



# New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2019

Prepared by the University of New Mexico  
Cradle to Career Policy Institute for the  
New Mexico Children, Youth and Families Department

**NM** CRADLE TO CAREER  
POLICY INSTITUTE

JANUARY 1, 2020

## Introduction

The seventh Annual Home Visiting Outcomes Report presents aggregate data for all home visiting programs administered in Fiscal Year 2019 (FY19) by the Children, Youth and Families Department (CYFD). 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 Program’s impact on families and children in New Mexico.

### New Mexico’s Home Visiting Program, FY19

- 33 programs
- 31 counties served
- 3,403 openings funded
- 5,397 families served
- 53,362 home visits provided



*Photo courtesy/UNM Center for Development and Disability*

## New This Year

- FY19 Outcomes (p. 19)
- Medicaid Home Visiting Pilot (p. 17)
- Neonatal Intensive Care Unit Home Visiting Expansion (p. 20)
- Serving All Families Through Model Coordination (p. 13)
- New Mexico-Grown Supports for Home Visitors (p. 9)



**PULLTOGETHER.ORG**

Program Highlights

- New Mexico's Home Visiting Program will transition from its home in CYFD to the newly established Early Childhood Education and Care Department in July 2020, under leadership of Secretary Designee Elizabeth Groginsky.
- Funded by a federal Preschool Development Grant Birth-Five (PDG B-5), the state will launch a media campaign in 2020 to promote early childhood education, with a focus on home visiting.
- New Mexico launched a Centennial Home Visiting pilot for Medicaid-eligible families in three counties using two evidence-based home visiting models, Nurse Family Partnership and Parents as Teachers (see p. 17).
- New Mexico is expanding Level II Neonatal Intensive Care Unit (NICU) home visiting programs to the southern part of the state. (p. 20)
- CYFD was a sponsoring partner of the second annual New Mexico Home Visiting Summit, which included presentations from nationally renowned child brain development expert, Dr. Bruce Perry. (p. 35)

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

MICHELLE LUJAN GRISHAM  
 GOVERNOR

HOWIE MORALES  
 LIEUTENANT GOVERNOR



BRIAN BLALOCK  
 CABINET SECRETARY

TERRY LOCKE  
 DEPUTY SECRETARY

December 17, 2019

Dear Friends of New Mexico's Children and Families,

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

This report is in response to the "Home Visiting Accountability Act (Act)" of 2013. The Act creates a framework for ensuring quality and consistency in home visiting programs across New Mexico. By using a wide range of data points, CYFD is able to use critical information for reviewing the continuous quality improvement of the home visiting system while keeping policy makers, participants and stakeholders informed of the effectiveness of our home visiting program.

As identified in the seventh annual New Mexico Home Visiting Program Report, measurable progress and outcome data match the home visiting program's established goals for almost 5,400 families served during FY19. CYFD continues to place emphasis on the outcomes and indicators to continually improve the Home Visiting service delivery system with solid data driven practices.

CYFD provides oversight and support to the thirty-three community-based state and federally funded Home Visiting Programs in New Mexico to ensure the highest quality of services to support New Mexico families and young children.

In FY19, CYFD established a more intensive Level II home visiting program", the Neonatal Intensive Care Unit Home Visiting Program, and expanded the SleepSafe component to Home Visiting. The Level II home visiting program targeted intensive services to families who are at an increased risk for adverse childhood experiences (ACEs). With enhanced supports and services for babies and families in the Neonatal Intensive Care Unit (NICU) Hospitals and the promotion of safe sleep practices, we are confident that New Mexico's Home Visiting programs will continue to support our most vulnerable populations – resulting in positive outcomes for families and young children - as oversight of these programs transition to the Early Childhood Education and Care Department on July 1, 2020.

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

Sincerely,

Brian Blalock, Cabinet Secretary

OFFICE OF THE SECRETARY  
 P.O. DRAWER 5160 • SANTA FE, N.M. • 87502  
 PHONE: (505) 827-7802 • FAX: (505) 827-4053

TABLE OF CONTENTS

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

Introduction..... 1

Letter from CYFD..... 2

FY19 Home Visiting Overview ..... 4

The Context of Home Visiting in New Mexico.....7

What Do Home Visitors Do/Home Visiting Workforce..... 8

*New Mexico-Grown Supports: Reflective Supervision and Data Systems* ..... 9

New Mexico’s Investments in Home Visiting.....10

Home Visiting Programs FY19 ..... 11

Home Visiting Program Models .....12

*Serving All Families Through Model Coordination* ..... 13

Home Visiting Participants in FY19 .....14

*Navigating a New Funding Stream: Medicaid* ..... 17

Home Visiting Outcomes for FY19.....19

    Goal 1: Babies are Born Healthy .....19

*New this Year in the H.A.T.C.H. NICU Program*..... 20

    Goal 2: Children are Nurtured by their Parents and Caregivers .....24

    Goal 3: Children are Physically and Mentally Healthy ..... 26

    Goal 4: Children are Ready for School ..... 28

    Goal 5: Children and Families are Safe..... 30

    Goal 6: Families are Connected to Formal and Informal Supports in their Communities ..... 32

CYFD Next Steps ..... 34

Appendices

    New Mexico Home Visiting Collaborative Statewide Map..... 36

    Outcome Measures Defined..... 37

    References .....40

# FY19 Home Visiting Overview

## Background

Strong, stable families are the first and most important foundation for children’s well-being and success. Home visitors support families in laying that foundation by promoting positive parenting practices, screening for risks, and referring families to appropriate community supports. The services provided by home visiting programs are expected to be research-based, grounded in best practices and linked to six overarching goals: Babies are born healthy, children are nurtured by their parents and caregivers, children are physically and mentally healthy, children are ready for school, children and families are safe, and families are connected to formal and informal supports in their communities.

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

## Implementation

Since the 2013 passage of the Act, CYFD has expanded infrastructure supports for New Mexico’s Home Visiting Program. The chart below documents trends in key implementation indicators over the past five years:

Key Implementation Measures	FY15	FY16	FY17	FY18	FY19	Change from FY18 to FY19
Funding (State and Federal)	\$12 million	\$15.5 million	\$17.5 million	\$18.7 million	<b>\$20.2 million</b>	<b>\$1.5 million (8%)</b>
Home Visiting Programs	26	30	30	33	<b>33</b>	<b>0</b>
Counties Served	27	28	30	32	<b>31</b>	<b>-1</b>
Funded Openings	2,286	2,738	3,006	3,092	<b>3,403</b>	<b>311 (10.1%)</b>
Families Served	2,891	4,020	4,587	4,615	<b>5,397</b>	<b>782 (16.9%)</b>

## Outcomes

Data for FY19 continue to show outcomes for New Mexico Home Visiting that are largely consistent with prior years of reporting. Measures of healthy birth outcomes continue to be positive, indicating that mothers in home visiting access prenatal care more often and significantly earlier than pregnant women statewide, and mothers participating in home visiting initiate breastfeeding at rates comparable to statewide rates.

Home visitors work with parents and other caregivers to increase the strength of their nurturing interactions with babies and young children, with increasingly positive results in terms of demonstrated improvement in measures of teaching, encouraging, responding to and showing affection for their children.

Screening for potential risk of developmental delay, including in social-emotional developmental domains, was conducted on 89% of children served by state home visiting this year.

## FY19 Home Visiting Annual Outcomes Report

Other outcomes related to screening families for potential risk, however, continue to show decreases, as they did in FY18. While rates of screening for issues related to child development, perinatal depression, and family safety risk stayed relatively steady and high, rates of referrals of families whose scores suggest potential risk continued a marked decline. Since rates of family engagement with referrals are also low, it will be important for CYFD and the new Early Childhood Education and Care Department to investigate and address reasons for these downward trends.

These outcomes, by stated goal, are summarized and discussed below:

Key Outcome	FY19
Healthy Births (p. 19)	<ul style="list-style-type: none"> <li>• Pregnant women in home visiting continue to report that they access prenatal care more often and significantly earlier than women statewide.</li> <li>• Rates of screening and referral to services for perinatal depression continued a downward trend begun in FY17. Of eligible mothers, 84% were screened in the perinatal period for risk of depression. Of those found to be at risk, 76% were referred to appropriate services, (down from 90% in FY17), with a markedly reduced 37% known to have engaged with services (down from 66% in FY17).</li> </ul>
Parent and Caregiver Nurturing of Children (p. 24)	<ul style="list-style-type: none"> <li>• 1,446 children and their caregivers were observed at least twice using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) tool for measuring nurturing parental behaviors. Scores improved across domains, with improvement ranging from 29% to 63%, and with the greatest improvement in caregiver teaching ability.</li> </ul>
Children’s Physical and Mental Health (p. 26)	<ul style="list-style-type: none"> <li>• A higher number — 3,547, or 89% — of eligible children were screened for potential risk of developmental delay using the Ages and Stages Questionnaire– 3 (ASQ-3). Of the 770 identified for referral to early intervention services, however, only 61% received a service referral, showing a marked decline from the 88% referred in FY17 and 71% referred in FY18. The reason for this decline will need to be investigated.</li> </ul>
School Readiness (p. 28)	<ul style="list-style-type: none"> <li>• 89% of eligible children were screened with the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) for social-emotional delays, representing a slight but steady increase in screening from 83% in FY17. Of the children screened, 11% were identified as at-risk; home visitors and families worked together to address the challenges.</li> </ul>
Safety of Families and Children (p. 30)	<ul style="list-style-type: none"> <li>• 76% of families were screened for potential risk of domestic violence using the Relationship Assessment Tool (RAT) or HITS (Hurt, Insult, Threaten, Scream). Of the 9% identified as at risk, 60% were referred for services — showing a downward trend that needs to be addressed, from 69% in FY18 and 77% in FY17. Of the families referred, 30% engaged in services.</li> <li>• 43% of those identified as at risk had a safety plan in place.</li> <li>• A total of 1.12% of families receiving six months or more of home visiting services were identified as having a substantiated maltreatment or abuse referral, improved from 1.94% in FY18.</li> </ul>
Connections to Community Supports (p. 32)	<p>Based on screening tools for child development (ASQ-3), perinatal depression (Edinburgh Postnatal Depression Scale-EPDS), and domestic violence (RAT/HITS):</p> <ul style="list-style-type: none"> <li>• Home visitors identified 1,556 instances of children or their caregivers being at risk, a 15% increase from 1,355 identified in FY18.</li> <li>• In 65% (n=1014) of these instances, clients were referred for services—lower than the 73% in FY18; 41.5% of referrals provided resulted in families engaging with services.</li> <li>• Rates of referral, in particular, have declined over the past two years.</li> </ul>

## FY19 Home Visiting Program Improvements

CYFD has taken a variety of steps in FY19 to strengthen the New Mexico Home Visiting Program:

- Level II Home Visiting services were expanded in FY19, with a total of 13 programs funded to provide targeted services for families with more complex needs (p. 7). Part of this expansion has been replication of its successful Albuquerque-based Neonatal Intensive Care Unit (NICU) home visiting program to southern New Mexico. The H.A.T.C.H. (Helping All To Come Home) program, which was funded to serve 250 families in FY19, supports healthy parent-infant relationships during the challenging early period of a NICU-involved infant's life, both within the NICU and post-discharge (p. 20). In addition, CYFD funded 7 Level II-Specialized providers as part of an initial pilot to serve families experiencing the particularly difficult stresses of homelessness, domestic violence, substance use in the home, or hospitalization in pediatric intensive care units.
- CYFD was a sponsoring partner of the second annual New Mexico Home Visiting Summit in August 2019, which convened home visitors across the state and across funding streams to share best practices, enhance regional collaboration, and learn from high-profile speakers, including esteemed psychiatrist, Dr. Bruce Perry, Senior Fellow at the Child Trauma Academy in Houston, TX. The summit was a project of the New Mexico Home Visiting Collaborative, a group convened through the Los Alamos National Laboratory (LANL) Foundation to improve coordination, reach, and effectiveness of services to benefit New Mexico's families and children (p. 36).
- New Mexico has launched pilot efforts to offer Centennial Home Visiting to Medicaid-eligible pregnant women and mothers in central and eastern New Mexico through three existing home visiting programs. These pilot sites, the University of New Mexico Center for Development and Disability Nurse-Family Partnership and Parents As Teachers programs and the ENMRSH Parents As Teachers program, began serving families in Bernalillo, Roosevelt and Curry Counties in January 2019 (p. 17).
- CYFD sponsored voluntary trainings in Safe Care Augmented, one of the home visiting models recognized by federal agencies as evidence-based, and thus eligible for federal funding. Full trainings in the model were available to interested programs, with key components such as Motivational Interviewing made more broadly available to all state-funded programs and home visitors as well. Other trainings provided in FY19 included the Erikson Institute's Facilitating Attuned Interactions (FAN) and the ongoing provision of Circle of Security training.

## Next Steps

The data in this seventh Annual Home Visiting Outcomes Report show a mature and modestly expanding Home Visiting Program, but one which requires increased attention to fidelity to state program standards, especially around implementation of key screenings and referrals to services. In addition, increased attention to recruitment and retention of both families and qualified home visitors will be essential for stable expansion of the Home Visiting Program to the many more families who could benefit. Several major initiatives are under way that hold promise for increased monitoring and raising public awareness of home visiting:

- In July 2020, operation of the New Mexico Home Visiting Program will transition from CYFD to the new Early Childhood Education and Care Department, established by law in 2019 and to be led by the new department's first Cabinet Secretary, Elizabeth Groginsky. Primary goals of the new department include alignment of standards across programs, alignment of funding, and use of data to ensure desired outcomes.
- In 2019, a state agency partnership between CYFD, the Public Education Department and the Department of Health was awarded a one-year \$5.4 million Preschool Development Grant Birth to 5 award. Through grant funding, the state is developing an Early Learning Needs Assessment and a Three-Year Strategic Plan to guide the priorities and work of the new Early Childhood Education and Care Department. This plan will include home visiting, alongside other programs for young children including Early Intervention, Child Care, PreK and Head Start. Grant funding has also enabled development of a 2020 statewide Early Childhood media campaign, with marketing of the importance of early childhood programs — including home visiting — as one of its chief objectives.

## New Mexico Home Visiting “Targeted Universalism”

CYFD’s home visiting program is designed to promote child well-being and prevent adverse childhood experiences. Since 2017, CYFD has offered both universal (Level I) home visiting, and more specialized (Level II) services that add to Level I services supports targeted to families under high stress.

Participation in Level II services is based on referrals from Child Protective Services, Juvenile Justice Services or Infant Mental Health Services. Families may also be identified for Level II based on risk assessments used in Level I or through the experience of a critical family incident.

760 openings were funded for Level II services in FY19, including 250 for families and infants in Neonatal Intensive Care Unit (NICU) stays.

## The Context of Home Visiting in New Mexico

New Mexico has focused substantial attention in recent years on promoting policies and programs that support early childhood development:

- In 2011, The Early Childhood Education and Care Act (NMSA 1978, Section 32A-23A-1) was passed to establish a comprehensive early childhood education and care system, including home visiting.
- In 2013, the New Mexico Home Visiting Accountability Act was passed, defining home visiting and a common framework for service delivery and accountability across the state’s rich diversity of programs.
- In 2019, a new cabinet-level Early Childhood Education and Care Department was established by law, to include home visiting and to be operative in July 2020.

## New Mexico’s Standards-Based Program

In 2009, CYFD was designated the state’s lead agency for a New Mexico Home Visiting Program that would unify the diverse models operating in the state. Rather than adopt or impose a single model of home visiting, CYFD reviewed current home visiting research and best practices to establish program standards that provide a common framework and accountability across all programs. This has allowed the New Mexico Home Visiting Program to promote home visiting programs that are responsive to their communities’ unique cultural and linguistic heritage, and to respond to the myriad needs of New Mexico’s children beyond the restrictions of some nationally recognized home visiting models. (see p. 13)

New Mexico’s standards-based Home Visiting Program is flexible enough to allow each home visiting program to respond to specific community needs, but also provides a unified understanding of what home visiting is and what expectations are for ensuring high-quality service delivery.



Photo courtesy/UNM Center for Development and Disability

## Professional Development & Training

CYFD provides home visitors with foundational and curriculum training, as well as ongoing professional development through quarterly meetings of program managers and an annual meeting for all staff. These opportunities provide information and hands-on practice focused on content areas identified by the field. FY19 training topics included:

- Motivational Interviewing
- Facilitating Attuned Interactions (FAN)

## Workforce Scholarships

CYFD has made available \$50,000 in scholarship support for home visitors pursuing degrees in infant-family, early childhood, or related fields. Scholarships were awarded to 33 home visiting staff in FY19.

# What Do Home Visitors Do?

Home visiting aims to help New Mexico’s parents and caregivers reach their full potential as parents. New babies can be challenging, and parents may feel overwhelmed and unsure of themselves. Parents and caregivers can rely on home visitors as a source of emotional support and information about child development. 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 Program is that every facet of young children’s success – physical, social, cognitive, or otherwise – is grounded in their relationships with primary caregivers.

Within this framework of trusting relationships, home visitors provide support and information, with an emphasis on preventing adverse experiences for children and families. Home visitors administer screenings that allow them to check for early signs of developmental delay in children, depression in mothers, abuse within the family, and other risk factors. When these screenings show families have challenges that are beyond the scope of prevention, home visitors refer families to support services in their communities and follow up on these referrals. With the addition of Level II home visiting services that began during FY17, home visitors in some programs can also directly provide intensive services for families with more complex needs, such as mental health support or in-depth assistance connecting them with services like Social Security or Medicaid.

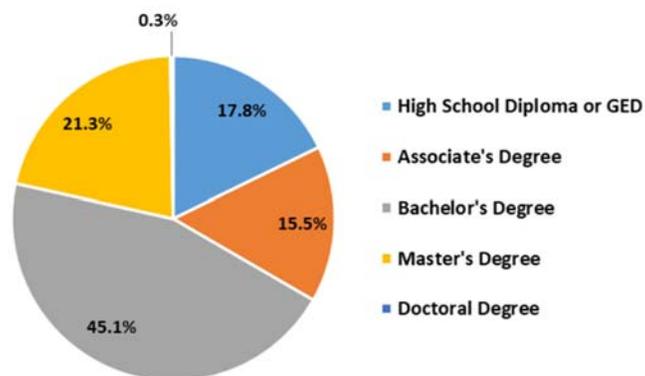
Home visitors also provide families with information, support, and advice. This part of the service is uniquely tailored to families and their goals, and can include everything from breastfeeding support to information on car seat safety and safe sleep practices. Families work with home visitors to set goals for their home visiting experience; these goals help define the focus of services and determine the frequency of visits needed to meet the family’s needs.

## New Mexico’s Home Visiting Workforce

A total of 356 home visitors provided services in FY19. Programs may be staffed with a combination of degreed and non-degreed professionals who have knowledge of the prenatal period, infant/toddler safety and health, early childhood development, early childhood mental health principles and practices, knowledge of community resources, and strong relationship-building skills.

Ongoing professional development is required for New Mexico’s home visitors. Home visitors who do not meet the educational requirements for the state’s program must obtain a certificate in Infant Family Studies or a related field within three years of hire and show progress toward an associate or bachelor’s degree. Home visitors for the Level II pilot program must hold a relevant bachelor’s degree. Programs must also have access to a master’s-level, licensed mental health professional for consultation when high-risk situations or concerns arise. In addition, home visitors and program staff are supported to obtain an Infant Mental Health endorsement. This year’s data show marked increases in completeness of data on home visitor information and in the percentage of home visitors with bachelor’s and master’s degrees.

**Highest Credential of Home Visitors**



Total = Data were available on 348 of the 356 home visitors employed by all programs during FY19.

## New Mexico-Grown Home Visiting Supports: Reflective Practice and Data Systems

Home visiting is built on evidence that babies and young children need supportive, responsive relationships in their lives. And New Mexico's program is designed to acknowledge that adults need those things too.

Joe DeBonis, the Education and Development Manager for the University of New Mexico Center for Development and Disability (UNM CDD), leads a team that provides training and consultation to home visiting programs. The supports center on building strong relationships and on reflective practice, which means processing events, thoughts and feelings that come up during home visits as part of professional growth.

"A lot of these supports are modeled off of what we know we need to do for babies. They need consistent caregivers that are responsive to them and their needs, so that they have the type of experience that can help their brains grow to their fullest potential," DeBonis said. He borrowed a term from the Circle of Security curriculum, calling this a "holding" environment for the baby.

"We talk about a similar 'holding' environment being provided to the parent by the home visitor," he said. "You develop a cooperative relationship and create a holding environment where they can explore their feelings, feel safe, and do this reflection. And then we need to provide something like that for the home visitor; the supervisor provides that safe relationship."

DeBonis said these practices can support stability in the home visiting workforce by easing burnout and turnover, and can help home visitors grow their confidence and capacity.

"We don't learn from experience, we learn through reflecting on experience," he said, noting that often busy professionals "run from one experience to the next to the next." Reflective practice provides time to process experiences, with the help of a supervisor or consultant whose job is to help home visitors reflect and ask themselves useful questions.

"We might ask of a home visitor, 'When you went to this visit and mom seemed to be really lethargic and not paying attention to the baby, what was going on inside of you? What were you thinking? You asked this question - why did you ask that question?'" DeBonis said. He said this can help home visitors stay effective in their jobs instead of numbing themselves to the complex lives of the families they support.

New Mexico home visiting programs are held and supported by a variety of systems, including a data team that understands home visiting and its underlying principles. "They're taking that same relationship-based approach to supporting programs and understanding the data system," DeBonis said.

That approach is not always the norm in data work, as Colin Mitchell knows. As the Database Design and Analysis Manager for the UNM Early Childhood Services Center, he oversees the home visiting data system and always tells new employees that this data job will be a little different.

"If you've had other data jobs before, expect people to come up and be happy to see you and hug you," he said.

That's because Mitchell and his team go out to trainings and events, even when they don't have obvious applications to maintaining a database. The data team have all gone through Circle of Security and other trainings, which means they are grounded in the core practices of home visiting. He said these trainings help them have a shared vocabulary with home visitors, and to understand things like the purposes of different screenings tools and their periodicities. They also use web cameras to ensure their interactions with programs build rapport instead of feeling like a call center.

## New Mexico's Investments In Home Visiting

New Mexico's leaders have demonstrated an ongoing commitment to home visiting, increasing state funding significantly since pilot project funding of \$500,000 in FY06. New Mexico has also received federal grants through the Health Resources & Services Administration as part of the Maternal, Infant and Early Childhood Home Visiting program. In FY19, cumulative funding across state and federal streams reached \$20.2 million and the current fiscal year, FY20, saw funding increase to \$22.4 million.

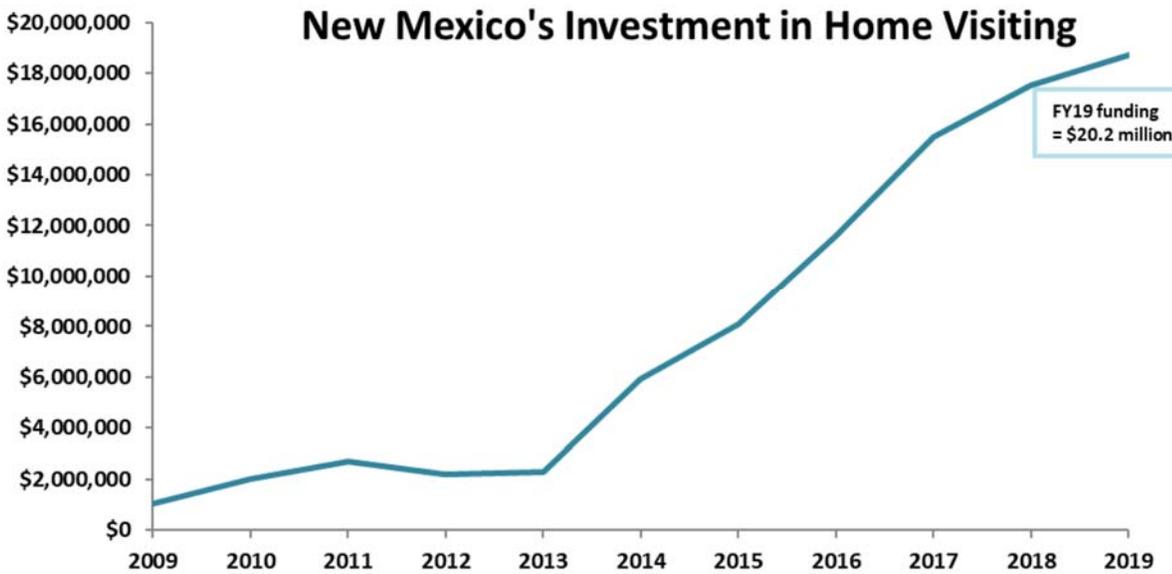
### Openings Versus Families

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

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

CYFD funded 3,403 openings in FY19, which resulted in 5,397 families receiving services throughout the year.

A higher reimbursement rate is provided for families with higher needs.



Source: LFC Post-Session Reviews

### Home Visiting Costs and State Expenditures

The cost of building a comprehensive Home Visiting Program includes both direct services and infrastructure development. Infrastructure costs include data system development and management, professional development, and other administrative costs (p. 9).

CYFD has instituted a differentiated reimbursement scale for contracted providers:

- Level I prevention and promotion home visiting services are contracted at a base rate of \$3,500 per opening. Programs may apply to receive an additional \$500 per opening ("Base Rate Plus") for documented special circumstance costs, such as travel to reach more rural families, service to high numbers of children with disabilities, or hiring of staff with specialized language skills.
- Level II targeted intervention services are reimbursed at a higher base rate of \$4,500 per opening, to support the higher cost of providing more intensive services. Level II providers may also apply for the supplemental \$500 "Base Rate Plus."
- Level II-Specialized targeted intervention services are also reimbursed at a higher base rate, of \$6,000 per opening.
- Federal funds support contracts based on actual costs. Funding rates vary per program, based on the home visiting model being implemented.

## State-Funded Home Visiting Programs FY19

Home Visiting Program	Families Funded (Levels 1, 1 Plus, 2 & 2 Plus)	Counties Served
Apple Tree Educational Center	60	Sierra
Aprendamos Intervention Team	80	Dofia Ana
Avenues for Early Childhood Services	85	McKinley
Ben Archer Health Center	195	Dofia Ana, Luna, Otero
Coffax County Commission	30	Coffax, Union
Community Action Agency of Southern NM Parents as Teachers	55	Dofia Ana, Otero
ENMRSH, Inc. Parents as Teachers	161	Curry, DeBaca, Guadalupe, Quay, Roosevelt,
F.A.C.E.S. First LTD	20	San Juan
Gallup McKinley County Schools Parents as Teachers*	120	McKinley
Gila Regional Medical Center Beginning Years First Born	134	Grant
Guidance Center of Lea Co.	67	Lea
Kiwanis Club of Las Vegas Community First Born of Northern NM	60	Harding, Mora, San Miguel
La Vida Felicidad	51	Cibola, Valencia
Las Cumbres Community Services, Inc.	83	Rio Arriba, Santa Fe
Los Alamos County First Born	55	Los Alamos
Luna County Parents as Teachers*	175	Hidalgo, Luna
MECA Therapies, LLC	59	Chaves, Curry, Lea, Roosevelt
Northwest New Mexico First Born	165	McKinley, San Juan
PB&J Family Services	84	Bernalillo, Sandoval
Presbyterian Española Hospital Rio Arriba First Born	40	Rio Arriba
Presbyterian Healthcare Services (Socorro General Hospital First Born)	90	Socorro
Presbyterian Medical Services Parents as Teachers	180	Chaves, Cibola, Eddy, Lea, Quay, San Juan
Regents of the University of New Mexico CDD (NICU)	250	Bernalillo, Dofia Ana
Region IX Educational Cooperative Parents as Teachers	32	Lincoln
Region IX Educational Cooperative (Level II slots for 8 programs)	195	Bernalillo, Chaves, Cibola, Dona Ana, Eddy, Lea, Los Alamos, Luna, McKinley, Otero, Rio Arriba, San Juan, Socorro
Southwest Pueblo Consultants	54	Bernalillo, Cibola, Rio Arriba, Sandoval
Taos Health Services/Holy Cross Hospital (Taos First Steps)	140	Coffax, Rio Arriba, Taos
Tresco, Inc. Parents as Teachers	151	Dofia Ana, Sierra
United Way of Santa Fe County First Born	170	Santa Fe
UNM CDD Nurse-Family Partnership*	125	Bernalillo
UNM CDD Parents as Teachers*	120	Bernalillo, Valencia
UNM Hospital Young Children's Health Center	50	Bernalillo
Western Heights Learning Center	35	Bernalillo
Youth Development, Inc.	32	Bernalillo, Rio Arriba
<b>TOTAL</b>	<b>3,403</b>	

\*Program received federal funding during FY19

Color Key indicates Program Model—Description in next page

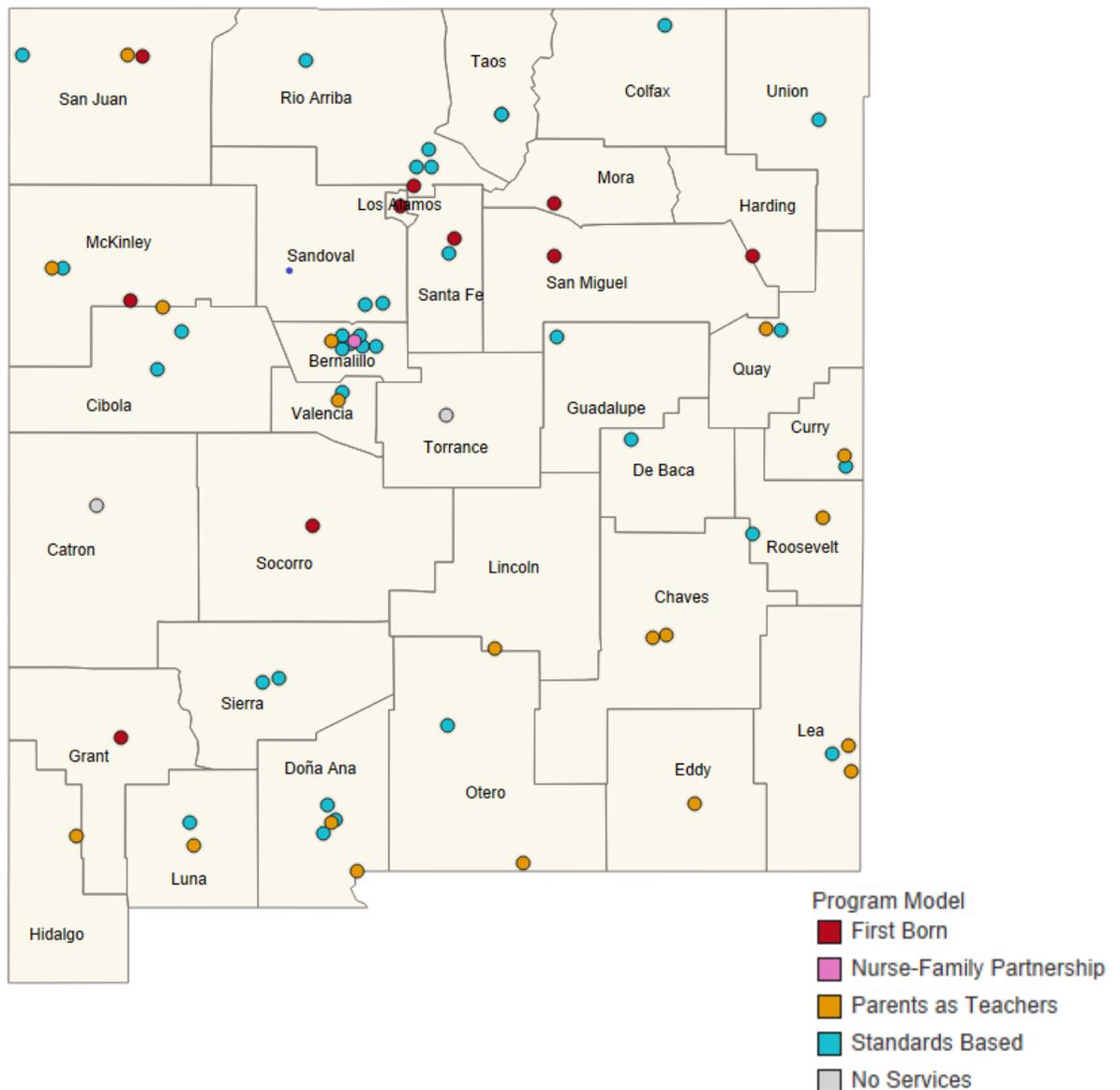
### Openings Funded through Private, Tribal and Direct Federal Sources

Additional openings are funded privately, tribally and federally. The LANL Foundation has convened programs across funding sources since 2016 as a New Mexico Home Visiting Collaborative to coordinate home visiting efforts statewide. The Collaborative identified an additional 1,904 openings in FY19 offered through non-state funding sources, for a total of 5,307 openings statewide. Updated FY20 slots across funding sources will be available at [ccpi.unm.edu](http://ccpi.unm.edu).

## Home Visiting Program Models FY19

New Mexico supports various home visiting models to ensure programs can meet the state’s diverse local needs. This menu of models supports complementary eligibility criteria to maximize the reach of home visiting and the number of families who can participate. While some models like Nurse-Family Partnership have strict criteria (low-income, first-time mothers recruited before 28 weeks of pregnancy), others have broader criteria and programs serving the same communities can refer to one another accordingly. This also helps ensure home visiting remains universally available to families in need of supports, without program-wide requirements on income or status as a first-time parent. Research suggests means-tested programs can be stigmatizing for recipients, and that recipients of universal programs report feeling more empowered and respected than recipients of means-tested ones (Soss, 1999).

Models can be designated as evidence-based after a series of rigorous research studies, and models granted this designation by the federal Maternal, Infant, and Early Childhood Home Visiting Program are eligible for additional federal funding streams and can be reimbursed by Medicaid. In New Mexico, the state funds the evidence-based models Nurse-Family Partnership and Parents as Teachers (see next page), and funds First Born, a homegrown model that has demonstrated improved child outcomes in a randomized control trial and is actively pursuing evidence-based status. Other programs (designated as Standards Based on the map) follow CYFD’s research-based set of requirements and use curricula such as Partners for a Healthy Baby and Nurturing Families for quality home visiting.



## Serving All Families Through Model Coordination

It was not at all clear at the beginning of the home visit whether things were going to go well. Glenda Najera, a home visitor for the Parents as Teachers program in Albuquerque, arrived to find parents Jackie and Jason in the aftermath of an argument. Tense silences hung between them, and Glenda asked if this was still a good day for the visit, which they insisted it was. Glenda asked a few probing questions – discovered they had kept their cool. She focused on their strengths.

“It’s good that you took a break from each other instead of letting it escalate,” she said. “Nico can feel it if you’re arguing and it escalates.”

The tone of the visit thawed quickly, thanks in part to the unlikely charm of the Ages and Stages Questionnaire (ASQ). Glenda explained she would be asking questions about their 2-month-old son Nico’s development, in the domains of communication, gross motor, fine motor, and personal-social.

“Does he sometimes make throaty or gurgling sounds?”

“Yes,” Jackie and Jason said firmly in unison, before beginning to animatedly describe the ways and contexts in which Nico gurgles.

“That’s what he does to get my attention,” Jackie said.

Or, Jason adds, that’s how Nico responds when Jason makes silly sounds at him.

Jason and Jackie have been enrolled in home visiting since Jackie was about halfway through her pregnancy, when she was referred through her Medicaid care coordinator. Home visits from Glenda are one piece of a coordinated support system for Jason and Jackie that includes behavioral health and substance abuse recovery. Both have had substance use disorders, both have been in recovery for about a year, and Nico was born full-term and healthy.

Jackie said the program has helped her with things as concrete as diapering and as abstract as bonding with Nico and pausing to appreciate him. “I learned how to have precious moments with him, when I didn’t know how before,” she said, speaking slowly and carefully. “It’s heartwarming to me that I know what I know now.”

Glenda works at the University of New Mexico Center for Development and Disability (CDD), which provides both the Parents as Teachers (PAT) and Nurse Family Partnership (NFP) home visiting models. While both models support families with new babies, they have different eligibility criteria and practices. NFP home visits are provided by nurses, and the program only accepts women who are pregnant with their first child, enter the program before 28 weeks of pregnancy, and are low-income. PAT home visitors come from a variety of backgrounds, and the program has more flexibility in who it serves.

Damaris Donado, who oversees both programs, said having two models at the CDD and a warm relationship between them ensures families who would benefit aren’t left out of home visiting. Jackie, for example, is not eligible for NFP because she had a previous child who does not live with the couple. But because the PAT program is also available, she is served. Donado said PAT also allows CDD to serve mothers who aren’t connected to services until after their babies are born.

Marcia Moriarta, director of CDD, said PAT’s flexibility complements NFP’s strong reputation in the medical community.

*Continued on next page*

## Model Coordination, cont'd

“NFP provides us with an entry point that no other program can,” she said. “Doctors want to refer to nurses. The nurses are professionals, it runs like a machine and the families get served and the outcomes look good. What we did find is we were eliminating a whole population that sometimes was at higher risk than those that could be identified for NFP. ... If you aren’t getting prenatal care, you’re at high, high risk.”

The PAT program at CDD was recently awarded Blue Ribbon status from the PAT national office, which Donado attributes to a combination of faithfully adhering to the core elements of the model and a commitment to serving families with a range of needs, including those with complex histories and circumstances like Jackie and Jason.

At their recent visit, Glenda stopped the ASQ halfway through. Time was running short, mostly because each question she asked brought forth new anecdotes of things Nico has done recently – Jason and Jackie jumping in eagerly, speaking over each other and together to describe how he waves his hands, kicks his feet, makes snuffling sounds, and smiles.

Glenda put the screening materials away with 15 minutes left in the visit, to ask whether they wanted to cover anything else. Right away, Jason suggested they discuss supports for Jackie related to postpartum depression. He said he was worried about her, and Jackie didn’t disagree.

Glenda gently probed to make sure Jackie herself was interested in counseling (a topic they had discussed before but Jackie hadn’t felt ready for), and began working with her on writing up a formal goal and action steps. At their next visit, they would call at least two providers – together – to identify someone who could see her. They gave themselves a deadline in one month to have Jackie scheduled for an appointment.

Jason, looking up from Nico’s bassinet, chimed in with a half-apology for speaking on Jackie’s behalf.

“The only reason I mentioned it to her, Jackie, is I trust her,” he said, nodding at Glenda.

# Home Visiting Participants in FY19

## Birth to Age 3

There are an estimated 72,579 children birth to age 3 in New Mexico. U.S. Census 2018

## Babies Born to NM Teens

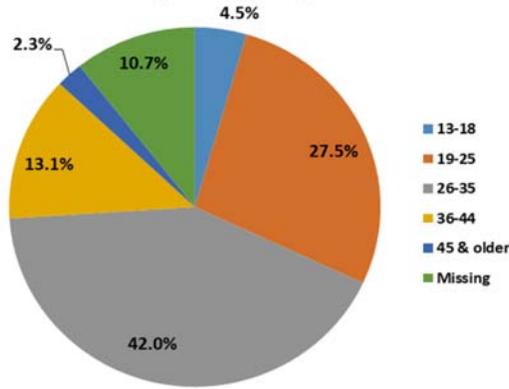
In 2018, 1,724 babies were born to teen (age 15-19) mothers. Though teen birth rates in New Mexico are declining, they remain among the highest in the nation.

New Mexico Birth Certificates Database, Department of Health

In FY19, state-funded home visiting programs served 468 teen parents. Teen mothers were 7.8% of all mother clients.

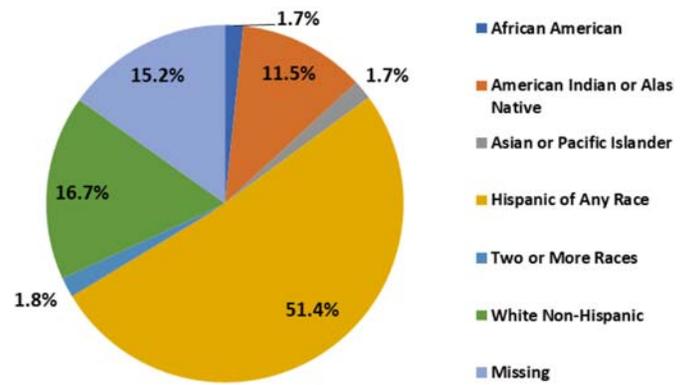
## Demographics of Home Visiting Participants in FY19

**Caregivers by Age\***



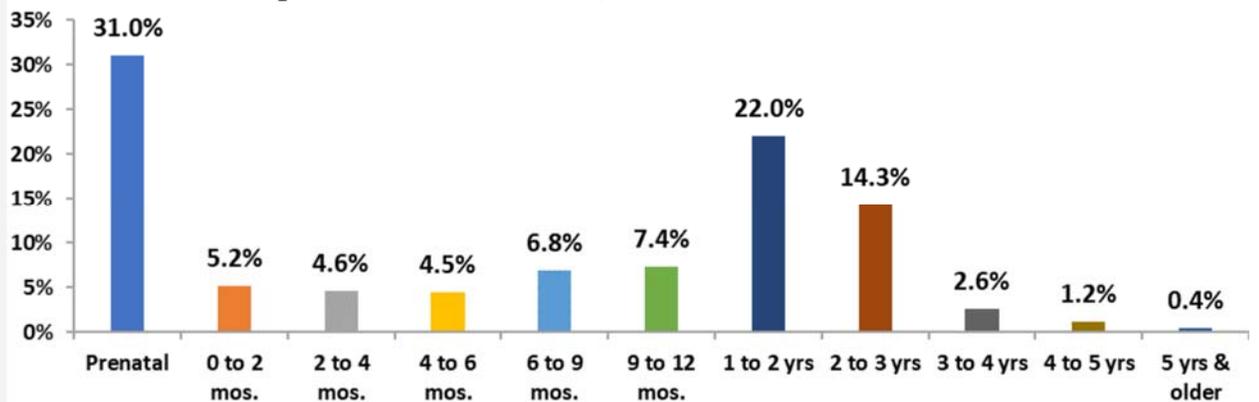
\*Total is 5,380 primary caregivers in families with 1 or more home visits in FY19. Mean age is 29.4 years.

**All Clients Served by Race/Ethnicity\***



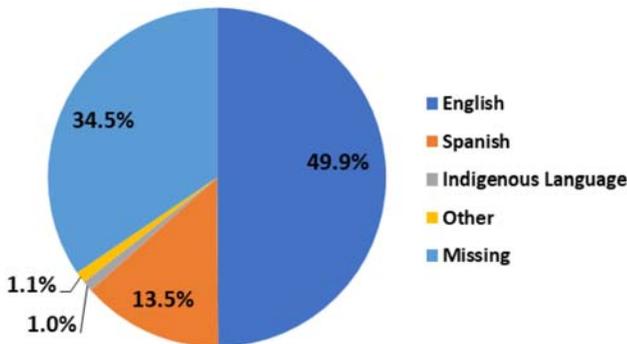
\*Total is 12,642 and reflects all household members in the 5,397 families with 1 or more home visits in FY19.

## Age of All Children Served, as of start of FY19\*



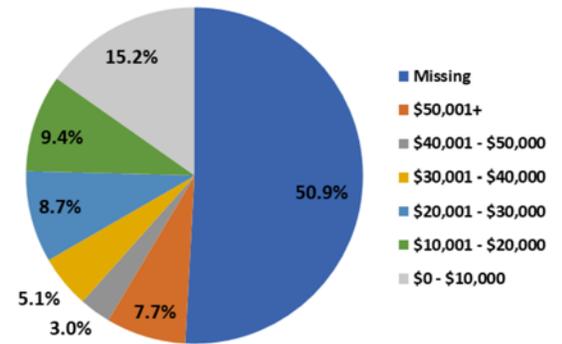
\*Data is available on 5,195 of the 5,227 children served, with data missing or inaccurate on 32 child clients.

**Language Spoken, All Clients\***



\*Primary home language was available for 65.5% of the 12,642 individuals (children and caregivers) with 1 or more home visits in FY19.

**Families Served by Annual Income\***



\*Annual income is collected on a voluntary basis and was collected for 49.1% of the 5,397 active families with 1 or more home visits in FY19.

### Parent/Caregiver Highest Level of Education

Of the 4,044 caregivers with data recorded:

2.8% were currently enrolled in high school

19.6% had less than a high school degree

28.4% had a high school diploma or GED

4% had technical training or other schooling

28.7% had some college but less than a bachelor's degree

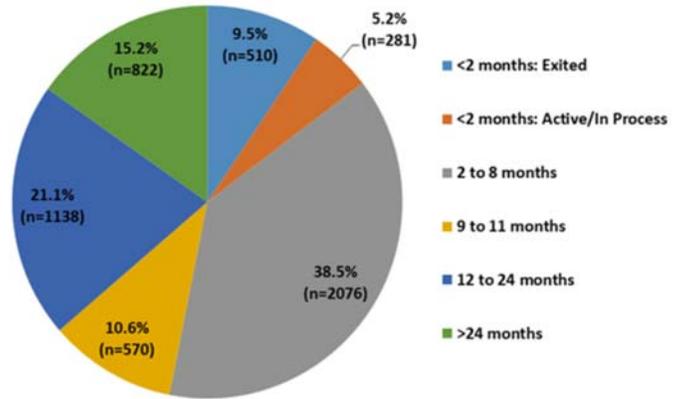
16.5% had a bachelor's degree or higher

## Home Visiting Participants, FY19

### Duration of Family Participation

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

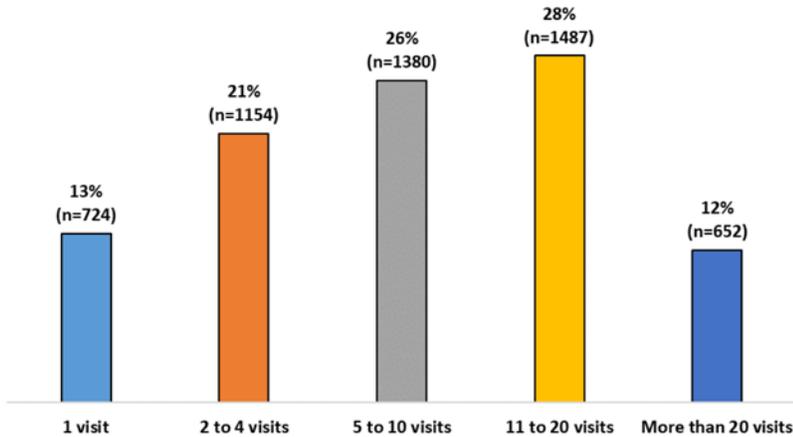
### Total Duration of Family Participation, from Initial Date of Enrollment, in Months (n=5,397)



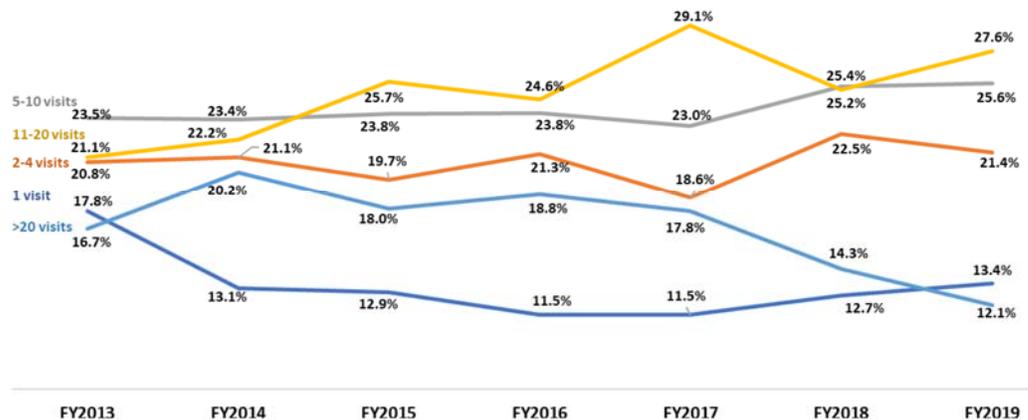
Ideal frequency and duration of services is determined jointly by the home visitor and the family, according to the family's needs, preferences, and cultural context, and according to CYFD's guidelines for screening protocols and curricula completion. In addition to model guidance and curricula recommendations,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

### How Many Fiscal Year Visits Have Families Received?

#### Number of FY19 Visits Received by Participating Families (n=5,397)



#### Annual Number of Visits Received by Participating Families, FY13-FY19



### Visits Over Time

Data in this report reflect only home visits that took place in FY19. Many families began receiving services in previous years.

Of the 5,397 families active in FY19, 3,001 (55.6%) were enrolled for the first time.

Including visits before FY19, 37.2% of active families (n=2,005) have received a cumulative total of 20 or more home visits, and 974 (18.1%) have received 40 or more visits.

## Navigating a New Funding Stream: Medicaid

Ashley Buurma never stops being an ambassador for home visiting. Not even when she's a guest at a gender reveal party. It was at such a party that she met Jessenia Bustamante, who was not the subject of the reveal but was a fellow guest and was pregnant herself. Buurma explained what she does, and about the benefits of home visiting. Bustamante, who has two older children, hadn't had a home visitor before and wanted to see what the program could offer.

"I absolutely love it," said Bustamante, whose baby, Mateo, was born in late summer. She began receiving home visiting in the middle of her pregnancy, which meant Buurma provided Jessenia prenatal curriculum and supports, alongside supports geared toward her older kids, who are 6 and 2. She said Buurma has helped her with setting behavioral boundaries with her 2-year-old, and with finding ways to challenge and support her learning. Buurma has also provided guidance and information on setting predictable routines for Mateo.



*Photo courtesy/Jessenia Bustamante*

"I like that she gives examples and things to work with my kids to challenge them," Bustamante said. "I feel like if I wasn't in the program, it's not that I wouldn't know how to challenge my kids, but I find more ideas when she comes."

Buurma said she can see a difference in Mairanny, the 2-year-old. When she first started visiting Bustamante's family, Mairanny could name a few colors, but now can name many more as Jessenia has done more intentional activities to highlight them. Buurma has also helped find more books in Spanish and English, to support Bustamante in helping her kids develop in both languages.

Buurma works for ENMRSH, Inc., which provides home visiting in Clovis using the Parents as Teachers (PAT) model. She is new to home visiting – she began in January 2019 – and has taken to the work with a zeal that ENMRSH's early childhood director says is infectious.

Lula Brown is ENMRSH's director of early childhood programs, and she said Buurma's passion is palpable and beneficial to families.

"She loves the model, she loves challenges, and that is a really big success. So just imagine her excitement transcending into a parent's home," Brown said.

*Continued on next page*

## Medicaid Funding Stream, cont'd

Buurma was brought on as part of ENMRSH's transition to the PAT model and expansion of services under the Medicaid home visiting pilot, an effort to support home visiting with Medicaid funds. ENMRSH is one of two pilot sites, and has been on the front lines of developing procedures, coordinated systems, and billing codes for a system that is inherently preventive rather than medical.

Brown, who has worked from the start on establishing new Medicaid billing procedures and relationships with managed care organizations (MCOs) said an important early step was developing a shared vocabulary with the MCOs about what home visiting is and who could benefit from it.

"Through trial and error we found out, Inez made a referral and her language was different from the language used by the home visitor," Brown said. "We went back behind the scenes to find almost a scripted process of talking to the families."

Brown is referring to Inez Quinones, the liaison between home visiting and Blue Cross Blue Shield, one of three MCOs working with the pilot. Quinones said she sees important potential for home visiting to help MCOs support families with new babies in a longer-term way than current services allow. Without home visiting, MCO care coordinators can work with new mothers only until eight weeks postpartum, which can feel too soon, especially if mother and baby have complex needs.

"It's hard to let go, as a care coordinator, and these programs of course go longer," she said. "So that collaboration was very exciting."

With that excitement and buy-in from care coordinators, MCOs have been actively referring their members into home visiting, creating a steady new stream of referrals. "We try to reach out to every pregnant woman that is our member," Quinones said. "It's a feat, but we try."

This new stream of referrals means the Medicaid pilot is expanding home visiting and reaching families through new channels, not just funding existing services. Damaris Donado, clinical manager for the PAT program at the University of New Mexico Center for Development and Disability (UNM CDD), said the referrals coming in tend toward families with more complex needs.

"The referrals that have come to us are a little higher in the acuity," she said. "The impact is not just administration, but also the impact of carrying families that have some really acute things going on."

UNM CDD is the second site for the Medicaid pilot, and includes both the PAT program and a program that uses the Nurse Family Partnership model (see page 12 for more on home visiting models).

Donado said the administrative work involved in the Medicaid pilot has been significant, with some lessons learned about the challenges of adding a whole new billing system, and the importance of ensuring funding comes from multiple sources. She said this is important because Medicaid does not cover the whole cost of providing services, and also because programs are committed to continuing service to families even if they lose their Medicaid eligibility. This means other funding must be available to fill gaps in Medicaid reimbursement.

"Medicaid is a wonderful way," Donado said, "but it's only one funding stream and it has to be supported by the larger system."

# Home Visiting Outcomes for FY19

## Goal 1: Babies are Born Healthy

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

### How Home Visiting Addresses this Goal

Maternal and infant health are critical foundations for family well-being. Home visitors bring a wealth of research-supported strategies to families to promote optimal health during pregnancy and after a baby's birth, including the use of prenatal care, discontinuation of substance abuse during pregnancy, initiation of breastfeeding, immunizing babies, childhood immunizations, increasing rates of pediatric well-child visits, and preventing and treating maternal depression (Institute of Medicine, 2013; Ip et al., 2007; Center on the Developing Child, 2010). When further need or risk in these areas is identified, home visitors make appropriate referrals to supportive services.

### Outcome Measurement

To examine the impact of home visiting on this goal, we look at these research-based measures:

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

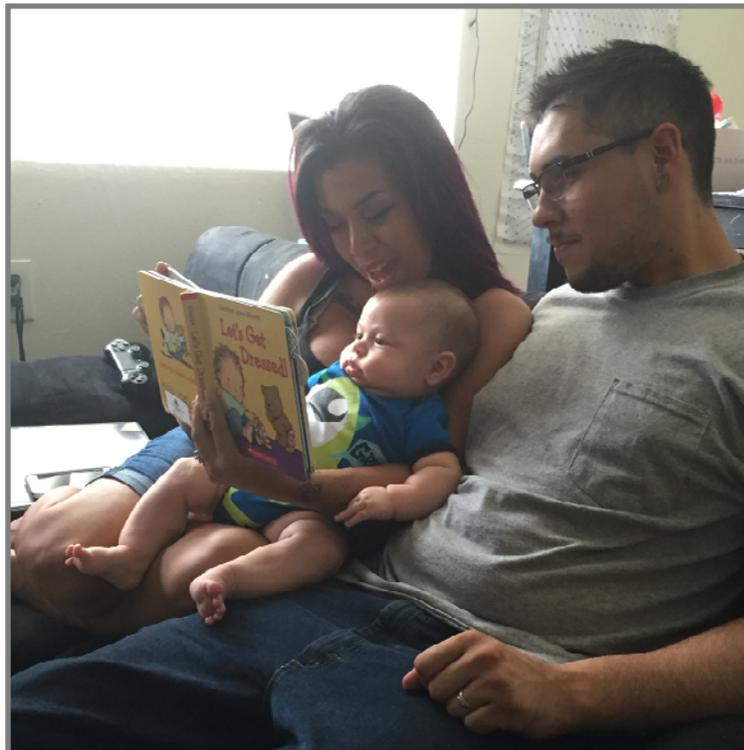


Photo courtesy/UNM Center for Development and Disability

### Data Sources: Screens Used

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

Caregiver Depression  
Edinburgh Postnatal Depression Scale (EPDS)

Nurturing Parenting  
PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) and DANCE (Dyadic Assessment of Naturalistic Caregiver-child Experiences)

Domestic Violence  
Relationship Assessment Tool (RAT) and Hurts, Insult, Threaten, Scream (HITS)

Family Background  
Maternal-Child Health Form (MCH)

## New This Year in the H.A.T.C.H. NICU Program

Adding a new baby to the family is always challenging, and for a family whose journey begins in a Neonatal Intensive Care Unit, or NICU, the challenges are magnified. That's true whether their stay is brief or continues for months. And as Peggy MacLean notes, almost any NICU stay is different from families' hopes and expectations for their child's early days.

"The families in any NICU don't compare themselves to other families there, they compare it to their own expectations and the fact that they're not going home with their child," MacLean said.

She is the director of the H.A.T.C.H. Program, which stands for Helping All To Come Home, and provides home visiting services to families with babies in NICUs. The program provides families with supports tailored to help them navigate their NICU experience and life after they are discharged, and has served 117 children in 2019. Like New Mexico home visiting generally, H.A.T.C.H. is available to any family who might benefit. MacLean said all kinds of families find themselves in the NICU, and the program aims to meet their range of needs.

"The challenges we see in our community are mirrored in the NICU," she said. "We have families who have a lot of resources and are stable but are experiencing a hard time, and we have family who are struggling with a recent history of substance use, domestic violence, or are precariously housed."

H.A.T.C.H. serves families in all three Albuquerque-area hospitals, where most families needing NICU care are served. And this year the program is expanding into two Las Cruces hospitals, which will bring H.A.T.C.H. into every NICU in the state. MacLean said they are working through local coalitions and providers to ensure the Las Cruces program is appropriate to the community. Hiring and home visiting is expected to start in the coming year.

"Each NICU is its own culture, and so we really want people who are from that community to serve families from that community," she said.

MacLean said another priority this year is strengthening practices for transitioning families from H.A.T.C.H. to longer-term home visiting programs. This means working with families to identify their priorities and needs, and identifying home visiting programs in their community with space to take families on.

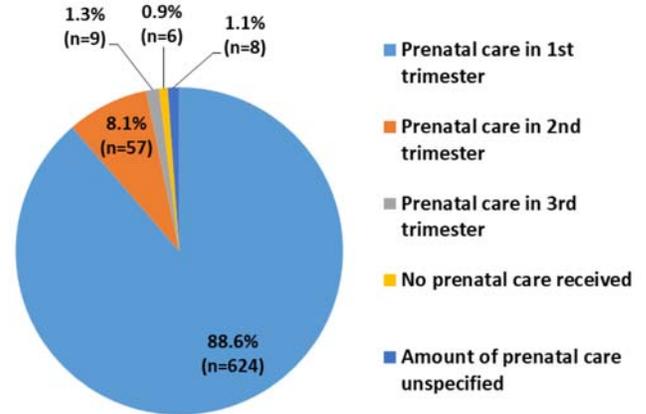
"We are with them during critical periods that are memorable, engaging with them in the NICU and supporting them in coming home, navigating those first months at home; those are intense moments for a family with a newborn," MacLean said. "So how do we intentionally look at transition, and how do we support families from the start to smooth the transfer? ... What are the key meetings or joint visits we need to do so the family feels comfortable with the program they're engaging with."

### Prenatal Outcome Data

As in previous years, pregnant women who received home visiting reported accessing prenatal care more often and earlier than women statewide. A total of 861 mothers were enrolled prenatally with a birth in FY19. Data on use of prenatal care was collected on 704, or 81.8%. Of these, all but six (99.1%) reported receiving prenatal care, and 96.7% reported receiving prenatal care before the third trimester of pregnancy.

#### Prenatal Care for Mothers Enrolled Prenatally \*

\*861 women who entered prenatally gave birth in FY19, with data on prenatal access recorded for 704 (81.8%). Data is missing for 18.2%.

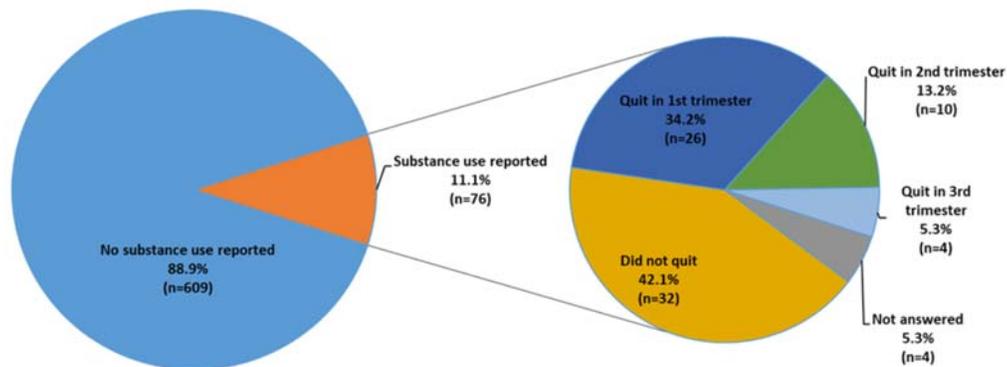


#### Comparison of First Trimester Care, Home Visiting Mothers and Mothers Statewide

New Mexico has the lowest U.S. percentage of births in which the mother began prenatal care before the third trimester (2019 Health of Women and Children Report). Mothers in New Mexico Home Visiting continue to access first trimester care at substantially higher rates than pregnant women statewide. In FY19, 88.6% of pregnant women participating in home visiting reported accessing prenatal care in their first trimester, compared to an average of 64% of pregnant women statewide (2016-2018 New Mexico Department of Health). Rates of care before the third trimester are also higher for women in home visiting (96.7%) compared to the statewide rate (88.5%, 2019 Health of Women and Children Report).

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

About 89% of mothers who enrolled prenatally and gave birth in FY19 reported no substance abuse while pregnant. Of the 11.1% (76) who reported use of illegal substances, 52.6% discontinued use by the end of pregnancy, with 34.2% reporting discontinued use by the end of the first trimester.

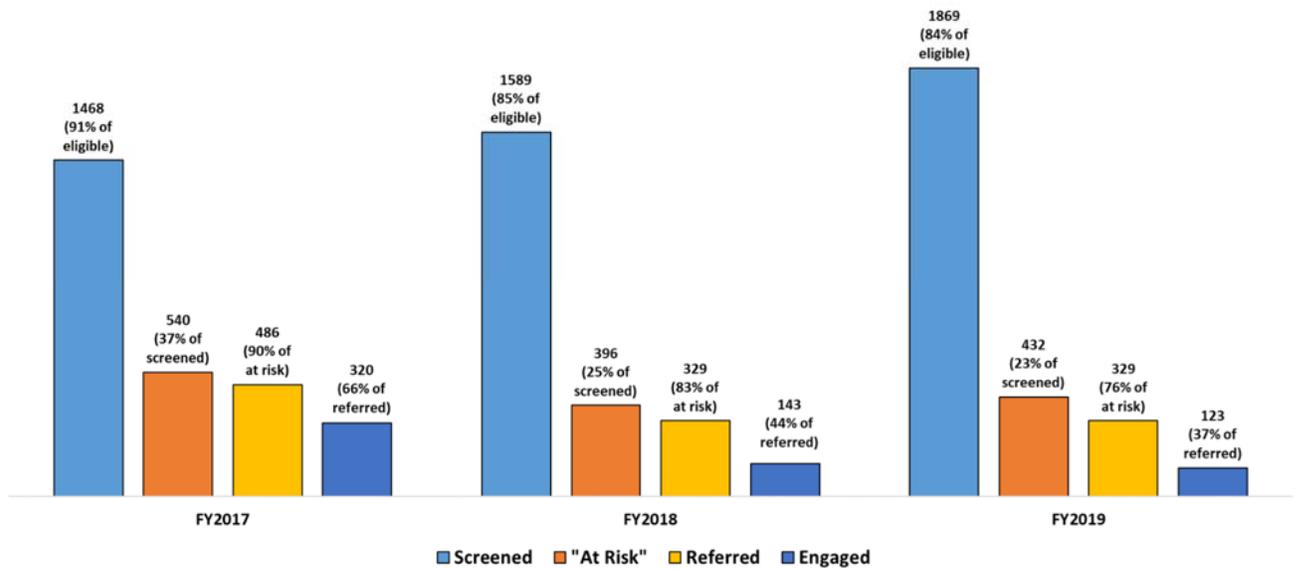


\*Total=685 of 861 mothers who entered prenatally and gave birth in FY19 have data recorded on substance use during pregnancy. Data is missing for 20.4% (n=176).

### Maternal Health Outcome Data

In FY19, 1,869 (83.6%) of 2,235 eligible mothers\* were screened for postpartum depression using the Edinburgh Postnatal Depression Scale. This continues a slight decreasing trend since FY17, when 91% of eligible caregivers were screened. Of the 432 (23.1%) mothers identified as having symptoms of postpartum depression (“at risk”), 329 (76.2%) were referred for services where available, a marked decrease from 90% in FY17. Of the women referred, 123 (37.5%) are recorded as having engaged in referral supports, down considerably from 66% in FY17.

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

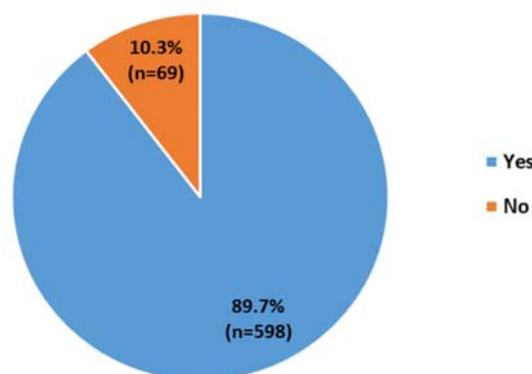


\*Eligible were 2,235 caregivers who were enrolled with a child six months old or younger during the reporting period.

### Infant and Child Health Outcome Data

Of the mothers enrolled in home visiting who gave birth during the reporting period and reported on breastfeeding initiation, 89.7% initiated breastfeeding, which matches the statewide rate (New Mexico Department of Health, PRAMS 2013-17). Data were not reported for 22.5% of mothers who entered home visiting prenatally and gave birth in FY19.

#### Mothers who Reported\*\* Initiating Breastfeeding

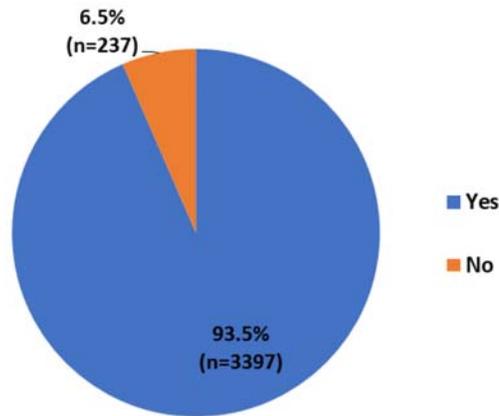


\*\* Total = 667 of 861 mothers who entered prenatally and gave birth this reporting period. Data was missing for 194 (22.5%).

## Infant and Child Health Outcome Data

While immunization data on nearly a third of families in home visiting was unreported, the 93.5% rate of parents reporting recommended immunization exceeded the statewide rate of 91.9% (New Mexico Department of Health Immunization Program, 2014).

### Children Immunized on Schedule (Only 2/3 of Parents Reporting)\*



\*Total = 3,634 caregivers who were screened with relevant portions of the Maternal Child Health Form. Data is missing on 32.7% (n=1,762) of home visiting clients.

## Data Development

Parent self-report on whether their infants and young children have received recommended immunizations is missing for nearly a third of clients enrolled in CYFD home visiting. In order to better understand the immunization status of children receiving home visiting services and home visiting efficacy in connecting families to important preventive care, it is recommended that CYFD facilitate:

- **Administrative matching of home visiting participants to the statewide immunization database**

In FY18, CYFD began training programs in a reporting protocol to provide data on the following indicator required by the Home Visiting Accountability Act:

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

In FY19, data on well-child visits has been recorded on 57.1% (or 2,984 or 5,227) of child clients. It will be important for future outcomes reporting that CYFD determine how best to measure and report adherence to the AAP recommended schedule of visits.

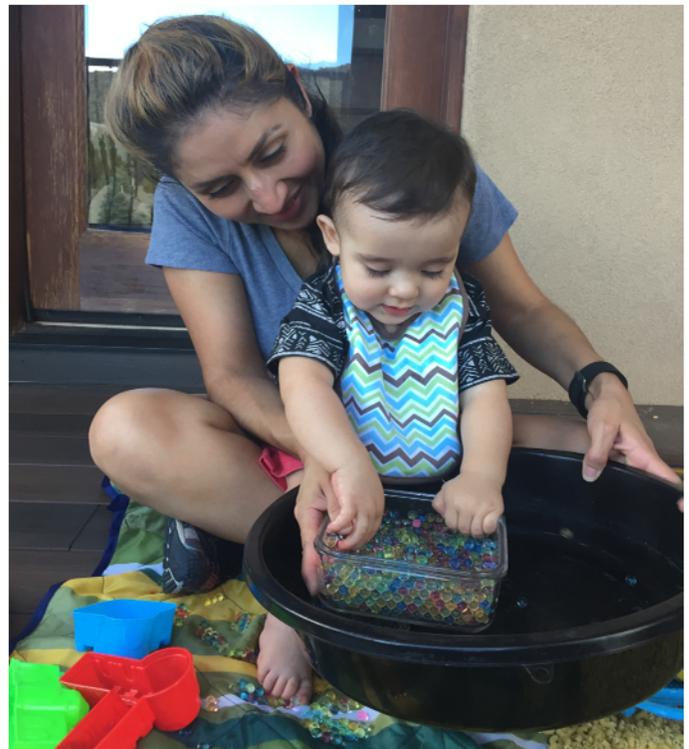


Photo courtesy/UNM Center for Development and Disability

## 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

### How Home Visiting Addresses this Goal

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 and language development, and promote social and emotional development (Shonkoff & Phillips, 2000; National Scientific Council on the Developing Child, 2007; Center on the Developing Child, 2010; Institute of Medicine and National Research Council, 2015). When parents lack the skills or resources to meet their babies' needs, the results may have long-lasting negative impact (Pew Center on the States, 2011; Heckman & Masterov, 2007).

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



Photo courtesy/UNM Center for Development and Disability

### Outcome Measurement

The primary indicator used to measure healthy parenting practices is:

- Caregiver progress in practicing positive parent-child interactions, as measured by the PICCOLO observational tool

New Mexico home visiting uses the PICCOLO to guide practice, as well as measure and report parental capacity outcomes. The national home visiting field has recommended that all states implement the PICCOLO or another validated observational measurement tool to best capture home visiting impact on parental capacity, which is a known predictor of healthy child development (Daro, Klein and Burkhardt, 2017). One state-supported home visiting program model, Nurse-Family Partnership, uses an alternative observational tool, called the DANCE (Dyadic Assessment of Naturalistic Caregiver-Child Experiences); data are not reported here.

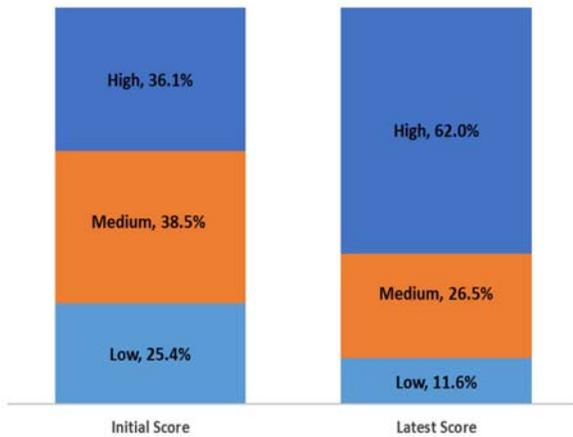
### Outcome Data

Initial PICCOLO screens can be completed once children are at least four months old, and follow-up screens are given after six months of parenting curriculum and activities have been delivered. These follow-up screens measure the development of new strengths in parenting behaviors over time. In FY19, parents of 1,446 children had completed both an initial and a follow-up screen.

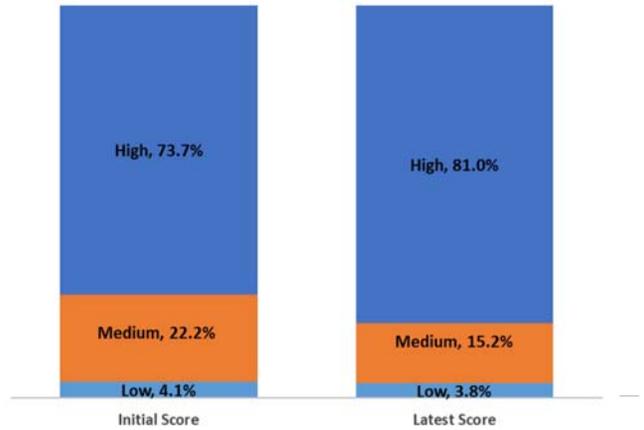
Screens are scored in “low,” “medium,” or “high” categories, with scores in the “low” range signaling areas of opportunity for growth in healthy parenting practices. The four research-based domains of parenting behavior are: teaching, affection, encouragement, and responsiveness. The following data charts present average percentage change over time by domain between a first PICCOLO administered in FY19 and the latest subsequent PICCOLO score. In addition:

- 914 children (63.2%) experienced parental improvement in teaching. This tends to be the domain where parents initially score lowest, so there is most room for improvement.
- 702 children (48.5%) experienced parental improvement in encouragement.
- 519 children (35.9%) experienced parental improvement in responsiveness.
- 417 children (28.8%) experienced parental improvement in affection.

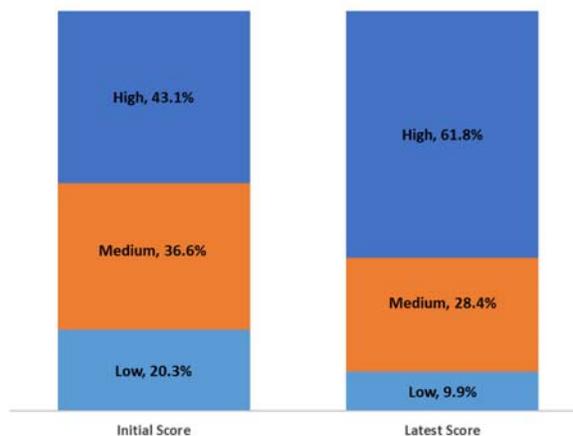
**PICCOLO Changes Over Time:  
Teaching Domain**



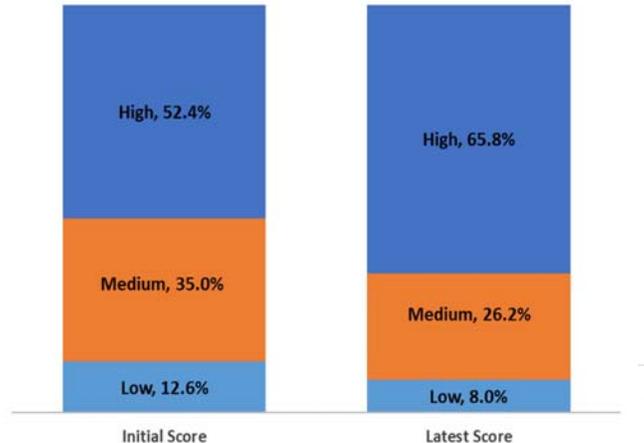
**PICCOLO Changes Over Time:  
Affection Domain**



**PICCOLO Changes Over Time:  
Encouragement Domain**



**PICCOLO Changes Over Time:  
Responsiveness Domain**



## 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

### Ages & Stages Questionnaire-3

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

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

The screening tool comes in versions to measure development at 21 different ages, from 2 months to 5 years old.

Completing the questionnaire takes about 15 minutes, and involves parents observing the behavior of their children.

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

### How Home Visiting Addresses this Goal

Early childhood cognitive and physical development is influenced by a host of individual, family, and systemic factors. Home visitors discuss a wide range of these development-related issues with mothers and families, such as nutrition, the importance of well-child visits, and behavioral health needs. They teach parents strategies to monitor their child’s growth, and home visitors are prepared to discuss feeding and any developmental or behavioral concerns. When concerns regarding the child’s growth or health are noted, home visitors will make referrals to appropriate providers.

To track and monitor developmental milestones and social-emotional development, home visitors use the Ages & Stages Questionnaire, Third Edition (ASQ-3) and the Ages & Stages Questionnaire-Social-Emotional (ASQ-SE). The American Academy of Pediatrics recommends all children receive developmental screenings at 9 months, 18 months and 30 months of age and autism screenings at 18 and 24 months of age to ensure the early detection of developmental concerns (American Academy of Pediatrics, 2016). Timely screening ensures that children identified with possible delays are referred in a timely manner to professional early intervention services (Guevara et al. 2012) that can help lessen the effects of delay or disability.

### Outcome Measurement

The data used to measure the impact of home visiting services on children’s physical and mental health examine:

- Percentage of children screened on schedule for potential delay in development with the ASQ-3 or ASQ-SE screening tool
- Percentage of children screened as at risk of delay who are referred to and engage with appropriate services

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



Photo courtesy/UNM Center for Development and Disability

**Outcome Data**

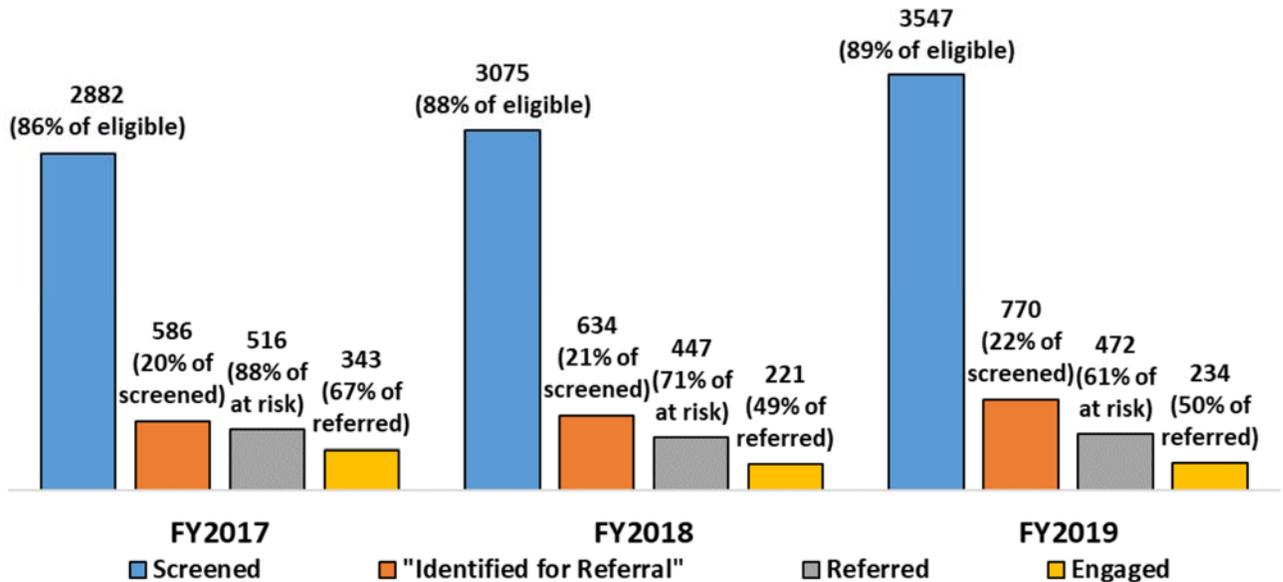
In FY19, 3,968 children were old enough (4 months of age) to receive the first ASQ-3 screen required by the CYFD Home Visiting Program, and had been in home visiting for at least five home visits. Children already receiving early intervention services were not expected to receive the screen.

Of these children, 3,547 (89.4%) had received at least one ASQ-3 screen. Roughly 22%, or 770, were identified by the screen as having characteristics of a delay in development, and therefore in the category of “identified for referral.”

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

In FY19, of the 770 children identified for referral through the ASQ-3, 472 children (61.3%) were referred to FIT early intervention services. This represents a continuation of a trend in decreased rates of referral to FIT, from 71% in FY18 and 88% in FY17. Of those referred, 49.6% (234) engaged in early intervention services.

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



\*Total of 3,968 eligible children represents the children who were at least 4 months old as of May 1, 2019, 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



*Photo courtesy/UNM Center for Development and Disability*

**SB365 Outcome 4:** Enhance children’s social-emotional and language development

**SB365 Outcome 8:** Increase children’s readiness to succeed in school

### How Home Visiting Addresses this Goal

Becoming ready for school is an ongoing process that begins in infancy and continues in the context of children’s relationships with caring adults. These relationships set the stage for all that will follow in a child’s life, including success in school (Brazelton, 2013). School readiness involves the child’s reading, math, and language skills at school entry, as well as the child’s social-emotional development (Shonkoff & Phillips, 2000; High, 2008; Duncan et al., 2007). Every time a parent or caregiver has a positive, engaging verbal interaction with a child – whether it is talking, singing, or reading – neural connections of all kinds are strengthened within the child’s rapidly growing brain (Fernald et al., 2013). By fostering homes in which such interactions regularly take place, home visiting has been found to boost children’s language ability (Iruka et al., 2018).

Just as nurturing relationships provide the foundation for school readiness, research also indicates that adverse experiences such as poverty and child maltreatment disrupt development of the biological structures children need for learning and well-being. Protective factors such as those promoted by home visiting help set children on a path toward developmental readiness for school (Center on the Developing Child, 2016).

Beyond cognitive skills, strong social-emotional skills have been shown to ease the transition to kindergarten and support future school success. Self-control, respect for others, interest in classroom materials, skills in listening and attending, and the ability to initiate and persist on small tasks are all expectations of a school-age child; these skills all spring from social-emotional competence (Parlakian, 2003). Home visitors screen for and build family capacity to support these social-emotional developmental skills, and provide appropriate referrals where additional professional support is indicated.

## Outcome Measurement

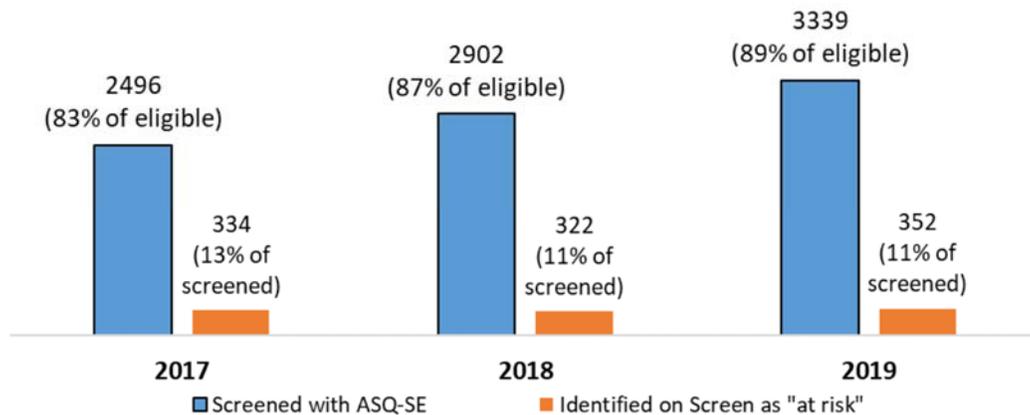
The measures used here to examine the impact of home visiting services on infants and young children’s readiness for learning and school are:

- Percentage of children screened on schedule for potential delay in development with the ASQ-3 and ASQ-SE screening tools
- Percentage of children screened as at risk of delay, and are successfully referred to available services
- Caregiver progress in practicing positive parent-child interactions, as measured by the PICCOLO tool
- Number of days in which a caregiver reads, tells stories or sings to an infant or child in a typical week

## Outcome Data

In addition to ASQ-3 and PICCOLO outcomes, reported on pages 25 and 27, the ASQ-Social-Emotional questionnaire was administered to 3,339 (89.3%) of 3,739 eligible\* children. Of these, 352 (10.5%), scored below cut-off. Such scores on the ASQ-SE help guide home visitors’ work with families in the preventive interactions designed to address children’s social and emotional difficulties.

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



\*Total of 3,739 eligible children represents the children who were at least 6 months old as of May 1, 2019 who also had received at least 5 home visits, and who were not already enrolled in early intervention services.

## Early Literacy Support at Home

In FY18, CYFD began training programs to report on the number of days in which a caregiver reads, tells stories or sings to an infant or child in a typical week, a measure for better understanding home visiting success in promoting development of language and early literacy. Data has been reported for nearly two-thirds (3,568 of 5,397) of FY19 families:

- 63.2% (2,256) report reading to their children daily
- 16.5% (590) report reading 3-5 times per week
- 15.5% (552) read 1-3 times per week
- 4.8% (170) report that they do not read, tell stories, or sing with their child.

This data will be a useful baseline from which CYFD can set outcome targets to be measured in future reporting years.



Photo courtesy/UNM Center for Development and Disability

## 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*

### How Home Visiting Addresses this Goal

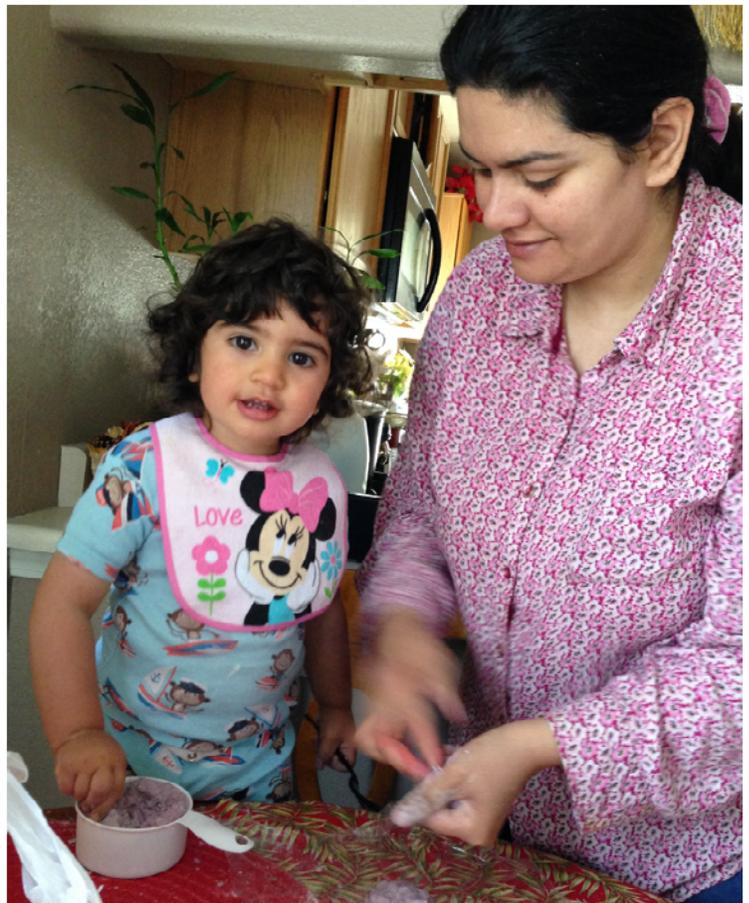
Young children who experience developmental trauma, such as exposure to domestic violence, abuse, and neglect, are significantly impacted in their brain development. These children are at higher risk for nearly every psychiatric disorder, as well as for poor performance in school and in relationships with others (Perry, 2008). In addition, caregivers who experienced child maltreatment themselves are more likely to perpetrate child maltreatment. However, caregivers who experienced maltreatment are significantly less likely to perpetrate maltreatment when they have a better relationship with their intimate partner, more satisfaction with parenthood, and better attachment with their children (Thornberry et al., 2013). Other factors that protect children from maltreatment include parental resilience, social connections, knowledge of parenting and child development, support in times of need, and social and emotional competence of children (Horton, 2003; Thomas et al., 2003; Ridings et al., 2016).

Home visitors help prevent child maltreatment by being positive role models for parents, connecting families to community resources, and providing information about child development and appropriate discipline (Howard & Brooks-Gunn, 2009). Home visiting programs use screening tools to assess risk and protective factors for child maltreatment. Protective factors include secure attachment, family stability, access to health care and social services, and social connectedness. Conversely, risk factors include exposure to domestic violence and developmental and emotional challenges. Home visitors use their knowledge of each family to establish intervention plans, including safety plans for families who may be at risk for family violence. Home visitors also discuss unintentional injury issues (e.g., potential poisoning and water safety) and positive parenting strategies with caregivers to prevent abuse and neglect. If home visitors identify safety concerns or suspect abuse or neglect, they must complete a report to Statewide Central Intake (Child Protective Services).

### Outcome Measurement

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

- Identified as at risk of domestic violence on the Relationship Assessment Tool (RAT)
- Identified as at risk of domestic violence who have a safety plan in place
- Identified as at risk of domestic violence who are referred to and receive support services
- Engaged in discussion of unintentional injury prevention
- Recorded as having one or more protective services substantiated abuse and/or neglect referrals



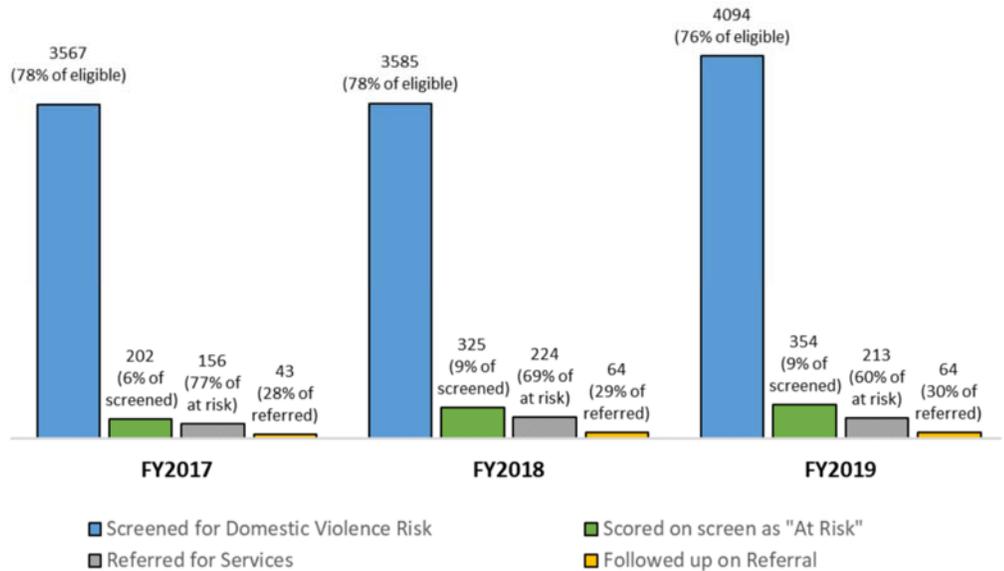
*Photo courtesy/UNM Center for Development and Disability*

### Outcome Data

Of FY19's 5,397 active families, 4,094 (76%) were screened for potential risk of intimate partner violence with the Relationship Assessment Tool (RAT) or other validated tool.

When screened, 354 (8.6%) scored as potentially at risk. Of those at risk, 60% (213) were referred to available behavioral health services. This represents a continuing downward trend in referrals made, from 77% in FY17 and 69% in FY18. The percentage of families who engaged in services as a result of the referral stabilized around 30% from FY18 to FY19.

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

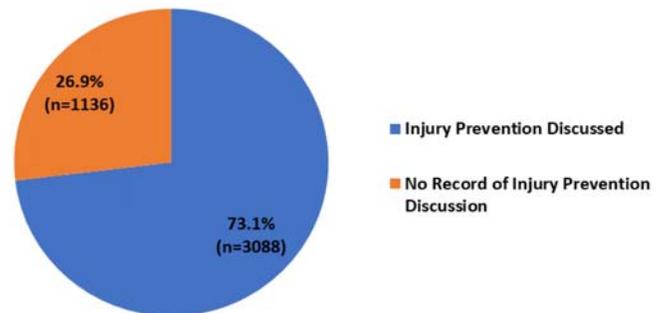


### Families At Risk of Domestic Violence Who Have a Safety Plan in Place

Of the 354 families who scored as at risk on an intimate partner violence screen, 42.9% (152) are recorded as having a safety plan in place. This represents a somewhat decreased percentage of new families at risk with safety plans, compared to previous years. Continued training for home visitors in use of the RAT and HITS screening tools and protocols for responding to at risk scores will need to be continued priorities. It will be important that training and monitoring continue to focus on ensuring that appropriate safety plans and referrals to community services are in place for all families screened as at risk of potential domestic violence.

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

Home visitors' discussions with parents about safety in the home are important to preventing unintentional child injury. Recorded rates of discussion of home injury prevention have steadily been increasing, now at 73.1%, up from 65.4% in FY18 and 33.9% in FY17.



\*Total=4,224 families with five or more home visits in FY19.

### Reported and Substantiated Child Maltreatment Cases

In 2018, CYFD began reporting on substantiated cases of maltreatment experienced by children after entry into home visiting programs. This data allows for examination of the relationship between home visiting services and prevention of maltreatment of children.

CYFD reports that of those families receiving home visiting services for six months or longer in FY19:

- 1.12% had one or more protective service substantiated abuse or neglect referrals during their participation period. This marks an improvement from 1.94% in FY18.

## 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

### How Home Visiting Addresses this Goal

Home visiting programs place a high priority on screening families for potential risks and linking them to community resources and supports that can help address identified needs. Connecting families to social support services is part of CYFD’s goal-setting and planning process with each family, which is informed by screening tools and questionnaires to identify risks. Appropriate referrals, and follow-ups on those referrals within a month, should occur regularly. Home visitors make referrals to various services and agencies, including primary care providers, behavioral health services, early intervention programs, domestic violence services, and child protective services. Home visitors also use a screening tool called the Social Support Index to assess whether families are experiencing isolation, and use that information to connect families to community supports as needed.

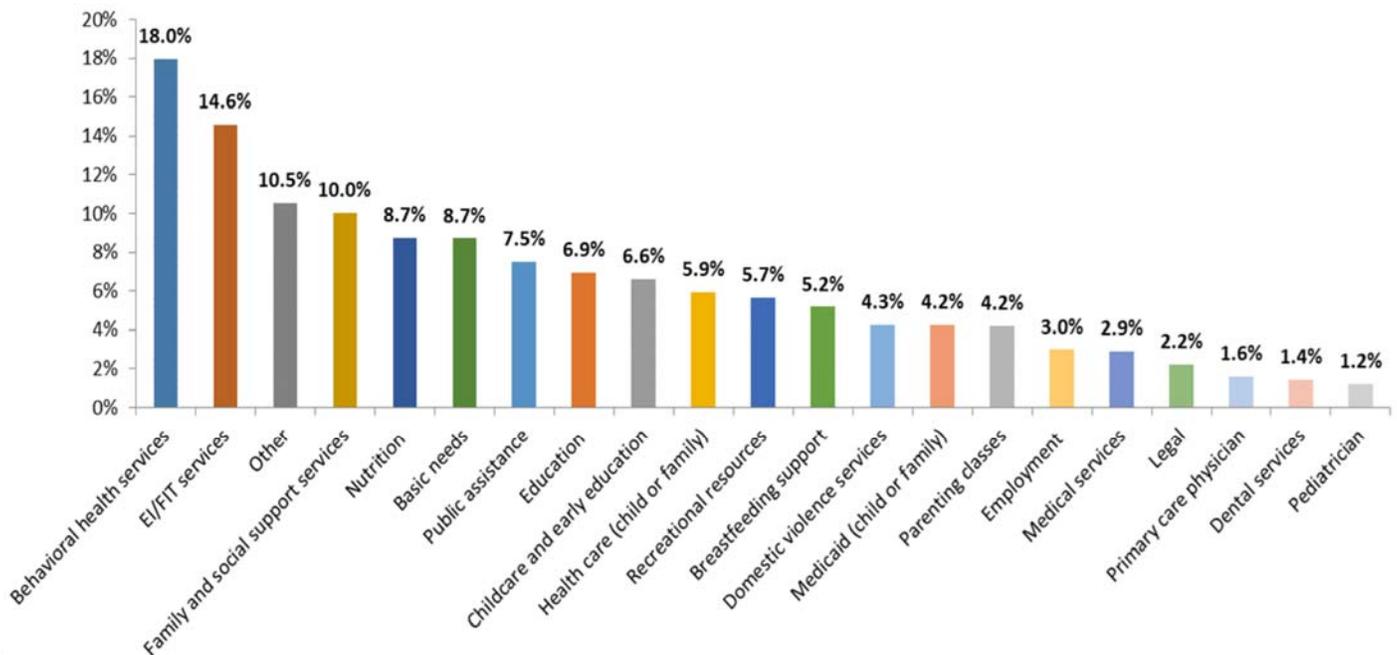
Home visiting can also help identify gaps in available services, and can inform community-level change to address “resource deserts,” such as rural communities where resources are not readily available. Home visiting programs often belong to networks of service providers who can help identify these gaps and, in some cases, can be partners in cultivating needed services.

### Outcome Measurement

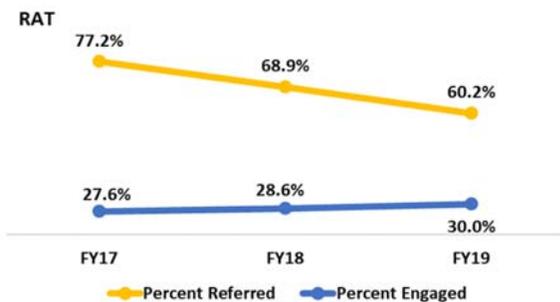
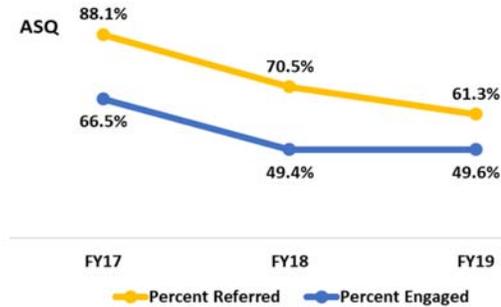
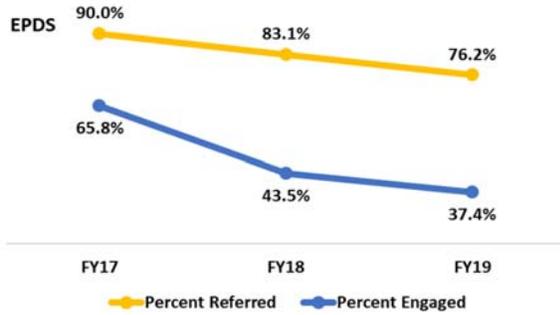
The indicators used to measure home visiting’s effectiveness in connecting families to formal and informal community supports are the percentage of:

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

**Percent of Served Families in FY19 (n=5,397) Receiving 1+ Referral, by Service**



## Service Referrals and Family Engagement, Enrolled Families, FY17-FY19



\* See Appendix 2 for explanation of how eligibility was determined for EPDS (depression), ASQ-3 (developmental delay), and RAT (domestic violence) screens and referrals.

## Outcome Data

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

## Data Development

- The Home Visiting Accountability Act requires annual reporting on **“Percentage of children receiving home visiting services who are enrolled in high-quality, licensed child care.”** As New Mexico completes the ECIDS project, an accurate and comprehensive report will be included in the FY20 report, this will include historical data and year-to-year comparison.

## CYFD Next Steps

CYFD has identified next steps to continue improvement and expansion of New Mexico's Home Visiting Program, as it transitions to the new Early Childhood Education and Care Department, through: 1) Data and Accountability, 2) Supports for Program Improvement, and 3) State Program Building.

### Data and Accountability

CYFD will recommend steps required to implement the cross-agency data sharing still needed to measure specific child outcomes mandated in the 2013 Act but not yet reported:

- Matches of Public Education Department kindergarten readiness (Kindergarten Observation Tool) data to participants in home visiting and an appropriate statewide comparison group to enable reporting on home visiting's impact on school readiness
- Tracking enrollment in subsidized quality child care and NM PreK programs by children during and after home visiting participation
- Administrative matching of home visiting participants to the statewide immunization database to increase reliability of immunization data reporting.

CYFD will work with programs to increase the relevance of key accountability measures, by:

- Separately tracking and reporting outcomes of families receiving Level II services
- Expanding depression screening to all primary caregivers
- Monitoring duration, as well as initiation, of breastfeeding
- Tracking referral steps taken as a result of social-emotional (ASQ-SE) screening.

CYFD will also need to define appropriate outcome targets for two measures for which they have recently trained programs to collect data:

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

### Supports for Program Improvement

CYFD has for several years supported program improvement through an administrative team of home visiting manager-monitors charged with ensuring that steps are taken to meet state standards, contractual requirements, and quality improvement goals. Manager-monitors work with programs on recruitment and retention strategies to ensure that the state accountability goal of at least 80 percent enrollment of contracted slots is regularly met, and to monitor quality of services.

- Manager-monitors will continue to support and work with programs to understand and address barriers to successful family recruitment.
- Manager-monitors will work with programs to improve rates of depression, intimate partner violence, and child development screenings, referral and client engagement with services.
- The new Early Childhood Education and Care Department leadership team will use the PDG B-5 Needs Assessment to identify the areas in the state that need more resource development and will work with community partners to address these needs.

## Home Visiting Program Building

CYFD will bring to the new Department specific recommendations for effective continued integration of the Home Visiting Program into the state's continuum of early childhood education and care services for children and families:

- The Level II Home Visiting Advisory Group should continue to meet regularly to review Level II and Level II-S requirements, discuss implementation challenges and strengths, and provide recommendations to the Early Childhood Education and Care Department on an ongoing basis.
- The state should continue to explore expansion of Medicaid-paid home visiting services, which requires program adoption of service delivery models deemed evidence-based by administering federal agencies.
- Through launch of the Centennial Home Visiting Pilot to Medicaid-eligible pregnant women and mothers in FY19, the New Mexico CYFD and Human Services Departments have learned that programs need substantial training and supports to successfully navigate complex Medicaid billing procedures. As interest in expanding Medicaid home visiting in the state grows, the state should develop necessary system supports. State system supports will continue to enhance program implementation and training will be provided to Managed Care Organizations, as needed, to build understanding of home visiting and referral processes.
- The state has committed a portion of its \$5.4 million federal Preschool Development Grant Birth to Three (PDG B-5) to a statewide Early Learning Media Campaign. A team of contracted New Mexico experts, including United Way of Central New Mexico, Media Desk and the UNM Family Development Program, will develop a comprehensive campaign to promote awareness of resources that support the caregiver-child relationship, including a focus on home visiting.
- CYFD recommends continued partnership with the statewide New Mexico Home Visiting Collaborative (sponsored by the LANL Foundation) which aims to connect home visiting programs across state, federal, tribal and private funding streams. The collaborative offers an opportunity for all home visiting providers to share professional development, program improvement strategies, and data on families served across the state (see p. 36 for a comprehensive map of home visiting services in the state). CYFD has for two years co-sponsored the annual New Mexico Home Visiting Summit as a strategy to advance the home visiting profession in the state, with plans for the 2020 Summit currently underway.

## APPENDIX I:

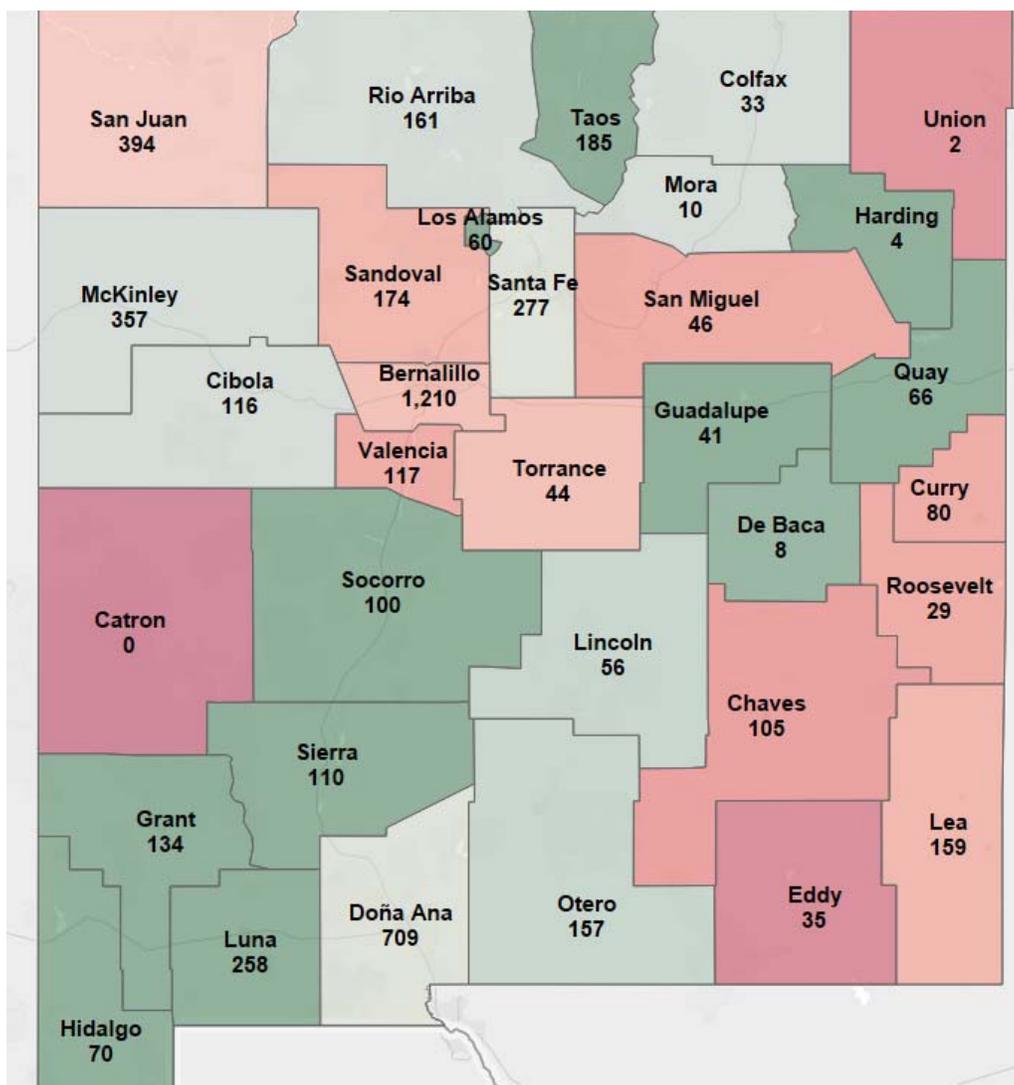
### New Mexico Home Visiting Collaborative Statewide Map, FY19

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

These programs, together with CYFD, have formed a New Mexico Home Visiting Collaborative, first convened by the LANL Foundation in February 2016, to “provide a forum for statewide communication and collaboration, inclusive of private and public agencies, for the purposes of alignment and advocacy for home visiting.” Partners are in their second year of sharing data to map a more comprehensive view of home visiting capacity in New Mexico. These data show that in FY19 a total of 5,307 funded home visiting slots are available to families across the state.

#### STATEWIDE HOME VISITING CAPACITY, FY19 —5,307 family slots

Map shows total Federal, State and Privately funded home visiting slots by county, as of 1/23/19



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

The New Mexico Home Visiting Collaborative interactive web-based map is available at [ccpi.unm.edu](http://ccpi.unm.edu) (under “Data Visualization” tab), and is updated regularly.

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

Source: Data provided by the New Mexico Home Visiting Collaborative, supported by the LANL Foundation ([www.lanlfoundation.org/](http://www.lanlfoundation.org/)). Data visualizations created by the University of New Mexico Cradle to Career Policy Institute ([ccpi.unm.edu](http://ccpi.unm.edu)).

## APPENDIX I: Outcome Measures Defined

### About the Data

Data for nearly all program and outcome measures are collected in the CYFD Home Visiting Database, maintained and managed for CYFD by the UNM Early Childhood Services Center (ECSC) since 2008.

In addition to its use for external accountability, the database is used by program managers, who are trained to use data internally for program improvement.

The data analyzed for this report are de-identified, family-level data provided by ECSC in September 2019.

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

## APPENDIX 2: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Percentage of babies and children receiving the well-child visits recommended for their age by the AAP	Federal Maternal Child Health Form; item asks parents to mark which well-child visits child has attended and date of those visits	<p><b>Numerator:</b> Of below, number with data on well-child visits</p> <p><b>Denominator:</b> Number of children with at least one home visit in the reporting period</p>
Percentage of infants on schedule to be fully immunized by age 2	Federal Maternal Child Health Form; item asks, "Has your child had all recommended shots? "	<p><b>Numerator:</b> Of below, number who have reported a child as being immunized</p> <p><b>Denominator:</b> Number of families served in the reporting period with data on child immunizations</p>
Percentage of children whose parents show progress in practicing positive parent-child interactions as measured by the PICCOLO	PICCOLO	<p><b>Numerator:</b> Of below, number of children whose parents show positive difference between initial and most recent score, by domain</p> <p><b>Denominator:</b> Number of children with at least 2 PICCOLO screenings</p>
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are screened on schedule	Ages & Stages Questionnaire-3	<p><b>Numerator:</b> Of below, number who received at least one ASQ-3 screen</p> <p><b>Denominator:</b> 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</p>
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	<p><b>Numerator:</b> Of below, number who scored below ASQ-3 cutoff</p> <p><b>Denominator:</b> 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</p>
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	<p><b>Numerator:</b> Of below, number who were referred to early intervention services</p> <p><b>Denominator:</b> 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</p>
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and receive further assessment or services	Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records	<p><b>Numerator:</b> Of below, number who engaged in early intervention services during reporting period</p> <p><b>Denominator:</b> 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</p>

## APPENDIX 2: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Percentage of caregivers who reported that during a typical week s/he read, told stories, and/or sang songs with their child	Home Visiting Database Activity Records	<b>Numerator:</b> Of below, number of caregivers reporting frequency of reading to children <b>Denominator:</b> Number of caregivers served in the reporting period with data on frequency of reading to
Percentage of children entering kindergarten at or above grade level on state school readiness assessments	None available	<b>Data Development Recommended</b>
Percentage of families identified at risk of domestic violence	Relationship Assessment Tool or other validated tool	<b>Numerator:</b> Of below, number identified at risk of domestic violence <b>Denominator:</b> Number of families served during the reporting period who ever got screened with RAT or other validated tool
Percentage of families identified at risk of domestic violence who receive support services	Relationship Assessment Tool (or other validated tool) and Home Visiting Database Referral Records	<b>Numerator:</b> Of below, number who received domestic violence support referral and obtained services <b>Denominator:</b> Number of families served during the reporting period who were screened with RAT or other validated tool and identified as at risk
Percentage of families at risk for domestic violence who have a safety plan in place	Relationship Assessment Tool (or other validated tool) and Home Visiting Database Referral Records	<b>Numerator:</b> Of below, number who had a safety plan completed in reporting period <b>Denominator:</b> Number of families screened with RAT or other validated tool and identified as at risk
Percentage of families engaged in discussion of injury prevention	Home Visiting Database Activity Records	<b>Numerator:</b> Of below, number of families who received information or training on injury prevention <b>Denominator:</b> Number of families receiving more than 5 cumulative home visits
Number of substantiated cases of maltreatment suffered by children after entry into program	CYFD	As reported by CYFD
Number of families identified for referral to support services available in their community, by type	ASQ-3, RAT and EPDS	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of families identified who receive referral to available community supports, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of families referred who are actively engaged in referral services, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT (or other validated tool), 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	<b>Data Development Recommended</b>

## APPENDIX 3: References

- 2019 Health of Women and Children Report, United Health Foundation and American Public Health Association. Retrieved from: <https://www.americashealthrankings.org/earn/reports/2019-health-of-women-and-children-report>
- American Academy of Pediatrics. (2016). Recommendations for preventive pediatric health care. Retrieved from: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)
- Brazelton, T. (2013). Foreword. In K. Brandt, B. Perry, S. Seligman & E. Tronick, E. (Eds), *Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice*. Arlington, VA: American Psychiatric Publishing.
- 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/](http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_early_childhood_mental_health/)
- Center on the Developing Child. (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. Harvard University. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
- Daro, D., Klein, S., and T. Burkhardt. The Pew Home Visiting Data for Performance Initiative: Phase II Final Report on Parental Capacity and Child Development Indicators. (2017). Retrieved from: [https://www.chapinhall.org/wp-content/uploads/Final\\_Pew-Phase-II-Report-on-Parental-Capacity-and-Child-Development.pdf](https://www.chapinhall.org/wp-content/uploads/Final_Pew-Phase-II-Report-on-Parental-Capacity-and-Child-Development.pdf)
- Duncan, G. J., Dowsett, C. J., Claessens, A., Magnuson, K., Huston, A. C., Klebanov, P., . . . Japel, C. (2007). School readiness and later achievement. *Developmental Psychology, 43*(6), 1428-1446.
- Guevara, J. P., Gerdes, M., Localio, R., Huang, Y. V., Pinto-Martin, J., Minkovitz, C., . . . Pati, S. (2012). Effectiveness of developmental screening in an urban setting. *Pediatrics, 131*(1), 30-37. doi: 10.1542/peds.2012-0765
- 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, 121*(4), e1008-e1015. 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. Retrieved from [www.cssp.org](http://www.cssp.org)
- Howard, K. S., & Brooks-Gunn, J. (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*. Washington, DC: Institute of Medicine.
- Institute of Medicine and National Research Council. (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/19401>
- Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, . . . Lau, J. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. *Evidence Report/Technology Assessment, 153*, 1-186.
- Iruka, I. U., Brown, D., Jerald, J., & Blich, K. (2018, April). Early Steps to School Success (ESSS): Examining Pathways Linking Home Visiting and Language Outcomes. In *Child & Youth Care Forum* (Vol. 47, No. 2, pp. 283-301). Springer US.
- National Scientific Council on the Developing Child. (2007). *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*. Retrieved from: [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
- Parlakian, R. (2003). *Before the ABC's: Promoting school readiness in infants and toddlers*. Washington, DC: Zero to Three.
- Perry, B. D. (2008). Child maltreatment: A neurodevelopmental perspective on the role of trauma and neglect in psychopathology. In T. P. Beauchaine & S. P. Hinshaw (Eds), *Child and Adolescent Psychopathology* (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_from_the_starting_line.pdf). [www.pewcenteronthestates.org/uploadedFiles/PCS\\_Assets/2013/HOME\\_Summit\\_Brief.pdf](http://www.pewcenteronthestates.org/uploadedFiles/PCS_Assets/2013/HOME_Summit_Brief.pdf)
- Roggman, L. A., Cook, G., Innocenti, M. S., Jump Norman, V. K., & Christiansen, K. (2013a). PICCOLO: Parenting interactions with children: Checklist of observations linked to outcomes. Baltimore, MD: Brookes.
- Roggman, L. A., Cook, G. A., Innocenti, M. S., Jump Norman, V., Christiansen, K. (2013b). Parenting interactions with children: Checklist of observations linked to outcomes (PICCOLO) in diverse ethnic groups. *Infant Mental Health Journal, 34*, 290-306. doi: 10.1002/imhj.21389
- Soss, J. (1999). Lessons of welfare: Policy design, political learning, and political action. *American Political Science Review, 93*(2), 363-380.
- Shonkoff, J. P., & Phillips, D. A. (2000). From neurons to neighborhoods: The science of child development. *National Research Council and Institute of Medicine*.
- Thomas, D., Leicht, C., Hughes, C., Madigan, A., & Dowell, K. (2003). Emerging practices in the prevention of child abuse and neglect. *Caliber Associates with the Children's Bureau's Office on Child Abuse and Neglect, U.S. Department of Health and Human Services*. Retrieved from [www.calib.com/nccanch/prevention/emerging/index.cfm](http://www.calib.com/nccanch/prevention/emerging/index.cfm)
- Thornberry, T. P., Henry, K. L., Smith, C. A., Ireland, T. O., Greenman, S. J., & Lee, R. D. (2013). Breaking the cycle of maltreatment: The role of safe, stable, and nurturing relationships. *Journal of Adolescent Health, 53*(4), S25-S31. <http://doi.org/10.1016/j.jadohealth.2013.04.019>

**For Questions or More Information, Contact CYFD:**

Early Childhood Services Division  
Children Youth and Families Department  
505-827-7499  
[alejandra.rebolledo@state.nm.us](mailto:alejandra.rebolledo@state.nm.us)

**Report prepared by:**

Cradle to Career Policy Institute  
University of New Mexico  
505-277-1170  
[belld@unm.edu](mailto:belld@unm.edu)



Children Youth & Families Department

**PULLTOGETHER**.ORG



*Photo courtesy/UNM Center for Development and Disability*

**UNM** CRADLE TO CAREER  
POLICY INSTITUTE