



Final Evaluation

The New Mexico Home Visiting Resource and Referral System

October, 2017



Final Evaluation

The New Mexico Home Visiting Resource and Referral System

October 2017

Prepared for
New Mexico Children, Youth, and Families Department



Table of Contents

- Background 1
 - Evaluation Aims 1
 - Evaluation Activities 2
 - Timeline 2
 - Data Collection 2
 - Data Analysis 4
- Research Question Findings 4
 - AIM 1: Assess Key Features of Implementation 4
 - Planning Process 4
 - Service Model 7
 - Staff Training 11
 - Community Liaisons 14
 - Outreach Materials 17
 - Data System 20
 - Monitoring 23
 - AIM 2: Successes and Challenges of Strategies Used to Engage Referral Sources in Communities 23
 - Successful Strategies for Engaging Referral Sources 24
 - Challenges to Referral Source Engagement 25
 - Impact of Outreach Strategies on Referral Behavior 27
 - AIM 3: Successes and Challenges of Strategies used to Facilitate Family Knowledge of and Access to Home Visiting 29
 - Successful Strategies for Facilitating Family Access to Home Visiting 29
 - Challenges to Facilitating Family Access to Home Visiting 31
 - Impact on Family Access to Home Visiting 32
 - AIM 4: Successes and Challenges of Strategies used to Increase Enrollment in Home Visiting Programs 36
 - Successful Strategies for Increasing Home Visiting Program Enrollment 36
 - Challenges to Increasing Home Visiting Program Enrollment 37
 - Impact on Home Visiting Program Enrollment 39
- Successes, Challenges, and Lessons Moving Forward (Aim 5) 42
 - Successes 42
 - Ongoing Challenges 43
 - Lessons for Moving Forward 43
- Appendices 45
 - Appendix 1: Evaluation Logic Model 45
 - Appendix 2: Evaluation Matrix 46

Background

With a state-administered home visiting system that now encompasses more than 30 programs funded to serve 2,700 family openings statewide, the New Mexico Children, Youth and Families Department (CYFD) proposed to use MIECHV Limited Competition funds to create a centralized resource and referral service as a way to ensure that families who may benefit from home visiting are recruited into available programs. New Mexico is also home to several large privately funded home visiting programs and several programs funded through the tribal MIECHV federal program. As this complex landscape continues to expand, CYFD recognized that it may be challenging for families to understand the different program options available and to choose one that suits their needs. This multi-model landscape also poses a barrier for professional sources of referral, such as OB/GYNs, pediatricians, WIC employees, and others who come in contact with families of young children.

The intent of the resource and referral service has been to recruit families into home visiting more seamlessly, to ensure families are familiar with program options available to them, and to make it easier for pediatricians and other potential referral agents to connect families to home visiting. To meet this intent, CYFD implemented a centralized statewide phone and web “NewMexicoKids Resource & Referral” (R&R) service, and also piloted a strategy for enhancing referrals through employment of two community-based “family specialists” to serve as outreach liaisons in the high-use areas of Albuquerque’s South Valley and the border community of Doña Ana County.

CYFD contracted with the University of New Mexico (UNM) Center for Education Policy Research (CEPR) to conduct an implementation study during the first year and a half of services (March 2016 to September 2017). The purpose of this report is to help CYFD and the field understand whether the centralized resource and referral services as implemented successfully connect families to home visiting programs, whether these referrals result in families engaging with home visiting in a lasting way, and which aspects of implementation have led to particular successes and challenges.

Evaluation Aims

CEPR conducted a process evaluation to address questions about the implementation of the NewMexicoKids Resource & Referral initiative and to add to the emerging experiential and research base on the effective use of centralized resource and referral (R&R) services to connect families to home visiting supports. CEPR designed a multi-method study, using both qualitative and quantitative data, to describe the initiative’s implementation activities, identify its emerging successes and challenges, and assess the best options for adapting and expanding services moving forward. Data were collected to capture insights into how referral sources and families are engaging with the resource and referral system (the short-term outcomes targeted by the initiative), as well as how services may be affecting longer-term referral, enrollment and engagement patterns.

The five evaluation aims that will guide presentation of findings here are:

1. Assess key features of implementation to identify factors that facilitate or impede success:
 - planning process
 - development of resource & referral service model
 - staff training
 - use of community liaisons in pilot sites
 - development of outreach materials

- development of data system
 - monitoring of initiative
2. Identify the successes and challenges of **strategies used to promote the resource and referral system and engage referral sources in communities**
 3. Identify the successes and challenges of **strategies used to facilitate family knowledge of and access to home visiting services**
 4. Identify the successes and challenges of **strategies used to increase enrollment in home visiting programs**
 5. Assess stakeholders' **perceptions of the successes, challenges and lessons learned from the Home Visiting Resource and Referral System initiative.**

This implementation evaluation aligns with the logic model for the NewMexicoKids Resource & Referral initiative (see Appendix 1).

Evaluation Activities

Timeline

While the NewMexicoKids Resource & Referral centralized phone and web services went “live” in May 2016, the community-based outreach specialists were not hired and trained until October and November 2016. The evaluation plan was not approved for implementation by HRSA until late September 2016, with UNM Institutional Review Board review completed and IRB waiver granted mid-December 2016. Evaluation activities began, then, mid-December 2016 with interim findings reported by CEPR on May 25, 2017 (See *Interim Evaluation: The New Mexico Home Visiting Resource and Referral System, May 25, 2017*). Final data was collected in August and early September 2017 and analyzed for inclusion in this final report.

Data Collection

As outlined in CEPR’s approved evaluation design, CEPR staff have gathered and analyzed both qualitative and quantitative data from multiple sources and at two primary points in time to conduct this final assessment of the five evaluation research aims. (See Appendix 2 for Evaluation Matrix).

Data collection has included:

- Semi-structured interviews with 9 key informants from the project implementation team, including representatives from CYFD administration, UNM Continuing Education (UNM CE) staff and data systems personnel, NewMexicoKids Resource & Referral staff and “family specialist” outreach liaisons.
 - Constructs assessed included: perceptions of planning and stakeholder involvement, staff training, service model development and delivery, outreach efforts, materials produced, data system development, project monitoring, and overall lessons learned.
 - The populations interviewed were all those in key initiative implementation roles.
 - All targeted interviews were conducted by CEPR staff at two points in time: Jan-Feb 2017 (phase 1), and August 2017 (phase 2).
 - Interviews were 1-2 hours long, were professionally transcribed, and analyzed thematically by CEPR staff.

- Semi-structured interviews with 12 home visiting program managers from around the state.
 - Interview constructs included perceptions of planning and stakeholder involvement, service offerings, local outreach successes and challenges, and effectiveness of outreach materials.
 - The populations targeted for interviews included managers of the 12 home visiting programs working in the pilot areas, as well as managers of 20 other home visiting programs serving other regions of the state.
 - Interviews were conducted by CEPR at two points in time:
 - Phase 1 – March-April 2017: 7 interviews completed
 - Interviews were requested from all 12 program managers in pilot areas, with 4 completed. In addition, 12 interviews were requested from a sampling of program managers in other parts of the state, with 3 completed.
 - Phase 2 - August 2017: 11 interviews completed
 - Requests were made to the same set of potential informants, with 4 interviews completed in pilot site areas and 7 in other areas of the state. Three informants were interviewed in both phases 1 and 2.
 - Interviews ranged between 20 and 40 minutes; all were conducted by phone, were professionally transcribed, and analyzed thematically by CEPR staff.
 - A total of 12 program managers were interviewed. These included 5 of 7 programs in the South Valley of Albuquerque pilot area, 3 of 5 in the Doña Ana County pilot area, and 8 of 20 programs in non-pilot regions of the state (several informants represented programs operating in more than one location). Informants included managers of all home visiting program models operating in the state, except for Family Spirit Tribal MIECHV programs, and in all major geographic sectors of the state.
- Data provided by NewMexicoKids Resource & Referral from families surveyed after accessing resource and referral services.
 - Constructs to be assessed include: family experience in accessing resource and referral services, usefulness of information shared, experience with referrals received, and engagement with services.
 - Data was requested by CEPR for families surveyed between July and December 2016.
 - The family population surveyed were those who called the NewMexicoKids Resource & Referral phone line and consented to have their names and addresses recorded in order to receive the survey, or who filled out a website pop-up survey.
 - Survey response, which was voluntary, proved poor, with only 7 surveys returned at the close of phase 1. NewMexicoKids Resource & Referral stopped administering surveys, choosing to adopt a follow-up phone call protocol for families willing to have their contact information recorded.
 - Data from follow-up calls to families was provided in September 2017, for the period of January to August 2017.
- Data from a survey of potential referral sources (family service providers) in the two pilot sites, at the end of the initiative.
 - Survey questions were developed to understand changes in referral source awareness of what home visiting offers and what home visiting and referral services are available in their communities, as well as reported changes in referral behavior during the study period.
 - NewMexicoKids Resource & Referral project manager and outreach liaison staff identified the survey target population as those family-serving community agency partners targeted for outreach during the implementation period. These included health care providers, early childhood care and education organizations, public schools, higher education partners, family social service agencies (e.g. WIC offices), government agencies, and others.

- Surveys were sent by CEPR via Survey Monkey to 211 individuals (110 individuals in 92 organizations in the South Valley and 101 individuals in 65 organizations in Doña Ana Co.), in September 2017. Email and survey were sent in both English and Spanish.
- 72 surveys were returned (69 in English, 3 in Spanish), for a return rate of 34.1% of individuals contacted or 45.9% of organizations contacted.
- Respondents were from across the early childhood spectrum, with the largest number from nonprofit or community organizations (13), home visiting agencies (10), health care organization/providers (10), and early childhood education provider or professional organization (10).
- Data provided by UNM Continuing Education documented NewMexicoKids Resource & Referral service outputs, as well as New Mexico Home Visiting System data showing family referral to, enrollment, and retention in home visiting programs.
 - Data was requested by CEPR in accordance with a data-sharing agreement with UNM CE at two points in time:
 - Data from the period July-December 2016 (requested Feb. 2017 and returned mid-April)
 - Data from the period of January-August 2017 (requested July 2017 and returned September)

Data Analysis

The CEPR evaluation team conducted all phase 1 and phase 2 interviews. Interviews were audio recorded and professionally transcribed. CEPR staff analyzed transcripts using thematic coding to identify emergent themes. Survey data were collected and analyzed by CEPR staff. Initiative output data were provided by UNM CE Early Childhood Services data staff, and analyzed by CEPR.

This final evaluation report will use these data sources to describe implementation of the initiative to date, draw out perspectives on successes and challenges encountered so far, and lay out data findings that describe what impact has been realized during this initiative implementation period. Where possible, insights are offered in the words of informants themselves, indicated by italics. The intent is for these findings to be used by initiative and funding partners to inform decisions and directions chosen for the next phases of implementation.

Research Question Findings

AIM 1: Assess Key Features of Implementation

Implementation team members and home visiting program managers around the state were interviewed near the beginning of initiative launch (phase 1, Feb-April 2017) and again at initiative end (phase 2, August-September 2017) to learn their perceptions of 7 key elements involved in implementation. Findings below summarize these perspectives on what worked particularly well and what proved challenging in implementing these key components of the initiative.

Planning Process: How did the planning process support implementation of the R&R initiative?

Description of Planning Process

Planning for a centralized New Mexico resource and referral service took place in two distinct stages, involving different sets of stakeholders. First was a planning period undertaken in 2014-15 under a previous CYFD home visiting program manager. This process engaged members of the Bernalillo County Home Visiting Work Group, a longstanding local cross-program collaborative coordinated through the UNM Center for Development and Disability. The group worked with CYFD to develop a statewide model that built on the cross-referral system

they had implemented at the county level. As that CYFD manager developed plans to include a resource and referral system in the MIECHV Limited Competition grant application that was later awarded to the state, other partners were brought into planning discussions, including a local funder, UNM CE's Child Care Resource & Referral, and CEPR as possible evaluators.

A second, separate planning stage ensued after CYFD was awarded the MIECHV funding to implement a home visiting Resource & Referral system in New Mexico. An abrupt personnel change brought in a new CYFD home visiting program manager, with no time available for a "warm" handoff of the project. Plans to implement the project per award resumed, with partners now limited to CYFD, UNM CE's Child Care Resource & Referral, and CEPR.

UNM Continuing Education conducted a thorough scan of centralized intake and R&R models throughout the country, calling several states to discuss rationales for model selection, and the pros and cons learned through experience. During this post-award research and design phase, UNM CE and CYFD decided that protection of family privacy would be a primary factor in designing a centralized service for New Mexico. The interactive website and "family specialists" providing phone service would ask families only for the zip code and child age needed to locate local programs available to choose from, leaving more specific intake questions for the home visiting programs themselves to ask and record when families contact them directly. As one planning team member said, *"We were pretty intentional in really defining this as resource and referral versus centralized intake or intake in general because home visiting programs are doing extensive intakes."*

This "family choice" model would also avoid potential home visiting program concern that the centralized service might direct intakes to particular programs in inaccurate or unfair ways. Through this research process, UNM CE gathered valuable suggestions for development of databases and telephone protocols that could guide expansion of their services from child care referral to include home visiting.

As the second stage of planning progressed, a new CYFD Secretary took office. Under her leadership, CYFD launched a major statewide anti-child abuse public awareness campaign, which calls for all members of the public to "Pull Together" to improve child well-being in the state. The Secretary envisioned a "PullTogether" website that would offer centralized resources to those responding to the call to awareness and action. Rather than simultaneously implement separate resource websites, CYFD elected to direct all "PullTogether" and "NewMexicoKids" traffic to a single phone number and website, staffed by the NewMexicoKids Resource & Referral team. One team member said, *"I believe they felt like [NewMexicoKids] already had the clientele because we were working with families statewide who were seeking various early childhood [services]."*

This decision happened so swiftly that when the PullTogether campaign was publicly launched in May 2016, UNM CE staff were surprised to discover that the phone number given out was the new NewMexicoKids Resource & Referral line. As one team member said, *"I think that ...added a little bit of confusion in the initial startup with the project."* Thus, the UNM CE's pre-existing Child Care Resource & Referral contract unexpectedly expanded in May 2016 to include not just home visiting programs, but all the early childhood-related resources needed to support the PullTogether campaign. As one staff member said, *"I would say it was a surprise, and it was also ultimately very exciting. I can't tell you how grateful I am for the flexibility and the knowledgeable staff that we have and their ability to get right on board."*

The NewMexicoKids staff were able to respond rapidly to this new opportunity to provide even more comprehensive resources to families. They adapted phone technologies, referral protocols, staff training and resource database systems, as described in more depth below.

How did Planning Support Initiative Success?

- **Planning began early and involved staff experienced with resource and referral services.**
 - Early hiring of a program specialist dedicated to planning helped set the groundwork for successful implementation, as she was able *“to build some infrastructure and policy and procedure, including training,”* well ahead of launch.
 - Staff members experienced with current child care resource and referral services were brought into planning from earliest stages:
 - *“The years of experience with Child Care Resource and Referral, our child development knowledge, our staff knowledge in terms of child development, early childhood systems statewide was a huge benefit that allowed us to be up and running.”*
- **Staff consulted with other state R&R systems before finalizing a model for New Mexico.**
 - Extensive research on existing models conducted by UNM CE staff at the earliest stages of project planning informed decisions about the kind of centralized services that might be successfully implemented in New Mexico’s particular home visiting contexts.
 - As the scope of resource and referral expanded, information from this scan of state models proved useful to informing adaptation of the original, more limited service model.
- **Evaluation, monitoring and data collection needs were included in planning discussions from the outset.**
 - A planning process that included data and evaluation partners ensured that desired data elements were laid out and data management systems were in place from project launch.
- **Some relationship-building with home visiting programs began early in the project period.**
 - This involved *“introduction of us to the home visiting programs, ... getting them familiar with us, getting them to trust us, getting them to understand why we are there and that we’re their cheerleader, and they want to communicate with us.”*

What Challenges Stemmed from the Planning Process?

- **Omission of some stakeholder partners from the planning process has created a need to attend to relationship building and/or relationship repair.**
 - Discontinuity between the two planning phases meant that some original stakeholder partners were cut out of processes in which they had invested time and expertise. These included a local funder, who had initially been engaged in plans to fund a third community-based outreach liaison, and members of the Bernalillo Home Visiting Working Group, who one informant suggested may carry forward negative feelings and perceptions about the planning process and subsequent implementation.
 - Connecting and collaborating with home visiting programs is an ongoing need: *“I think some programs still don’t really get that we’re actually on the same team as them.”* Some programs may consider collaboration with NewMexicoKids Resource & Referral just *“another thing that they ... are required to do”* rather than a recruitment tool intended to benefit them. Staff are now committing significant time to building these relationships.
 - Families and community partners were not engaged in initial planning either, and should be considered important partners as enhancements and future plans are made (e.g., through community conversations or other engagement efforts). *“We tend to forget our parents out there, and ... the “Ah hah” moment I had about this whole central intake was, where were the parent discussions? Because it’s really for them.”*
- **Concern that the initiative duplicates existing community resource listings went unaddressed due to lack of stakeholder consultation during planning.**
 - Staff have had to deal with some initial resistance from parties concerned that NewMexicoKids Resource & Referral duplicates valuable efforts already under way, such as countywide 311 lines,

county health listings, or sites such as SHARE NM—as well as distrust that the state intends long-term support of the initiative.

- **Opportunity to learn from home visiting programs about strategies for outreach to families and community referral strategies was missed due to lack of consultation with home visiting program partners during planning phase.**
 - *“It probably would have been beneficial to talk to other programs to hear more about what were their successes and challenges in the planning stage.”* Home visiting programs should be directly engaged to inform continuous project improvement and plans moving forward.
- **Initiative planning was for provision of home visiting resource and referral, so staff were unprepared for the sudden expansion of scope at initiative launch.**
 - The late expansion of scope to include referral to the comprehensive range of early childhood services promised by the PullTogether campaign meant that NewMexicoKids staff had to develop a new set of resources and protocols during launch of services, as they had planned only for the expected expansion of services from child care to home visiting referral.
 - The resulting sudden increase in call volume required NewMexicoKids to change its telecom system just after launch, to services that supported a third call line, call waiting, and assisted transfer protocols.
 - More time for planning would have been optimal, particularly as the scope expansion was sudden: *“It’s been a balancing act between all of the outreach and software development and actual management of staff and hiring and creating new processes for answering the phone and filling up our database. We have come really, really far in a year. On the other hand, if you look at any individual aspect, I wish we could’ve had more time to develop it.”*
- **Delays in contracting and hiring processes hampered timely implementation of the plans developed.**
 - In particular, delays in hiring of home visiting outreach liaisons perhaps accounts for fewer requests than were anticipated for home visiting referrals, evident in phase one data.
 - Delay in hire of the pilot site outreach liaisons also meant the initiative began with a focus on statewide service, and *“we had to do a little bit of a shift”* to develop the somewhat different, local community outreach component.
- **Expansion of outreach liaison services to new sites in addition to the initial pilot communities changed liaisons’ scope of work after launch, without benefit of planning.**
 - Family outreach liaisons were initially charged with serving the pilot communities of Albuquerque/Bernalillo County’s South Valley and Doña Ana County. As additional need was identified, outreach liaison territories were expanded to include Doña Ana’s neighboring Luna and Hidalgo Counties, and Bernalillo County’s adjoining Valencia County.
 - These service areas were not targeted during initial planning, so staff have needed to build community contacts and identify local resources rapidly.
 - Expansion of outreach into larger, more rural areas has also forced liaisons to adjust original goals for outreach coverage in pilot communities in order to *“get it all done”* and *“figure out what [outreach tasks] are priorities and what maybe are more secondary.”*

Service Model: What Resource & Referral services were developed?

Description of Service Model

In the service model developed, users may access NewMexicoKids Resource & Referral in one of three ways: 1) via website, 2) toll-free phone line, or 3) face-to-face visits to the office or in the field.

1. Website:

The interactive home visiting program search is accessible through several New Mexico early childhood websites, including the state's:

- PullTogether child protection campaign site (<https://pulltogether.org/>);
- CYFD-funded NewMexicoKids website (<https://www.newmexicokids.org/>), where Child Care Resource & Referral is also housed; and
- Early Learning New Mexico (<http://www.earlylearningnm.org/>) site, related to New Mexico's Early Learning Challenge Race to the Top initiative.

It should be noted that all of these web sites offer users information about a wide range of resources related to early childhood, and none focus primarily on home visiting. The CYFD agency's own home visiting page does not link to the PullTogether website or directly to the Resource & Referral page, but rather to a static PDF listing of home visiting programs organized by geographical region.

A visitor who has reached the home visiting search screen through one of the above sites can enter a county or zip code and see a list of local programs, after a pop-up screen secures agreement to terms of usage, including a release of responsibility and consent for research use of any data gathered.

All programs operating in the county selected are listed, whether funded through the state or not, in an order that is randomized each time a user accesses the system. Users can click to find more about each program, including name, address, phone, URL, zip codes served, model used, and languages served. Programs are invited to include additional information if they wish, including a program description, specialty staff training, infant mental health endorsement, other services provided, and community partners. Users can save any or all program listings as a PDF, to print or have emailed to themselves for future reference, embedded in a letter from NewMexicoKids that includes both phone and web contact information. While the primary PullTogether webpage can be translated into Spanish with a single click on the page's top banner, the home visiting search function can be translated to any of Google's 70-80 languages with one click near the top of the search tool.

According to implementation team members, the design of the home visiting search page was informed by a revision of the state's child care search page completed shortly before launch of this initiative. Previously, the child care search site required users to create a personalized account before accessing the child care search. NewMexicoKids staff suspected this requirement deterred users who wanted a simpler and more anonymous search, and redesigned the child care search accordingly. The home visiting search function was built similarly, with no identifiable information requested from users. The website can track number of site visits by unique users and saved program searches by zip code and county. Additional user data can be collected via an optional feedback box located on the side of the web page; unlike the release and consent form, a user is not required to complete the feedback form before accessing search results.

2. Phone Line:

NewMexicoKids Resource & Referral phone lines are staffed from 9 a.m. to 4 p.m., 5 days a week. Messages left on an answering machine outside of working hours are returned within 24 working hours. As call traffic unexpectedly increased with the launch of the PullTogether campaign, UNM CE immediately added two phone lines to increase capacity to respond immediately. *"When the calls come in, we make that the priority. They're surprised. They're like, 'Oh my God, are you a real person?'"* No additional new lines have been added since this initial adjustment at launch.

Staff identify themselves as "PullTogether NewMexicoKids Resource & Referral" and ask how they may help the caller. They also ask and record how the caller knew about or was referred to them. Callers are asked for

consent to possible monitoring of calls for quality assurance purposes, and ask about the age of the child or children for whom the caller is seeking services.

During phase one interviews in Jan/Feb 2017, staff reported that few callers had specifically asked for information about home visiting programs. Service data as of December 2016 showed that of 607 requests for service referral, 48 were for home visiting programs. While referrals were made to home visiting programs in 10 counties, the vast majority were to programs in Bernalillo County (figure 3). The majority of calls coming in at that time were for child care referral, which was the primary function historically of the 1-800-line. Staff have extensive protocols for child care referral intake, which involve accessing a separate, pre-existing database and asking additional questions about the family, such as special needs or language preferences. Requests for referral to the wide range of other resources that clients may need are handled by staff searches of an ever-growing database of family assistance resources available by county, or by “warm transfer” to staff at other agencies (particularly when calls involve immediate family crises, such as child abuse or mental health.) The R&R data system can be searched by zip, county, and certain subcriteria. *“The system was designed to make it easier for the person on the phone to deliver the resources to the family in an organized manner.”* One staff member reports that when a client has needs that require multiple searches, *“sometimes we all stop what we’re doing, and we all research. [Then] we call the client back.”*

Recognizing that few callers knew to ask for home visiting referrals, staff soon changed their phone call protocol to include a question asking caregivers with children under 5 if they’ve heard of home visiting and offering a broad description of services – more of a marketing strategy. A staff member explains:

Usually, when they’re calling us, they’re calling for a purpose, and it may not be for a home visiting program. Then we slowly add that into the conversation because in a child care referral, we are doing an intake of sorts and gathering some data. That’s how we know if this family is probably going to qualify. Then we can add the home visiting part, but we’re not doing an extensive intake because we know that that’s what home visiting programs are doing. We’re really providing the referral.

No information on the family, other than zip code of residence and how they were referred to the 1-800 number, is requested or recorded in connection with requests for referral to home visiting programs.

If a caller expresses interest, staff provide program names and contact information, and offer to mail a packet that includes a letter containing a list of programs in their area, child development materials and a user survey. Staff direct clients to the website to read descriptions of the different home visiting models and counsel them to consider the emphases and criteria of each program for themselves, to determine best fit, telling clients, *“We can’t recommend or endorse any programs.”*

As staff discovered through phase one data collection that neither the web pop-up or mailed user surveys were being returned at a useful rate, they decided to change to a follow-up phone call protocol: *“We’re now mentioning, ‘In a couple of weeks, we are going to follow back up with you to see if you were able to find a home visiting program.’”* They then add the caller to their list of referred clients to follow up within two weeks. Staff then are able to assess whether a client contacted a program and can provide program contact information again if families are still interested in making the connection.

Staff at phase two reported an increase in calls specifically requesting information on home visiting (124 between January-June 2017). *“Since the last interview, we also are getting folks calling to request home visiting referrals, which is awesome because that’s a result of shifting culture and outreach . . . around home visiting. . . . We’ve felt that shift.”*

The bulk of clients have received referral through the phone line. Staff report that when a client accesses services through the phone, they receive a much different level of interactive service than do web users or even families engaged in person at community events. *“On a call, you’re also getting added community resources because family specialists are accessing our database.”* Staff report data that show an average of about 30 minutes is spent with each caller: *“That is very important for them, and you will not get that from a website.”* Phone service staff training has emphasized providing personable customer service, recognizing that many of New Mexico’s families in need of services don’t feel comfortable accessing systems or services. *“It’s that personalization that these families need that is really critical.”*

3. Face-to-Face Visits:

“Occasionally we get walk-ins here. That’s very rare,” a staff member said. In-person referrals are far more often given when family specialist referral staff are out in the field at community or outreach events, such as health fairs. Staff have displayed at outreach fairs all over the state. The busy nature of such events restricts how comprehensive or personalized interactions can be with families who might be interested in home visiting. An interviewee explained, *“When we’re talking about an event, you have two minutes max with someone . . . We have an elevator speech that we give, and it’s gone. A lot of times it’s not even because the family’s not interested. It’s because we have people lining up. We’ve had to discover that that’s probably not the best place to make referrals.”*

So at an outreach fair, in-person services are primarily directed at getting information into people’s hands. However, staff reported in phase one interviews that they were already moving toward being able to provide true referrals to home visiting and child care on site. This has required laptops to conduct resource searches, as well as mobile hot spots and cell phones. They also had to get VPNs set up so outreach staff could be linked to their home network, and portable printers so clients can walk away with a personalized resource list. This was in response to staff discovery that it was problematic to conduct a search for a client, without a way to give the search output to the client in an attractive Word or PDF form. As a temporary early workaround, staff created generic handouts for each county that show currently available home visiting programs.

By phase two, all family specialists were using printers and PDF options while in the field. A new challenge is being identified as outreach liaisons have extended their reach into the more rural communities adjoining the initiative’s designated pilot communities. Families looking for services available in their particular zip codes may find none, so resource and referral specialists are adding searches of adjoining zip codes and counties that might be accessible to families.

By the later phase of the initiative, outreach family specialists had also implemented follow-up protocols for people contacted briefly at such events: *“Two or three weeks later I call the families to see if they’ve been able to use [the referral given] and if it’s been successful for them, if it wasn’t, why not.”* As another informant explained, *“A lot of families . . . , like at the health fairs, get so much information that they just put it away and don’t look at it again. That follow-up call really helps a lot in finding out, did you use it.”*

As outreach family specialists have begun setting up regular NewMexicoKids Resource & Referral tables at facilities such as First Choice Community Health Commons or community colleges, these mobile resources for generating and documenting referrals are proving a vital innovation. In these more regularly scheduled settings, specialists *“actually can have a table and have the time to interact with families in a non-rushed kind of way to make those referrals, because it does take time.”*

In any of these in-person settings, the outreach family specialist now has the technical capability to show the website live or Skype with the phone staff back in the Albuquerque office. As one outreach specialist said, *“I like to give a presentation where I’m in the classroom and I have the laptop [on Skype with the NewMexicoKids phone staff], and say, ‘Hey can you say hello so that these students in the GRADS program can see who you are and they feel comfortable calling you?’”*

Staff Training: How was training provided to resource & referral staff?

Description of Training Provided to Staff

Staff involved in direct provision of resource and referral services, whether by phone line or as community liaisons, are referred to as “family specialists.” Phone line staff were already employed as NewMexicoKids child care family specialists, while community liaison family specialists were new hires at the end of 2016. The community liaison outreach family specialists came with strong backgrounds in early childhood systems. All staff have remained in their positions to date.

Both existing and new staff received initial and ongoing training specific to this initiative:

Initial Training

- Database training:

New staff received training from both the UNM CE database team and existing NewMexicoKids Resource & Referral staff on use of the NACCRAware database, which has been and will continue to be used for requests for child care referrals. All family specialists were newly trained on how to document phone and in-field referrals to home visiting programs and other non-child care services in the separate SymServe data system. Data team and program management staff at UNM CE have created tip sheets for database users, which provide instructions on specific database tasks.

- Staff Orientation:

The NewMexicoKids Resource & Referral program manager has designed a staff orientation training protocol, and staff are updating it regularly in a binder, as needed. New family specialists received one week of initial training, which involved review of protocols, database training, and required shadowing of existing staff to see how a range of referral requests are handled.

When answering the phone line as trainees, staff were instructed to advise callers that “I am new and I’m training” and the call might therefore take longer than they were expecting. If a caller preferred, they would hand the call over to a more experienced colleague.

In addition, the two community liaison staff members received specialized training from the program manager, who had been conducting outreach events for more than six months while liaison hires were in process. She was able to coach these specialists on which materials to bring to different events, how to engage people in conversation about home visiting, and how to tailor events to different audiences. Staff also learned how to document outreach activities, including audience for the events, contacts made, and promotional materials given out. When in the field, new staff trainees have been able to co-present with the more experienced program manager, and have also had ongoing access to the program manager via Skype while in the field.

Ongoing staff training

Staff are expected to continue with formal and informal trainings on an ongoing basis. For example:

- Training specific to **home visiting** referrals have included:
 - Discussion of materials such as the state’s annual home visiting report and presentations from local home visiting programs designed to provide deeper knowledge of services offered.
 - Visits to several home visiting programs to build personal relationships and gain more detailed knowledge. One informant highlighted how important it is for family specialists to understand the benefits of home visiting, to better be able to connect families calling for other reasons to home visiting as a potential resource that could support their overall needs.

- As of phase two, staff have begun attending the state CYFD quarterly meeting of home visiting program managers in order to keep up to date on and in contact with programs.
- Trainings designed with CYFD to equip family specialists to appropriately handle **family crisis calls** through decision tree protocols were added by program management early in implementation, as the NewMexicoKids scope of work expanded to include calls generated by the PullTogether campaign.
 - Many of these trainings have resulted from relationships with agencies and community organizations, which were established by the project manager and supervisor through outreach events and participation in community advisory councils, health councils, etc.
 - This has led to partnering with other agencies that also help families statewide, adding more resources that can be of help when referring families. For example are two mental health first-aid trainings, provided by staff from the New Mexico Crisis and Access Line (NMCAL), which provided information on how to deescalate a crisis and make an appropriate referral.
 - Also helpful has been learning from agencies precisely what processes families will go through once they've been referred (e.g., what happens in a CPS visit to a home.)
 - Staff also received training on how to perform assisted phone transfers, to provide families in crisis a warm hand-off to people at crisis lines who can provide immediate help. Trainers included both crisis line staff and the phone equipment provider.
- Training around **mandatory reporting** was added around the project midpoint, working with CYFD to learn to de-escalate a crisis to prevent abuse, and to facilitate home visiting referrals for a family once the crisis has been deescalated.
 - *"CYFD is really working hard at building a link between their early childhood services as well as their child protective services teams, and so we too have been collaborating with staff at the Skyline [crisis call center]."*
- UNM CE identified early in the initiative a need to access training supports on **self-care** for resource and referral staff in situations where they've engaged with difficult family crisis needs.
 - As one staff member explained, *"Some of these families, their needs are just so great it breaks you . . . As much as you say you know how to handle it, . . . you're going to hurt in some way . . . I think learning how not to take it home is very important because it sticks with you."*
 - More recently, supervisors brought in university crisis counselors for staff training around self-care, and staff reported being encouraged to take brief walks or yoga breaks as needed after a difficult crisis call.
 - Training on protocols that clearly delineate where resource and referral ends and third party crisis services begin have been helpful in *"setting up that expectation, so this is the flow, as opposed to I'm suddenly . . . in this hour-long crisis call [where] I can't really give advice. More recent work has been around . . . really working through protocols."*
- Staff have also received important training from New Mexico PreK on **full participation of children** in early childhood settings, to help family specialists effectively refer families of children with special needs to appropriate services.
- CYFD staff provided training on appropriate use of a new web-based "Am I Eligible" interactive tool for determining income-based **eligibility for family services**, when helping families who may not have their own access to the internet.
- NewMexicoKids staff are training on the **Integrated Learning Approach**, a framework for designing adult learning experiences being adopted across the state's early childhood system. This training has helped staff to develop effective presentations that are adapted the learning needs of particular audiences.
 - *"We have used the ILA to revamp our presentation [so that it is] really interactive."* For example, staff invite presentation attendees to guess correct data points about family challenges or incidence of ACEs in New Mexico, and then share their reactions to answers revealed. *"They actually have to*

pick something, so they're thinking about what we're talking about. Then when we show the website, it becomes more tangible and effective: 'I get why I would go to this site!'"

- Family specialist staff have met with **Child Care Licensing staff, Family Nutrition Bureau staff, and Child Care Assistance staff**, to gain deeper knowledge of those programs as well. More recently, staff also attended the child care training required of new providers.
- Staff have been proactive in locating reliable sources of referral for families requesting information related to **immigration status and access to services**.
- Team members identified an ongoing need for deepened training to *"mak[e] sure that all staff have an understanding of **child development**."*

In addition, **professional development plans** have been developed for all staff members, both as a team and as individuals. These range from increased knowledge of early childhood development, the Integrated Learning Approach, inclusion practices, de-escalation techniques and understanding role boundaries between resource and referral and crisis response.

How else did Training Support Initiative Success?

- **Shadowing and conversations with existing staff** were identified as particularly effective modes for initial training, as trainees learned how to handle specific questions or topics that come up in the moment.
 - *"It's learning about the system, but also getting to a level of feeling comfortable interacting on the phone, because it's more than just customer service."*
- Dependable access to **supervisory coaching** while in the field has been important for community liaison family specialists. Having the opportunity to present to different communities along with the program manager has been valuable training as well.
- Many informants gave credit to the initiative taken by the program manager from the outset of the project to make **cross-training connections with other family support organizations** working statewide and in communities.
 - *"We saw more and more families in crises, and so we started partnering with other agencies who supported families statewide. They started sharing professional development opportunities with our staff, and then we did the same with their staff."*
 - As the initiative has matured, ongoing training has emphasized the need for all staff to learn more about particular communities served and their differing needs, with all staff now joining the project manager in meeting with partners around the state.
- UNM CE has worked with crisis line partners to develop **live phone call transfer protocols** that have reduced wait time for families in crisis and that assure a person is talking with them at all times.
 - *"The number one [success] that comes to mind is the professional development support that we provided and continue to provide to our family specialists where families call and they feel safe."*
 - *"Sometimes, people are going to make that one call, and they're gonna be like, 'I'm not gonna get involved. I'm not gonna call again.'"*
- Staff reported feeling much more confident now in understanding their particular **professional role in the crisis referral process**.
- As one staff member noted, *"We're not here to fix . . . That was extremely hard on staff . . . I credit [the program manager] for developing a plan to support staff so we could then just really stay within the service of resource and referral. We are not a crisis hotline. We do not have licensed therapists on staff. We are putting people in touch with that resource that can support them. . . . Now that we brought in those supports – and they're ongoing, even including reflective practice and supervision, which really helps – things are much better. We're learning how to take care of ourselves, which is huge."*

- Extensive **decision tree protocols** have been created, as well as “**cheat sheets**” for processes such as database documentation of referrals and printing out referrals in the field.
 - Protocols outline the procedure to be followed from beginning to the end of a call – and from the end of the call to documentation (including the reflective supervision or self-care practice that followed.) *“You might call it a script, but just so that certain content is always there.”*
 - Protocols for handling calls are revisited and revised on an ongoing basis, with the participation and input of the family specialist staff directly handling the calls. *“We’re strong as a team because it’s a culture of improvement.”*
 - Changes in protocols or information are communicated to staff immediately, according to staff, with trainings offered to staff *“probably the same day or next day.”*
- Staff report that ongoing training needs are identified through listening to staff, both through informal interactions, and weekly face-to-face team and individual meetings.
 - *“I would say, monthly something new comes up, where there is a request for some sort of ongoing support.”*

What Challenges Stemmed from the Training Process?

- Although staff have adapted rapidly to the types of calls they were receiving, **calls regarding domestic abuse, a family in crisis, or anything that required immediate assistance** were not expected.
 - The sudden onset of crisis calls was attributed to PullTogether campaign advertising, which went live statewide simultaneously with the NewMexicoKids HVR&R launch and required additional service responses not related to home visiting or child care. Responses to this challenge are noted in above discussion.
- Staff suggest that **more exposure to home visiting programs** would help them to better serve families, as their familiarity with the range of home visiting services is not as strong as their familiarity with child care offerings and contact with home visitors has not been extensive.
 - Because staff currently share office space with child care consultants, they have gained familiarity with what happens in the child care setting through access to these colleagues. Staff recognize that they have much more limited access to home visiting professionals: *“Maybe that’s why I’m feeling a little bit left out in the home visiting . . . because we don’t get to interact as much.”*
 - *“I would say the bulk of home visiting programs we just haven’t been able to engage with. I feel like we are doing a much better job engaging with other provider types.”*

Community Liaisons: How have community outreach liaisons supported implementation in two pilot sites?

Description of Community Liaison Outreach Efforts

Two of the NewMexicoKids Resource & Referral family specialists were hired specifically to provide home visiting outreach in two pilot community settings: Doña Ana County and Albuquerque’s South Valley, in Bernalillo County. The South Valley outreach specialist/community liaison is co-located in Albuquerque with the NewMexicoKids Resource & Referral phone staff, and the outreach specialist in Doña Ana County uses office space at the University of New Mexico satellite facility in Las Cruces. These staff have been in place since October and November, though the project manager provided initial outreach in the two pilot communities for several months before their hire.

Unlike the phone staff, whose primary job functions include child care referral, these two outreach specialists are particularly charged with home visiting outreach. *“The very first thing they say is, ‘Home visiting – have you*

heard of home visiting?’ They share what we do with families and they explain what it is. Then they say, ‘And we also can help you if you need child care and other resources.’”

The home visiting outreach accomplished to date is broad in scope, reaching numerous types of organizations including:

- Pediatricians
- Women, Infant and Children (WIC) offices
- Breastfeeding Task Force
- Early Head Start/Head Start
- Elementary schools
- High school GRADS and other programs working with at-risk young parents
- School-based community healthcare clinics
- Municipal, county or regional-level early childhood leadership groups
- Health outreach fairs, such as KOB-TV PullTogether event
- Alliance of Border Collaboratives
- Immigrant Law Center
- CYFD service offices in Albuquerque
- Community legal services
- Food banks

When conducting outreach events, family specialists collect contact information from interested event visitors as well as those who sign in but leave before the specialist is available to talk in person. Specialists use this information to follow up, establishing a needs profile for each party contacted.

Importantly, both outreach family specialists are bilingual Spanish-English. As specialists extend outreach to other linguistic communities, they can draw on the bilingual skills of other NewMexicoKids staff, who bring Navajo and Spanish skills, as well as connection to translation resources, including Vietnamese, used by a number of South Valley families. Family specialists have developed presentation materials in a number of formats, including Prezi, PowerPoint, interactive handouts and video (together with the PullTogether campaign.)

In addition to displaying or presenting at one-time community events, the outreach family specialists, by the end of phase 1, had begun setting up weekly informational tables at provider sites, such as community health clinics, where they can provide on-site referrals to families coming in and out of appointments. Discussions have begun about setting up regularly at a community college site, where the high number of young parents in attendance could possibly be connected to home visiting services. Critical to these efforts is the family specialists’ investment in building and maintaining relationships: *“We’re making a lot of connections.”*

As of phase 1, interviewees reported that outreach efforts had successfully connected Resource and Referral staff to all home visiting service providers in the two pilot communities, as well as part of Albuquerque’s neighboring Valencia County. In some cases, home visiting program managers had co-presented with the NewMexicoKids Resource & Referral family specialist at events.

However, phase 2 interviewees noted that while much outreach to inform the community about what home visiting is has been done, it has proved more difficult than anticipated to connect and align with home visiting programs themselves. This is perhaps due to persistent lack of home visiting program familiarity with NewMexicoKids Resource & Referral (see Aim 4) – and in some cases, to skepticism that the state intends to

offer such referral and outreach supports in an ongoing way. But interviewees also note that the changeability of program funding also complicates the task of coordinating and aligning across programs. In particular, the 2017 CYFD competitive RFP process resulted in some longstanding programs losing funding and some completely new programs opening their doors. *“The next task is to get those new programs . . . that were not providing home visiting services before, to bring them in also and start strategizing the recruitment activities and their outreach activities so that they can be more aligned.”*

How did Outreach Liaisons Support Initiative Success?

- Though hiring of the community outreach liaison family specialists was delayed until nearly six months into implementation, the **project manager began establishing relationships with partners** in the pilot site communities from the outset of the project. That helped both to keep momentum of project implementation and to give the liaisons a running start into the work.
- The family specialists and project manager adapted quickly to the need to provide **referrals onsite via laptop** at outreach events, and by project end were able to provide them regularly at health and education facilities.
 - *“Our focus has been on healthcare professionals: pediatricians, OB, midwives, community healthcare workers, and then also figuring out where we can sit and be visible to connect with families that maybe are working all the time . . . and don’t go to the family events. Looking at the pediatricians’ offices and the community health commons, I think we’ve had some really positive shifts in our strategy, and I think that’s meant that we’ve been able to connect with more vulnerable populations.”*
- **Technology supports** for community liaisons in the field have been invaluable, allowing them to provide on-site demonstrations and referrals, to access full resource searches remotely, to print referral lists in the field, and to keep contact lists and data entry up to date.
 - As possible new technology helps are identified, project management has been quick to test and procure them.
- By phase two, outreach staff understood which events would be likely to involve community education and networking and which would afford real opportunity to offer referrals on-site. They’ve been able to better **prepare materials and engagement strategies** accordingly. *“I’m learning different approaches in different areas, what works best.”*
- Staff also had learned, by initiative end, that *“being there one time . . . makes no impact.”* Rather, it is consistent attendance at coalitions or events, **repeated presence** at community sites, and multiple presentations to organizations that creates a tipping point of awareness. *“Being consistent is important.”*
 - When visiting offices of a potential referral source, staff said that *“Sometimes they’ll take your information. Half the time they won’t pass it on to the person, so it’s just about connecting and revisiting over and over . . . , developing those relationships.”*
 - Consistent presence makes a difference with families as well. Staff spoke of what happened when a liaison began visiting a particular health clinic at regular times: *“[she] started to see the same families and build closer bonds and relationships with some of those families, who then shared that information with their friends and families.”* Having a consistent presence in places that families frequent communicates dependability.

What Challenges did Liaison Outreach Efforts Face?

- Interviewees at phase one suggested that strong bonds had yet to be established with **large health care providers** such as Ben Archer and La Clinica de Familia that serve areas of southern New Mexico or CHI St. Joseph in Albuquerque and neighboring counties. In response, at phase two, several staff reported that more recently staff had focused *“a lot of outreach specifically to health care clinics.”*

- One informant suggested that future efforts should be focused on clinics where postpartum visits take place, as mothers might be most interesting in hearing about home visiting supports then, or birthing hospitals.
- Another untapped outreach strategy mentioned would be to establish a **more regular presence at the CYFD office** in Albuquerque, as they regularly refer families to NewMexicoKids. Onsite referrals could be processed there, especially with a Spanish-speaking specialist, with home visiting referrals offered as well.
- **Differing geographies and communities** require individualized strategies for outreach. The pilot sites selected differ in key ways. In general, the South Valley of Albuquerque is compact and urban and Doña Ana County contains both urban and more dispersed rural populations. Staff at phase one said they were still learning what strategies would be most effective for each pilot area, but by phase two had identified some key differences:
 - The largely urban South Valley of Albuquerque offers a much more contained area in which outreach is to take place.
 - Liaisons can connect with a number of people or organizations at once when visiting community centers, health commons, and even public parks.
 - In such a setting, it is much easier for the liaison to be seen and known by the community.
 - Several informants noted that the South Valley is a particularly family- and “community-oriented” place, characterized by longstanding and active early childhood coalitions -- which facilitates sharing of information and resources.
 - Doña Ana County encompasses a much larger area, which includes rural areas as well as urban.
 - Staff found that it was more strategic in an area with such dispersed population to focus more outreach on meetings of coalitions, as coalition members can serve as trusted messengers to disburse information back in their own more dispersed networks (which liaisons may not consistently be able to reach.)
 - In addition, it can be hard – and take longer --to identify the inroads into tiny, tightly knit communities that one can only visit occasionally.
 - When outreach is conducted by someone from these local communities, trust is built much more quickly.
- Even as liaisons were learning what engagement strategies worked in the pilot site areas, **new geographical areas of outreach were added** to their scopes of work. Shortly after hire, outreach liaisons were asked to extend work into neighboring Valencia, Luna, and Hidalgo Counties.
 - Liaisons needed to re-evaluate outreach priorities and shift their initial goals of reaching all possible family-serving organizations in a single pilot area to accomplishing more targeted outreach across multiple geographies.
 - Liaisons also needed to quickly familiarize themselves with new communities and the resources available to families there.
 - New territories were more rural, where zip code searches might turn up no home visiting or other services. This meant that liaisons needed to build an understanding of where families in those underserved zip codes were most likely to go for services, in order to connect them with resources that would meet their needs and preferences.

Outreach Materials: How has development of outreach materials supported implementation?

Description of Materials Developed

As the initiative launched, project staff worked with their internal marketing department to design brochures, or “rack cards”, to use in extensive marketing around the state, distributing them to as many strategic

individuals and at as many outreach events as they could attend. When the PullTogether campaign launched, they decided to keep producing NewMexicoKids Resource & Referral rack cards that were separate from the PullTogether cards also being produced. NewMexicoKids Resource & Referral rack cards are produced in Spanish and English, with phone and web contact information included. While the card gives specific mention of home visiting, *“It’s more geared towards: ‘If you’re a family with a young child, just reach out. One-on-one support is just a phone call away. We can connect you to these sorts of things, and home visiting is one.”*

One of the other outreach strategies the NewMexicoKids Resource & Referral team has adopted is the use of promotional items, designed to engage possible clients at busy outreach events. For example, an infant bib (with the NewMexicoKids logo and phone number) is used as a conversation starter to introduce home visiting to a young mother. Other “swag” includes age-appropriate children’s books or stress balls. Use of such materials as an outreach strategy also provides opportunities for marketing and getting the program known to the wider public. Staff carefully consider which materials are most important for each event: *“Is this more of a practitioner-facing versus a family-facing event? What are the kinds of things that we bring?”*

How did Materials Support Initiative Success?

- Project staff note that they *“worked really hard to get New Mexico-reflective individuals and families in our pictures. . . We had [the] cards vetted by a number of individuals from **diverse cultural and racial backgrounds** that are here [in New Mexico]. . . and also looking at diverse family structures.”*
- Promotional materials have been chosen strategically for how each piece of “swag” can **engage a particular population** targeted for outreach.
 - *“We have aluminum water bottles and coffee mugs and chevron bags and little notepads with sticky notes [to]give to professionals or practitioners, especially if we’re making an office visit. We thought strategically about what things people would actually use so that we would have the visual with the phone number and the reminder. For families, we have diaper bags, bibs, baby wipes.”*
 - Free promotional materials are used as an occasion to explain services. The material *“is what initiates. I say, ‘Before I give this to you, let’s talk about this.”*
 - Materials chosen are things that families or referral sources are likely to have around for some time, so that they can serve as a reminder or prompt when a newly discovered need for services arises. More durable materials communicate that, *“If you’re not ready to call right now, you can later.”*
 - One staff person noted how outreach has become more sophisticated over time: *“Back in my day, we did one Hershey Kiss with our label on it, so it had nothing to do with our intervention. But we wanted something to give away. This is intentional, and so I like it.” All materials are selected to serve some educational purpose, so that “even if a parent decides not to go through the home visiting program . . . it’s information that . . . still keeps the children safe.”*
 - Legislators and legislative staff have received promotional materials as well, offered during the January 2017 legislative session. *“I want a mug on every legislator’s desk, and their admin assistant’s desk as well. It makes a difference.”*
- Staff have sometimes contributed NewMexicoKids Resource & Referral promotional materials to baby boxes distributed through hospitals, or through early intervention programs. This speaks to the initiative the staff is taking to **partner with others to extend the reach of their outreach materials**.
 - *“We’ve done a lot of partnering that way where people that we know are going to be able to get in places where we actually can’t be.”*
- Staff are also listening to partners in the community who have suggested **new formats for outreach materials**. For example, staff plan to create posters, after a teacher suggested that posters for school bulletins would be effective advertising. These will also be used in settings such as laundromats.
- Families who choose to leave mailing contact information receive a **packet of parenting, child development, family services and early literacy materials** (including an age- and language-

appropriate children's book). (Disseminating such customer information materials fulfills part of the state plan to meet requirements for the federal child care development block grant to the state.)

- Where possible, this materials packet is customized to meet the interest and concerns shared by callers via phone.
- Materials are available in multiple languages and reflect diversity of family cultures. These *"send a very strong message to the family that, 'you're welcome here. We were prepared for you.' I think that's really important, beginning to breaking down some barriers and building trust."*
- Staff wanted **families contacted by outreach liaisons in the field to benefit from these materials** packets as well.
 - Initially, liaisons encouraged families to access the phone line in order to become eligible for materials packets, as customizing materials while families or agencies were engaged in the field was logistically difficult.
 - By phase two, staff began taking pre-assembled bags of materials designed and color-coded for different age groups: prenatal to two, birth to two, and 3 to 5. They now can engage families with the materials immediately.
- Resource materials are carefully inventoried, and data collected on where materials are sent, so that staff can **evaluate how materials are supporting family resource needs**.
 - As new family needs are identified, material resources (e.g. on safe sleep practices) are solicited from partner organizations for distribution via mailed packets or at outreach fairs.

What Challenges Stemmed from Materials Developed?

- Staff realized early on that materials need to be **continually re-evaluated for effectiveness**.
 - Staff discerned that the first set of materials produced for use with families were not user-friendly enough, and revised them to have less text and more compelling messages.
 - Rack cards were redesigned to be a single card with English on one side and Spanish on the other, alleviating the problem of sites running out of one language before the other.
 - Materials have also been redesigned to increase the visibility of the initiative's connection with the state PullTogether campaign, via use of color and logo placement.
- Staff have also identified a need to **redesign business cards** to serve outreach purposes.
 - While cards include standard contact information, there is no wording that describes what NewMexicoKids Resource & Referral does. In outreach situations where people go home with lots of materials, the cards need to be able to jog memories of what services are tied to the contact information they're holding.
- **Visual media** have not been developed in support of outreach yet.
 - Several interviewees suggested that outreach would be well served by creating a marketing video (even in a cartoon format) that explains home visiting and resource and referral services. Such a video could be played in health clinic or medical waiting rooms, or other places where families tend to visit.
 - Short videos (or texts) featuring family testimonials could be embedded in the website as well. *"When they go to the home visiting search, . . . it could be a comment from a family that says a positive comment . . . around why it's so important."*
- Staff realize now the **importance of consulting home visiting programs in the design of outreach materials**.
 - In the next phase of materials revision, involvement of home visiting programs will be invited, to ensure that information is representative of their messaging and their communities and to learn from what programs have learned *"that attracts their families to remember what they do."*

Data System: How has a data system supported implementation?

Description of Data System

UNM CE researched the capacity of various data systems to support expanded resource and referral services, and decided to continue use of their existing NACCRAware system for child care referrals while also adapting their existing SymServe system to record referrals to home visiting and all other family services. *“There was a lot of experience with that database. Actually, the vendor had already been investigating using it for referral services [in another state],”* so adaptations were already under way. These decisions ensured that a working data system would be in place at the time of initiative launch: *“With our current system, we could adapt it to fit their needs in a very short timeframe.”*

The new home visiting web search function was modeled on the existing NewMexicoKids child care search function, which UNM CE had just finished updating to make more user-friendly.

Throughout the process of modifying NACCRAware, SymServe and the web search function, experienced family specialists on staff were consulted to ensure that flow from referral activity to data recording worked well and that fields built in to data systems matched the important things that staff would be asking clients.

[Staff] were really involved in the beta testing of SymServe and the web search, but then also the development of the flow, what our protocol is for giving a referral. If it didn't feel right for them, it's probably not going to feel right to the clients – and our top priority always is, how can we best serve our families? We try to filter everything, every step of the process through that lens.

The data team were also careful to ensure that evaluation and monitoring data needs would be met.

Seven family specialist and management staff members use the databases regularly, to search for needed referrals and to track resources and referrals made. Once the data is entered, protections are in place so that only the programmer can access the data to make changes; no other users of SymServe (e.g. home visiting system data users) have access to Resource & Referral raw data. NewMexicoKids managers are able to run reports on the data as needed.

Data collected in the system includes category of client (family, community member, agency, and crisis call), types of referrals made (defined as any time a phone number or web address is given) and searches that are made, by type and subtype (e.g. resource bank and food bank), all by county and zip.

We don't keep track of any identifiable information, so that we didn't have to consent families in terms of data collection, as that was seen as a barrier to receiving some of these services. We keep track of number of calls, number of searches uniquely by call, but we don't keep track of the users' information. They can enter the person's information at the front end, just for use while they're calling, so that they can refer to the client by name during the call.

If the client would like information mailed to them and give consent, their contact information gets recorded and can be used for follow-up contact, to see if they were able to connect to home visiting referrals as planned. Non-referral activities, such as program updates, are recorded as well, and so is inventory of outreach materials.

Data input on referral sources has been phased. The first portion included entering all early childhood systems into the database, while the second entailed adding all state agency programs. *“Now, we're still building the database, so if nothing comes up [in a search], they will then start using one of those other partners of ours who may have that information. We keep seeking that. If we don't have it in our database, we'll send them to others.”* Student employees have the role of entering new programs and new resources into the database. At phase one, managers reported having 1,400-1,500 in SymServe; at phase two, they reported close to 2,000 service

providers entered. Staff have recently been authorized to enter Early Head Start home visiting programs to the database, and are waiting for official program information to be verified by the state.

How did the Data System Support Initiative Success?

- Data system design was an **integral part of the planning process**, which team members say has importantly supported implementation.
 - *“One of the things we had to keep in mind was the users of the system are answering the phone, trying to give someone instant information. It had to be really low on the amount of navigation you had to do while they’re on the phone.”*
 - *“I think it’s helped organize some of the work. It’s not just a helter skelter kind of we’re just giving referrals out, but really defining processes for them and to figure out how do we give information to people, how do we receive information from people, and what do we actually need or not need.”*
- Though some family specialists have had to change their familiar ways of collecting information on referrals made, one phase one informant noted that the new data system for recording searches and referrals likely **saves staff much time**.
 - *“I think they used to collect a ton of information by hand on an Excel spreadsheet. I think it’s been really nice for them to get away from that.”*
- **Reporting functions have been flexible** and effective. The data team meets monthly with project management “on implementation issues or upgrades to the system,” as new needs or issues arise.
- Having in-house data management for the initiative has made it possible for changes to be informed by conversations with staff and implemented immediately: *“They’re right there and willing to make on-the-spot changes. I can’t imagine working with an outside vendor.”* Another informant added, *“It allows for more timely changes to what we’re putting in and getting out of the database.”* By phase two, changes were primarily to improve ease of use, rather than to the underlying data system.
- The data management team bring considerable **expertise with home visiting programs and their data**, which interviewees mentioned as important to successful implementation: *“The team being so knowledgeable as they are with the home visiting data – it’s easier for them to translate it and provide that information to our resource and referral team, and provide that ongoing technical support.”*

What Challenges Stemmed from the Data System?

- Family specialists must be **trained on two systems**, NACCRAware and SymServe. In order to record initiative data in a single location, data on child care referrals made through NACCRAware must be re-recorded in SymServe as well, for accountability purposes.
 - This is duplicative activity that might be resolved in the future by merging systems.
 - In addition, several team members consider both data systems verging on antiquated in their architectures and user interface. Functionality is good, but may not accommodate future system development.
- It’s a major task to generate and complete **referral information updates in the database**.
 - Two student employees are currently dedicated to calling programs around the state to ensure that phone numbers are still active and to get informational updates. The date that an entry is vetted is recorded in the database, so that referral staff know whether information listed is up to date before sharing with families.
 - Staff noted that giving out inaccurate information on one resource affects the perceived credibility of all resource information given out – even home visiting information. *“Even if the thing that they need is a clothing bank and we give them faulty information, they’re not going to call the home visiting; they’re going to stop calling. I think it’s important that we have everything in there vetted and we have a system of tracking when a particular program was vetted.”*

- While project staff would like to ensure that all resource information is vetted and updated annually, they are not certain that they have the staff to do so. Adequate staffing to keep resource information current will need to be considered, moving forward.
- With limited resources available for updating the resource database, staff have had to establish priority categories – and geographies -- for vetting.
- Data staff discovered that how one staff member was **documenting the database** may not have been the same as how another did.
 - *“Whenever we have new systems or new users that come into place, we have a protocol on our side where we monitor the data a bit to make sure that nothing is looking too awry.”*
 - Managers made some adjustments and set a clear training protocol in place for staff so that the data that was being entered into the database was completely aligned. *“I think we have cleaner data”* now as a result, noted one informant.
- CYFD decided that state-funded home visiting programs would not be required, through a forced data entry field, to report **how referrals come in** to them, so it will be challenging to fully understand whether referrals made through NewMexicoKids Resource & Referral resulted in engagement with home visiting programs.
 - *“Home visiting programs were going to track how the family heard about them, so we would know if there was a resource and referral connection. To my knowledge, that’s not happening.”*
 - Follow-up phone call data will provide a limited lens on that connection. At phase one, staff reported that *“We’re going to start calling and [ask]: ‘Did you connect with a home visiting program?’ and ‘Would you mind telling us what program?’ We’re starting that as a process with every home visiting referral we make, whether it’s solicited or not.”*
 - In order to better understand whether individual home visiting programs are receiving referrals made through NewMexicoKids R&R, some interviewees would like to see that forced reporting data entry field mandated.
 - Staff would also like access to data that helps them better understand the relationship between particular outreach activities and increased program enrollment. Right now, referral staff have no access to information about real-time program capacity, families currently being served, or openings.
- The final phase of the data project, to **refine processes** at the system programming level, has moved forward satisfactorily.
 - Some parts of the system still had glitches at phase one, such as filtering for resource subtypes. Now, for example, a request for shelter housing can be filtered to generate resources by gender, for families with children, or for victims of domestic violence.
- **Accurate updates and additions to the home visiting database** have been hard to maintain due to lags in communication between initiative staff and CYFD administrators, and between initiative staff and home visiting programs.
 - Authorization to add Early Head Start home visiting programs to the database took months to establish, and accurate program information has not yet been received.
 - Accurate lists of FY18 programs receiving funding from the state per RFP awards have not yet been shared with NewMexicoKids Resource & Referral.
 - Not all home visiting programs have been responsive to requests for updated or expanded program descriptions for the website and database. One staff member speculated that programs might prefer a web-based update option that they could access themselves.
- Several informants shared their hope that web search capabilities would be expanded to allow families to conduct their own **searches for the more comprehensive set of family supports** that the phone specialists have access to. *“If the database was . . . accessible from outside easily, that would be nice.”*

Monitoring: What monitoring activities are in place to ensure effective implementation?

Description of Monitoring Activities

Monitoring of the initiative to ensure accountability and effective implementation occurs at several levels: CYFD monitoring of contract compliance and oversight of overall deliverables; UNM CE monitoring of the program manager; and program manager monitoring of family specialist staff.

How did Monitoring Support Initiative Success?

- Project partners reported **good and responsive communication** at all levels of project implementation during planning, at launch, and through phase one.
- The data system has enabled **regular and on-demand reporting** for monitoring purposes. Semi-annual and annual reports have been generated without glitches.
- Staff review data together to assess whether goals are being met or strategies have been effective. *“Let’s really look at the percentage of interactions with families versus interaction with providers,”* for instance.
- Staff reported that various **technologies** used in implementation have helped with monitoring and supervisory relationships. Those technologies range from online calendar sharing to Skype phone apps to daily data system documentation of project activities. These tools enable close day-to-day monitoring.
- Staff report that **face-to-face communication** provides valuable monitoring and feedback as well. The core of monitoring, according to one member of the implementation team, is really about building relationships with staff, mentoring them, and giving them suggestions about how to be available for client support.

What Challenges Stemmed from the Monitoring Process?

- One perceived challenge by staff is that there seems to be lack of clarity from CYFD on what data points should be prioritized in **outcome and performance reporting**. As no reporting template has been set up yet for the project, staff have offered data points that they believe are most important.
- **Timely communication** between CYFD and project staff in phase two of the initiative seemed to be more problematic according to a number of informants. This is perhaps due to the departure of the CYFD Home Visiting Manager, who has not been replaced.
 - In particular, staff were unable to move ahead without authorization to add Early Head Start home visiting programs to the database for referral, and unable to change home visiting program listings to match provider changes due to state contract awards.
- In addition, CYFD should implement the suggestion that each member of its home visiting monitoring staff become familiar with grants in process, in order to avoid disruptions to momentum and communications should future **staff turnover** occur, *“so no matter what happens, we’re building sustainability in the department.”*

AIM 2: What are Successes and Challenges of Strategies Used to Engage Referral Sources in Communities?

“I think we’ve definitely been embraced a lot more by referral sources than we have by home visiting programs themselves.”

Engagement of referral sources, particularly in liaison outreach pilot sites, has been a relative success of the initiative, as reflected in the above statement by an implementation team member during phase 2 interviews.

Successful Strategies for Engaging Referral Sources

- **Direct engagement of referral sources through in-person visits, which has been particularly used in the two pilot communities, is potentially the most effective strategy implemented.**

As described earlier, the NewMexicoKids Resource & Referral program manager and community liaison family specialists have visited an extensive array of community partners who work with potential home visiting clients, including school-based, medical, and family service agency partners. This is an opportunity to build interpersonal relationships with providers and their staff and to get rack cards out into the community.

Home visiting program managers shared that in their own start-up phases, these are the kinds of outreach activities they've found necessary to begin generating referrals. They also spend much more time doing initial outreach in early implementation, and through much the same methods and to a similar set of potential referral sources as being targeted by NewMexicoKids Resource & Referral staff.

By phase two, multiple informants perceived that the in-person visit strategy was demonstrating impact. One said, *"There's a lot of buy-in. I have felt that shift over the last year and half from when I first started."* Several staff also reported that referral sources were now calling NewMexicoKids Resource & Referral to request more rack cards, as their supplies had all been given out.

By phase two of the initiative, referral source organizations had begun permitting family specialists to regularly set up in their offices to provide direct on-site referral to families.

- **Staff have begun to identify "unusual suspects" for outreach, beyond the more obvious family-serving partners in the health and early childhood arenas.**

Phase two interviews revealed that NewMexicoKids Resource & Referral had begun working to develop outreach strategies and partnerships with a new set of organizations, involving substance abuse recovery for parents, incarcerated parents, juvenile justice, women's shelters and domestic violence shelters, workforce development and community college programs. *"Those are the kind of community partners that we're going to start targeting."*

Outreach liaisons have shared these new partner contacts with local home visiting programs as well, suggesting that, *"Look, there's a need there, so go. . . Now [home visiting programs have] established a really good connection relationship with the women's recovery [program],"* for example.

Staff are always scanning the communities they work in and visit for potential new partners, both for outreach and for inclusion in the comprehensive referral database. *"Every single day we discover another group. . . We didn't know each other existed. . . . [though we are] supporting families in different ways."*

- **Liaisons have been able to share successful outreach strategies across pilot sites.**

While initiative staff have worked to build awareness of the initiative with state level partners, the outreach liaison family specialists have focused their particular outreach efforts exclusively at the community level. Though liaisons are working in very different parts of the state, each has learned successful outreach strategies from the other. *"We exchanged information if something has worked,"* through weekly staff meetings and other communications. Having a colleague who is also trying out strategies at the community level has been invaluable.

- **Live demonstrations of the web search and phone service functions were mentioned as having particularly strong impact on engagement.**

Staff present live demonstrations as often as possible, so that users understand what services are and how to access them. They may call the phone line via Skype with a group during a presentation in order to walk through a real-time request for services with a phone specialist, or call the phone line with an individual client

in order to briefly introduce the phone specialist, which makes it easier for the client to decide to call back later. Staff look for opportunities to access the website side by side with individuals as well, or to demonstrate how to do so during larger presentations.

Increasingly, staff are encouraging referral sources to similarly access the website or phone line side by side with or on behalf of families: *"In showing teachers the website, they're amazed, and they start using it as their own resources too to help these kids."*

- **Staff incorporate best practices from adult learning into outreach presentation and interactions of all types, as learned in Integrated Learning Approach trainings.**

For instance, *"The fact that we're activating [learning processes] by standing up and moving around as we're giving new information, using the integrated learning approach"* has noticeably increased engagement levels, noted several staff informants.

- **Social media, in the form of a NewMexicoKids Resource & Referral Facebook page and Twitter account, has recently been engaged as an outreach strategy.**

A staff member at phase one said that the initiative posts to Facebook *"at least a few times a week."* At this point, the Facebook page address was not yet on any of the initiative's marketing materials, but plans were in place to include it in future printings. One home visiting program manager interviewed stated that they had initiated a Facebook campaign for their own program, with a resulting uptick in new prenatal enrollments.

By phase two, a Twitter account for the initiative had been added as well.

Other media strategies for outreach suggested by home visiting program managers include online community forums, radio or TV spots, notices in free weeklies targeted at families, and ELL classrooms.

Challenges to Referral Source Engagement

- **Medical providers can be hard to engage, when they're not already referring to home visiting programs.**

Staff acknowledged that despite efforts to reach all family medical providers in the community, it can be difficult to get responses. *"That's concerning to me because I believe that this information is critical. How can we get them to open doors?"* One family specialist's strategy is to keep up her direct calls, and to establish relationships with organizations also connected to the medical providers, such as the Breastfeeding Task Force, in the hopes of leveraging those relationships to get provider doors to open. One home visiting program manager recommended doing *"some massive relationship building with UNM Hospital and Presbyterian Hospital."*

Home visiting program managers were somewhat skeptical that third-party resource and referral staff could successfully establish the kinds of relationships with medical personnel that would result in increased flow of referrals. *"We as a home visiting program struggle a lot with referrals coming from the medical community. Doctors just don't have time. Our medical system is super strained as it is. Maybe the time to even listen to presentations on home visiting isn't there."*

Another noted that even when the opportunity is there, it can be a challenge to explain home visiting, as many in the medical community don't really know what prevention and promotion is, what disparities New Mexico's children face, and what infant social-emotional health means. Pediatricians may also feel that they already have so little time with families, and convincing families to connect with home visiting programs is challenging for them as well.

What works, they felt, is time put in at the local level to really build those relationships and to make the case for the benefits of home visiting. And once those relationships are established, medical providers are likely to refer

to those visitors or programs with whom they have those relationships, especially when they want a “warm handoff” for a family in their offices with immediate need for support. Furthermore, it is important to always keep these relationships “warm”, or else referrals will drop off. In addition, some programs also have affiliate or other in-agency programs that provide a warm handoff to home visiting program (such as a postpartum visits program).

Home visiting program managers spoke about how much time they spend in educating providers and referral sources on what they do, and were skeptical that centralized referral would be able to do that well. However, it is important to note that, on the whole, these program managers were unaware of the outreach efforts of the NewMexicoKids initiative. In fact, one recommended that what would work well would be to have a dedicated person, *“one job in each county dedicated just to resource and referral and doing intake. . . . A person who would keep up with our referral sources and also collaborate with all the other community providers,”* which parallels the intent of this initiative to pilot such services in two New Mexico communities.

NewMexicoKids Resource & Referral staff reported during phase two interviews that a focus of more recent outreach had been to the medical community, with outreach liaisons building a regular presence at community medical clinics. One also noted that, *“We’ve had a lot of nurses call us. That’s a direct result of our specific outreach.”*

- **School administrators can also be hard to engage.**

One staff member referenced difficulty in getting responses from principals, and another noted that the large Albuquerque Public School District was not displaying the rack cards provided.

NewMexicoKids Resource & Referral staff have had more success, it seems, in working directly through classroom teachers or programs such as the GRADS program. Teachers have been appreciative to receive the rack cards, reports one family specialist, and one teacher has requested posters as well.

- **Several respondents felt that the merging of the PullTogether campaign with NewMexicoKids Resource and Referral presented messaging challenges to engagement.**

One challenge noted is that PullTogether marketing conveys a broad campaign message, but doesn’t communicate at that campaign level anything about home visiting. *“Users who already know that PullTogether, NewMexicoKids or Early Learning New Mexico have something to do with home visiting may find their way to the home visiting search screens, but the web page may not be easily located by someone who wants to learn about home visiting but doesn’t know these branded names.”* One home visiting program manager also questioned whether PullTogether offers enough of an informative “hook” through its tag line *Make New Mexico the best place to be a kid* to increase knowledge of or interest in a specific program such as home visiting.

Staff report that NewMexicoKids Resource & Referral nevertheless *“sticks very closely to the [PullTogether] campaign, and have worked to incorporate the PullTogether logo and color branding more integrally into materials.”*

- **Several home visiting program managers wondered if the NewMexicoKids Resource & Referral initiative duplicates efforts that are already used in their communities, and which are the result of much investment of time and prior state funding.**

“Doesn’t that already exist?” asked one home visiting program manager interviewed, citing the New Mexico Department of Health’s 211 numbers. *“Why not just link those?”* She pointed to service directories that exist in all counties already, though noted uncertainty about funding and mechanisms to keep those resources regularly updated. Her feeling was that too many separate sites exist for early childhood programs in the state, and that all should be more comprehensive in linking to one another. Another manager cited existing resource listing projects such as SHARE NM and the UNM CDD Disabilities Information Network, and wondered whether this effort has a compelling reason to supplant those.

- **Due to privacy concerns, referral sources are not informed whether or not their referrals have resulted in family engagement with services.**

While resource and referral staff are able to follow up with consenting families to see whether referral information has been acted on, there is no mechanism in place to communicate that information to any third-party sources (such as pediatricians) who may have worked with a family to initiate the referral process. At present, neither family level nor aggregate information is shared back with referral sources. This is largely due to concerns for privacy of family information. *“One thing that we struggle with here is confidentiality. That was one of big changes from the original plan.”* However, several suggested that, should an appropriate way to share the outcomes of referrals be established, referral sources would be more encouraged in making home visiting and other referrals with families. *“There’s so many things that can be barriers in ensuring that the [engagement] connection has been made, or that book has been closed.”* An implementation team member noted, *“We’re still looking into how . . . we actually can disclose identifiable information to the referral entity.”*

Impact of Outreach Strategies on Referral Behavior since Implementation

Interviews revealed that perspectives on whether the initiative could succeed in engaging sources of referral of families to home visiting varied somewhat between members of the implementation team and the sampling of home visiting program managers interviewed. Implementation staff were largely optimistic that these strategies would result in more referrals to home visiting programs: *“There’s one place that they know that they can send families or call on behalf of families to access information. It would seem it would take some stress or some of the thinking out of that.”* Home visiting program managers, however, were less certain that a third-party referral service would be able to overcome the challenges they themselves have experienced in the field. Some thought that engagement strategies might be most effective in larger areas, as family-serving providers in small communities are likely to be connected already. These perceptions held over the course of the initiative. None of the program managers, however, had any idea whether referral sources in their own communities had made use of the NewMexicoKids services yet, even by the end of the initiative.

Administrative service data that might more definitively link third party referrals to their possible origins in NewMexicoKids Resource & Referral outreach are extremely limited. Due to concern for family privacy, no identifying data was collected from families by NewMexicoKids when referrals were made – so families could not be tracked from referral source through to enrollment via NewMexicoKids Resource & Referral data systems.

State-funded home visiting programs, however, do record information on referral source (per family self-report or home visitor entry) in the CYFD home visiting database. Referral source data from programs in pilot site areas was compared at two points in time: the year just prior to initiative launch and the first year of implementation. Data proved inconclusive, however, in identifying whether the set of referral sources had expanded in the pilot sites over the past year (much less whether outreach activities played any role in referrals made). While implementation year records include medical providers who had not referred during the prior year, there were also a sizeable number of referral sources (primarily educational) who had made referrals in the year prior to launch but not during the implementation period. It seems most likely that a short-term single year comparison of referral partners pre- and post-initiative, then, reflects typical variation in referral-in patterns, and not necessarily changing referral partners.

Referral Source Survey Data

Survey data reflecting referral source self-report on referral practices and perceptions proved more helpful. More than seventy family-serving providers in the two pilot site communities responded to questions about their interactions with NewMexicoKids Resource & Referral, and their referral practices before and during the

initiative. Respondents were from across the early childhood spectrum, including community organizations, health care organizations, agencies that provide home visiting, and early childhood care providers or professional organizations.

Across respondents, a majority had received communications from NewMexicoKids Resource & Referral, and a vast majority of them reported that those communications had served to increase their knowledge of home visiting benefits and services. A smaller number reported that they had increased the numbers of families they referred to home visiting in the past year, with 58.4% attributing this increase to new awareness gained through receipt of NewMexicoKids Resource & Referral materials. It appears as well a number of those who had referred families to home visiting both before and during initiative implementation have added NewMexicoKids Resource & Referral as an avenue for making referrals.

Highlights of survey findings include:

- Most respondents (59.2%) said they had referred families to home visiting services in the past year. This is an increase from the 53.2% who said they had referred families to home visiting prior to this past year. (Note that this increase is not necessarily due to NewMexicoKids Resource & Referral outreach.)
- Prior to this year, most (76%) referred families to a particular home visiting program and 40% had introduced the idea of home visiting to families but not connected them to a particular program. Since implementation, 25% of those referring have used the NewMexicoKids Resource & Referral website, 14.3% have referred to the phone line, while two-thirds continue to refer to specific programs and roughly 40% still just mention the idea of home visiting in general terms.
- More than half (52.9%) had received written materials from NewMexicoKids Resource & Referral, a third had been personally contacted, and a smaller number had attended presentations and used the website. Only five had used the phone line, and 14 respondents (27.5) had not received materials or communications about NewMexicoKids Resource & Referral.
- More than 80% of respondents who had received materials shared them with their staffs.
- 86.5% reported that materials increased their staff's knowledge of what home visiting services offer to families and children (67.5% said "somewhat increased" and 18.9% said "increased very much").
- 83.8% reported that materials increased their staff's knowledge of what home visiting programs were available in their community (62.2% said "somewhat increased" and 21.6% said "increased very much").
- Across multiple questions, respondents asked for more information from and about NewMexicoKids Resource & Referral, through presentations or other face-to-face visits.

We can add to these survey findings some interviewee observations and perceptions of changes over the course of the initiative in awareness of both home visiting and referral services. As one informant shared, *"I'm not saying awareness is just tied to this project, but there's a definite awareness that's taking place statewide around home visiting."* It's within this broader context that outreach to referral sources is taking place – efforts that staff know takes time. *"We're building still. I don't see that necessarily as a challenge. It's just part of the work."*

A final, and more subtle, indicator of impact, according to staff, is seeing information about NewMexicoKids Resource & Referral spread by other messengers in networks that have been cultivated: *"The best indicator [of impact on referral sources is] that people are recognizing us and saying, 'Oh, that's what resource and referral does' in meetings where we're not even there."*

AIM 3: What have been Successes and Challenges of Strategies used to Facilitate Family Knowledge of and Access to Home Visiting?

While all informants agreed that the NewMexicoKids Resource & Referral phone and web service is a well-developed resource, the real challenge remains, as one informant phrased it, *“just how we connect the families to it.”*

It’s hard to know if the high volume of queries for resources and referrals means that families have gone on to participate in any of the services they’ve accessed information about. This evaluation is interested in specifically in family queries about home visiting and their connection to subsequent engagement in home visiting services. Yet for purposes of evaluation, such data is sparse.

One home visiting program manager noted that *“home visiting is not an automatic word”* in the state yet, in the way that PreK perhaps is. Home visiting still needs promotion, including to families, and we may not know for some time when we hit a tipping point where promotion means common knowledge and increased enrollment. Until then, qualitative data from interview informants gives some important insight into what strategies for engaging families may be effective, and which less so.

Successful Strategies for Facilitating Family Access to Home Visiting

- **Most thought that web-based resource and referral services offer an important point of access to younger families, in particular.**

All agreed that younger “millennial” parents are more likely to want to look for resources via Internet/smart phone, where they can access information quickly and without an intermediary. All applauded the user-friendly and appealing website designed for this initiative.

Opinions varied, however, on whether low-income or rural families are likely to fully share in the benefit of web-based services. Several informants thought that spotty Internet connectivity in rural areas and the expense of phone data plans made it unlikely that some at-risk families in New Mexico would access NewMexicoKids services. But another claimed that those problems are overstated. Internet-based resources are indeed good for rural areas, this home visiting program manager asserted: *“It’s probably an effective way to reach every nook and cranny of New Mexico.”*

In phase two interviews, staff noted that they are cognizant of the potential expense to families who call using pre-paid phone data plans. They take care to find out if a caller would like to leave resource search parameters and receive a call back once information is compiled, or if they’re happy staying on the line for more interactive referral.

- **Phone services are comprehensive and personalized.**

Respondents also praised the phone referral services offered, both for the quality of information delivered and for the quality of supportive interpersonal interactions provided. For many families, *“It’s really comforting at times to get a voice.”* One home visiting program manager praised the readiness of NewMexicoKids staff to engage with family needs, saying that she coaches families to be prepared for a lot of questions because R&R staff want to direct them to the proper set of services.

It is a priority for NewMexicoKids Resource & Referral that calls are answered by a family specialist as immediately as possible, without a caller having to wait or be put on hold. The project manager has realigned secondary tasks across the team to ensure that phone answering comes first: *“The phone is mandatory.”* (With this prioritization of family phone access comes some concern that the database vetting task may not be adequately staffed/funded, as it also requires intensive staff time on task.)

After-hours callers are greeted by a bilingual recorded message that gives emergency crisis phone numbers and invites those calling for child care, home visiting or others referrals to leave contact information for a next-day call back. Callers are also directed to the website, should they want to access information more immediately.

- **Provision of services in multiple languages and to diverse communities has been a priority.**

Both NewMexicoKids Resource & Referral staff and home visiting program managers pointed out that the website offers a Google Translate option to see referral information in virtually any language desired. Phone services are readily available in Spanish and English, with ancillary staff able to translate into Navajo. Family specialists have established relationships with translators for other common languages used in New Mexico, such as other tribal languages and Vietnamese, and can call upon those translation resources to respond to families as needed. Staff have worked to build a library of materials that are “culturally responsive and linguistically appropriate” for New Mexico’s families.

Spanish-speaking staff have facilitated outreach into the pilot communities, which are characterized by large Spanish-speaking populations. According to one staff member at phase one, “We’ve started developing trust with some key individuals in the South Valley who recommend people to us or will call us to ask us to help connect.” Through building such primary language relationships, family specialists have been able to reach out to the Spanish-speaking undocumented and immigrant communities. “When we are talking about reaching people and families that are very much at risk -- that counts as a big population.” One home visiting program manager spoke of her trust in referring families who are fearful of exposing their immigration status to the NewMexicoKids staff:

They’re going out there and meeting other community agencies and building that trust. I feel comfortable letting a family know, you can get information on this website, because I know it’s going to be helpful for them. It’s like giving them the green light to approach it and use it.

Phone staff are also trained to understand how to ensure that families who may not feel safe in sharing identifying information such as date of birth or address, due to the political climate around citizenship, can still access age- and location-specific referrals.

- **A searchable, comprehensive statewide database of resources that serve family needs has been built in a relatively short time period.**

Family specialists have access to an extensive database of family support resources, searchable by location, type and subtype, and have been using it to direct families to as many sources of support as they can. One staff member reflected that, “The buildout of our database, that’s another huge success. The resources in our database are growing daily.” All staff are involved in building out the database, forwarding business cards and information on organizations met in the field to the main NewMexicoKids office for entry. Resources are continually added, and existing entries are being vetted for accuracy. “To be able to help them with those various needs instead of them having to go to this group and that agency and that program, I think families are grateful for that service.”

- **Professional development has focused on ensuring that families feel supported and safe.**

The principal success achieved so far, in the eyes of one staff member is, “the professional development support that we’ve provided and continue to provide to our family specialists where families call and they feel safe.”

When the PullTogether campaign launched, NewMexicoKids Resource & Referral saw an increase in calls, with the type of calls changed to involve many more families in crisis. As an implementation team member recounted, “So we started partnering with other agencies who supported families statewide. They started sharing professional development opportunities with our staff, and then we did the same with their staff.” This has been to the benefit of families who access NewMexicoKids Resource and Referral, as many of those professional

development opportunities have focused on how to de-escalate the caller's feeling of crisis and to refer to appropriate services, often through "warm handoff" assisted phone call transfers.

- **Staff have focused on building relationships with other family support providers.**

NewMexicoKids Resource & Referral staff have become increasingly aware that building relationships with other support providers serves a dual purpose of connecting families to important resources that meet a wide range of needs while also making those other providers aware that home visiting is a valuable family support that they can cross-refer back to.

We're getting people calling us who are requesting services completely outside of our scope, but because of the networking and relationships that we've built with community members and professionals, we can then turn around and have that really warm handoff. It's that back and forth relationship because those individuals call us.

As one team member reflected at initiative end, *"I feel like we've done a lot in terms of partnering and de-siloing."* Staff recognize that families have to navigate systems of support that are complex, and are committed to the background work of mapping those systems in order to make pathways through easier for families.

Challenges to Facilitating Family Access to Home Visiting

- **Families can be wary about engaging in home-based family support services.**

NewMexicoKids Resource & Referral staff acknowledged that it is important to be prepared for family wariness about having a stranger come to their homes. Family reticence was the primary obstacle to referral and enrollment mentioned by referral source survey respondents and home visiting program managers as well. Some family specialists are able to share their own experiences of being an overwhelmed mom helped by a home visitor, which tends to make new parents more open to receiving a referral. Staff also let prospective clients know that a home visitor can meet a family in a public setting, such as a park, as well. This is a particularly important assurance when young parents may be living with extended family members and privacy is a concern. Handing out promotional materials that are clearly connected to parenting needs, such as bibs or baby wipes, also helps to signal that services are truly about helping families with parenting.

These assurances and messaging are particular important in countering a common fear that, because the NM CYFD agency also administers the state's Child Protective Services division, CYFD home visitors serve a surveillance function that could lead to loss of child custody: *"What's intimidating to them is when they see the CYFD PullTogether logo, you see that immediate wall. When I recognize that, I tell them what our relationship is . . . and I use a key word of support system."*

- **Some interviewees thought that families could make more informed choices to engage if referral listings offered more information about each home visiting program.**

Several respondents wondered whether families were receiving information about program models, such as curriculum offered and eligibility criteria, that is complete and accurate enough to help guide their choice of program.

Several suggested that families could benefit from the incorporation of search filters that could help identify programs that most closely meet their needs or preferences. Filters might be for age of child or weeks of pregnancy, preferred frequency and duration of visits, curriculum emphasis, or quality ratings (as the state moves its home visiting programs into its FOCUS tiered quality ratings system in the near future). Those kinds of subfilters are used with child care searches quite effectively now.

Right now, specific eligibility criteria are not included in program model descriptions available to families. One home visiting program manager suggested that there is an ethical imperative to communicate to families what fidelity to program model eligibility and service provision entails, and to hold programs more accountable to that stated fidelity. Outreach liaisons, as well, expressed some uncertainty about knowing how closely programs hew to eligibility criteria, which affects referral options given to families.

As the initiative expands in the year or two ahead, outreach staff noted that the linguistic and cultural needs of other communities and families will need to be met. In particular, the needs of Asian families – e.g. in the South Valley and International District of Albuquerque – will require new translation and adaptation of materials, and hiring of culturally sensitive staff.

- **Referral to services is only meaningful where openings are funded, available and updated.**

As one respondent noted, you can't connect to services that aren't there: *"It has to be connecting to something that's available."* Several respondents thought that there are areas of the state where all existing home visiting programs are at their capacity and unable to accept new families. What good does it do, they wondered, to give our referrals to families where there are no openings?

Another suggested that centralized resource and referral might be more meaningful when the state funds home visiting on a larger scale, so that there are more openings to be filled. One specific area of the state where informants thought specialized outreach such as piloted in Albuquerque's South Valley and Doña Ana County could be beneficial included was the Gallup/McKinley County region.

Several also mentioned the difficulty in providing quality referral information to families when the state and other partners don't pass along information on changes in program availability in a timely way.

Impact on Family Access to Home Visiting since Implementation

Data on Family Utilization and Access to Home Visiting

At the end of phase one, calls specifically related to home visiting were markedly small in number. In the words of one informant, *"My belief is that we are still in the very early stages of outreach for home visiting and that we will not have solid data until we have at least six more months of promotion and marketing statewide."*

By the end of that six more months (phase 2), overall utilization of NewMexicoKids Resource & Referral services by families and community members had increased since project launch. *Figure 1* shows total inquiries by month for the past year, as well as how many inquiries have been by phone, email, web or in person.

The phone has consistently been used most frequently, though a staff push to attend large outreach events (e.g. health fairs) with the new printable PDF function in April accounts for that month's spike in in-person inquiries.

Callers are asked how they heard about NewMexicoKids Resource & Referral, and data suggest that families and community members are increasingly finding out about R&R services through outreach at community events, by visiting the website, and by word of mouth. *Figure 2* show how families report knowing about NewMexicoKids Resource & Referral early in the initiative (June-Dec 16), with *Figure 3* showing how that has changed by the time outreach liaisons have begun their work (Jan-June 17).

The vast majority of phone inquiries have come from the metro areas of Albuquerque and Las Cruces. Data show that, during phase two, 5% of inquiries also came from the Gallup area.

Resource and Referrals Inquiries, By Mode, July 2016 - July 2017

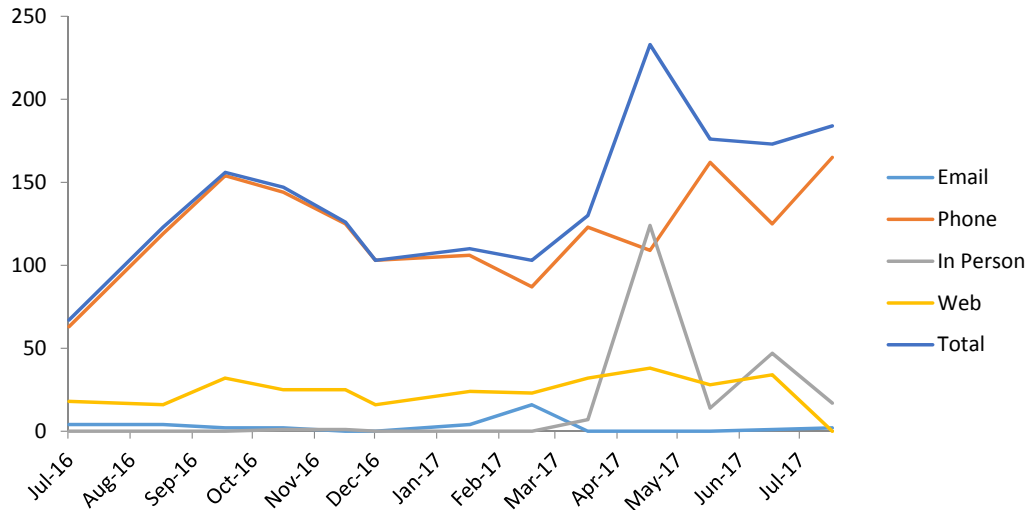


Figure 1

How Families Were Referred to HVRR, 7/16-12-16

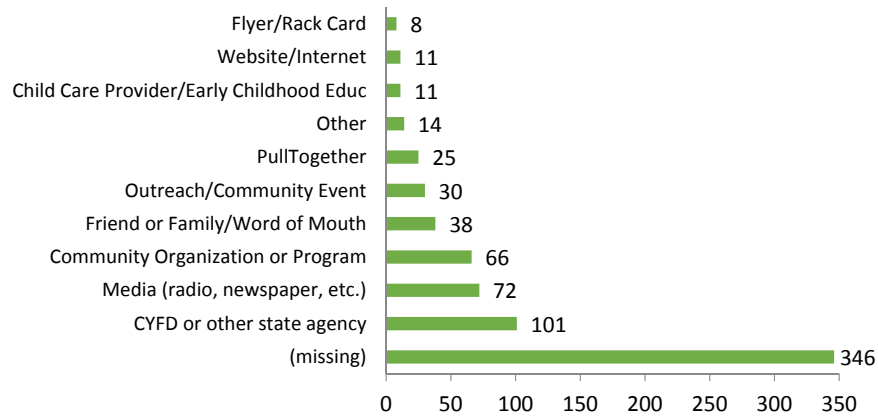


Figure 2

How Families Were Referred to HVRR, 1/17-6/17

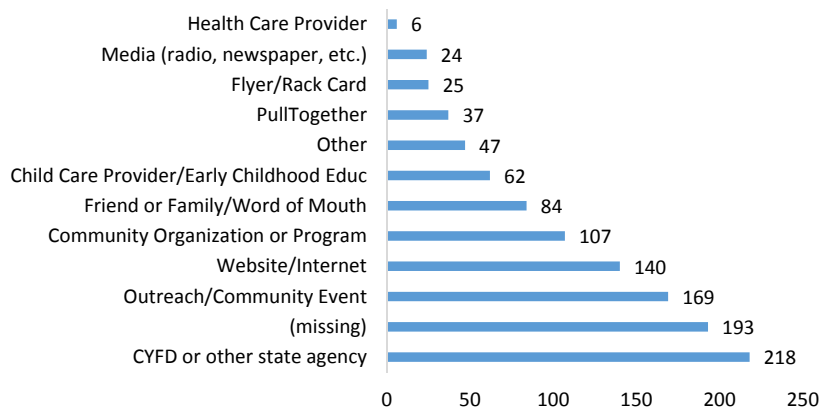


Figure 3

Figure 4 shows that home visiting web searches are still relatively few compared to searches for child care on the NewMexicoKids’s longstanding child care search site.

As interviews have indicated, few families using the phone line specifically request information from family specialists on referral to home visiting programs. Requests are primarily for child care or early education and for other family and parental supports (e.g. adult education and financial assistance), though family specialists take care to introduce the possibility of a home visiting referral to eligible families calling for other services. Figure 5 compares the monthly number of families connected to home visiting referrals to the number connected to all other types of services, for the Jan-July 2017 phase 2 implementation period.

Figure 6 shows a detailed breakdown of monthly referral inquiries by type, with the frequency of requests ranging from dark green (most requested) to dark red (least requested).

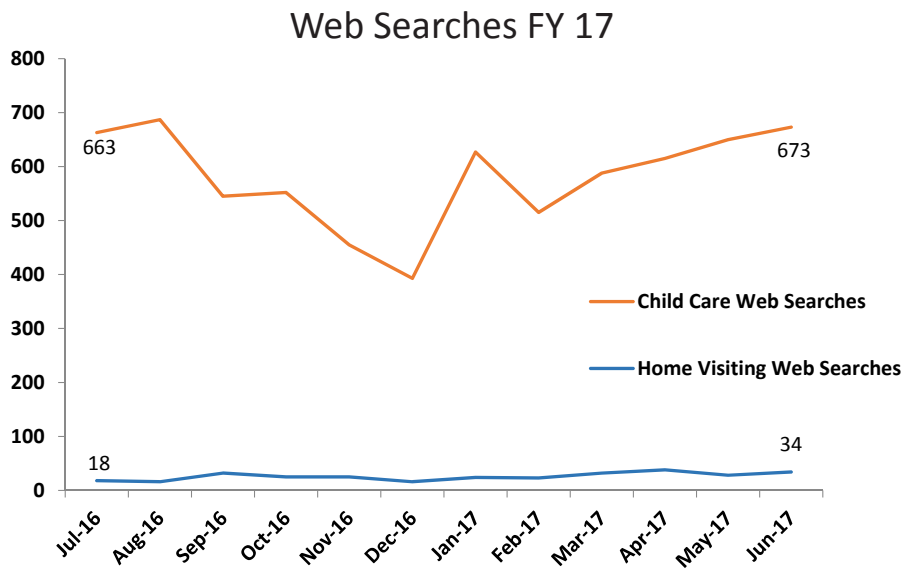


Figure 4

Families Connected with Information on Home Visiting and Other Services

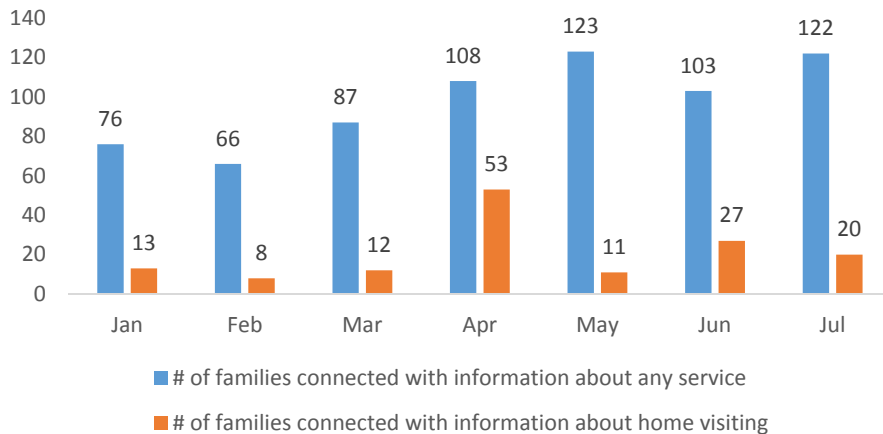


Figure 5

Resource and Referral Inquiries, By Type, January - July 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul
Adult Education/Training	17	21	10	4	28	12	18
Basic Needs	8		3		3	1	2
Child Care and Early Education	52	47	46	80	56	66	86
Domestic Violence Services			4				
Early Intervention/FIT					1		
Employment	1				1	1	
Employment/Volunteer					3		2
Family and Social Support Services	4	6	16	25	20	23	16
Financial Assistance	8	5	17	2	20	13	12
Home Visiting Agency	13	9	13	54	13	28	20
Judicial and Law Enforcement		1				2	
K-12 Education/Schools		2		1			3
Legal Aid/ Court Services	1		1	6	1		3
Mental/Behavioral Health		2	3	4	4		
Other Counseling				2			
Other Technical Assistance		1	2	1		1	1
Professional Resources				39	3	17	6
Recreational Resources					2	1	
Social Services/Child Protective Serv..	1	4	5	6	4	2	5
Special Needs	1		1		2	1	2
Statewide Crisis and Referral Lines		2		7	10	3	8
Transportation	2						

Figure 6

Family Satisfaction Surveys & Follow-Up Calls

Direct feedback from families was to come through satisfaction surveys distributed to families by NewMexicoKids Resource & Referral after accessing referral to home visiting services. Staff discovered at initiative midpoint, however, that families were not returning the surveys. (Of only 7 survey respondents, all reported receiving good or excellent service, receiving most or all of the information they requested, and all would recommend the service to other families. All but one reported finding a program that could provide the services they had requested.) Because a survey has proved a poor tool for information on family response, NewMexicoKids Resource & Referral instituted a new follow-up phone call protocol, to discover and track whether families were successfully connected to home visiting services as expected.

Data were provided on 111 follow-up calls made by Resource & Referral staff between 2/27/17 and 7/11/17. Families were asked whether they found a home visiting program, or whether they still intended to. Responses were available for about 34% of the 111, with 13.5% (15) reporting that they had connected with a program, 11 (10%) saying that they had not, and 15% (17) saying they had not yet connected but planned to. Only one client who had connected with a program said they were disappointed in that contact; a number of others said they loved the program they had contacted. Reasons for not yet connecting were busy school and work lives, needing to set up child care first, or waiting for life changes such as a move or a custody decision to happen first. A number of families asked to have the referral list sent to them again.

Follow-up calls also give staff a chance to hear from families about what may have encouraged or hindered their decision to act on a referral. One specialist reported hearing from a family that it was not until a later parenting challenge emerged that she remembered her referral list of home visiting programs and contacted a program. Another parent reported that it was the specialist's assurance that home visiting was "non-judgmental" that emboldened her to call and enroll.

AIM 4: What have been Successes and Challenges of Strategies used to Increase Enrollment in Home Visiting Programs?

According to informant interviews—particularly those conducted with program managers across the state—it seems that home visiting programs do not perceive an enrollment benefit yet. Data limitations prevent comprehensive and clear tracking of whether NewMexicoKids Resource & Referral activity leads to family enrollment in programs, but what limited data exist suggest that a small but increasing number of families are being connected to home visiting services with the help of outreach and referrals made by NewMexicoKids staff. However, home visiting programs report little or no awareness of families who came to them in ways facilitated by NewMexicoKids Resource & Referral. One manager said, *"I can't tell that [referrals] come specifically from NewMexicoKids or they come from personal contact, the legwork, the relationship that our team has developed with each of their key players (the hospitals or clinics.)"* Initiative staff by phase two had begun to realize how big the gap between NewMexicoKids Resource & Referral and home visiting programs is, concluding that *"I think we've had more success with other service types. . . than we have with home visiting programs themselves."* Another said, *"Some of the challenges might just be knowing that they have access to this system, or knowing that the system is really trying to recruit on their behalf."*

Successful Strategies for Increasing Home Visiting Program Enrollment

- **Referral services are designed to supplement, rather than supplant, the effective recruitment practices that individual programs already have in place.**

Under the model put in place by CYFD, programs can still receive referrals and intakes directly; there is no requirement that referrals have to come through NewMexicoKids Resource & Referral for distribution among programs. Listings of available programs are generated in random order for each caller or web visitor, to ensure that no program always benefits from being at the top of a resource list. In addition, referral staff do not try to steer clients towards or away from any program on the basis of presumed eligibility.

- **Referral staff have been working to establish relationships with each home visiting program in the state.**

Initial contact with some programs did not go far beyond ensuring home visiting program approval of program descriptions used in the database and web search. As the initiative progressed, referral staff increasingly prioritized relationship building with home visiting programs, and visited programs, invited programs to present in person or via Zoom to staff, and co-presented with programs about home visiting in the community. *"We're building a deeper relationship with those programs as well, so it's not just . . . Here are some of our rack cards, and this is what we do. We're now being invited back to hear more about what their services are all about."* It is through these deepened relationships that NewMexicoKids Resource & Referral will learn where program enrollment opportunities and needs exist and how their efforts can best complement and leverage home visiting program outreach efforts.

Challenges to Increasing Home Visiting Program Enrollment

- **Many home visiting program managers reported limited knowledge of what NewMexicoKids Resource & Referral does and offers.**

From interviews conducted with a representative group of home visiting program managers across the state, it seems that awareness of NewMexicoKids Resource & Referral services and staff ranges from minimal at phase 1 to moderate by phase 2. Awareness seemed to come primarily from information shared at state quarterly home visiting program manager meetings or from the NewMexicoKids program manager's outreach efforts. Some were familiar with R&R primarily through its association with the PullTogether campaign. Several had visited the website when it was first launched, to correct program information, and most had not visited it since.

For the most part, informants perceived that NewMexicoKids Resource & Referral was now fully staffed and that staff responsibilities focused on receiving phone calls and conducting outreach at public events. During initial phase 1 interviews, only one home visiting manager seemed aware that specialized outreach was taking place in designated pilot areas. But by initiative end, all managers interviewed in the pilot site areas had some familiarity with family specialist staff and NewMexicoKids Resource & Referral. Most managers were familiar with the wealth of resources other than home visiting that NewMexicoKids R&R can offer; a typical program response was that programs have *"used [NewMexicoKids] a lot, especially for families that are interested in other early childhood services like childcare."*

It is possible that the seemingly low level of home visiting program awareness of the outreach and referral efforts being made on their behalf during interviews reflects only that pool of home visiting managers interviewed, or that awareness resulting from outreach efforts needs more time to yield fruitful results. Since the outreach liaison family specialists were not hired until nearly six months after initiative launch, it makes some sense that programs seemed less aware that specialized outreach was being piloted in selected communities than they were of the phone lines and web search. It is also possible that the management-level staff interviewed have job functions that are more administrative and less on-the-ground outreach-focused, so that interviews with direct service home visiting staff would have discovered more awareness of NewMexicoKids outreach activities in the field.

Implementation team members seemed at phase 2 to be just fully realizing the level of disconnect the initiative has with the state's home visiting programs. One team member said, *"I don't feel like any of our strategies have been effective [in engaging home visiting providers to work collaboratively.] We've engaged directly with all of the home visiting programs in those areas, there's been face-to-face contact. We go the home visiting quarterly [meetings]. . . . But I just feel like there hasn't been really clear messaging."*

- **Providers don't know how to tell if families are reaching them through referrals from NewMexico Kids.**

Most providers puzzled over how they would know whether a family referred to them came through NewMexicoKids Resource & Referral. None were aware of a single family that came to them through this route, and all realized they would have no way of knowing if that was the case.

It may prove important to building strong partnerships with individual programs to prioritize the collection of data that accurately reflects the involvement of NewMexicoKids in the referral process.

- **Programs largely felt that they were handling their own needs for recruitment fully on their own or that programs are at full enrollment capacity already, without benefit of a centralized resource and referral service.**

A few larger programs interviewed have their own referral specialists on staff, and several others report that they already provide cross-referrals to other local home visiting programs when they cannot accommodate families themselves. Several mentioned that shared intake forms and processes established through the Bernalillo County Home Visiting Working Group lessen their perception of need for another referral system or site.

Few report that they have changed any of their own program outreach or referral practices as a result of this initiative. *“Some of the folks I know still follow the same process that they were following before.”* However, at least according to implementation team members, the state expects that programs will incorporate plans to coordinate with NewMexicoKids Resource & Referral into the outreach plans that are required of state-funded programs. Where the outreach liaison family specialists are able to provide feedback that they’re finding community providers who don’t know a home visiting program exists, that information will help programs revise plans for outreach (e.g. the example cited earlier of a recovery program for formerly incarcerated mothers.)

Another home visiting program manager wondered if referral help is actually needed in places such as the South Valley where programs have set out a goal to reach full capacity and reached that goal. This interviewee believed that this shift to serving at full capacity has happened just in the past year, and before NewMexicoKids took on resource and referral. She attributes this shift to New Mexico’s increased focus on accountability and monitoring of contractual obligations to serve at fuller capacity, and newer CYFD staff holding up MIECHV-funded programs such as NFP, who are operating at full capacity, as models to be emulated.

- **Low-level resistance to and/or suspicion of the state-sponsored NewMexicoKids Resource & Referral initiative on the part of some home visiting programs are barriers yet to be fully overcome.**

Disinterest or low-level resistance to collaboration with NewMexicoKids Resource & Referral perhaps reflects some natural program hesitation to engage with an initiative whose development did not include most home visiting programs in the state. As NewMexicoKids Resource & Referral staff builds relationships with home visiting programs to explain what this model of resource and referral does and does not do, programs may not hold the initiative so much at arm’s length. According to one staff member,

Through collaboration and partnership on different councils, advisory groups, and attending the CYFD quarterly home visiting meetings, people are understanding about the service we’re providing. Originally, I think there was some hesitation, misunderstanding of our services. There were some suspicions and just a lot of misinformation out there. Some people thought that we were going to be involved in telling them how to run their recruitment campaigns. Slowly, there’s a much deeper understanding of how we can partner together and support one another. . . Do I think every home visiting program has a deep understanding of our services? No, but we’re slowly reaching out, making connections. Even the home visiting programs that are funded through foundations or other sources have embraced us as well, including tribal home visiting programs and St. Joseph’s.

Staff also said, *“What is ultimately challenging is when the programs are feeling a little bit territorial, . . . when they feel that we’re duplicating their efforts when it comes to recruitment . . . or duplicating their work on behalf of the other program in their community. . . It’s more the understanding that it’s okay that you have a relationship with [a particular doctor], but . . . we’re going to be supporting you in that.”*

- **Some cynicism was expressed about the state’s lack of long-term commitment to programs such as NewMexicoKids Resource & Referral that are introduced through short-term funding, and about real intentions behind the PullTogether marketing campaign.**

One informant expressed skepticism about the state's intentions to truly support centralized outreach and referral, as well as whether the PullTogether campaign, which has come to encompass this home visiting resource and referral initiative, is aimed more at improvement of CYFD's public image than at serving genuine family and program needs. Another voiced the concern that association with the PullTogether campaign aggravates for home visiting programs the trust issues involved with association with CYFD, who also run Child Protective Services.

More pragmatically, one implementation team member observed that:

It seems like a lot of the calls are actually not home-visiting based. It seems like a lot of the calls are trying to access other resources around the state... If really the intended purpose [of PullTogether] was to bolster home visiting, it might have been useful to have more home visiting targeted messages in terms of the outreach to the public... When I see the PullTogether ads, I know what it is, because I worked on this initiative. I think maybe if I hadn't, it'd be hard to discern what that really was for. If it was intended to say, "Let's get home visiting services out to people," I don't know if... those dots connect in terms of the marketing.

- **Lack of strong directives or expectations from the state around home visiting program engagement with NewMexicoKids Resource & Referral Staff has added to the relational gap between the initiative and programs.**

Staff can find it frustrating to engage programs to provide website and database listing updates. At present there appear to be no strong directives or processes required by the state for providing program information to NewMexicoKids Resource & Referral. Staff recognize that their work moving forward, then, will be in building relationships with programs: *"It's important just working side by side with them [at events.] Every time I see them, just make sure I really engage in the conversation with them... That's my strategy with them. I frequent their websites to see if there's anything I can attend if they have an event or a meeting."*

Lags in communication from the state CYFD agency on program updates can also undermine home visiting program confidence that NewMexicoKids Resource & Referral is a helpful partner in outreach and enrollment efforts. As of September interviews, NewMexicoKids Resource & Referral had still not been advised by the state which home visiting programs were awarded current FY contracts. As one informant said, *"It's hard on staff when they're sitting in a coalition meeting with a home visiting program. We're asking them to trust us for outreach, and we can't even acknowledge that we know them as a home visiting program. 'Sorry, you're not in our system yet. You're standing in front of me, telling me that you're in operation...'. That really sucks when you're trying to build relationships."*

- **Staff, on their part, acknowledge that they don't know how home visiting programs perceive them or the potential benefits of their outreach efforts, reinforcing the need for more collaborative working relationships with home visiting programs.**

Staff said that their work could be better guided if they knew answers to questions such as: *"How is the home visiting program seeing our position? Has it been beneficial to them? What kind of conversations do we have, to be working with each other to set up goals? If we're all working together, then we address those goals and objectives every once in a while to see if we're reaching them."*

Impact on Home Visiting Program Enrollment since Implementation

Data on Enrollment Impact

As noted earlier, data that track families from inquiry through to enrollment in home visiting services were not collected by NewMexicoKids Resource & Referral due to concern for family privacy. As a result, evaluators

have had to look to other home visiting system data sources that, while presenting serious limitations, offer a picture of the statewide context of home visiting program enrollment, with which NewMexicoKids Resource & Referral is interacting.

While NewMexicoKids could not provide data that directly tie referrals to family program enrollment, the state-funded home visiting programs do record in a separate database how families who enroll in services report getting connected with the program.

- This state home visiting database records 90 families between July-Dec. 2016 who report enrollment as a result of phone referral from NewMexicoKids Resource & Referral and 25 as a result of website referral – or a total of 115 families referred to home visiting programs via R&R in the first six months of the initiative.
- Between January and July 2017, those numbers increased somewhat, to 135 enrolled families referred via phone and 23 via the website – for a total of 158 families referred via R&R in the second six months of the initiative. A 2017 monthly referral average for these reporting sites to date, then, is about 19 referrals via phone line and 3 by website.

It’s important to note, however, that this data may not fully reflect the role that R&R could be playing in the chain of interactions that result in a family’s enrollment. For example, if a family’s medical provider gives them the Resource & Referral phone number, it is unknown whether the family or home visitor entering case data would record that as a referral from a physician or from the R&R phone line. Also, this universe of data is for state-funded home visiting programs only, so cannot capture the role of NewMexicoKids Resource & Referral in facilitating referrals to the many programs run by private, federal and tribal funds.

So while these data can be presumed to underestimate the number of referrals facilitated by NewMexicoKids Resource & Referral, it does seem that R&R is a channel for home visiting enrollment, but not a primary channel. Figure 7, which shows how families enrolled in state-funded home visiting programs self-report how they were referred, indicates that the vast majority of families enter home visiting through the assistance of outreach efforts on the part of the home visiting program itself. (Dark green represents highest number of responses recorded, and darker red indicates the fewest responses.)

Family Report of Referral Source, January - July 2017

	Jan	Feb	Mar	Apr	May	Jun	July
(missing data)	749	775	777	734	732	743	548
CPS Childcare				1	1	2	
CPS In-home					1		
CPS Investigation	2	2	3	3	3	3	3
Family members	142	145	146	143	152	135	129
Friends	226	217	232	225	220	194	177
Head Start	2	1	1	1	1	1	1
Home Visiting	25	18	28	28	30	18	17
Juvenile Justice					1	3	4
Media	16	18	19	18	18	14	13
NM Resource & Referral - Phone	16	16	18	24	20	20	21
NM Resource & Referral - Website	5	3	4	3	3	3	2
Outreach	1184	1192	1214	1206	1244	1179	1095

Figure 7

Looking more broadly at enrollment in the state-funded home visiting programs both before initiative implementation and at initiative end, it seems that programs across geographies have enjoyed fairly stable month-to-month enrollment over the last two years. While almost all programs show lowest enrollment numbers in July 2016, with increases over the course of the year, it is not known whether this simply reflects a usual fiscal year contracting pattern or whether it also reflects the efforts of NewMexicoKids Resource & Referral during that same time period. No notable difference in monthly enrollment patterns was seen between pilot site programs and other programs operating statewide. Importantly, CYFD has implemented monthly monitoring of programs for compliance with contractually-determined enrollment levels, which may directly responsible for steady program enrollment during the initiative period. It is not apparent, then, that there is an enrollment problem this year for programs currently funded by the state.

Data on Time to First Engagement and Retention in Home Visiting

Project partners were also interested in whether families referred through NewMexicoKids Resource & Referral were engaged by programs as quickly as were families referred through other means, and whether families referred through R&R stayed in programs at rates similar to families engaged through other means.

CEPR compared baseline 2016 data on time from initial contact to enrollment to data from this first year of the initiative. In the 2016 year prior to initiative launch, the average time from family contact with a program to actual enrollment was 9.6 days. Over the course of the initiative, this average time shortened to 8 days. Interestingly, the longest time intervals from contact to engagement were for referrals from medical providers (up to 17 days). Shortest times were for referrals from legal and law enforcement sources and from child care providers (3 or fewer days). So few families are recorded as referred from NewMexicoKids (about 1% of families) that valid comparisons to these statewide figures cannot be made. However, this gives initiative partners a statewide baseline for future comparison.

Similarly, the very small number of families recorded as referred through NewMexicoKids makes meaningful comparison of their rates of retention in home visiting programs to baseline FY16 data problematic. With that limitation in mind, we can nevertheless note that data on the very small monthly cohorts of enrolled families referred through NewMexicoKids Resource & Referral showed that between 86% (January enrollees) and 56% (May enrollees) had been retained in services for at least three months. Average retention and number of home visits were similar when compared to same-month cohorts referred to home visiting by other sources. (For example, January R&R-referred families were retained for an average of 4.9 months while families referred by other means were retained for an average of 5.3 months). Again, data here provides baseline for future comparisons, and is not robust enough to draw conclusions about whether families recruited through NewMexicoKids Resource & Referral services are retained at rates similar to families recruited directly by home visiting programs or by other means.

Potential Impact on Enrollment

Where enrollment is not directly attributable to Resource & Referral, it is possible, according to one informant, that resource and referral is still serving to get the word out there about home visiting; it may be serving to increase the awareness that could lead to a “normalization” of home visiting – and increased enrollment – in the future.

Some home visiting program managers expressed appreciation for the potential of centralized outreach efforts to increase enrollment in programs – and especially to free more manager and visitor time for providing direct services to clients. This should be a particular benefit, noted one home visiting program manager, for smaller programs; larger programs, “like St. Joe’s, they don’t bog their home visitors or managers down with awareness

raising and recruitment.” There is a lot of variety in what the program manager job looks like, depending on agency setting, and some could really use support in doing the outreach that results in enrollments.

As initiative staff work on building relationships with home visiting programs, they will have new opportunity to make the case for the benefits of collaboration. Program managers and home visitors need to *“become more comfortable with the concept,”* said one staff member. *“Again, ‘we’re not trying to take over your business. We’re not trying to do your work. We’re actually trying to enhance what you’re doing,’ and we feel that might help with that cultural shift.”* As another informant said, *“At the base level, if the family hears about home visiting, it doesn’t really matter where they heard it from as long as they get what they need.”*

Successes, Challenges, and Lessons Moving Forward (Aim 5)

Below is a high-level summary of initiative successes and ongoing challenges, as well as lessons to inform future work of NewMexicoKids Resource & Referral. The New Mexican home visiting statewide system seems poised to continue its growth as a complex multi-model service landscape, with a continued need to coordinate outreach to both families and family-serving referral sources.

The NewMexicoKids Resource & Referral initiative has met with tremendous successes in implementing the key components outlined in initial plans. Most impressively, staff were able to accommodate a sudden expansion of scope at launch to provide resource and referral to a comprehensive range of family services, beyond just home visiting. Early indicators of progress towards short-term outcomes related to home visiting are positive, if inconclusive. Importantly, where barriers to achieving outcomes have been identified, the implementation team partners have been quick to strategize and address those barriers, and share lessons learned with all initiative partners. This approach to continuous improvement will be important to carry over into any initiative expansion efforts.

Successes

- **NewMexicoKids implemented a comprehensive family support Resource & Referral program rather than simply a home visiting and child care referral system.**
 - When the opportunity to expand the NewMexicoKids scope of work was presented at initiative launch, staff met the challenge immediately and effectively.
 - Family/community use of this overall R&R system has increased markedly over time.
 - With each new type of family call received, essential resource partners were identified, staff received immediate targeted training, and comprehensive referral protocols were developed.
- **An extensive range of community and state-level partners have been engaged by R&R outreach.**
 - These family-serving organizations are essential partners to generate referrals into home visiting programs, to build a comprehensive database of local and statewide services, and to access for R&R topical staff training.
- **Rapid and effective implementation was supported by an intentional planning process.**
 - Early planning included research on other state models for centralized referral, identification of data system adaptation needs, and development of initial trainings and referral protocols.
 - Planning included experienced Resource & Referral staff and in-house data management staff experienced with home visiting and child care referral data systems.
- **Outreach liaisons provided the one-on-one contact at the community level that permitted particularly intensive and effective outreach.**

- This pilot site effort allowed for the repeated, direct engagement of both families and referral sources in the community that home visiting program managers and initiative staff cite as essential to increasing enrollment.

Ongoing Challenges

- **It is not clear yet whether R&R activities have resulted in significantly increased home visiting program enrollments.**
 - Data to track families from R&R contact through to engagement are presently unavailable. While R&R staff are confident that outreach is resulting in enrollment, home visiting programs are unaware of enrollments facilitated by R&R—and uncertain how they would know about R&R's role in an enrollment.
 - Changes in enrollment are likely to be longer-term results of outreach activity, particularly as home visiting is still largely unfamiliar to the public. Early indicators of changes in referral and enrollment behavior should continue to be monitored, while partners work towards data tracking that can more adequately mark progress.
- **Home visiting programs have yet to be fully engaged as collaborating partners.**
 - This is perhaps due to the intensive R&R staff focus on referral source and family outreach, as well as the initiative's failure to engage home visiting programs in the planning process.
 - Home visiting programs seem either largely unaware of NewMexicoKids R&R efforts to increase enrollments through outreach or skeptical that state-sponsored referral could be effective.
- **Large health care organizations and educational systems have proved difficult to engage.**
 - Outreach staff are identifying strategic points of entry to such organizations, by building relationships with individual staff or providers, or by networking with other organizations who can carry forward the message.
- **Many families are still hesitant or resistant to engaging in home visiting services.**
 - Few families call specifically for home visiting referral. R&R staff now introduce the possibility of services to families, and have learned to anticipate family hesitancy to engage and provide appropriate reassurances that supports are beneficial.
 - Engaging family perspectives in R&R improvement and/or expansion efforts will yield help to better understand family motivation to access services.

Lessons for Others and for Moving Forward

- **Engagement to build a network for Resource & Referral needs to happen at the community level.**
 - While state-level partners and resources are essential to engage, successful referral networks need to also be engaged at the community level where families have most access.
- **Successful outreach entails consistent, repeated presence in the community and in family-serving networks.**
 - Repeated presence takes time, and those conducting outreach need to be strategic about sites and networks where they choose to establish that presence.
- **Outreach is not one-size-fits-all.**
 - Each component of outreach – including materials, presentation mode, message, site and interpersonal approach -- needs to be intentionally chosen to engage a particular audience.
 - Expansion of R&R services and replication of the community-based outreach liaison strategy into new areas should develop customized strategies that account for the particular strengths and challenges that characterize differing communities and their families.

- **Home visiting programs need to be engaged as collaborative partners throughout the R&R process, from planning through improvement and expansion efforts.**
 - Program engagement can ensure that outreach and referral efforts are locally-informed, aligned, and strategic.
- **Resources and referrals are only useful when information is kept up to date.**
 - Vetting database entries on an ongoing basis is both vital and labor intensive. R&R systems must ensure that adequate funding and staff time are targeted at this ongoing task.
- ***“Plan for change.”***
 - Family contexts and family needs emerge and change over time, as do the networks of resources that serve them. R&R systems need to build in to processes and procedures the ability to respond and adapt in real time, to match the pace at which family needs change.

Appendices

Appendix 1: Evaluation Logic Model

Context	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> Legislatively mandated State Home Visiting System (26 CYFD programs in 27 of 33 counties, using multiple models) Small % of state's families with children 0-3 served Needs assessment completed per MIECHV requirements, with local coalitions guiding continuing expansion of home visiting services Barriers to access and information barriers in target areas due to social isolation (frontier and rural settings, immigration status) Demand for centralized resource & referral services from medical, early intervention and other service providers CYFD and foundation collaboration on 2016 home visiting outreach and marketing campaigns Existing collaborative referral efforts between programs in Albuquerque's South Valley Existing statewide Child Care Resource & Referral service Well-established CYFD HV data system to track enrollment and service data 	<p>Expand current statewide child care R&R services to home visiting</p> <ul style="list-style-type: none"> -Offer phone & web services -Maintain up-to-date list of home visiting program openings, by geography, and model, for both state-funded programs and others who voluntarily participate -Offer viable program options to clients, for self-referral -Refer to other early childhood and family resources (e.g. early intervention, behavioral health, child care services) <p>Designate HV R&R community liaisons in ABQ's South Valley & Dona Ana Co. pilot sites, to offer site-specific, in-person referral and outreach services</p> <ul style="list-style-type: none"> - Work with local home visiting providers to coordinate promotional activities to potential sources of referral - Develop community-specific promotional materials for use by local home visiting agencies <p>Coordinate with statewide promotional campaign, and with foundation outreach efforts in pilot communities</p> <p>Establish new HV R&R data system (SymServe)</p>	<ul style="list-style-type: none"> Number of R&R intakes by phone, by referring source and zip code Number of phone line referrals to HV programs Number of phone line referrals to other early childhood services Number of clients contacted for follow up Number of web queries, by zip code and referring source Number of web referrals to HV programs generated Number of referrals resulting in service engagement Duration of engagement in services Monthly number of programs, slots available, and slots filled 	<ul style="list-style-type: none"> Improved ability to enroll families in programs Increased awareness of home visiting by NM families Easier entry into home visiting for families Increased awareness of NM HV system by referral sources (home visiting as a resource for other practitioners) Increase in referrals made by community practitioners Increase in range of practitioners making referrals Change in stakeholder perceptions of effectiveness, access, barriers, and benefits 	<ul style="list-style-type: none"> Increased overall enrollment Consistent enrollment at capacity across participating programs in pilot locales Improved retention of families in services Improved outcomes for at-risk families receiving services (not measured)

Figure A1: NewMexicoKids Resource & Referral System Logic Model

Appendix 2: Evaluation Matrix

Research Question	Population	Data Collection Method and Constructs	Schedule	Analysis Plan
<p>Aim 1: Assess key features of implementation (e.g. planning process, development of Resource & Referral services, staff training, use of community liaisons in pilot sites, development of outreach materials, development of data system, monitoring of services) and identify factors that facilitate or impede successful implementation</p>				
<p>How did the planning process support implementation of the R&R initiative?</p> <ul style="list-style-type: none"> Who were identified and engaged as stakeholder partners? 	<p>CYFD administrators UNM Continuing Ed. (CE) administrators R&R staff/liaisons UNM CE Data Systems staff HV Agencies staff (pilot sites)</p>	<p>Semi-structured interviews to understand: -Partner report of involvement at various stages of planning process -Perceptions of factors that served or impeded implementation</p> <p>Observation and document review</p>	<p>Interviews conducted at the beginning and end of the initiative</p> <p>Ongoing observation of coordination meetings and review of materials</p> <p>Interviews conducted at the beginning and end of the initiative</p>	<p>Coding and thematic analysis of interview data using NVIVO</p> <p>Descriptive analysis of planning meeting materials</p> <p>Coding and thematic analysis of interview data using NVIVO</p> <p>Descriptive analysis of R&R development materials</p>
<p>What R&R services were implemented?</p> <ul style="list-style-type: none"> How did services differ for phone, web, and in-person delivery? How did services differ where community liaisons were employed? Were services implemented as intended? 	<p>CYFD admin. UNM CE admin. R&R staff/liaisons UNM CE Data Systems staff HV Agencies staff (pilot sites and sampling statewide)</p>	<p>Semi-structured interviews to understand: -Partner report of key components and strategies developed and modified over time, for all modes of delivery (phone, web, and in-person) -Perception of benefits and challenges to families, providers and referrers of services provided -Context-specific innovations developed by liaisons -Adaptations to existing child care R&R model made to better fit home visiting</p> <p>Documentation of R&R services developed</p>	<p>Interviews conducted at the beginning and end of the initiative</p> <p>Quarterly review of changes to R&R services, as documented by UNM CE admin and R&R staff</p>	<p>Descriptive analysis of R&R development materials</p> <p>Descriptive analysis of R&R development materials</p>

Figure A2: Evaluation Design and Constructs Matrix

Research Question	Population	Data Collection Method and Constructs	Schedule	Analysis Plan
<p>What training was provided for the resource and referral staff?</p> <ul style="list-style-type: none"> • Did that training differ by site? • Was the training carried out as intended? • Did training of liaisons in pilot communities differ by site? 	<p>CYFD admin. UNM CE admin. R&R staff/liasons</p>	<p>Semi-structured interviews to understand: -UNM CE staff report of training content development (key components and strategies) -Perception of R&R staff (match to perceived needs for effective referral)</p>	<p>Interviews conducted after R&R staff training is completed and at the end of the initiative</p>	<p>Coding and thematic analysis of interview data using NVIVO</p>
<p>How did community liaison coordination efforts support implementation of the initiative in the two pilot sites?</p>	<p>R&R Staff</p>	<p>Documentation of training materials</p>	<p>Staff training materials provided</p>	<p>Descriptive analysis of R&R training documentation</p>
<p>How did development of outreach/informational materials support implementation of the initiative?</p> <ul style="list-style-type: none"> • Were materials adapted to meet needs of different 	<p>CYFD admin. UNM CE admin. R&R staff/liasons HV Agency staff (pilot communities and sampling statewide)</p>	<p>Semi-structured interviews to understand: -Partner report of underlying rationales and strategies for outreach materials developed and distributed</p>	<p>Interviews conducted at the beginning and end of the initiative</p>	<p>Coding and thematic analysis of interview data using NVIVO</p>

Figure A2: Evaluation Design and Constructs Matrix (Continued)

Research Question	Population	Data Collection Method and Constructs	Schedule	Analysis Plan
<p>communities, families, or providers?</p> <ul style="list-style-type: none"> What was liaison role in development of community outreach materials? 		<ul style="list-style-type: none"> -Perceptions of successes and challenges in engaging audiences as intended through materials developed -Innovations in outreach <p>Documentation of outreach/informational materials</p>	<p>Quarterly review of R&R outreach materials, provided by UNM CE and R&R staff</p>	<p>Descriptive analysis of R&R outreach materials documentation</p>
<p>How did the HV R&R data system support implementation of the initiative?</p> <ul style="list-style-type: none"> What R&R data supports were put in place to track outputs? What data elements were tracked? 	<p>CYFD admin. UNM CE admin. R&R staff/liaisons UNM CE Data Systems staff</p>	<p>Semi-structured interviews to understand:</p> <ul style="list-style-type: none"> -UNM CE staff report of data system development (data elements, modifications to existing systems, functionality, user training) -Perceptions of R&R staff of benefits and challenges of data collection and entry tasks 	<p>Interviews conducted at the beginning and end of the initiative</p>	<p>Coding and thematic analysis of interview data using NVIVO</p>
<p>What monitoring activities are in place to ensure that the R&R initiative was implemented as intended?</p>	<p>CYFD admin. UNM CE admin. R&R staff/liaisons UNM CE Data Systems staff</p>	<p>Semi-structured interviews to track:</p> <ul style="list-style-type: none"> -UNM CE staff report of data system functionality for monitoring (accuracy of data entry, timeliness of agency updates, reporting functions) -Perceptions of R&R staff of effectiveness of monitoring -Perceptions of CYFD and UNM CE admin. of benefits and challenges of monitoring 	<p>Interviews conducted at the beginning and end of the initiative</p>	<p>Coding and thematic analysis of interview data using NVIVO</p>
<p>Aim 2: Identify the successes and challenges of strategies used to promote the R&R system and engage referral sources in communities</p>				
<p>What methods are most effective in promoting and engaging referral sources in communities?</p>	<p>CYFD admin. UNM CE admin. R&R staff/liaisons HV Agencies staff (pilot communities and statewide sampling)</p>	<p>Semi-structured interviews to understand:</p> <ul style="list-style-type: none"> -Report of strategies to: <ul style="list-style-type: none"> Expand existing statewide Child 	<p>Interviews conducted at the end of the initiative</p>	<p>Coding and thematic analysis of interview data using NVIVO</p>

Figure A2: Evaluation Design and Constructs Matrix (Continued)

Research Question	Population	Data Collection Method and Constructs	Schedule	Analysis Plan
<p>How have efforts to promote knowledge and use of the HV R&R system resulted in changes in referral behavior? Are differences evident in referral behavior in liaison communities and non-liaison communities?</p> <ul style="list-style-type: none"> Have liaison strategies resulted in more referrals or a broadened base of 	<p>Referral Sources</p>	<p>Care R&R services to HV</p> <ul style="list-style-type: none"> Provide R&R services through community-based liaisons Coordinate with local providers for outreach, in pilot communities Coordinate with broader outreach campaigns <p>- Perception of facilitators and challenges to promotion and engagement of referral sources</p> <p>- Innovations in promotion of home visiting to referral sources</p> <p>Referrer Survey to examine:</p> <ul style="list-style-type: none"> -Report of awareness of home visiting services, outreach efforts, and R&R services -Perceptions of reasons for referring to home visiting -Perceptions of benefits or challenges of referring via R&R services 	<p>Survey conducted at end of initiative</p>	<p>Descriptive analyses to examine how outreach strategies/materials are related to engagement of referral sources</p>
	<p>Referral Sources</p> <p>R&R Data System</p>	<p>Referrer Survey to examine:</p> <ul style="list-style-type: none"> -Self-report of referral behavior, including any changes made in past year <p>R&R program database to examine impact of initiative, statewide and in pilot communities:</p> <ul style="list-style-type: none"> # of referrals made to R&R sites, by referer type, by 	<p>Survey conducted at end of initiative</p> <p>Prior year referral data reported by Oct 2016; monthly referral reports analyzed at midpoint and at project end</p>	<p>Coding and thematic analysis of interview data using NVIVO</p> <p>Tabulations and descriptive analyses of program data to examine how initiative efforts are related to referral behavior</p>

Figure A2: Evaluation Design and Constructs Matrix (Continued)

Research Question	Population	Data Collection Method and Constructs	Schedule	Analysis Plan
referral sources, in pilot sites?	HV Data System	location, by referral mode (phone, web, in-person) HV database, to examine program-level impact of initiative on range of referral sources in state-funded pilot sites (Dona Ana County & Albuquerque South Valley): <ul style="list-style-type: none"> Referrals made, by source, to each program in pilot site, 2015 baseline compared to end of initiative 	Prior year referral source data reported by Oct 2016; final program referral data reported and analyzed at project end	Tabulations and descriptive analyses of program data in pilot sites to examine how liaison strategies are related to referral behavior and engagement of new referral sources
Aim 3: Identify the successes and challenges of strategies used to facilitate family knowledge of and access to home visiting services				
What methods are most effective in providing families with accurate information and easy access to home visiting services? <ul style="list-style-type: none"> Do R&R services provide families adequate information to locate and connect to home visiting services? Do R&R services provide families information that helps them to understand what services home visiting can provide? 	Families contacting R&R services	Family Satisfaction Survey administered regularly as immediate follow-up to accessing R&R services; questions to examine: <ul style="list-style-type: none"> -Family report of awareness of HV and R&R services -Perception of quality/ease of referral process, usefulness of information received, match of information received to services offered -Perception of benefits and challenges of R&R services and strategies 	R&R to share compiled survey data with evaluation team at midpoint and at end of initiative	Descriptive analyses of R&R family satisfaction survey results to examine family perception of utility and effectiveness of services offered
	R&R Data System	R&R program database to examine outputs of initiative and compare to prior year baseline referral data: <ul style="list-style-type: none"> # of inquiries made to R&R services, by mode (phone, web, in-person) 	Prior year data supplied by Oct 2016; Program data analyzed at midpoint and end of initiative	Tabulations and descriptive analyses to examine how strategies to provide referral information to families are facilitating family access to services

Figure A2: Evaluation Design and Constructs Matrix (Continued)

Research Question	Population	Data Collection Method and Constructs	Schedule	Analysis Plan
<p>How do HV R&R services support increased enrollment and retention of families in home visiting programs?</p> <ul style="list-style-type: none"> Do families referred through R&R enroll in home visiting services? Are families enrolled through R&R referrals retained in services? How do enrollment and retention rates of families connected through R&R services compare to rates of families connected through other means (current and prior year)? 	<p>R&R Data System Family Survey</p> <p>HV Data System</p>	<ul style="list-style-type: none"> # of referrals made to home visiting programs, by location, by referral source <p>R & R program data on follow-up phone calls and Family Survey data, to examine:</p> <ul style="list-style-type: none"> # of families accessing referral services who report enrolling in home visiting services <p>HV program database to examine:</p> <ul style="list-style-type: none"> # of families referred through R&R services For families above, time from referral to first contact and to enrollment # of families above retained in services, by duration and visits received, (through end of initiative) Aggregate enrollment, retention rates and time to engagement of families referred through other means, for comparison purposes 	<p>Program data analyzed at midpoint and end of initiative</p> <p>Program data analyzed at midpoint and end of initiative</p>	<p>Aim 4: Identify the successes and challenges of strategies used to increase enrollment in home visiting programs</p> <p>Tabulations and descriptive analyses of program data to examine how referral efforts are related to family enrollment and retention, and what comparisons to baseline enrollment and retention data suggest</p>

Figure A2: Evaluation Design and Constructs Matrix (Continued)

Research Question	Population	Data Collection Method and Constructs	Schedule	Analysis Plan
How do HV R&R services affect full enrollment in home visiting programs across communities?	R&R Data System and CYFD Home Visiting Manager Monitors HV Data System	R & R program database and monthly CYFD reports to examine: <ul style="list-style-type: none"> Program slots and openings, monthly HV program database to supply: <ul style="list-style-type: none"> Statewide and pilot sites' prior year monthly enrollments, for comparison purposes 	Capacity and openings data reported for each month of initiative, to be provided and analyzed at midpoint and at project end	Tabulations and descriptive analyses of program data to examine how referral efforts are related to efforts to keep program enrollments at capacity
Aim 5: Assess stakeholders' perceptions of the successes, challenges and lessons learned from the Home Visiting Resource and Referral System initiative				
What successes and challenges are reported by stakeholders participating in the initiative?	CYFD admin. UNM CE admin. R&R staff/liasons UNM CE Data Systems staff HV Agency staff	Semi-structured interviews to understand: <ul style="list-style-type: none"> Perceptions of implementation successes; facilitators of success; effective services and supports; components of the model delivered most successfully; ability of initiative to support individualized services and responsiveness to the changing needs of families, providers and referral sources Perceptions of implementation challenges: barriers to success; additional or different supports needed; stakeholder recommendations 	Interviews conducted at the end of the initiative	Coding and thematic analysis of interview data using NVIVO

Figure A2: Evaluation Design and Constructs Matrix (Continued)

