



New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2014

Prepared by the University of New Mexico Center for Education Policy Research and the Center for Rural and Community Behavioral Health for the New Mexico Children, Youth and Families Department

JANUARY 1, 2015

Home Visiting in FY14, At a Glance:

Programs: 24

Counties Served: 26

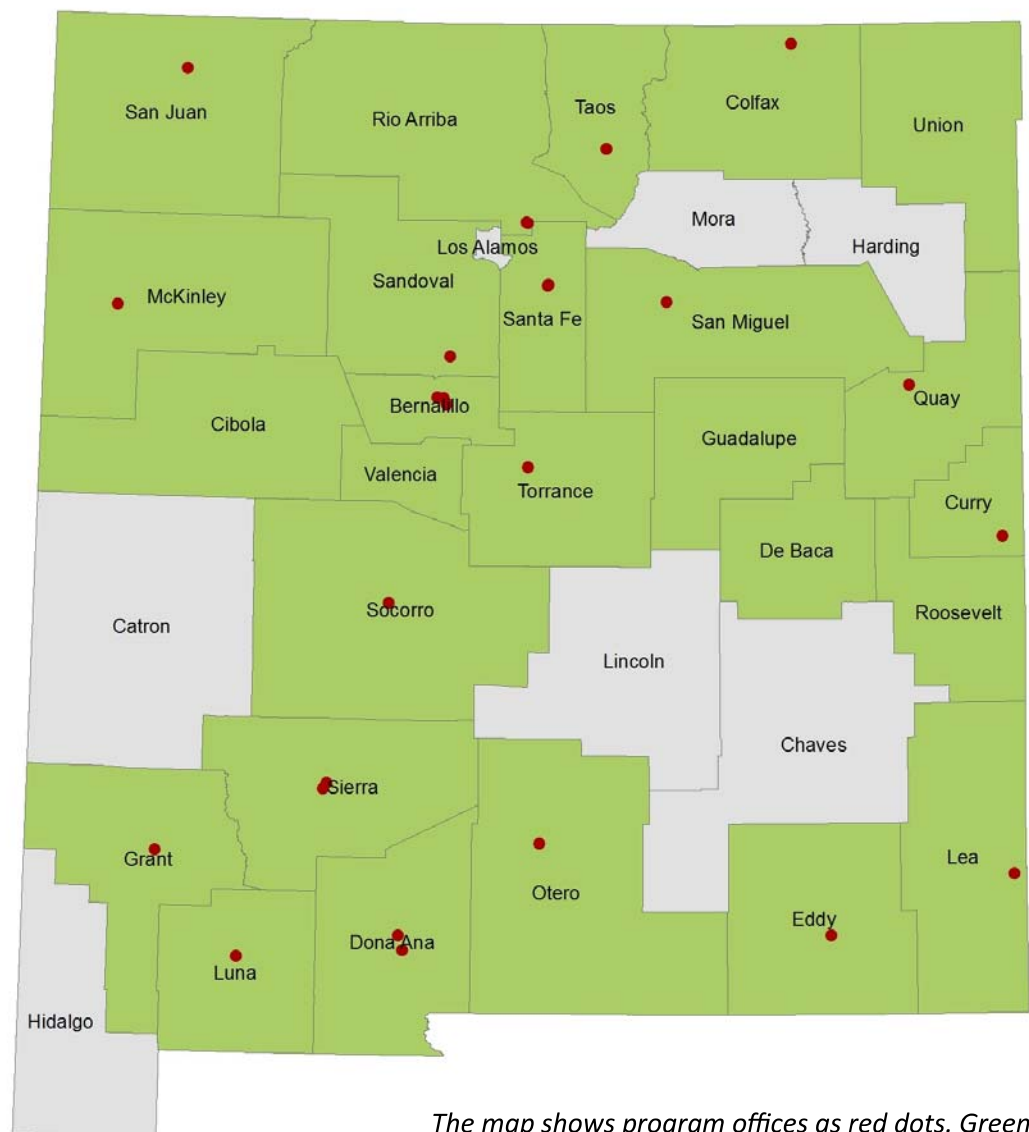
Families Funded:
1,919

Home Visits: 25,741

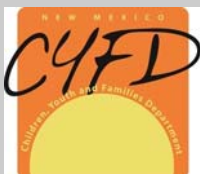
Introduction

The second Annual Home Visiting Outcomes Report presents aggregate data about the outcomes for all Children, Youth and Families Department (CYFD) administered home visiting programs in Fiscal Year 2014 (FY14). 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, FY14



The map shows program offices as red dots. Green indicates counties where home visiting is available.



New Mexico's Home Visiting System on the National Stage

In the past few years, New Mexico has become a key player in national conversations about home visiting. In 2014, CYFD has continued its role as an important consultant to the Pew Charitable Trusts' national Home Visiting Data for Performance Initiative.

The Pew initiative brings leading states together to define best practices for effectively collecting, analyzing, and using home visiting data to drive quality and achieve outcomes for families.

The New Mexico team, which includes CYFD, CEPR, and the Early Childhood Development Partnership, was invited into the initiative to share New Mexico's experiences as one of the first states to develop and adopt accountability legislation, to establish a comprehensive home visiting data system, and to report on research-based outcome measures. As the body of research on home visiting continues to grow, it will be important for New Mexico's agency staff, home visiting advocates, and researchers to continue these conversations with national partners who are working toward better and more meaningful accountability and outcomes.

State of New Mexico CHILDREN, YOUTH and FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



YOLANDA BERUMEN-DEINES
CABINET SECRETARY

JENNIFER PADGETT
DEPUTY CABINET SECRETARY

December 12, 2014

Dear Friends of New Mexico's Children and Families,

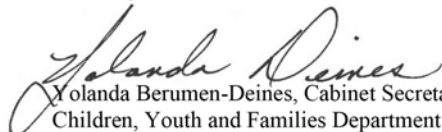
It is with pleasure that I present to you the second annual New Mexico Home Visiting Program Outcomes Report in compliance with the Home Visiting Accountability Act signed by Governor Martinez in April 2013. The report has been prepared for CYFD under contract by UNM's Center for Education and Policy Research and the Center for Rural and Community Behavioral Health. The Home Visiting Accountability Act requires annual reporting of a wide range of data points reflecting the broad scope of home visiting, and provides CYFD with critical information necessary for the continuous quality improvement of our home visiting system as it continues to grow. The Act also allows CYFD to keep the Governor, Legislators, the Early Learning Advisory Council, and stakeholders informed of the accomplishments of our home visiting system.

The Report concentrates on measurable process and outcome data that match the home visiting program's established goals. The Office of Child Development home visiting staff and its contractors put major focus on ensuring that the data entered by each home visiting program is accurate and complete, so that this composite Report is an accurate reflection of our system.

From small beginnings in 1989, our home visiting system has a long history of engaging communities to help shape programming that is responsive to family and community strengths and needs. CYFD supports home visiting with commitment of funds to adequately provide contract compliance and program oversight, working with 25 community-based providers. We are also committed to establishing statewide infrastructure for systemic support.

Join me in celebrating our growing and responsive home visiting program, an integral part of New Mexico's early childhood care and education system.

Sincerely,


Yolanda Berumen-Deines, Cabinet Secretary
Children, Youth and Families Department

OFFICE OF THE SECRETARY
P.O. DRAWER 5160 • SANTA FE, N.M. • 87502
PHONE: (505) 827-7602 • FAX: (505) 827-4053

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

Introduction	1
Letter from CYFD	2
Executive Summary	4
The Context of Home Visiting in New Mexico	8
What Do Home Visitors Do/Who Are Home Visitors?	9
What Do We Know About Investments in Home Visiting?	10
What Do We Know About Programs Funded in FY14?	11
What Do We Know About Home Visiting Participants in FY14?	12
The Goals and Outcomes to be Reported Annually	14
About the Data	15
What Do We Know About the Outcomes of Home Visiting?	16
Goal 1: Babies are Born Healthy.....	16
Goal 2: Children are Nurtured by their Parents and Caregivers	19
Goal 3: Children are Physically and Mentally Healthy.....	21
Goal 4: Children are Ready for School	23
Goal 5: Children and Families are Safe.....	25
Goal 6: Families are Connected to Formal and Informal Supports in their Communities	27
CYFD Reflections and Next Steps	29
Conclusion.....	31
Appendices	
CYFD Home Visiting Logic Model.....	32
Outcome Measures Defined	34
References.....	37

Executive Summary

Introduction

New Mexico's Home Visiting Accountability Act, which was signed by Gov. Susana Martinez in 2013, has become a nationwide model for states seeking to formalize support for their Home Visiting Systems and establish uniform goals and reporting measures. This second Annual Home Visiting Outcomes Report is a key requirement of that law.

New Mexico's Home Visiting System aims to provide a variety of support services to families who are expecting a child or whose children have not yet entered kindergarten. These services are intended to increase child well-being and prevent adverse childhood experiences by building parental capacity, establishing trusting relationships with families, and optimizing the relationships between parents and children in their home environments.

Over the last two years, New Mexico has committed itself to building a Home Visiting System that includes both the infrastructure and program capacity needed to provide universal, voluntary access to home visiting for pregnant women, expectant fathers, and parents and primary caregivers of children from birth to kindergarten entry. The services provided during home visiting 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.

The Home Visiting Accountability Act requires CYFD to produce an Annual Outcomes Report to the Governor, the Legislature, and the Early Learning Advisory Council. The University of New Mexico's Center for Education Policy Research and the Center for Rural and Community Behavioral Health have collaborated to produce the report for CYFD.

What Do We Know About Home Visiting Programs in FY14?

To better understand what progress has been made over the last 12 months, it may be useful to briefly summarize the findings and recommendations of the FY13 Annual Report. The information is organized into three sections dealing with implementation, outcomes, and this year's progress in strengthening home visiting. In each section, key data for FY14 are compared to baseline data from FY13.

Implementation

New Mexico's Home Visiting System is still in the early stages of development and implementation. State efforts began in FY06 with a small pilot program, and significant funding and development began in 2012. CYFD is now focused on supporting current programs, launching new programs, and ensuring all programs meet standards for service delivery, screenings, and data reporting.

Key Implementation Measures	FY14	FY13	Difference
Funding (State and Federal)	\$8.1 million	\$5.9 million	\$2.2 million
Home Visiting Programs	24	20	4
Counties Served	26	22	4
Funded Openings	1,919	1,005	914
Families Served	2,224	1,911	313
Number of Home Visiting Staff	187	144	43

These implementation data should be considered in this context:

- In FY14, CYFD received \$8.1 million in state and federal funding to support the Home Visiting System. This is a 37 percent increase over FY13. In addition, the Legislature passed and Governor Martinez signed a Home Visiting budget of \$10.6 million for FY15.
- In FY14, CYFD used its funding to support 24 programs in 26 of New Mexico's 33 counties. Both the number of active programs and the counties served increased over FY13. Despite this progress, there are still thousands of families in New Mexico who might benefit from access to home visiting but are not currently receiving services. Targeting expansion to parts of the state where vulnerable children are not yet served by home visiting should remain a priority.
- CYFD funded 1,919 openings in FY14 and 2,224 families participated in home visiting programs. Programs receive funding for a certain number of openings, but each opening does not necessarily represent one family. For example, a family might participate for six months and exit the program. A second family would then occupy that same funded opening for the remaining six months.

Outcomes

New Mexico has committed itself to improving early childhood care and education as a central strategy in efforts to deal with daunting social and economic challenges. The goals and desired outcomes of home visiting are stated clearly in the Home Visiting Accountability Act. Gathering the data related to these goals and outcomes, however, is a technical challenge both in New Mexico and across the country. Much of the national discussion on home visiting focuses on what measures of success to use and how progress can best be tracked. New Mexico is a recognized leader in these national discussions and the work done here is watched carefully across the country.

New Mexico's home visiting staff use a variety of research-based screening tools to gather information on key outcomes including healthy births, nurturing parental behaviors, physical and mental health, school readiness, safety, and family support. The FY13 report gave detailed results, and data from these screening tools provided important baselines for the FY14 report. In addition, the data helped New Mexico better understand the strengths and limitations of currently available screening tools and data gathering systems.

Key Outcome Questions	FY14
Does Home Visiting Help Improve Healthy Births?	In FY14, pregnant women in home visiting reported accessing prenatal care more often and earlier than women statewide. These data are similar to the positive findings from FY13.
Does Home Visiting Improve Parent and Caregiver Nurturing of Children?	In FY14, 99 families received the PICCOLO at least twice. Of those, 50 percent or more showed improvement in the domains of parental encouragement and parental teaching. New Mexico piloted the use of this screening tool last year, and it now provides important information about parents and caregivers' growing strengths in nurturing their children.
Does Home Visiting Help Children Improve their Physical and Mental Health?	Eighty-nine percent (n=1,062) of 1,200 eligible children were screened for potential risk of developmental delay with the ASQ-3. Nineteen percent (n=199) were identified for referral. Fifty-eight percent (n=116) of those identified were referred and 60 percent (n=70) of those referred engaged with services. The FY14 data show an increase in both numbers and rates of children screened for potential physical and mental health issues, compared to FY13.

Home Visiting Annual Outcomes Report for FY14

Key Outcome Questions	FY14
Does Home Visiting Help Children Become Ready for School?	Of 1,107 eligible children, 79 percent were screened with the ASQ-SE for social-emotional delays. Sixteen percent of those children were identified “at risk” and home visitors worked with those families to address those difficulties. The FY14 data for assessing children’s social and emotional development – which is crucial for success in school – represent an increase in both numbers screened and rates identified compared to FY13.
Does Home Visiting Help Improve the Safety of Children and their Families?	In FY14, 1,225 families were screened for potential risk of domestic violence. Eighty-six families (7 percent) were identified “at risk,” 35 of those families were referred for services, and 11 of those families who were referred engaged in services. In FY14, more families were screened, slightly fewer families were identified as at risk, and slightly fewer families engaged in services, compared to FY13.
Does Home Visiting Help Families Strengthen their Connections to Formal and Informal Supports In their Communities?	Home visitors used three screening tools to identify areas of concern in child development (ASQ-3), perinatal depression (EPDS), and domestic violence (WAST). Based on these three screening tools, there were 615 instances of either children or their caregivers identified as at risk. In 65 percent (n=397) of those instances, clients were referred for services and 53 percent (n=209) of those referred engaged with services. In FY14, more families were identified as at risk, referred to services, and connected with services compared to FY13.

These outcome data should be considered in this context:

One of the most important challenges facing the Home Visiting System in New Mexico and across the country is the refinement and validation of the measures used to gauge the impact of home visiting. New Mexico has made important progress on two outcome measures in particular:

- In FY13, home visiting programs piloted the PICCOLO (Parenting Interaction with Children: Checklist of Observations Linked to Outcomes), which provides key information about *Goal 2: Children are Nurtured by their Parents and Caregivers*. In FY14, 99 families received this screening at least twice, and data were available to measure progress related to parents’ nurturing behaviors.
- In FY14, CYFD and the Public Education Department (PED) made significant progress through a federal Race to the Top grant towards validating a statewide kindergarten readiness assessment that aligns with the state’s Early Learning Guidelines. The assessment is being piloted in FY14 for validity, and is on track for field testing in fall 2015 and full rollout in fall 2016. The data from this assessment will be very helpful in understanding how home visiting programs impact *Goal 4: Children are Ready for School*.

CYFD and home visiting programs spent significant time and effort over the last 12 months examining the data reported in the FY13 Annual Report. In addition, CYFD and home visiting programs focused a portion of their professional development on improving data collection and interpretation. Ensuring that key data are collected and available for analysis is crucial for both program improvement and accountability and this effort should be continued.

This Year’s Progress in Strengthening Home Visiting

An important section of the FY13 Home Visiting Annual Outcomes Report focused on recommendations for data development, lessons learned, and CYFD’s next steps for strengthening the Home Visiting System in New Mexico. Here is a summary of progress made last year:

- CYFD and PED are piloting a statewide kindergarten readiness assessment that is scheduled for full rollout in FY16. This assessment is central to understanding whether home visiting, child care, and other early childhood programs have an impact on school readiness.

- CYFD, PED, and the Department of Health (DOH) are developing an integrated data system that will enable the state to assess the number of children in home visiting who are also enrolled in other early childhood programs including child care, the Family Infant Toddler (FIT) early intervention program, PreK, preschool special education, Title 1 preschool, and K-12 education.
- CYFD has continued to work toward improved data integrity. CYFD provided more data training and support during FY14, and produced quarterly reports for each home visiting program to help those programs better understand their progress and growth.
- CYFD is conducting a study of the full costs of developing and sustaining home visiting programs in different communities across the state. This study includes information on direct services, training and professional development, administration, travel, and data gathering and reporting. The study will be completed in spring of 2015.

CYFD will use the findings of the second annual report to continue to strengthen the implementation of home visiting and the services provided to families. Their reflections on the data in this report, and plans for moving forward, begin on page 29.

Conclusion

New Mexico values its children and families. The whole state suffers when children and families are struggling, but it is not always easy to know what to do. Fortunately, New Mexicans from all political persuasions, diverse communities, and geographic regions have agreed on the importance of strengthening systems that focus on the care and education of young children. Over the last few years, New Mexico has become a national leader in addressing the needs of young children, and home visiting is central to that effort.

The data in the second Annual Outcomes Report show the continuing expansion of home visiting across New Mexico. They also reflect the refinement of measures for tracking critical child and family outcomes, one of the most important accomplishments of the Home Visiting System in FY14. New Mexico has emerged as a national leader in solving the measurement issues that are crucial to establishing effective systems of accountability. These data show that more than 2,220 families received at least one home visit in FY14. These families had the opportunity to benefit from a wide variety of services that aimed at improving healthy births, parental nurturing, children's physical and mental health, school readiness, children and families' safety, and family support. The outcome data in this report show progress, but clearly more must be done. There are still too many families and children across the state who could benefit from home visiting services and don't receive them. In FY14, 2,028 children were served in home visiting programs – yet the state has more than 140,000 children under 5 years old. Not all of those children and their families would benefit from home visiting services, but in a state with as many challenges as New Mexico, many likely would.

The passage of the Home Visiting Accountability Act in 2013 placed New Mexico in the national spotlight as a state committed to helping its young children during their most critical developmental period. Home visiting, child care, prekindergarten, early intervention, and other early childhood programs are beginning to provide the critical continuum of services that is essential to healthy children and thriving families. New Mexico still has much to learn about protecting children from adverse experiences, developing different models of home visiting for diverse communities, financing home visiting, recruiting and retaining quality staff, and building collaborative relationships among all stakeholders. These questions should guide the ongoing development and expansion of New Mexico's Home Visiting System.

The Context of Home Visiting in New Mexico

CYFD Home Visiting Principles

“The Home Visiting Program is designed to promote child well-being and prevent adverse childhood experiences.

Home Visiting Program staff provide a comprehensive array of services that promote parental competence and successful early childhood health and development by building long-term relationships with families and optimizing the relationships between parents and children in their home environments.

Home Visiting from this perspective is both a promotion- and prevention-level strategy.”

HomeVisitingProgram
StandardsManual
(http://cyfd.org/docs/HV_Standards10.7.13.pdf)

In recent years, New Mexico has emerged as a national leader in 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 across all programs. This has allowed the New Mexico Home Visiting System to promote community-specific 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 united understanding of what home visiting is and what it seeks to accomplish. These concepts are enshrined in the Home Visiting Accountability Act, which defines “Home Visiting” for New Mexico in these terms:

Why:	To <u>promote</u> child well-being and <u>prevent</u> 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?

Professional Development

All home visitors are trained in curriculum implementation and/or the model used by their program.

In addition, CYFD requires training in relationship-based practice, pregnancy and early parenthood, parent-child interaction, infant/child growth and development, community resources, use of all screening tools, and documentation and data entry.

Each home visitor completes at least 10 hours of ongoing professional development annually.

Supervision

All home visitors receive at least two hours per month of individual reflective supervision with a qualified supervisor and have access to a master's level licensed mental health professional for consultation.

At its core, home visiting is about helping New Mexico's parents and caregivers reach their full potential as nurturing parents. New babies can be challenging, and do not come with an instruction manual. Parents and caregivers, particularly those who do not have strong family and community supports, can rely on home visitors as a source of emotional support and of 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 – emanates from 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 numerous screenings, which 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 that families have challenges that are beyond the scope of prevention, home visitors refer families to support services in their communities. They also follow up on these referrals to see if families are using the services.

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 handouts on coping with teething to information on the importance of reading to children. Families work with home visitors to set goals for their home visiting experience, and those goals help define logistics such as the frequency of home visits and how long the family remains in the program.

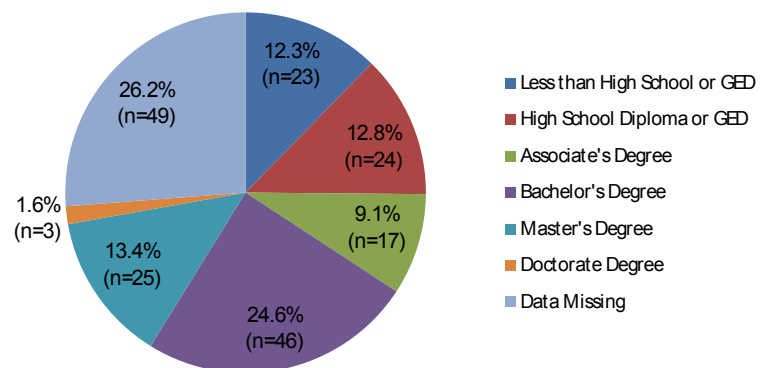
Who Are Home Visitors?

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.

In FY14, there were 187 home visitors providing home visiting services. Some were full-time, some part-time, and some were supervisors who also provide home visits. Home visitors hold a wide variety of educational credentials, ranging from high school diploma to doctoral degree. Nearly 17 percent of the system's home visiting staff have additional endorsements and certifications, such as an infant mental health endorsement, a professional counseling license, or a baccalaureate- or master's-level social work license.

Reporting on the educational training of the home visiting workforce was a data collection focus for CYFD this year. As a result, completed data was available on nearly 75 percent of the workforce, up from only 50 percent in FY13.

Highest Education of Home Visitors



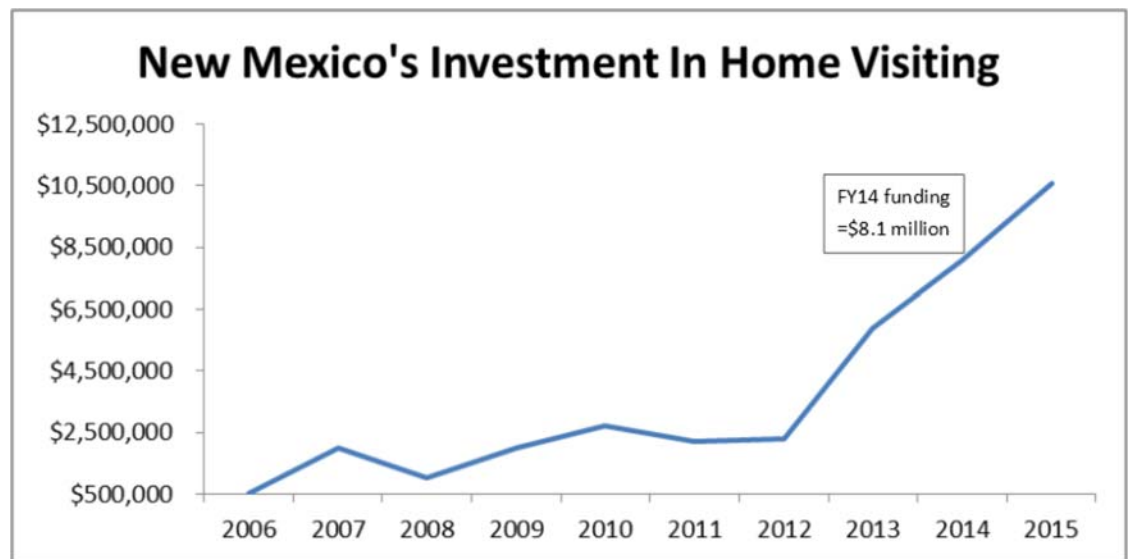
Total = 187 home visitors employed by all programs during FY14

What Do We Know About New Mexico's Investments In Home Visiting?

New Mexico has continued its commitment to building a comprehensive system of early childhood programs to ensure the best returns on its investments in the state's youngest residents. The Early Childhood Care and Education Act, passed by the Legislature and signed by Governor Martinez in 2011, calls for "an aligned continuum of state and private programs, including home visitation, early intervention, child care, Early Head Start, Head Start, early childhood special education, family support and prekindergarten, and to maintain or establish the infrastructure to support quality in the system's programs." (NMSA 1978, § 32A-23A-1)

New Mexico's Long-Term Investment in Home Visiting

Both the Executive and Legislative branches have continued to demonstrate a commitment to home visiting, and have increased funding significantly since FY06. State funding for home visiting began in FY06 with a small pilot funded for \$500,000. In FY14, funding reached \$8.1 million including both state and federal funds. FY15 saw funding increased to \$10.6 million.



Source: LFC Post-Session Reviews

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.

In FY14, 1,919 openings funded 2,224 families (receiving at least one home visit)

How Much Does Home Visiting Cost Per Family?

- In FY14, CYFD funded 1,919 openings with \$5.6 million in state general funds and \$829,000 in federal funds.
- The state contracts with agencies to provide home visiting services based on a required contractual cost of \$3,000 per opening. Federal funds support contracts based on actual costs, and so federal contracts vary by program and home visiting model.

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 FY14, CYFD spent 80 percent of its total state and federal funds on direct services and 20 percent on infrastructure development (data and management systems and training). In comparison, in FY13, CYFD spent 75 percent on direct services and 25 percent on infrastructure development.

What Do We Know About Programs Funded in FY14?

Program Service Areas and Number of Openings Funded

Home Visiting Program	# of Families Funded FY2013	# Of Families Funded FY2014	Counties Served FY2014 (new service areas in red)
AppleTree Educational Center, Little Things Matter	Not Funded	42	Serra
Avance	Not Funded	45	Doña Ana
Ben Archer Health Center Welcome Baby Program	69	80	Doña Ana, Luna, Otero, Serra
Colfax County Home Visiting Program	17	33	Colfax
ENMRSH	Not Funded	50	Curry, Roosevelt, De Baca
Española Hospital Rio Arriba County First Born	36	54	Rio Arriba
Gallup-McKinley County Schools Parents As Teachers*	80	120	McKinley
Gila Regional Hospital First Born	60	94	Grant
Holy Cross Hospital, Taos First Steps	90	90	Colfax, Taos, Union
La Clinica de la Familia Home Visiting Services	70	87	Doña Ana
Laguna Department of Education**	Not Funded	10	Qbola
Las Cumbres Community Services	35	66	Santa Fe, Rio Arriba
Los Alamos Hospital First Born	27	Not Funded	Los Alamos
Luna County Parents as Teachers	75	110	Luna
Native American Professional Parent Resources, Inc. Parents as Teachers	35	25	Bernalillo, Qbola, Sandoval, Valencia
Northern NM-Kiwanis First Born	Not Funded	33	San Miguel
Peanut Butter & Jelly Therapeutic Family Services	37	37	Bernalillo, Sandoval
Presbyterian Medical Services Parents as Teachers	75	346	Qbola, Eddy, Lea, Sandoval, San Juan, Valencia
REC6- Presbyterian Medical Services Parents as Teachers	Not Funded	60	Quay
Socorro General Hospital First Born Socorro	57	75	Socorro
Torrance County Amigas de la Familia	61	101	Torrance, Guadalupe
United Way of Santa Fe County First Born	71	71	Santa Fe
UNM Center for Development and Disability VISION	27	45	Bernalillo
UNM Center for Development and Disability Nurse-Family Partnership* and Parents as Teachers	50	210	Bernalillo, Lea**
UNM Young Children's Health Center	33	35	Bernalillo
Total	1,005	1,919	

Programs in gray did not serve families in FY14

* Program received federal funding during FY14

** Program or program satellite did not begin FY14 services as planned

How Do Program Models Match Community Needs?

CYFD-funded home visiting programs serve both urban and rural communities, and are contracted through a variety of clinic-, hospital-, and community-based entities. All programs are encouraged to select home visiting models and tools that research indicates will effectively serve their prioritized populations and goals. Some communities have chosen to adopt either Nurse-Family Partnership or Parents as Teachers, both of which are nationally recognized as “evidence-based” models. Others have adopted the First Born model, which was developed in New Mexico and is recognized nationally as a “promising practice.” The rest of New Mexico’s home visiting programs have developed “home grown” models, which follow CYFD standards and must use approved, research-based curricula. This system ensures that all of New Mexico’s home visiting programs are grounded in research, but allows the flexibility for each program to meet the unique needs of its community.

The Home Visiting Accountability Act guides CYFD-funded home visiting services to be voluntary and universally available to families. As prevention and promotion services, they carry no eligibility requirements (unless required by the program model, such as Nurse-Family Partnership or First Born.) In cases where demand is greater than available openings, programs determine appropriate criteria for priority enrollment. For example, programs may prioritize enrollment for pregnant women, first-time parents, teen parents, and families considered to face additional risks.

Children Birth to Age 3 in New Mexico

There were approximately 84,000 children age birth to 3 in New Mexico in FY14.

A total of 2,028 children were in families who received at least one home visit in FY14. This does not include families who were only served prenatally in FY14.

Babies Born to Teens in New Mexico

In 2013, 2,930 babies were born to mothers age 10-19.

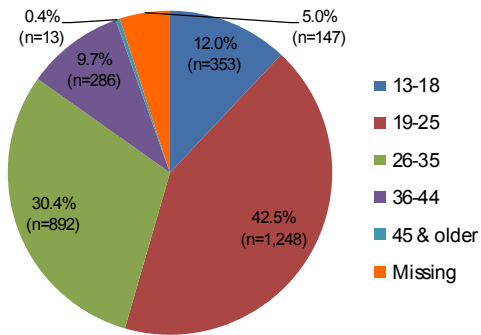
New Mexico Birth Certificates Database
Department of Health

In FY14, 353 mother and father caregivers in home visiting programs were age 13-18.

What Do We Know About Home Visiting Participants in FY14?

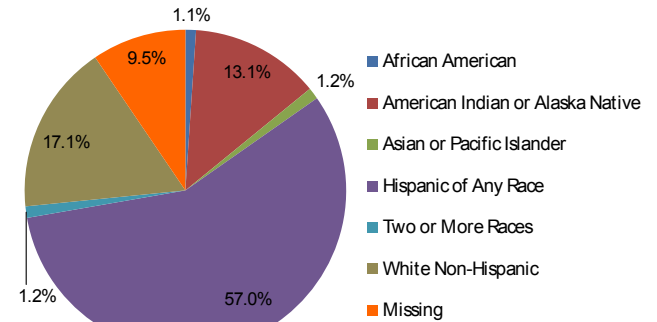
Demographics of Home Visiting Participants in FY14

Caregivers by Age (n=2,939*)



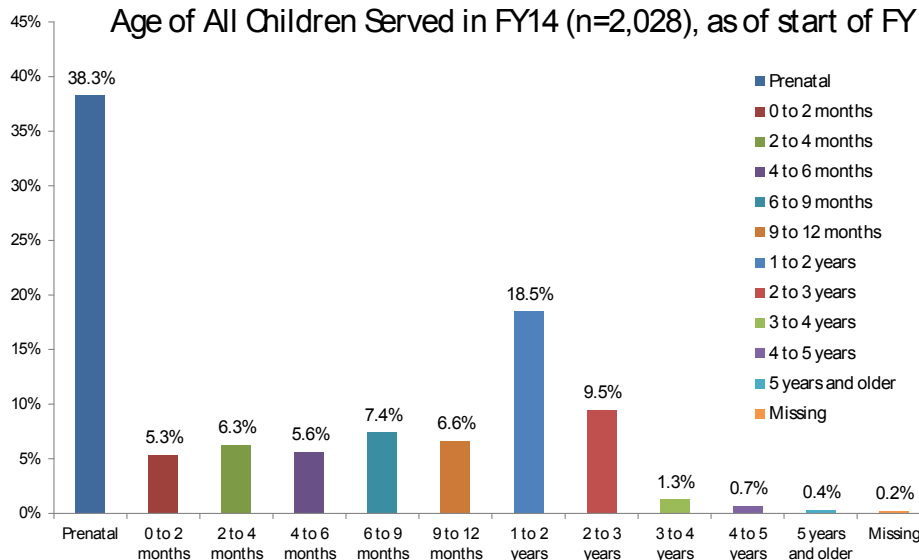
*Total of 2,939 reflects multiple caregivers in the 2,224 families with 1 or more home visits in FY14

All Clients Served by Race/ Ethnicity (n=5,174)

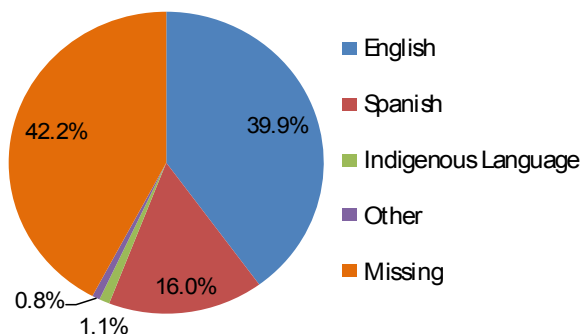


*Total reflects both caregivers and children in the 2,224 families with 1 or more home visits in FY14

Age of All Children Served in FY14 (n=2,028), as of start of FY

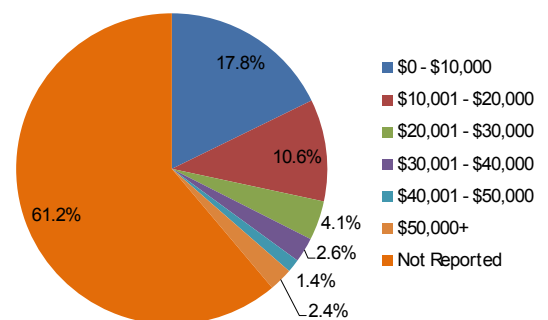


Language Spoken at Home, All Families



*Home language was only collected for 57.8% of the 2,224 active families with 1 or more home visits in FY14 (n=1,285).

Families by Annual Income (n=864)



*Annual income is collected on a voluntary basis, and was only collected for 38.9% of the 2,224 active families with 1 or more home visits in FY14 (n=864).

Parent/Caregiver Education

Educational attainment was recorded for 1,397 caregivers:

12.9% were currently enrolled in school

20.4% had less than a high school degree

25.5% had a high school diploma or GED

5.9% had technical training or other schooling

22.5% had some college but less than a bachelor's degree

12.8% had a bachelor's degree or higher

Visits Over Time

Data in this report reflect only home visits that took place in FY14. Many families began receiving services in previous years.

Of the 2,224 families active in FY14:

1,378 (62%) were enrolled for the first time

Including visits before FY14, 22.9% of families have received a cumulative total of 20 or more home visits, and an additional 18.4% have received more than 40 visits.

What Do We Know About Home Visiting Participants in FY14?

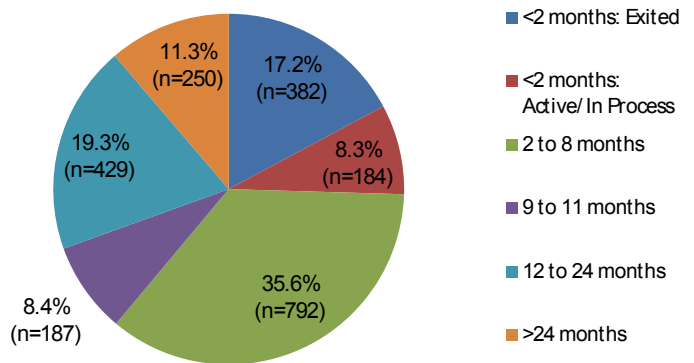
What is the Duration of Family Participation?

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 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

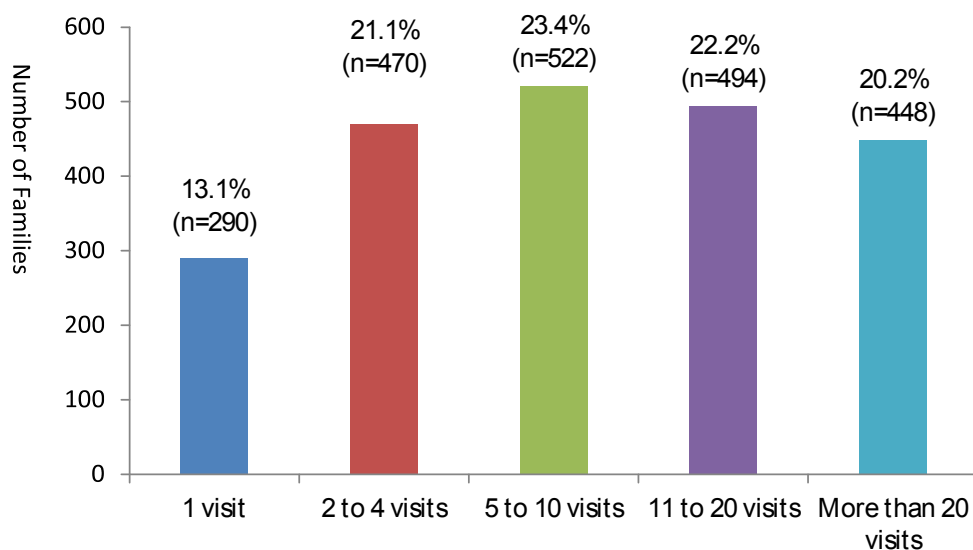
CYFD's guidelines for screening protocols and curricula completion. The results of screenings are used as one of the key elements for planning services, including frequency of home visits.

Total Duration of Family Participation, from Initial Date of Enrollment, in Months (n=2,224)



How Many Visits Have Families Received?

Number of FY14 Visits Received by Participating Families (Total Families=2,224)



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	
Children are nurtured by their parents and caregivers	2) Promote positive parenting practices 3) Build healthy parent and child relationships	(2)k. Number of children that received an Ages & Stages questionnaire and what percent scored age appropriately in all developmental domains
Children are physically and mentally healthy	1b) Improve infant or child health outcomes 5) Support children's cognitive and physical development	(2)i. Percentage of children receiving regular well-child exams, as recommended by the AAP (2)j. Percentage of infants on schedule to be fully immunized by age 2 (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 4) Enhance children's social-emotional and language development	(2)f. Any increases in school readiness, child development and literacy
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 (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 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

About the Data

CYFD Home Visiting Database

Data for nearly all program descriptors and outcome measures are reported and 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.

After release of the FY13 Annual Outcomes Report, CEPR worked with ECSC and CYFD to prepare an individual outcomes report for each home visiting program that showed how its data contributed to statewide aggregate reporting. CYFD and the data management team at ECSC worked with each program to clarify outcomes data reporting requirements and identify where gaps in reporting exist. ECSC has developed a new format for CYFD's required Quarterly Reporting that aligns with measures used for Annual Outcomes reporting and reflects additional data elements key for program monitoring and quality improvement. ECSC developed user-friendly techniques for managers to generate audits of their own programs for missing data entries, as well as self-service reports on progress towards goals. Through these concerted efforts in FY14, ECSC, CYFD and programs have greatly improved the completeness and integrity of the data used for reporting this year.

The data analyzed for this report is de-identified, family-level data provided by ECSC to CEPR on November 15, 2014. Families' privacy was protected by the removal of all names and other identifying information, while still allowing researchers to analyze data at the individual family level. Researchers did not have access to detailed case files, which might shed light on specific family circumstances or the reasons particular decisions were made.

The Screening Tools Linked to Outcomes

Screening Tool	Abbrev.	Description	Frequency
Ages & Stages Questionnaire-3	ASQ-3	Parent questionnaire used to identify infants or young children who are in need of further assessment in five domains of child development	At 4 months, 6 months, and every 6 months after
Age & Stages Questionnaire: Social/Emotional	ASQ-SE	Aids in identifying young children who may benefit from more in-depth evaluation and/or preventive interventions designed to improve their social competence, emotional competence, or both	At 6 months, and every 6 months after
Edinburgh Postnatal Depression Scale	EPDS	Used to identify women at risk for prenatal and perinatal depression	Prenatally, and twice after birth; monthly thereafter if above cutoff
Maternal-Child Health Form	MCH	Information regarding demographics and risk factors for the family and child	At intake and annually
Perinatal Questionnaire	PNQ	Information regarding an infant's birth including prenatal care, birth weight, and mother's experience with pregnancy	Within 2 months of birth or on program entry
Parenting Interactions with Children: Checklist of Observations Linked to Outcomes	PICCOLO	Observational tool for tracking and supporting parenting interactions that lead to positive child outcomes from infancy through preschool	At entry, then every 6 months
Woman Abuse Screening Tool	WAST	Used to identify caregivers experiencing abuse in their current relationships	At intake and annually

What Do We Know About the Outcomes of Home Visiting?

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

Research tells us that healthy babies tend to grow into healthier adults, resulting in healthier overall communities. Research has also identified a number of strategies that contribute to child health, including:

- ☐ Encouraging the use of prenatal care
- ☐ Discontinuing substance abuse during pregnancy
- ☐ Increasing rates of childhood immunizations (Institute of Medicine, 2013)
- ☐ Encouraging good nutritional intake
- ☐ Initiation of breastfeeding (Ip et al., 2007)
- ☐ Preventing maternal depression (Center for the Developing Child, 2010)

Maternal depression has been linked to a child's health, with children of depressed mothers demonstrating poorer health compared to children of non-depressed mothers (Casey et al., 2004). Moreover, infants of clinically depressed mothers often withdraw from their caregivers, which may impact their language skills as well as their physical and cognitive development (Embry and Dawson, 2002).

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., 2007). 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
- ☐ Initiation of breastfeeding

When a need or risk in these areas is identified, home visitors make appropriate referrals to link families with community resources.

Outcome Measurement

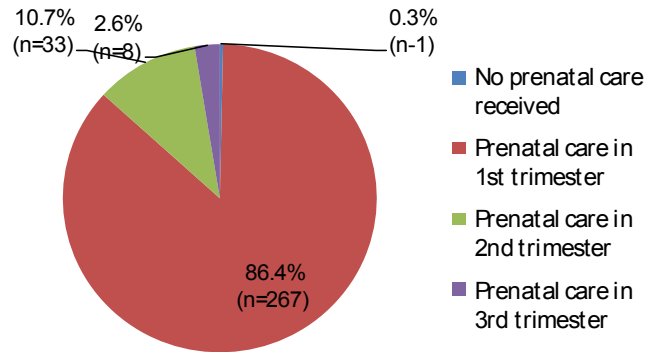
The measures used here to examine the impact of home visiting are:

- ☐ Connection to prenatal care
- ☐ Discontinuation of substance use during pregnancy
- ☐ Rates of screening and referral to services for postpartum depression
- ☐ Initiation of breastfeeding
- ☐ Rates of immunization by age 2
- ☐ Completion of recommended well-child pediatric health care visits

Prenatal Outcome Data

A total of 599 women were enrolled in home visiting services prenatally and had given birth by the end of FY14. Of these, 309 answered a relevant Perinatal Questionnaire item about their engagement in prenatal care. All but one (99.7 percent) reported receiving prenatal care, and all but eight (97.1 percent) reported receiving prenatal care before the third trimester of pregnancy.

Percentage of Mothers Enrolled Prenatally (n=309) who Reported Accessing Prenatal Care in FY14

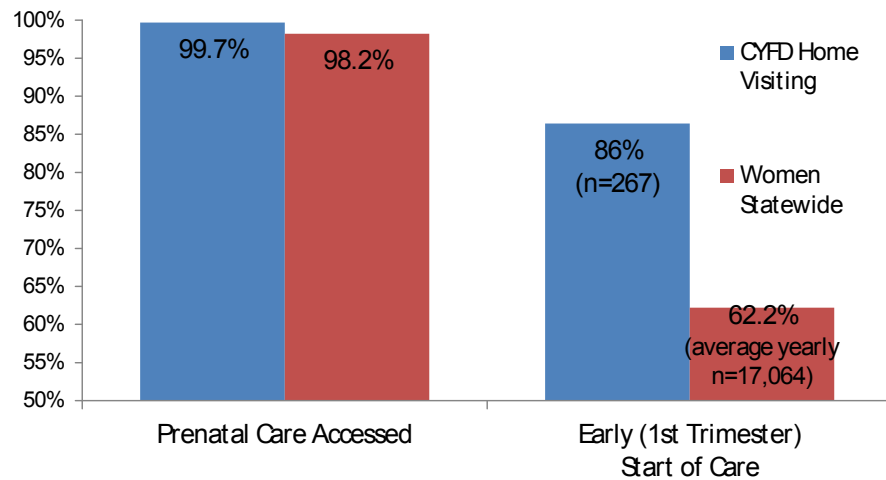


Prenatal Care

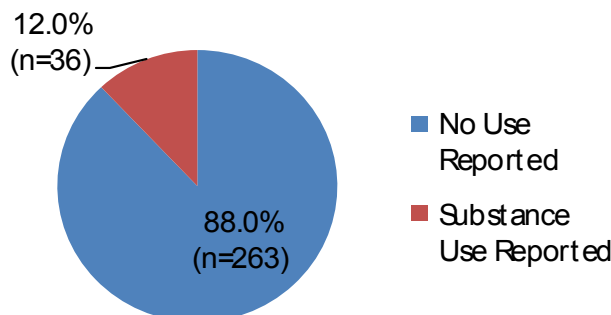
Pregnant women in home visiting who reported accessing prenatal care accessed it more often and earlier than women statewide.

New Mexico Birth
Certificates Database
Department of Health

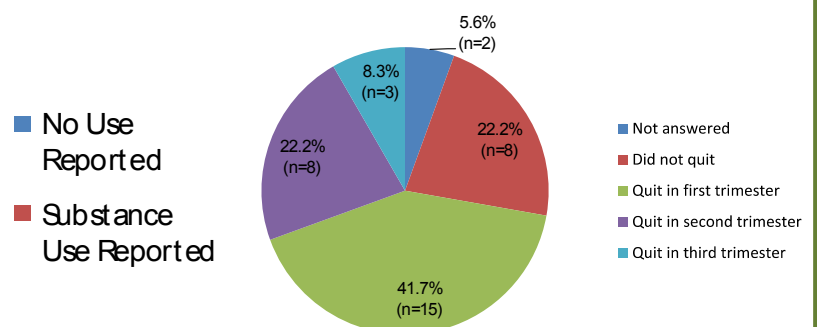
Comparison of Prenatal Care Access, Home Visiting Mothers (FY14) and Mothers Statewide (2009-13)



Percentage of Mothers Reporting Substance Use During Pregnancy



Percentage of Mothers Reporting Discontinued Substance Use During Pregnancy



*Total=299 of the mothers who entered the program prenatally and gave birth during the reporting year were screened using the Perinatal Questionnaire, which asks when prenatal care began and about substance use and discontinued use.

Childhood Immunizations

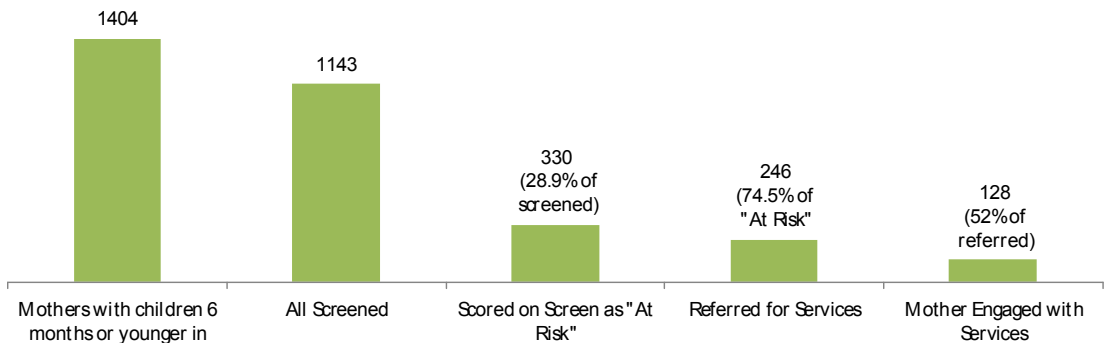
Of parents who responded to a home visiting Maternal-Child Health Form question in FY14 almost 93% reported that their children have had all recommended shots.

Statewide, 89.9% of 2-3 year-old children in 2013 received the recommended vaccine series by their 2nd birthday.

New Mexico Immunization Program, Department of Health, CASA survey method

Maternal Health Outcome Data

In FY14, 1143 eligible mothers* were screened for postpartum depression using the Edinburgh Postnatal Depression Scale. Of the 330 (29 percent) who were identified as having symptoms of postpartum depression ("at risk"), 246 (75 percent) were referred for services, where available. Of these women, 128 (52 percent) are recorded as having engaged referral supports.

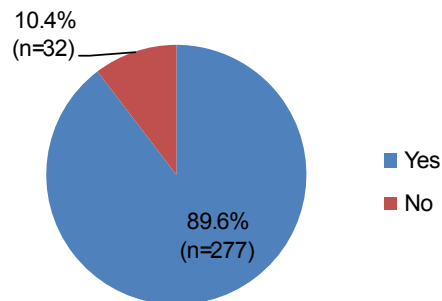


*Eligible were those caregivers enrolled with a child six months old or younger during FY14

Infant and Child Health Outcome Data

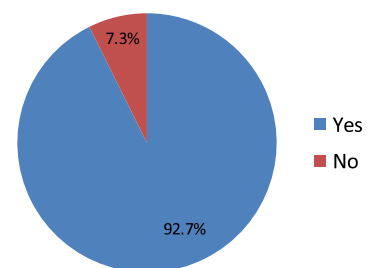
Respondents to the Perinatal Questionnaire and the Maternal Child Health Form provided data on the following measures:

Percentage of Mothers who Report*
Initiating Breastfeeding



*Total = 309 mothers who entered the program prenatally and gave birth during the reporting period, allowing them to be screened using the Perinatal Questionnaire, which asks whether breastfeeding was initiated.

Percentage of Children Immunized on
Schedule, by Parent Report*



*Total = 509 children whose caregivers were screened with relevant portions of the Maternal Child Health Form. 422 answered the question, "Has your child had all recommended shots?"

Data Development Recommendation

We recommend that CYFD add a reporting protocol to measure this indicator required by the Home Visiting Accountability Act:

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

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

New in FY14: Screening with the PICCOLO tool

In FY13, CYFD-funded home visiting programs first began training in the use of the PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) research based observational tool.

PICCOLO is a checklist of observable, developmentally supportive parenting behaviors with children ages 10-47 months, in four domains of parenting behavior:

- ☐ Affection
- ☐ Responsiveness
- ☐ Encouragement
- ☐ Teaching

CYFD has worked with PICCOLO authors to develop guidance for using PICCOLO with infants as young as 4 months.

This tool helps home visitors to both show and measure what parents can do to support their child's development.

For more visit:

www.brookespublishing.com/piccolo

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. But when parents lack the skills or resources to meet their babies' needs, the resulting damage can be severe and long lasting. 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).

Research tells us that mothers who receive home visits are more sensitive and supportive in interactions with their children. According to several studies, they report less stress than mothers who did not receive home visits (Howard & Brooks-Gunn, 2009).

How Home Visiting Addresses this Goal

New Mexico home visitors are trained to use 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 to measure healthy parenting practices and relationships. Based on the results, home visitors help families implement strategies to foster nurturing relationships between young children and their caregivers. Home visitors are also trained to recognize 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 the 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

Outcome Data

FY14 was the first full year in which the PICCOLO tool was used in the Home Visiting System. The PICCOLO was first piloted in FY13, with all programs completing training and at least one screen by the end of the fiscal year. In FY14, CYFD continued training for new programs and new staff, and worked to adapt the PICCOLO for use with parents of children as young as four months old.

Initial 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 what new strengths in parenting behaviors are observable over time. A child must be at least 10 months old before a second PICCOLO is given, so we would expect to see a relatively small number of follow-up PICCOLOs at this point in the implementation of the tool.

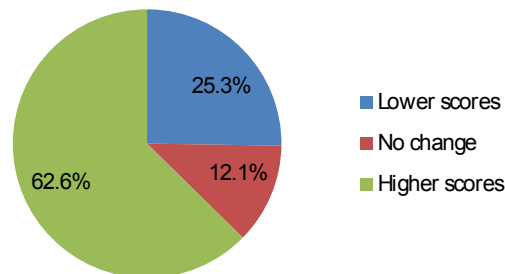
According to FY14 data:

- 300 new PICCOLO screens were completed during the reporting year.
- Of families receiving services for 12 months or longer, 34 percent have received an initial PICCOLO screen, and 16 percent have received one or more follow-up screens.
- In the first set of 99 parents for whom both initial and follow-up screens have been reported, parent scores show positive gains in parenting behaviors in two critical domains: Parent Teaching (62.6 percent) and Parental Encouragement (50.5 percent). Where the data do not show gains, it will be important to understand whether that reflects ineffective intervention, high initial screening scores, or need for continued training in accurate and effective use of the screen.

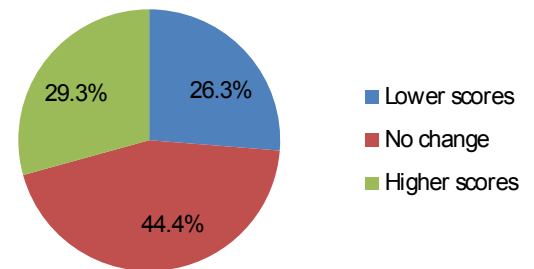
“Nurturing begets nurturing. A caring, professional-parent/family relationship supports a caring, nurturing parent-child relationship.”

Bernstein, 2003

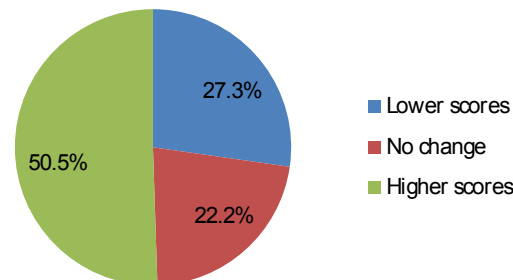
PICCOLO Changes Over Time □
Teaching Domain



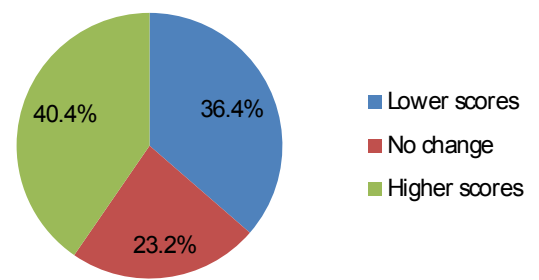
PICCOLO Changes Over Time □
Attachment Domain



PICCOLO Changes Over Time □
Encouragement Domain



PICCOLO Changes Over Time □
Responsiveness Domain



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 and linkages are made to the New Mexico Family-Infant Toddler (FIT) early intervention program.

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. Programs that focus on early childhood development and provide family support promote the well-being of young children and lead to improved physical and mental health outcomes for parents and children. The scientific literature provides numerous examples of the effectiveness of such programs in identifying developmental delays and providing early intervention. These efforts lead to a significant reduction in grade retention and reduced placement in special education (Anderson et al., 2003).

The American Academy of Pediatrics recommends all children be screened for developmental delays and disabilities with a standardized tool at 9 months, 18 months and 24 or 30 months of age to ensure the early detection of developmental concerns. The prevalence of developmental delays in infants and toddlers is estimated to be 13-16 percent nationally, with an increased prevalence among children from low-income families. Early detection of developmental concerns should result in appropriate referrals and implementation of early intervention services as needed (American Academy of Pediatrics, 2008).

How Home Visiting Addresses this Goal

Home visitors discuss issues with the mother and family such as nutritional needs of the baby and mother, well/sick child care, and behavioral health needs. They show parents how to monitor their child's growth, and home visitors are prepared to discuss feeding and any developmental/behavioral concerns. When concerns regarding the child's growth and health are noted, home visitors will make appropriate referrals to providers. To track and monitor developmental milestones, 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 successfully to available services

Outcome Data

In FY14, 1,200 children were old enough to receive the first ASQ-3 screen (4 months) required by the CYFD Home Visiting System, and had been in home visiting for long enough to receive a screen (at least five home visits). Children already receiving early intervention services were not expected to receive the screen, which has a preventive intent.

Of these 1,200 children, 1,062 (89 percent) received at least one ASQ-3 screen. Nineteen percent, or 199, were identified by the screen as having characteristics of a delay in development, or “identified for referral.”

Depending on the degree and nature of the possible delay identified, home visitors may either refer families directly to early intervention/FIT services or supply parents with developmentally appropriate activities and rescreen at the next age interval.

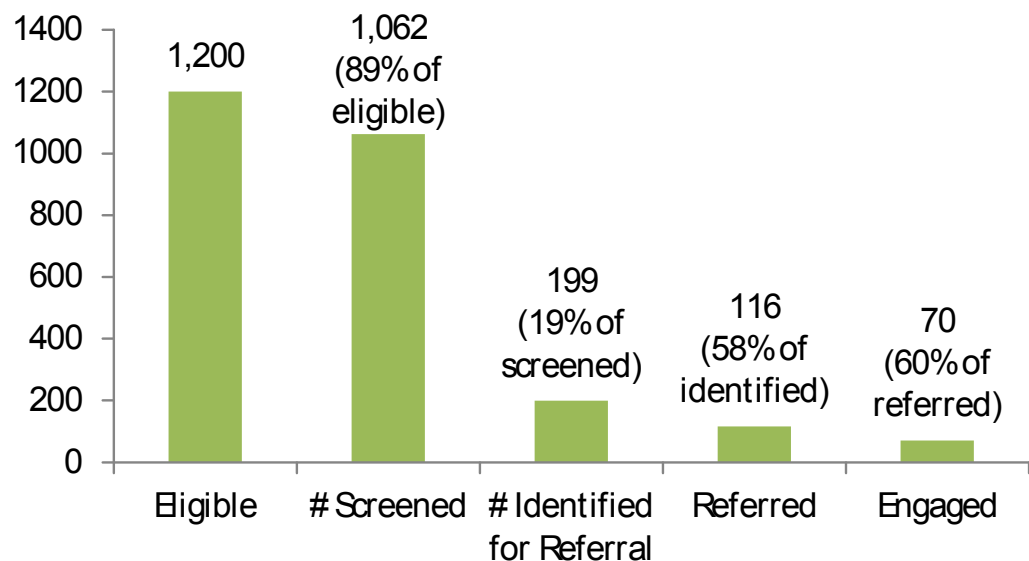
In FY14, 58 percent of the 199 “identified for referral” scores resulted in referral of 116 children to early intervention/FIT services. Of these 116 children, 70 (60 percent) are recorded as having engaged with services.

For Comparison:

In FY14, 89% of eligible children in home visiting were screened with the ASQ-3 developmental screen.

In comparison, the 2010-11 National Survey of Children's Health reported that 38% of New Mexico parents of children under the age of 6 surveyed had received a standardized developmental screen for their child within the last twelve months.

Percentage of Eligible Children* (n=1,200) Screened On Schedule for Potential Delay in Development with the ASQ-3, and Percentage Connected to Early Intervention Services



*Total of 1,200 eligible children represents the children who were at least 4 months old as of May 1, 2014, 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 critical experiences provided by nurturing family relationships; the child's skills at school entry such as reading, math, and language skills; and the child's social-emotional development (Shonkoff & Phillips, 2000; High, 2008; Duncan et al., 2007). What a child *hears* has direct and 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, putting them at a disadvantage before they even step foot in a classroom (Hart & Risley, 2003).

In addition to promoting language development, talking to one's child 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., 2012). Children whose parents read to them regularly and create a literacy-promoting environment at home scored higher on receptive and expressive language assessment and also enjoyed book reading more (Zuckerman & Khandekar, 2010).

In addition, 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). Some early research in New York has also found that students who were enrolled in a quality home visiting program were half as likely as their peers to be retained in first grade, and were more likely to demonstrate certain school-ready skills (Kirkland & Mitchell-Herzfeld, 2012).

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. Some also link families to center-based 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 monitor 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:

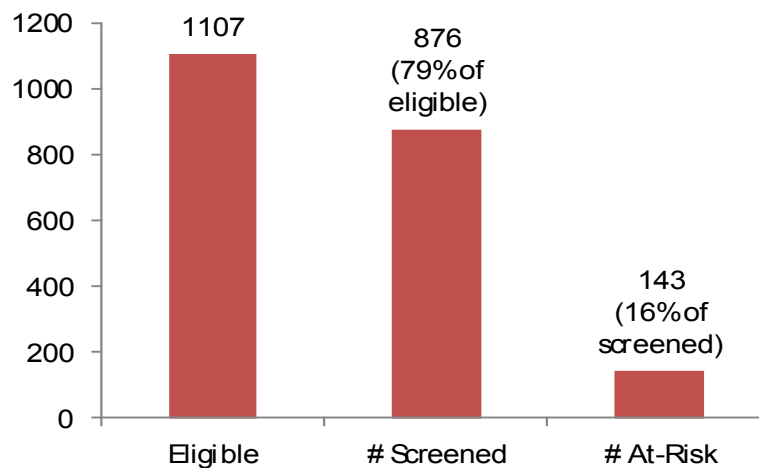
- ☐ Percentage of children screened on schedule for potential delay in development with the ASQ-3 or ASQ-SE screening tool
- ☐ Percentage of children screened at risk of delay who are referred successfully to available services
- ☐ Caregiver progress in practicing positive parent-child interactions,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

Outcome Data

Recall that Goal 3 outcome data (p. 22) on ASQ-3 screening showed that 89 percent of eligible infants and young children received a screening for possible delay in development, and that 58 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 infant and young child social-emotional development is beginning to be measured system-wide with the PICCOLO screen, as reported in Goal 2 outcome data (p. 20).

In addition, the ASQ-Social/Emotional screen was administered to 876 (79 percent) of 1,107 eligible* children. Of these, 143 (16 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.

Percentages of Eligible* Children (n=1,107) Screened and Identified as at Risk of Social-Emotional Delay on the ASQ-SE Screen



**Eligible children were at least 6 months old by May 2014, had received at least 5 visits, and were not enrolled in early intervention programs.*

Data Development Recommendation

The Home Visiting Accountability Act requires that the Home Visiting System report on:

- ☐ Any increases in school readiness, child development and literacy

We recommend that CYFD establish a system for tracking the percentage of children receiving home visiting services who enter kindergarten at or above grade level on state assessments. The Public Education Department and CYFD are currently developing plans for a statewide, validated kindergarten readiness assessment. We recommend CYFD begin plans for coordinated collection of assessment data for the children who have received home visiting services, as PED pilots the assessment in the 2014-15 school year.

CYFD may also consider adding a measure that would capture its successes in promoting family literacy. One national measure used is the number of days in a week that family members report reading to their infants and children. In 2011-12, 13 percent of children age 1-5 in New Mexico were read to less than 3 days a week by family members (*National Survey of Children's Health*).

Prevention of Adverse Childhood Experiences

Adverse childhood experiences (ACE) such as abuse, neglect, witnessing domestic violence or growing up in a home with parental discord, substance abuse, mental illness or crime have been found to predict poor health outcomes in adults. These outcomes include increased risk for substance abuse, depression, suicide attempt, smoking, obesity, premature mortality, and revictimization.

Child Well-Being in New Mexico

New Mexico's children are ranked 49th of the 50 states in child well-being.

AnnieE. Casey Foundation,
2014; KidsCount.org

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). Research has shown that programs targeting parent-child relationships can help protect children from these harms and even help heal damage from harm that has already occurred (Ludy-Dobson & Perry, 2010). In addition, unintentional injuries account for a significant number of child fatalities annually in the United States, with an average of 33 child deaths each day from an injury-related event (Borse et al., 2008). In a review of multiple home visiting and center-based programs, Kendrick et al. (2008) found home-based parenting interventions significantly reduced such unintentional injuries to children.

In a 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).

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. For example, home visitors help families who may be at risk for family violence to develop safety plans. Home visitors discuss unintentional injury issues including potential poisoning, pet safety, and water safety. They also discuss positive parenting strategies with caregivers to prevent abuse and neglect. If home visitors identify safety or abuse concerns, they are required to make a referral to Child Protective Services. Children potentially benefit in multiple ways; they benefit from the prevention strategies provided by home visiting, and they also benefit when safety risks are identified and appropriate referrals are made.

Outcome Measurement

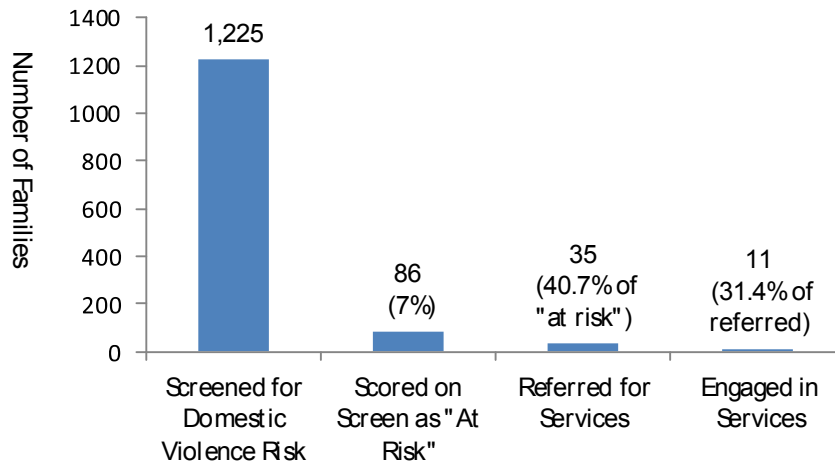
The indicators used to measure home visiting's impact on safety are the percentage of families:

- ☐ Identified as at risk of domestic violence on the Woman Abuse Screening Tool
- ☐ 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

Outcome Data

Of the 2,224 active families in FY14, 1,225 were screened for potential risk of domestic violence with the Woman Abuse Screening Tool (WAST). Not all caregivers are in a relationship, so it is difficult to determine how many more than the 1,225 screened might have benefited from screening. Of those screened, 86 (7 percent) scored as potentially at risk, and 35 (40.7 percent) of these caregivers were referred to available behavioral health services. Eleven (31.4 percent) of those referred are recorded as having engaged in services as a result of referral.

Percentage of Caregivers Screened (n=1,225) for Domestic Violence Risk and Connected to Services

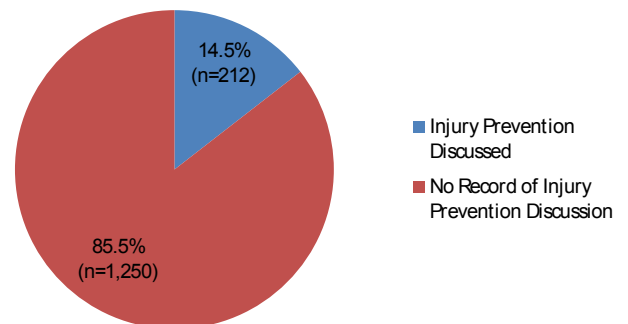


Percentage of Families At Risk of Domestic Violence Who Have a Safety Plan in Place

Of the 91 families scored as "at risk" on the WAST screen, fewer than 3 percent are recorded as having a safety plan in place. As the Home Visiting System plans to move away from the WAST screen in favor of a more comprehensive screen for family violence, it will be important to set up appropriate score reporting protocols in the data system, as well as referral and safety plan expectations for families whose scores show them "at risk."

Percentage of Families Engaged in Discussion of Injury Prevention

Of the 2,224 active families with one or more home visits in FY14, 1,462 had received at least five home visits, allowing time for discussions of injury prevention to have taken place. Of these families, 212 (14.5 percent), have a record of discussing at least one injury prevention topic with a home visitor. As this represents a significant decrease from the 80 percent of families receiving injury prevention discussion in FY13, it will be important to review program practices. These lower rates could reflect data entry issues, changes in visitor practice, or other variables like a high number of families who received prevention training during a previous reporting year.



Data Development Recommendation

The Home Visiting Accountability Act requires the Home Visiting System to report annually on:

- ☐ Decreases in child maltreatment or child abuse

In order to meet these reporting requirements, we recommend that CYFD develop rigorous data collection and reporting protocols to ensure complete and accurate reporting of the number of reported and substantiated cases of maltreatment experienced by children after entry into the home visiting program.

We recommend that CYFD's Child Protective Services (CPS) and Early Childhood Services establish a data sharing strategy. Such a strategy could allow Early Childhood Services to give CPS the names of the families and children in home visiting, and CPS to share numbers of reported and substantiated cases of maltreatment for those children. The data fed back to Early Childhood Services could be in aggregate form to protect confidentiality.

Community Spotlight: Taos First Steps

In addition to supporting individual families, home visiting can help build capacity for entire communities.

Because one of home visiting's missions is to refer families to appropriate supports, home visitors are on the front lines in identifying gaps and challenges that may exist in a particular community. Beyond identifying the problem, home visiting can also be part of the solution.

In Taos, the Taos First Steps Home Visiting Program at Holy Cross Hospital is a partner in a group called the Paso a Paso Network. This group consists of organizations in the Taos area that work with young children, and they meet monthly to collaborate and ensure they are providing a seamless continuum of services.

The group also works to fill gaps in the services available to families. Jaci Imberger, program manager at Taos First Steps, described a situation several years ago when First Steps home visitors found that many of their clients were interested in parenting classes, but few were available in the Taos area. In response to this need, the Paso a Paso Network pursued and received a grant to pay for new parenting classes.

"From my perspective, we in home visiting were hearing from families

Continued on next page

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 supports in their communities is important for fostering safe and healthy children. New Mexico's communities offer numerous supports and services to help families thrive, but the families who need them most may not always know these services exist or may not know how to access them.

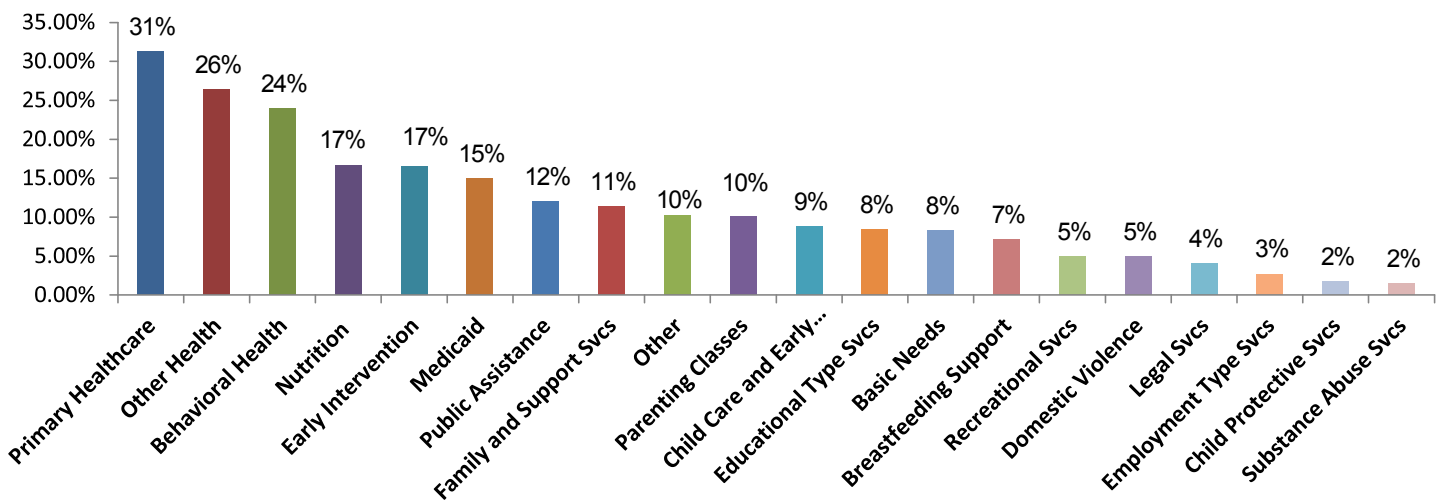
Research shows families value referrals as a useful part of home visiting (Paris & Dubus, 2005), and are more engaged with home visiting when visitors have the knowledge base to make appropriate referrals (Wagner et al., 2000).

Home visiting is an essential part of the state's effort to ensure families are connected to the social support services they need or want. Multiple researchers have 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. Keeping families connected 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 on a regular basis while each family is receiving home visiting services. Home visitors make referrals to a variety of services and agencies, including primary care providers, behavioral health service providers, 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 and services as needed.

Percentage of Families Served who Received 1+ Referral, by Type (n=2224)



Continued from previous page

that they wanted classes,” Imberger said. “What classes also meant to them was community and connection to people.”

The network also collaborates on events like community health fairs, or an effort to give families binders for important documents related to their children. In addition to helping parents stay organized, the binders also include contact information for all the Paso a Paso organizations.

“Agencies were coming and saying, ‘Wouldn’t it be great if families had portfolios with all the important documents, to take to the doctor, insurance cards, etc.,’” Imberger said. “All the agencies chipped in to pay for it, and now each agency hands them out to our families. ... In home visiting, we would take it on a visit and talk to them about how they would use it or customize it to themselves.”

Imberger said the relationships agencies have built through Paso a Paso Network make it easier to refer clients to needed supports.

“The times when things don’t go well is when there’s not a connection between agencies,” she said. “So to me, I feel a common theme of being able to have relationships with not just the client, but with people from other agencies.”

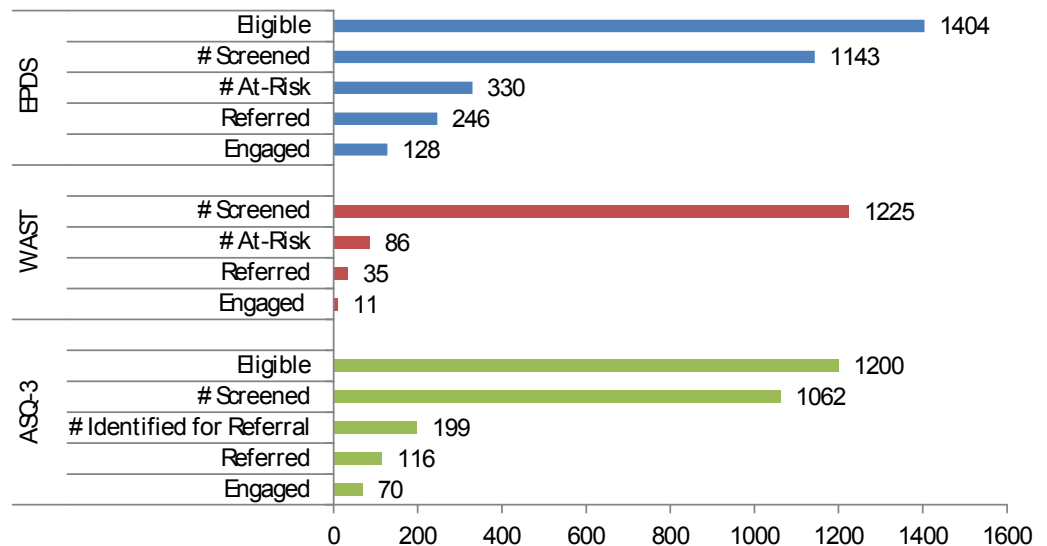
Home visiting can also help identify gaps in available services, and can drive community-level change. Especially in rural areas, home visitors may encounter families who need services that aren’t available in their communities. Home visiting programs often belong to networks of service providers who can help identify these gaps in community programs and, in some cases, can be partners in cultivating the services that are needed. Moreover, if home visiting programs are situated within a broader community of collaborative 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 numbers of:

- ☐ Families identified for referral to support services in their community, by type
- ☐ Families identified who receive referral to available community supports, by type
- ☐ Families referred who are actively engaged in referral services, by type

Screenings and Referrals for Enrolled Families (total families = 2,224)



* See Appendix 2 for explanation of how eligibility was determined for ASQ-3, WAST, and EPDS screens and referrals.

Outcome Data

The graph above shows the number of children or caregivers considered eligible to receive either an ASQ-3, WAST, or EPDS screen; the number and percentage of clients eligible for screens who received them; the number screened who showed characteristics of concern or risk; and the number of clients receiving referrals who engage 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 Development Recommendation

We recommend CYFD continue to support state efforts through Race to the Top to develop a unified early childhood data system. This will assist in reporting on the following measure, required by the Home Visiting Accountability Act:

- ☐ Percentage of children receiving home visiting services who are enrolled in high-quality, licensed child care

CYFD Reflections and Next Steps

CYFD deeply appreciates the work of so many committed individuals and organizations that have helped home visiting thrive over the last few years. The FY14 New Mexico Home Visiting Annual Outcomes Report provides an opportunity to reflect on the Home Visiting System's strengths and its ongoing areas of need.

CYFD has identified a set of Next Steps to strengthen home visiting in response to the findings of this report. The Next Steps are organized into the categories of: 1) Data and Accountability, 2) Program Improvement, and 3) Home Visiting Policy.

Data Sources

Data for nearly all indicators are currently reported and collected in the state's Home Visiting Database, maintained and managed for CYFD by the Early Childhood Services Center at UNM Continuing Education.

Data and Accountability

CYFD recognizes that ongoing attention to data integrity among programs is paying off in improved accuracy and less missing data. An important achievement is the new Quarterly Report, introduced in the first quarter of FY15, that programs pull to examine their specific data. The reports reflect data similar to what is contained in this report, with bar graphs and pie charts showing the individual program's data so each program can focus on continuous quality improvement.

- CYFD will continue to develop measures that are required by the Home Visiting Accountability Act that are currently unavailable. These are: 1) The percentage of children in home visiting receiving regular well-child exams as recommended by the American Academy of Pediatrics; 2) any increases in school readiness, child development, and literacy skills; 3) the number of children in home visiting enrolled in high-quality licensed child care programs; and 4) decreases in child maltreatment or child abuse.
- CYFD celebrates the dedicated home visitors and program managers that make home visiting successful. Gathering more detailed data on the state's home visiting workforce can help CYFD better understand the relationship between workforce and outcomes. Such a workforce study can address questions like:
 - Who is working in home visiting programs and in what roles?
 - What are their backgrounds and training?
 - What kinds of professional development and other training are provided? What should be added?
 - What schedules do home visitors work? How much are they paid? Is compensation equitably related to education and experience?
 - What is the rate of turnover and how might undesirable turnover be reduced?
- Home visiting relies on access to community-based services to help families get additional assistance. CYFD is interested in working with local home visiting programs to learn about availability of critical referral services. This information will help to better understand where home visitors identified needed referrals that could not be completed due to lack of availability. This information will help create a comprehensive picture of where referral services are and are not available statewide, and may help identify potential areas for building better infrastructure.

Program Improvement

Home visiting is one important part of a comprehensive approach to supporting children and their families. To that end, CYFD recognizes the value of integrating home visiting more fully with other units of the department. We look forward to heightened collaboration with Protective Services including child abuse and domestic violence services, Juvenile Justice, and Behavioral Health. Such collaboration is likely to help home visiting programs access needed support services and to understand whether families receiving home visits are also receiving services from other divisions of CYFD.

- CYFD will continue to engage in ongoing work to enhance home visitors' ability to address family violence, including adoption of a more discerning relationship assessment tool, and staff training to heighten home visitors' ability to respond appropriately.
- CYFD is interested in gaining better understanding of what constitutes successful completion of the home visiting process for the variety of families served. Families come to the program with their own goals and plans for services, differing levels of need, and differing experiences with the services actually provided. These families then participate in home visiting with varying levels of engagement and for varying amounts of time. It is important to get a better sense of what success means for these families.

Home Visiting Policy

CYFD is proud of the Home Visiting Accountability Act and is continually refining policies related to home visiting including the Home Visiting Standards, training manuals, research bases, informational brochures, websites, and the other policy tools that ensure the state's goals are met and programs are stable over time. The system envisioned in the Home Visiting Accountability Act is remarkable and CYFD intends to use lessons learned from this report to make sure policies are as effective as possible.

- The Home Visiting Accountability Act requires that CYFD "shall adopt and promulgate rules by which the standards-based home visiting program shall operate." CYFD will consider, adopt and promulgate rules to help stabilize and strengthen the Home Visiting Program in New Mexico.
- CYFD will continue its work on Early Childhood Investment Zones and other analyses that identify the gaps between home visiting services provided and home visiting services needed. One potential way to analyze this would be to study the number of contracted home visiting openings compared to the birth cohort for an area. Such an analysis would help CYFD provide equitable services across the state as the Home Visiting System continues to mature.
- CYFD is committed to strengthening the process for referring families into home visiting programs. The roll-out of the CYFD Home Visiting Resource & Referral Service is expected to greatly enhance promotion and recruitment. This statewide service would provide referring agencies (medical and social service providers, etc.) a single point of access to home visiting services. Home visiting programs working together at the local and regional levels will be able to coordinate promotion of their services, including this streamlined point of access.

Conclusion

New Mexico values its children and families. The whole state suffers when children and families are struggling, but it is not always easy to know what to do. Fortunately, New Mexicans from all political persuasions, diverse communities, and geographic regions have agreed on the importance of strengthening systems that focus on the care and education of young children. Over the last few years, New Mexico has become a national leader in addressing the needs of young children, and home visiting is central to that effort.

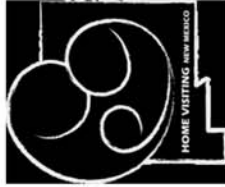
The data in this second Annual Outcomes Report show the continuing expansion of home visiting across New Mexico. They also reflect the refinement of measures for tracking critical child and family outcomes, one of the most important accomplishments of the Home Visiting System in FY14. New Mexico has emerged as a national leader in solving the measurement issues that are crucial to establishing effective systems of accountability. These data show that more than 2,220 families received at least one home visit in FY14. These families had the opportunity to benefit from a wide variety of services that aimed at improving healthy births, parental nurturing, children's physical and mental health, school readiness, children and families' safety, and family support. The outcome data in this report show progress, but clearly more must be done. There are still too many families and children across the state who could benefit from home visiting services and don't receive them. In FY14, 2,028 children were served in home visiting programs – yet the state has more than 140,000 children under 5 years old. Not all of those children and their families would benefit from home visiting services, but in a state with as many challenges as New Mexico, many likely would.

The passage of the Home Visiting Accountability Act in 2013 placed New Mexico in the national spotlight as a state committed to helping its young children during their most critical developmental period. Home visiting, child care, prekindergarten, early intervention, and other early childhood programs are beginning to provide the critical continuum of services that is so essential to healthy children and thriving families. New Mexico still has much to learn about protecting children from adverse experiences, developing different models of home visiting for diverse communities, financing home visiting, recruiting and retaining quality staff, and building collaborative relationships among all stakeholders. These questions should guide the ongoing development and expansion of New Mexico's Home Visiting System.

APPENDIX I: New Mexico CYFD Home Visiting Program Logic Model, Part 1



New Mexico Home Visiting Program Logic Model



Program Vision: New Mexico families are supported to raise children who are healthy, happy and successful.

Program Goals: 1) Pregnant women experience improved prenatal health & babies experience improved birth outcomes; 2) Parents are available, responsive, attuned and appropriate with their infants and young children, supporting optimal social-emotional and cognitive development; and 3) Infants and young children to age 5 experience optimal social-emotional and cognitive development so that they are prepared for school success.

New Mexico provides a coordinated continuum of high quality, community-driven culturally and linguistically appropriate home visiting services that promotes maternal, infant, and early childhood health, safety, development, and strong parent-child relationships. Regardless of the model implemented by the community program, the following are part of all New Mexico Home Visiting Programs:

Theoretical Framework

- Attachment theory
- Prevention of Adverse Childhood Experiences (ACEs)
- Neuro-developmental research
- Mutual Competence
- Family-centered, relationship-based practice

Core Quality Components (Inputs/Resources)

- Culturally, linguistically & professionally competent Home Visitors
- Reflective Supervision
- Data management & support
- Data-informed continuous quality improvement
- Implementing agencies inform State-level programmatic decision making
- Community outreach & cross-agency coordination
- Adequate, sustained funding



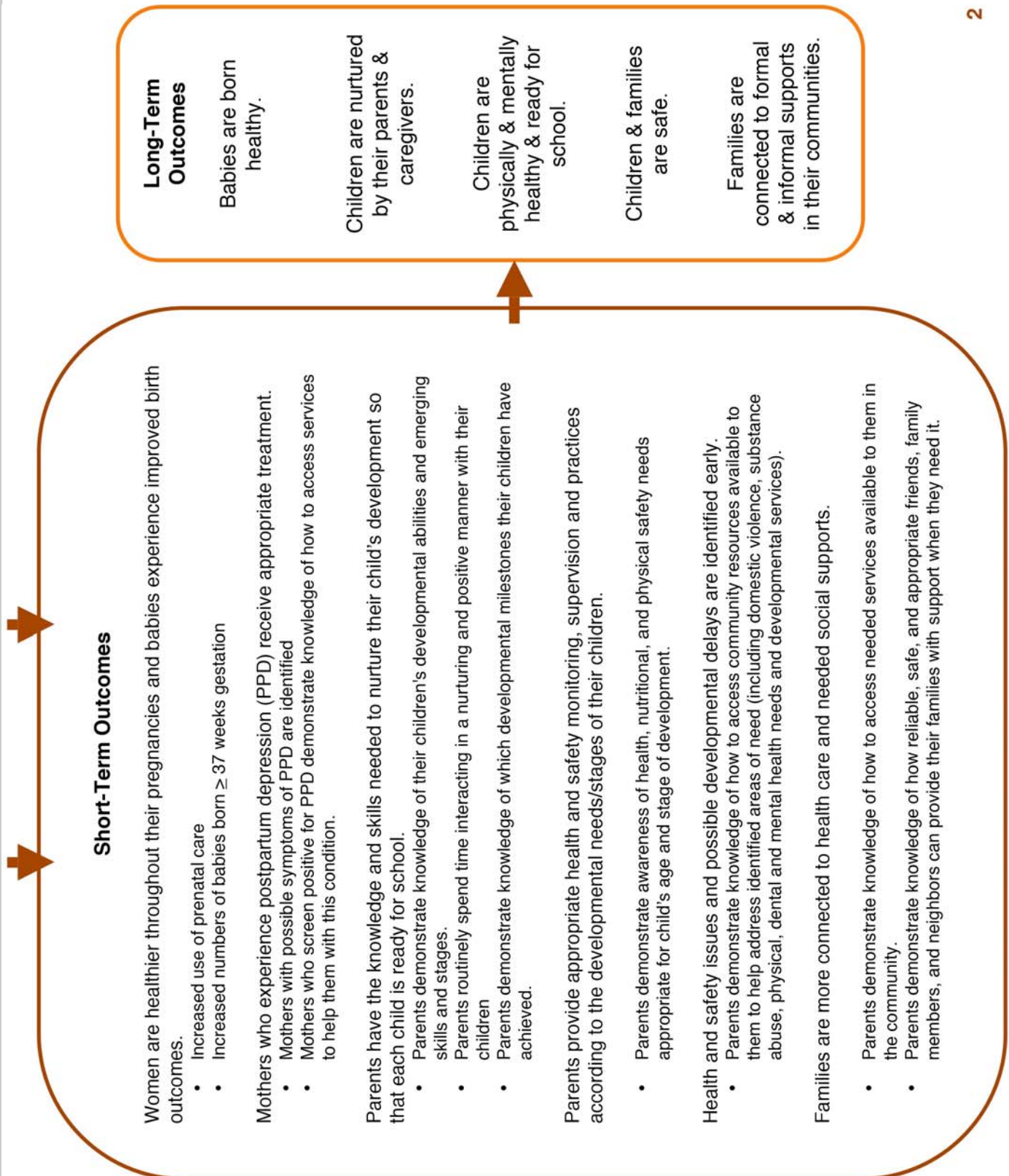
Core Service Components (Outputs/Activities)

- Prenatal, post-partum and ongoing home visits*
- Parenting education to include developmental guidance and interaction support to support school readiness
- Screening (health, safety, development)
- Identification of community resources & referral supports

Ongoing Support and Continuous Quality Improvement

*A home may include schools or even jails, wherever the parent and child can be seen together, based on the specific needs of each particular family.

APPENDIX I: New Mexico CYFD Home Visiting Program Logic Model, Part 2



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 FY14 (n=24)
Number of families funded (openings)	CYFD	As reported by CYFD (n=1,919)
Number of families served	Home Visiting Database	All families receiving one or more home visits in FY14 (n=2,224)
Cost per family	Calculated from CYFD data and Home Visiting Database	Total funding divided by number of funded openings
Demographics of families served	Home Visiting Database	Reported on caregivers and children in families with at least one home visit
Duration of participation by families	Home Visiting Database	Time between most recent enrollment and most recent service date
Home visitors/ supervisors by level of educational training	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 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 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 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 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 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 Denominator: Number of mothers who had a delivery during the reporting period and answered "breastfeeding" question on the Perinatal Questionnaire

Home Visiting Annual Outcomes Report for FY13

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 ☐ Number of below who answered "Yes" to immunization question Denominator: Number of primary caregivers answering relevant question on the Maternal-Child Health Form
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 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 ☐ Number of below who received at least one ASQ-3 screen 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 ☐ Number of children below who scored below ASQ-3 cutoff 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 ☐ Number of below who were referred to early intervention services 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 within two months of screening	Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records	Numerator: Number of below who engaged in early intervention services during reporting period 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

Home Visiting Annual Outcomes Report for FY13

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	Woman Abuse Screening Tool	Numerator: Of below, number identified at risk of domestic violence Denominator: Number of families screened with WAST during reporting period
Percentage of families identified at risk of domestic violence who receive support services	Woman Abuse Screening Tool and Home Visiting Database Referral Records	Numerator: Of below, number who received behavioral health support services Denominator: Number of families screened with WAST and identified as at risk during reporting period
Percentage of families at risk for domestic violence who have a safety plan in place	Woman Abuse Screening Tool and Home Visiting Database Referral Records	Numerator: Of below, number who had a safety plan completed in reporting period Denominator: Number of families screened with WAST 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 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	Home Visiting Database Activity Records	See operational definition for ASQ-3, WAST, 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, WAST, 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, WAST, 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

- American Academy of Pediatrics, Recommendations for Preventive Pediatric Health Care. (2008). http://brightfutures.aap.org/pdfs/AAP_Bright_Futures_Periodicity_Sched_101107.pdf.
- Anderson, L.M., Shinn, C., Fullilove, M.T., Scrimshaw, S.C., Fielding, J.E., Normand, J., & Carande-Kulis, V.G. (2003). The effectiveness of early childhood development programs: A systematic review. *American Journal of Preventive Medicine*, 24(3), pp. 32-46.
- Barlow, J., Hampshire, A., Stewart-Brown, S., & Polnay, L. (2008). Parenting interventions and the prevention of unintentional injuries in childhood: Systematic review and meta-analysis. *Child: Care, Health, and Development*, 34(5), pp. 682-695.
- Bernstein, V. (2003). Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision. *Newsletter of the Infant Mental Health Promotion Project (IMP)*, 35.
- Borse, N.N., Gilchrist, J., Dellinger, A.M., Rudd, R.A., Ballesteros, M.F., & Sleet, D.A. (2008). CDC childhood injury report: Patterns of unintentional injuries among 0-19 year olds in the United States, 2000-2006. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Brazelton, T. (2013). Foreword in *Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice*, Eds. Kristie Brandt, Bruce Perry, Stephen Seligman, & Ed Tronick. American Psychiatric Publishing.
- Casey, Patrick, Goolsby, S., Berkowitz, C., Frank, D., Cook, J., Cutts, D., Black, M., Zaldivar, N., Levenson, S., Heeren, T., Meyers, A., & the Children's Sentinel Nutritional Assessment Program Study Group. (2004). Maternal depression, changing public assistance, food security, and child health status. *Pediatrics*, 113(2): 298-304.
- Center on the Developing Child. (2010). In brief: Early childhood mental health. Harvard University. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_early_childhood_mental_health/.
- Cox, J.L., Holden, J.M, and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150: 782-786.
- Dodge, K. & Goodman, B. (2012). Durham Connects Impact Evaluation Final Report [to] Pew Center on the States.
- DuMont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., Rodriguez, M., & Dorabawila, V. (2008). Healthy Families New York (HFNY) randomized trial: Effects on early child abuse and neglect. *Child Abuse & Neglect*, 32 (3), pp. 295-315.
- Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A.C., Klebanov, P., Pagani, L.S., Feinstein, L., Engel, M., Brooks-Gunn, J., Sexton, H., Duckworth, K., & Japel, C. (2007). School readiness and later achievement. *Developmental Psychology*, 43(6), pp. 1428-1446.
- Embry, L. & Dawson, G. (2002). Disruptions in parenting behavior related to maternal depression: Influences on children's behavioral and psychobiological development. In *Parenting and the child's world: Influences on academic, intellectual, and social-emotional development. Monographs in parenting*. Borkowski, John G. (Ed) & Ramey, Sharon Landesman (Ed) & Bristol-Power, Marie (Ed). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Fernald, A., Marchman, V. A. and Weisleder, A. (2013), SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science*, 16: 234-248. doi: 10.1111/desc.12019
- Golden, O., Hawkins, A., & Beardslee, W. (2011). *Home Visiting and Maternal Depression: Seizing the Opportunities to Help Mothers and Young Children*. The Urban Institute.
- Hart, B., & Risley, T. (2003). The early catastrophe: The 30 million word gap. *American Educator*, 27, 4-9.

- Heckman, J.J. & Masterov, D.V. (2007). The productivity argument for investing in young children. Paper presented at the T.W. Schultz Award Lecture at the Allied Social Sciences Association Annual Meeting, Chicago: January 5-7.
- High, P. (2008). School readiness, *Pediatrics* 2008;121:e1008, DOI: 10.1542/peds.2008-0079.
- Horton, C. (2003). Protective factors literature review: Early care and education programs and the prevention of child abuse and neglect. Center for the Study of Social Policy. Washington, D.C. www.cssp.org.
- Howard, K.S. & J. Brooks-Gunn. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children*, 19 (2): 119-146.
- Institute of Medicine. (2013). The childhood immunization schedule and safety. *Report Brief*, January. Washington, D.C: Institute of Medicine.
- Ip, S, Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T., Lau, J. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. *Evidence Report/Technology Assessment*, 153: 1-186.
- Kendrick, D., Barlow, J., Hampshire, A., Stewart-Brown, S., & Polnay, L. (2008). Parenting interventions and the prevention of unintentional injuries in childhood: Systematic review and meta-analysis. *Child: Care, Health, and Development*, 34(5), pp. 682-695.
- Kirkland, K. & Mitchell-Herzfeld, S. (2012). Evaluating the effectiveness of home visiting services in promoting children's adjustment in school. New York State Office of Children and Family Services, Bureau of Evaluation and Research.
- Lee, E., Mitchell-Herzfeld, S., Lowenfels, A., Greene, R., Dorabawila, V., & DuMont, K. (2009). Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine*, 36 (2): 154-160.
- Ludy-Dobson, Christine R., & Perry, Bruce D. (2010). The role of healthy relational interactions in buffering the impact of child trauma. In: Working with children to heal interpersonal trauma: The power of play. Gil, Eliana (Ed.): pp. 26-43. New York, NY: Guilford Press.
- National Survey of Children's Health. Child and Adolescent Health Measurement Initiative (CAHMI), 2011-2012 NSCH: Child Health Indicator and Subgroups SAS Codebook, Version 1.0. (2013). Center for Child and Adolescent Health, sponsored by the Maternal and Child Health Bureau. www.childhealthdata.org.
- National Survey of Children with Special Health Care Needs, 2009-10 New Mexico Report. NS-CSHCN 2009-10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health. www.childhealthdata.org.
- Olds, D. L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., Luckey, D.W., Henderson, C. R. Jr., Holmberg, J., Tutt, R.A., Stevenson, A.J., & Bondy, J. (2007). Effects of nurse home visiting on maternal and child functioning: Age-9 follow-up of a randomized trial. *Pediatrics*, 120 (4), pp. 3832-3845.
- Paris, R. & Dubus, N. (2005). Staying connected while nurturing an infant: A challenge of new motherhood. *Family Relations*, 54, 72-83.
- Parlakian, R. (2003). Before the ABC's: Promoting school readiness in infants and toddlers. Washington, DC: ZERO TO THREE.
- Perry, Bruce D. (2008). Child maltreatment: A neurodevelopmental perspective on the role of trauma and neglect in psychopathology. In Child and Adolescent Psychopathology. Beauchaine, Theodore P. (Ed.), & Hinshaw, Stephen P. (Ed.): pp. 93-128. Hoboken, NJ: John Wiley & Sons, Inc.
- Pew Center on the States. (2011). States and the New Federal Home Visiting Initiative: An Assessment from the Starting Line. Retrieved from [http://www.pewcenteronthestates.org/uploadedFiles/assessment from the starting line.pdf](http://www.pewcenteronthestates.org/uploadedFiles/assessment%20from%20the%20starting%20line.pdf). [www.pewcenteronthestates.org/uploadedFiles/PCS Assets/2013/HOME Summit Brief.pdf](http://www.pewcenteronthestates.org/uploadedFiles/PCS%20Assets/2013/HOME%20Summit%20Brief.pdf).

Sameroff, A.J., & Fiese, B.H. (2000). Transactional regulation: The developmental ecology of early intervention. In *Handbook of Early Childhood Intervention: 2nd edition*. Shonkoff, J.P. (Ed.) & Meisels, S.J. (Ed.). Cambridge University Press.

Shonkoff, J. P., & Phillips, D. A. (2000). From neurons to neighborhoods: The science of child development.

State of New Mexico Children, Youth and Families Department, Home Visiting Program Standards manual, revised October 2013. http://cyfd.org/docs/HV_Standards10.7.13.pdf.

Stith, S. M., Ting Liu, L., Davies, C., Boykin, E. L., Alder, M.C., Harris, J.M., Som, A., McPherson, M., & Dees, J.E.M.E.G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior*, 14(1), pp. 13-29.

Thomas, D., et al. (2003). Emerging practices in the prevention of child abuse and neglect. Washington, DC: Children's Bureau's Office on Child Abuse and Neglect, U.S. Department of Health and Human Services. www.calib.com/nccanch/prevention/emerging/index.cfm.

Wagner, M., Spiker, D., Gerlach-Downie, S., & Hernandez, F. (2000). Parental engagement in home visiting programs – findings from the Parents as Teachers multisite evaluation. SRI International. Menlo Park, CA.

Zuckerman, B. & Khandekar, A. (2010). Reach Out and Read: Evidence based approach to promoting early child development. *Current Opinion In Pediatrics*, 22, pp. 1-6. 2. Committee on Children and Disabilities, American Academy of Pediatrics. Developmental surveillance and screening for infants and young children. *Pediatrics* 2001;108(1):192-195. 3, *Pediatrics* Vol. 121 No. 6 June 1, 2008 pp. e1503 -e1509 (doi: 10.1542/peds.2007-1680)

