meet the statutory requirement of reporting completion of AAP recommended well-child visits* | **Data Development Recommended** |
| **Percentage of infants on schedule to be fully immunized by age 2** | Maternal Child Health Form; item asks, *"Has your child had all recommended shots? "* | **Numerator:** Of below, number of children who are reported to be on schedule<br><br>**Denominator**: Number of children with at least one home visit with data on immunizations |
| **Percentage of parents who show progress in practicing positive parent-child interactions as measured by the PICCOLO** | PICCOLO | **Numerator:** Number of families with time 2 PICCOLO scores, by domain, and difference between interval scores<br><br>**Denominator:** Number of families with initial PICCOLO scores, by domain |
| **Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are screened on schedule** | Ages & Stages Questionnaire-3 | **Numerator:** Of below, number who received at least one ASQ-3 screen<br><br>**Denominator**: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, and received at least 5 home visits |
| **Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified with scores below cutoff** | Ages & Stages Questionnaire-3 | **Numerator:** Of below, number who scored below ASQ-3 cutoff<br><br>**Denominator**: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits and were screened with at least one ASQ-3 screen during the reporting period |
| **Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and referred for further assessment or services** | Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records | **Numerator:** Of below, number who were referred to early intervention services<br><br>**Denominator:** Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, and scored below cutoff on at least one ASQ-3 screen |
| **Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and receive further assessment or services** | Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records | **Numerator**: Of below, number who engaged in early intervention services during reporting period<br><br>**Denominator**: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, scored below cutoff on at least one ASQ-3 screen and were referred for behavioral health services |

## APPENDIX 2: Outcome Measures Defined

| Measure | Measurement Tool | Operational Definition |
|---|---|---|
| **Percentage of children entering kindergarten at or above grade level on state school readiness assessments** | None available | **Data Development Recommended** |
| **Percentage of families identified at risk of domestic violence** | Relationship Assessment Tool | **Numerator:** Of below, number identified at risk of domestic violence<br><br>**Denominator**: Number of families screened with RAT during reporting period |
| **Percentage of families identified at risk of domestic violence who receive support services** | Relationship Assessment Tool and Home Visiting Database Referral Records | **Numerator:** Of below, number who received domestic violence support referral and obtained services<br><br>**Denominator**: Number of families screened with RAT and identified as at risk during reporting period |
| **Percentage of families at risk for domestic violence who have a safety plan in place** | Relationship Assessment Tool and Home Visiting Database Referral Records | **Numerator:** Of below, number who had a safety plan completed in reporting period<br><br>**Denominator**: Number of families screened with RAT and identified as at risk during reporting period |
| **Percentage of families engaged in discussion of injury prevention** | Home Visiting Database Activity Records | **Numerator:** Of below, number of families who received information or training on injury prevention during reporting period<br><br>**Denominator**: Number of families receiving more than 5 cumulative home visits |
| **Number of substantiated cases of maltreatment suffered by children after entry into program** | None | **Data Development Recommended** |
| **Number of families identified for referral to support services available in their community, by type** | ASQ-3, RAT and EPDS | See operational definition for ASQ-3, RAT, and EPDS screens and referrals, above |
| **Number of families identified who receive referral to available community supports, by type** | Home Visiting Database Activity Records | See operational definition for ASQ-3, RAT, and EPDS screens and referrals, above |
| **Number of families referred who are actively engaged in referral services, by type** | Home Visiting Database Activity Records | See operational definition for ASQ-3, RAT, and EPDS screens and referrals, above |
| **Number of children receiving home visiting services who are enrolled in a high-quality licensed child care program** | None | **Data Development Recommended** |

# APPENDIX 3:  References

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