New Mexico Annual Home Visiting Outcomes Report

Fiscal Year 2021

July 1, 2020 through June 30, 2021

New Mexico
Early Childhood
Education & Care Department

New Mexico Annual Home Visiting Outcomes Report
Fiscal Year 2021

DECEMBER 31, 2021

Data Provided by University of New Mexico
Early Childhood Services Center Database Services

Prepared by

the Cradle to Career Policy Institute at the University of New Mexico

CRADLE TO CAREER
POLICY INSTITUTE

for

the New Mexico Early Childhood Education and Care Department

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Dec. 31, 2021

Dear New Mexico Legislators,

The Early Childhood Education and Care Department (ECECD) is pleased to share its nineth annual Home Visiting Outcomes Report. The report is a requirement of the Home Visiting Accountability Act of 2013 and was prepared in collaboration with the University of New Mexico's Cradle to Career Policy Institute.

ECECD used a range of data points to present critical information about the scope, breadth, and effectiveness of New Mexico's home visiting system. As identified in the annual Home Visiting Outcomes Report, the measurable progress and outcome data match the home visiting program's established goals for the 5,697 families served during Fiscal Year 2021.

One of the biggest challenges home visiting programs faced during FY21 was the continuation of offering services during the COVID-19 pandemic. To ensure that New Mexico families and young children were able to access high-quality home visiting services during the public health emergency, the home visiting system transitioned from in-person appointments to remote telehealth visits. Impressively, home visiting programs enrolled 1,102 new families, and outcomes for during this time were comparable to prior years' results and benefits despite changes in delivery of services.

Families stayed connected to home visitors and programs adhered consistently to COVID-safe practices, developing strategies to respond to families' needs. Families were referred to a total of 31,693 family support services, the majority of which were for behavioral health services, basic needs, early intervention services, family and social support services, and nutrition supports.

In March 2021, the Early Childhood Home Visiting Medicaid Expansion Workgroup introduced key recommendations to effectively develop the infrastructure to scale up and support Medicaid funded home visiting in New Mexico. The report can be viewed at https://www.nmececd.org/wp-content/uploads/2021/10/Medicaid-and-Early-Childhood-Home-Visiting-Report-2021.pdf. ECECD leadership is currently working with our private sector partners to implement the recommendations outlined in the report.

I want to personally thank all of you for your support and investments that have helped expand and improve our state's home visiting system.

Sincerely,

Elizabeth Groginsky

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Table of Contents

*Photos for this report were generously provided by Janeen Roybal, First Born Program of Los Alamos, Luna County Parents as Teachers Program, and the NM ECECD.

For a Las Cruces Mother, Home Visiting Builds Parenting Skills and Confidence

Jeneen Roybal and her son, Jagger, have been supported by home visiting since before Jagger was born. Jeneen enrolled prenatally with Ben Archer Health Center in Las Cruces, and is now more than three years into her home visiting journey.

Jagger turned three this fall. A few days before his birthday, Jeneen logged in for a virtual visit with home visitor Irene Ceniceros. Irene asked how things had been going with Jagger, and Jeneen took a deep breath. Things aren't bad, she said, but Jagger has been testing both her boundaries and her patience.

"He didn't really go through the terrible twos," she said. "He had moments, but they weren't bad. Now that he's getting closer to three, he's testing the waters more."

Jeneen described several recent situations when Jagger threw a tantrum or melted down. He wanted chips when he couldn't have them. He didn't want to wear his soccer shoes. Jeneen said she responds to these situations by helping Jagger feel and name his feelings, without caving in to his demands or tolerating inappropriate behavior.

"The other day, I said, 'You're not in time-out because you're mad. You're in time-out because you were throwing something. You can be mad all you want, son, but you can't be throwing things.'"

Irene beams. These are the types of clear, controlled parenting strategies that families learn through home visiting, and Jeneen has learned them deeply. In her three-plus years of home visiting, she has taken parenting classes based in the Circle of Security curriculum, which has equipped her with tools for handling stressful parenting situations.

"A lot of moments now, I hear you talk and think, 'A-ha, she's got it!'" Irene said.

Home visiting also helped connect Jeneen and Jagger with early intervention services when Jagger didn't reach typical developmental milestones on time. On this virtual visit, Irene used the Ages and Stages Questionnaire (ASQ) to lead Jeneen through a list of questions about Jagger's development. In most domains Jeneen described on-time development, and Jagger is already connected with support services for areas where he needs extra help.

None of this came easy. When Jeneen enrolled prenatally in home visiting, she was in an abusive relationship that she has since escaped. She said she didn't have good parenting examples growing up, and didn't know anything about raising a baby. She is also a disabled veteran on a fixed, modest income.

"I was really lost, and just wanted to become the best parent I could for my son. That was my main goal," she said, adding that her home visiting team has helped her reach that goal. "I probably would be a lot more lost if it wasn't for them helping guide me through my journey."

Executive Summary

Background

Nurturing, stable families are the first and most important foundation for children's well-being and success. Home visitors support families in laying that foundation by supporting early prenatal care to promote a healthy birth, teaching positive parenting practices, screening for risks, and referring families to appropriate community supports.

New Mexico's home visiting programs are designed to achieve six big picture goals:

1) Babies are born healthy
2) Children are nurtured by their parents and caregivers
3) Children are physically and mentally healthy
4) Children are ready for school
5) Children and families are safe
6) Families are connected to formal and informal supports in their communities.

Implementation

Since 2006, New Mexico has steadily expanded home visiting services to families as well as provided infrastructure supports for the growing New Mexico Home Visiting Program. Trends in key implementation indicators over the past five years show the pace of growth:

Key Implementation Measures	FY17	FY18	FY19	FY20	FY21	Change FY20 to FY21
Funding (State and Federal)	$17.5M	$18.7M	$20.2M	$22.8M	**$24.8M**	**$2M 8.8%**
Home Visiting Programs	30	33	33	33	**33**	**–**
Counties Served	30	32	31	31	**31**	**–**
Funded Openings	3,006	3,092	3,403	3,816	**4,242**	**426 11.2%**
Families Served	4,587	4,615	5,397	5,746	**5,697**	**-49 (<1%)**
Children Served	4,793	4,613	5,227	5,799	**6,456**	**657 11.3%**

Outcomes

FY21 New Mexico Home Visiting data reflect the outcomes of services provided to families during the COVID-19 public health emergency, when direct services were provided completely through socially-distanced telehealth modes. By following guidance for best telehealth practices, home visiting programs were able to continue delivery of structured family support services as planned, with outcomes demonstrating benefits to families that largely mirror those of prior years of services provided in the family home.

Measures of healthy birth outcomes have shown since 2013 that mothers in home visiting access prenatal care more often and earlier than pregnant women statewide, with that trend continuing even during this full year of public health emergency. However, rates of breastfeeding initiation for mothers participating in home visiting dropped noticeably this year, from last year's 89.5 percent to 78 percent—perhaps reflecting challenges to providing both hospital-based and in-home supports during the pandemic. Data on a measure newly collected this year show that 82.5 percent of babies who were introduced to breastfeeding while in home visiting were still nursing at six months. Rates of women screened by home visitors and referred to services as needed for perinatal depression continued to be near a New Mexico home visiting high, at 88.6 percent, with 96 percent referred and nearly half (49.5 percent) of those referred electing to engage in supportive services (see pp. 18-19).

Home visitors work with parents and other caregivers to increase the strength of their nurturing interactions with babies and young children, with increasing numbers of parents demonstrating improvement each year in measures of teaching, encouraging, responding to, and showing affection for their children. This year, 60 percent of families demonstrated new parental competencies in teaching skills that are predictive of better cognitive and social development (see pp. 21-22).

Screening for potential risk of developmental delay remained high this year, and rates of referral to and engagement with early intervention services were at an all-time high. This fiscal year, 91.4 percent of eligible children were screened using the ASQ-3 tool, with 92.4 percent of those scored at potential risk referred to early intervention services and 68.9 percent of those referred reporting having engaged with services. A relatively high rate of 87.9 percent of eligible children were also screened with the ASQ-SE, which indicates potential risk of social-emotional delay (see pp. 23-25).

Several measures that relate to family supports intended to reduce child maltreatment and injury also improved. Home visitors screened 83.2 percent of eligible caregivers for risk of intimate partner violence, with five-year high rates of referral of those identified as at risk to support services (86.7 percent), and 37.2 percent reporting engagement with services offered. In addition, 60.7 percent of clients identified as at potential risk of intimate partner violence were recorded as having a safety plan in place. Rates of families with a substantiated abuse or neglect referral after receiving six months of home visiting services continue to drop below one percent, at 0.62 percent this year. Though this marks a new low, the rate has never exceeded 2 percent in the four years it has been reported (see pp. 28-29).

Discussion of injury prevention in the home dropped slightly to 66.5 percent, from 73 percent the past two years. This may reflect challenges in observing the home environment during virtual service delivery, and may indicate that the home visiting system needs to develop effective ways to address safety in the home environment through telehealth modes.

Key Outcomes for Home Visiting Families:

Healthy Births

Received Prenatal Care	• 98.6 percent
Received First Trimester Prenatal Care	• 89.9 percent
Initiated Breastfeeding	• 78 percent
Screened for Perinatal Depression	• 88.6 percent
Referred to Depression Supports	• 96 percent of those at risk
Engaged with Depression Supports	• 49.5 percent of those referred

Parental Nurturing

Improved Parenting Skills	• 2,418 parents (as measured by the PICCOLO tool)
Improved Ability to Teach Children	• 60 percent
Improved Ability to Encourage Children	• 46.4 percent

Child Physical and Mental Health

Screened for Healthy Development	• 91.4 percent (as measured by the ASQ-3 tool)
Referred for Early Intervention Supports	• 92.4 percent of those at potential risk of delay
Engaged with Early Intervention Supports	• 68.9 percent of those referred

School Readiness

Screened for Social-Emotional Development	• 87.9 percent (as measured by the ASQ-SE tool)
Weekly Reading, Singing, or Storytelling	• 95.7 percent
Daily Reading, Singing, or Storytelling	• 62.1 percent

Safety of Families and Children

Screened for Intimate Partner Violence	• 83.2 percent
Referred for Intimate Partner Violence Supports	• 86.7 percent of those identified as at risk
Engaged with Intimate Partner Violence Supports	• 37.2 percent of those referred
Family Safety Plan in Place	• 60.7 percent of those identified as at risk
Referral for Child Maltreatment or Abuse	• Less than 1 percent (0.62) of families in home visiting for six months or more

Connections to Community Supports

Risk Factors Identified in Key Domains	• 1,805 children or their caregivers (based on screening tools for child development, perinatal depression and intimate partner violence)
Referred to Supports	• 92.1 percent of those at risk
Engaged with Supports	• 57.2 percent of those referred

FY21 Home Visiting System Highlights

This was a momentous year for New Mexico's home visiting system, which established new administrative structures and supported families through an unprecedented public health crisis. FY21 highlights include:

- On July 1, 2020, the New Mexico Home Visiting Program transitioned from its former home in the Children, Youth, and Families Department to the **Early Childhood Education and Care Department (ECECD)**, created by Gov. Lujan Grisham and the New Mexico Legislature in 2019. This is the first annual outcomes report on the program as administered by ECECD, under the leadership of Secretary Elizabeth Groginsky (see nmececd.org for ECECD organizational chart).
- Following federal, state, and national home visiting model guidance, ECECD approved and provided **supports for home visitors to provide telehealth visits by telephone or video conferencing**. These supports included help modifying recruitment and retention plans, data system modifications for recording telehealth visits, and access to UNM Center for Development and Disability (UNM CDD) consultation supports for issues brought on by COVID-19. ECECD developed a comprehensive COVID-19 Health and Safety Guidance document and provided grant funds to programs to ensure they had supplies to promote COVID-19 safety practices. New families continued to be connected to home visiting, despite public health restrictions on face-to-face meetings, with 2,338 new family enrollments this fiscal year.
- In 2020, the **Centers for Medicare and Medicaid Services approved New Mexico's waiver request to expand its 2020 four county Centennial Home Visiting (CHV) pilot statewide**, establishing the possibility of offering Medicaid-paid home visiting across the state, to an increased number of families. Sites must offer home visiting through evidence-based models approved by the federal government. CHV served 135 families in FY21, and is on track to serve 853 families in FY22 (see p. 6).
- **New Mexico's HATCH (Helping All to Come Home) NICU home visiting program** provided short-term home visiting to 119 families with new babies cared for in hospital Neonatal Intensive Care Units (NICU). HATCH supports families during their NICU stay, as well as through the adjustment to caring for an often vulnerable infant at home. Referrals to HATCH from NICUs statewide have increased through strengthened partnerships in Albuquerque and Las Cruces, with expansion to nine counties approved for FY22 (see p. 8).
- ECECD has focused this year on accelerated professional development of the home visiting workforce, offering **scholarships and extensive, free online course offerings through its newly contracted Quorum training platform to home visitors** pursuing field-specific credentialing and degrees. ECECD also equipped home visitors statewide in evidence-based methods of strengthening the provider-parent relationships, through trainings in the **Circle of Security and FAN (Facilitating Attuned Interactions) models**. These offerings complemented regular, ongoing professional development in New Mexico Home Visiting System standards and best program practices provided by the UNM CDD (see p. 9).
- ECECD Home Visiting has innovated an approach to **program quality improvement supports** that is driving measurable changes in results for families. This approach brings together each individual home visiting program manager and her staff, ECECD staff, University of New Mexico Early Childhood Services Center (UNM ECSC) data consultants, and UNM CDD home visiting consultants for a structured process of data-informed goal setting, implementing supports for practice, and measuring results (see p. 10).

Introduction

Home visiting has emerged over the past ten years as one of New Mexico's frontline strategies for improving the well-being of the state's babies and toddlers. Based on research that shows how crucial supportive relationships are for the development of our youngest children, New Mexico's home visiting system funds local organizations that support families in laying the foundation for their children's well-being and success. Home visitors encourage prenatal care and healthy pregnancy practices to promote a healthy birth; teach positive parenting skills such as reading, playing, and praising good behaviors; and provide information on topics such as breastfeeding, safe sleep, preventing child injuries, and developing early language and learning at home. Home visitors work with caregivers to set goals for the future, as well as screen for risks, connecting them to services and resources in their community that support positive paths forward.

Home visiting in New Mexico offers a broad spectrum of program options, so that expectant parents and families with young children can receive support tailored to their particular needs and goals.

Information on the New Mexico Home Visiting program is available at https://www.nmececd.org/home-visiting/

During the COVID-19 public health crisis of this past year, the state's home visiting programs played a particularly crucial role in addressing the potential impacts of the emergency on pregnant people and families with young children. Home visitors develop trusted relationships with families, giving them an immediacy of reach into communities. Where families and communities struggled with economic stability, shortage of food and supplies, access to health and child care, social isolation and emotional well-being, home visiting programs were often direct lines to resources, support, and routine.

New Mexico's home visiting programs delivered these supports completely through virtual home visits during the 2020-21 fiscal year. Building on best practices in telehealth, visitors were able to continue offering structured curriculum, coaching, and screening to families through video and phone technologies. Key training supports were offered through New Mexico's Early Childhood Education and Care Department (ECECD), whose home visiting team ensures the delivery of home visiting services and provides contractual and financial oversight. ECECD began coordinating state-administered home visiting programs in July of 2020, in the early months of the pandemic, ensuring that no disruption of services occurred during the transition to the new department. Data from FY21 suggests that the shift from in-person to virtual visits proved both feasible and an effective way to offer expected benefits to families.

This ninth Annual New Mexico Home Visiting Outcomes Report presents aggregate data for all home visiting programs administered by the state in Fiscal Year 2021 (FY21)—the first full year under ECECD. The report fulfills the requirements of the Home Visiting Accountability Act, which was enacted in 2013 and mandates detailed annual reporting to the Legislature about home visiting processes and outcomes (NM Stat 32A-23B-3 2017).

New Mexico's Home Visiting System

New Mexico's home visiting program is designed to promote child well-being and prevent traumatic or detrimental childhood experiences. Home visiting services in New Mexico are:

- Available to all expectant parents and families with children birth to age 5
- Voluntary and free of cost
- Offered through 33 programs around the state
- Based on research and evidence
- Caregiver-driven and strength-based
- Tailored to cultural and linguistic needs of communities and families.

New Mexico offers a spectrum of possible home visiting services to families, depending on intensity and types of needs. Families can receive:

- **Universal (Level I)** home visiting, focused on prevention and promotion;
- **Specialized (Level II)** services, for supports targeted to families under high stress or with more acute needs;
- **NICU (Neonatal Intensive Care Unit)** specialized Level II services, offered to families of newborns in the hospital NICU, in recognition of the particular supports needed for parent-child bonding during a NICU stay and during the transition to home;
- **New Mexico Centennial Home Visiting (CHV)**, which is now available through a state program established in FY20. CHV is offered by evidence-based programs to expectant parents and families of young children who qualify through enrollment in Medicaid managed care organizations and their care coordinators contracted with the state.

Spotlight: Centennial Home Visiting

In 2020, the Centers for Medicare and Medicaid Services approved New Mexico's waiver request to expand its 2020 four-county Centennial Home Visiting (CHV) pilot statewide. This opened the possibility of offering Medicaid-paid home visiting across the state, to an increased number of families. Sites must offer home visiting through evidence-based models approved by the federal government, with current CHV home visiting offered through the University of New Mexico Center for Development and Disability Nurse-Family Partnership and Parents as Teachers programs in Bernalillo and Valencia Counties, and ENMRSH's Parents as Teachers program in Curry and Roosevelt Counties. CHV served 135 families in FY21, and is on track to serve 853 families in FY22. In FY21, ECECD provided start-up funding to two new programs to offer Centennial Home Visiting in FY22: MECA, which will offer Parents as Teachers home visiting, and YDI, which will offer the Nurse-Family Partnership model.

The Early Childhood Home Visiting Medicaid Expansion Workgroup met throughout FY21 to prepare for CHV expansion and identify steps to ensure effective Medicaid billing, collaboration with managed care organizations (MCOs), improved referral processes, and possibilities for expanded program model participation. The working group report is available from ECECD here.

New Mexico's Investment in Home Visiting

New Mexico has demonstrated an ongoing commitment to home visiting, increasing state funding significantly since its pilot project funding of $500,000 in FY06. New Mexico has also received federal grants through the Health Resources and Services Administration as part of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. In FY21, cumulative funding across state and federal streams was $24.8 million and in FY22, funding increased to $28.9 million, which includes $3.1 million from the state's Early Childhood Trust Fund.

In addition, ECECD used a budget adjustment to support COVID-19 relief grants to home visiting programs, in the amount of $1,479,000. These grants supported materials and equipment needed to provide telehealth services; health and safety materials for programs and families; relief for COVID-related economic hardships, such as under-enrollment due to public health restrictions; and family engagement and family support activities.

New Mexico began billing Medicaid for qualified home visiting services last fiscal year, with 135 families served in FY21 by its Centennial Home Visiting pilot program in the counties of Bernalillo, Curry, Roosevelt, and Taos. In 2020, the Centers for Medicare and Medicaid Services approved expansion of Centennial Home Visiting services statewide, with anticipated service to 853 families in FY22.

The cost of building a comprehensive Home Visiting Program includes both direct services and infrastructure services to support home visiting professionals, such as consultation and professional development, program monitoring, and data system management.

FY21 Funding

State General Fund	$14,655,600
Federal Funds	$5,164,204
TANF Funds	$5,000,000
Total:	**$24,819,804**

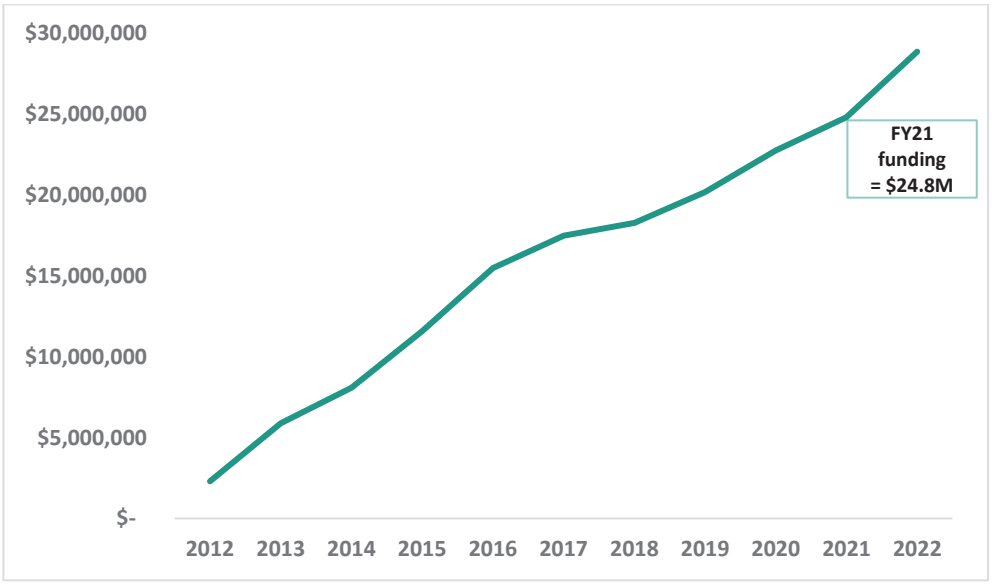
Programs funded: 33

Counties served: 31

Funded openings: 4,242

- **Level I: 2,818**
- **Level II: 1,289**
- **Centennial: 135**

NEW MEXICO'S INVESTMENT IN HOME VISITING



DIRECT SERVICES

Direct services were provided in FY21 through contracts with agencies who are reimbursed according to a differentiated scale:

- Level 1 — Basic prevention and promotion home visiting services
  Contracted at a base rate of $3,500 per family opening per fiscal year
- Level II — Targeted intervention services for families identified at higher risk
  Contracted at a base rate of $4,500 per opening per fiscal year
- Level II-S — Targeted intervention services for specialized populations, such as families experiencing homelessness or challenges with substance abuse
  Contracted at a rate of $6,000 per opening per fiscal year

Programs were able to apply to receive an additional $500 per opening for documented special circumstance costs such as travel to reach more rural families or service to high numbers of children with disabilities.

Federal funds awarded as a grant to the state from the Maternal Infant Early Childhood Home Visiting (MIECHV) program support contracts based on actual costs, with funding rates determined by the home visiting model being implemented by individual programs. In New Mexico, federal funding in FY21 was approved for the evidence-based programs Nurse-Family Partnership and Parents as Teachers.

Programs offering New Mexico Centennial Home Visiting bill Medicaid services directly, with FY21 funding also approved for Nurse-Family Partnership and Parents as Teachers models.

In FY21, ECECD-funded programs supported 4,242 year-round family openings, which served a total of 5,697 families and 6,456 children. Level II openings included 355 specialized service openings for families and infants in Neonatal Intensive Care Unit (NICU) stays.

New Mexico's NICU Home Visiting

New Mexico's HATCH (Helping All to Come Home) home visiting program provides short-term home visiting to families with new babies cared for in a hospital Neonatal Intensive Care Unit (NICU) and for about three months after discharge. The program, operating via telehealth for most of FY21, supports development of healthy parent-infant relationships during the challenges of a NICU stay and transition home. HATCH home visitors help parents adjust to caring for often vulnerable infants at home and navigate community-based support resources, often facilitating a family's transition to longer-term home visiting programs.

HATCH services have more than doubled since launch in 2018, serving 119 families in FY21. Services were initiated in the University of New Mexico Hospital's NICU, and the program has since grown to include families in Lovelace and Presbyterian NICUs, as well as families in southern New Mexico through a growing partnership with Amistad Family Services in the Las Cruces area. Referrals from NICUs statewide have increased, with the HATCH program approved in August 2021 to expand its geographical service area to a total of nine counties in New Mexico, allowing better support to rural families who have a baby in NICU.

FY21 HATCH NICU Home Visiting:

- **Families served: 119**
- **Average age at Referral: 12 days postpartum**
- **Average length of NICU stay: 35 days**
- **Average length of services: 96 days**

INFRASTRUCTURE SUPPORTS

ECECD ensures quality and accountability in its home visiting system through the funding of critical professional development trainings and data management services.

Home Visiting Professional Development Consultation

Regular, ongoing professional development is required for all New Mexico home visitors through **orientation, training, technical assistance, and reflective supervision provided through UNM Center for Development and Disability (UNM CDD)**. Their Home Visiting Consultation Team:

- Offered 269 foundational trainings online;
- Conducted 1,222 teleconference program visits, due to the COVID-19 health crisis, which eliminated on-site, in-person visits;
- Logged a total of 1,319 hours of consultation to deepen the practice of home visitors working in ECECD-sponsored programs across the state;
- Provided reflective supervision through 144 sessions—12 groups met monthly—with program managers and supervisors, who in turn provide reflective supervision to their home visitors;
- Led bimonthly Reflective Case Review calls, available to all home visitors to share experiences and discuss options using reflective practice, to better serve families. Cumulatively, 656 staff attended these Zoom conferences in FY21.

In addition, ECECD enabled the FY21 training of nearly 90 home visitors in the Erikson Institute's **FAN (Facilitating Attuned Interactions) model,** which equipped them with evidence-based methods of strengthening the provider-parent relationship.

ECECD has focused this year on accelerated professional development of the home visiting workforce, allocating $40,000 for scholarships to home visitors pursuing credentials and degrees in infant-family, early childhood, or related fields. ECECD scholarships were awarded to **8 visitors in Summer 2020, 30 in Fall 2021, and 16 in Spring 2021.** Free online courses were also offered on the state's **newly contracted Quorum online training platform**, with 139 home visitors registered in courses as of fall 2021, and 155 courses completed by home visitors by the close of FY21.

Data Consultation and Program Improvement

Programs are also required to enter service data into a centralized database, and are supported in doing so through regular **data consultation with UNM Early Childhood Services Center (UNM ECSC) Database Services**. This contracted consultation provides program managers and home visitors with training and technical assistance, as well as monthly data reviews that support accurate collection of data and continuous quality improvement at both the program and systems levels.

In FY21, ECECD contracted with UNM ECSC to provide:

- 368 monthly data review sessions
- 563 data system training sessions
- 3,608 individual data support requests

Spotlight: Innovative Supports for Quality Service Delivery

ECECD Home Visiting has innovated an approach to program quality improvement supports that is driving measurable changes in results for families. This approach brings together each individual home visiting program manager and her staff, ECECD staff, UNM ECSC data consultants, and UNM CDD home visiting consultants for a structured process of data-informed goal setting, implementing supports for practice, and measuring results. The process is rooted in monthly data review calls, where the program manager and her support team can look together at performance on key outcomes measures. They are able to determine whether data was accurately documented and then identify what the numbers tell about areas to focus on for improvement. These monthly reviews lead into quarterly quality improvement meetings, where programs set a data-informed goal for quarterly performance improvement, with the data consultation team ensuring that data, training, and other supports are in place for achieving that goal. If a program manager sees data showing low rates of family referral to services, for instance, she can identify immediately with the support team where CDD consultation or refresher trainings for staff could help. The process continues through reflection on what led to improved results, so that best practice is understood and supported moving forward, at both the program and state systems levels. This coordination of support arms has helped programs to catch opportunities for improvement early, leading to improved outcomes: “We make sure they’re not on their own to figure this out,” says ECSC Database Design and Analysis Manager Colin Mitchell.

Home Visiting Program Models

New Mexico supports a variety of home visiting models and curricula to ensure programs can meet the diverse needs of families and local communities. The different models support complementary eligibility criteria to maximize the reach of home visiting and the number of families who can participate. While some models like Nurse-Family Partnership have restrictive eligibility criteria, others have broader criteria and programs serving the same communities can refer to one another accordingly. This helps ensure home visiting remains universally available to families in need of supports.

PROGRAM MODELS		
Partners for A Healthy Baby / Nurturing Parenting	prenatal-age 3	for all pregnant women or primary caregivers and children, following research-based curriculum
Parents as Teachers	prenatal-age 5	for all pregnant women or primary caregivers and children, using evidence-based model
Nurse-Family Partnership	prenatal (prior to 28 weeks)-age 2	for first-time mothers enrolled prior to 28th week of pregnancy who meet income eligibility; evidence-based model is delivered by nurse home visitor
First Born	prenatal-age 3	for first-time pregnant women or families enrolled before child reaches 2 months of age; some programs provide “First Born and More” services to families who don't meet these eligibility criteria but would still benefit from services

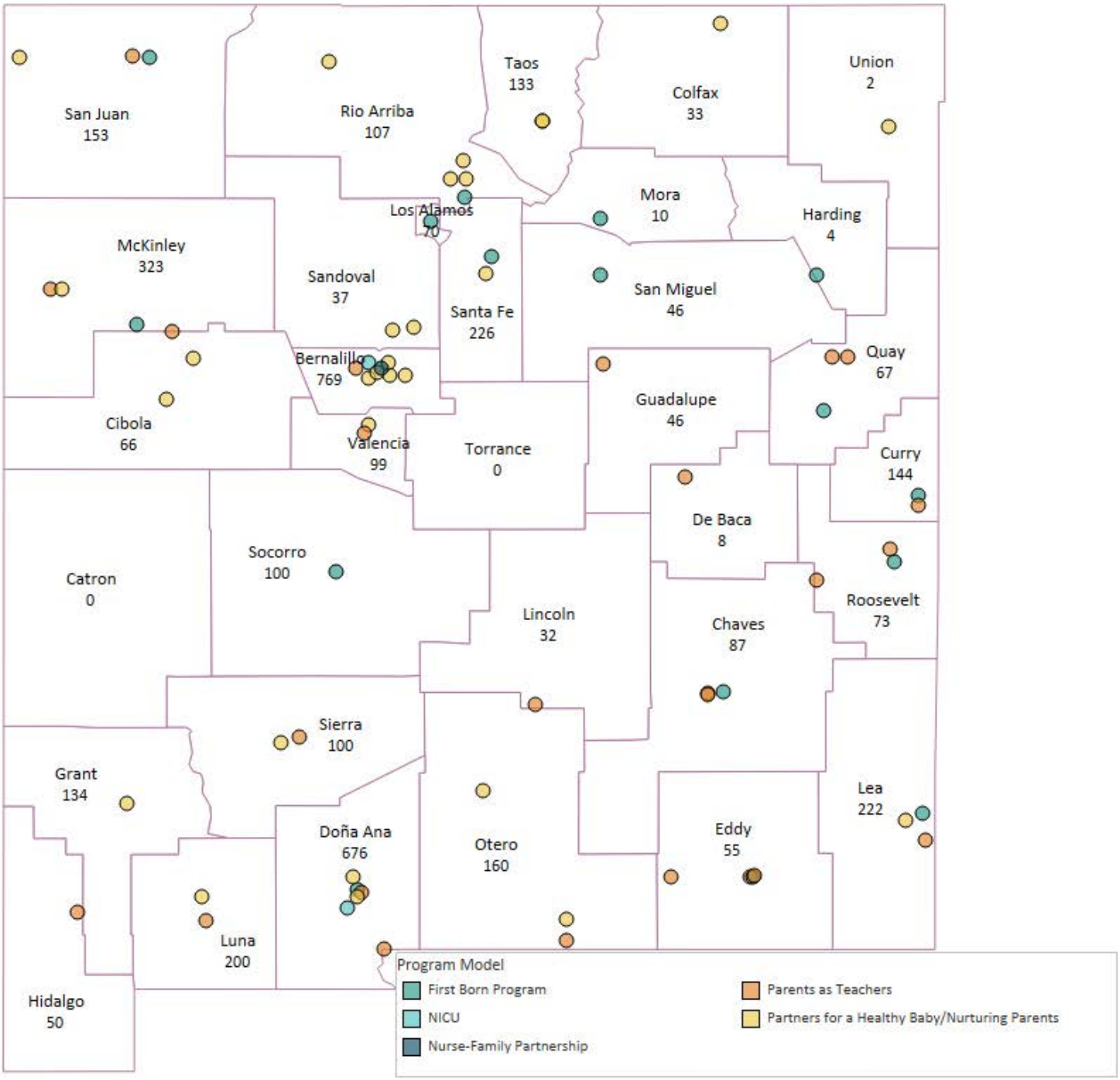
Two of these models—Nurse-Family Partnership and Parents as Teachers—are currently federally designated as evidence-based models. Models granted this designation are eligible for additional federal funding streams and can be reimbursed by Medicaid. The state also supports First Born, a New Mexico homegrown model that is actively pursuing evidence-based status, having demonstrated improved child outcomes in a randomized control trial. Other programs have adopted the widely used Partners for a Healthy Baby or Nurturing Baby curricula, which follow New Mexico’s research-based Home Visiting Program Standards.

Program Map FY21

State-administered funding supported 4,242 annual family openings statewide in FY21 (see map for funded openings by county).

Additional home visiting options are available to families in the state through programs that are funded privately, tribally, and federally. A statewide New Mexico Home Visiting Collaborative that coordinates home visiting efforts across these funding sources has identified nearly 3,000 additional openings in FY21 offered through non-state funding sources, for a total of 7,248 openings statewide (see Appendix 1: New Mexico Home Visiting Collaborative Statewide Map, FY21).

MAP OF PROGRAM MODELS



State-Funded Home Visiting Programs FY21

	Total Families Funded (includes Levels I, II and Centennial)	Counties Served
Partners for a Healthy Baby and/or Nurturing Parenting		
Appletree	70	Sierra (70)
Aprendamos Intervention Team	130	Doña Ana (120), Otero (10)
Avenues for Early Childhood Services	121	McKinley (121)
Ben Archer Health Center	345	Doña Ana (150), Luna (75), Otero (120)
Colfax County	30	Colfax (28), Union (2)
F.A.C.E.S. First LTD	20	San Juan (20)
Gila Regional Hospital	134	Grant (134)
Guidance Center of Lea County	112	Lea (112)
La Vida Felicidad	69	Cibola (20), Valencia (49)
Las Cumbres Community Services	83	Rio Arriba (27), Santa Fe (56)
Peanut Butter & Jelly Family Services	84	Bernalillo (69), Sandoval (15)
Southwest Pueblo Consultants	89	Bernalillo (33), Cibola (16), Rio Arriba (18), Sandoval (22)
Taos Health Services - Holy Cross Hospital	140	Colfax (5), Rio Arriba (2), Taos (133)
University of New Mexico Hospital - Young Children's Health Center	50	Bernalillo (50)
Western Heights Learning Center	35	Bernalillo (35)
Youth Development Inc.	32	Bernalillo (12), Rio Arriba (20)
SUBTOTAL FUNDED	1,544	
Parents as Teachers (PAT)		
Community Action Agency of Southern New Mexico*	170	Doña Ana (100, **40**), Otero (10, **20**)
ENMRSH*‡	216	Curry (80, **20**), DeBaca (8) Guadalupe (36) Roosevelt (37, **10**), Quay (25)
Gallup-McKinley County Schools*	120	McKinley (**120**)
Los Pasitos Early Intervention (Toboso)	25	Chaves (7), Eddy (5), Lea (8), Roosevelt (5)
Luna County*	175	Hidalgo (**50**), Luna (125)
Presbyterian Medical Services	205	Chaves (30), Cibola (30), Eddy (35), Lea (30), Quay (30), San Juan (50)
Region IX Educational Co-op	32	Lincoln (32)
Tresco, Inc.	151	Dona Aña (121), Sierra (30)
University of New Mexico - CDD HSC*‡	170	Bernalillo (120), Valencia (**50**)
SUBTOTAL FUNDED	1,264	
Nurse-Family Partnership (NFP)		
University of New Mexico - CDD HSC*‡	200	Bernalillo (50, **125**), Valencia (25)
SUBTOTAL FUNDED	200	
Neonatal Intensive Care Unit (NICU)		
Regents of the University of New Mexico CDD (NICU)	355	Bernalillo (250), Doña Ana (105)
SUBTOTAL FUNDED	355	
First Born		
First Born Los Alamos	70	Los Alamos (70)
Growing Up New Mexico	210	Santa Fe (170), Rio Arriba (40)
Kiwanis Club - Las Vegas	60	Harding (4), Mora (10), San Miguel (46)
MECA	274	Chaves (50), Curry (54), Doña Ana (40), Eddy (15), Lea (72), Roosevelt (31), Quay (12)
NWNM First Born Program	165	McKinley (82), San Juan (83)
Presbyterian Healthcare Services - Socorro General Hospital	100	Socorro (100)
SUBTOTAL FUNDED	879	
TOTAL FAMILIES FUNDED	**4,242**	

*Indicates programs receiving MIECHV funding, with funded slots **bolded** next to county names

‡ Indicates programs receiving Centennial funding

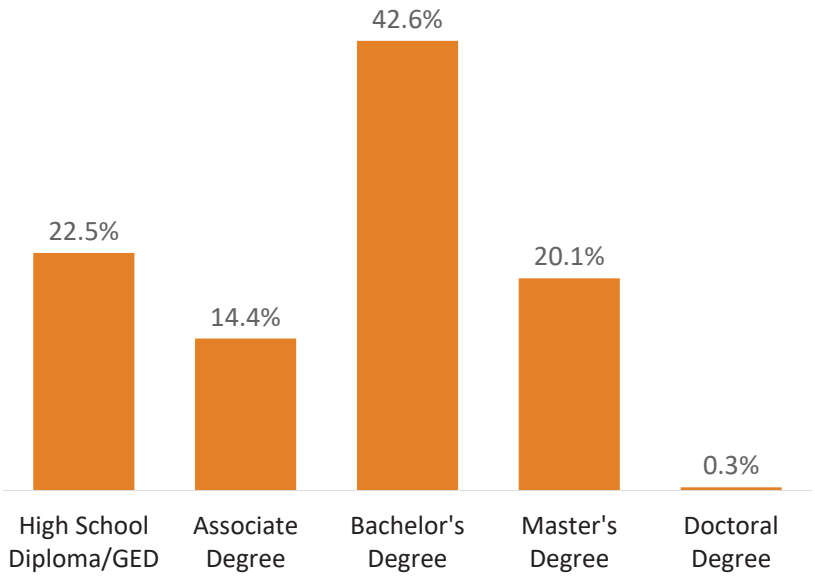
Home Visiting Professionals

Home visiting programs are staffed with a combination of degreed and non-degreed professionals who have knowledge of early childhood development, child health and early childhood mental health principles and practices, and strong relationship-building skills. In FY21, 63 percent of home visitors had a bachelor's degree or higher. Higher degrees are required for home visitors providing Level II services, and all programs must have access to a master's-level, licensed mental health professional for consultation.

New Mexico home visiting places particular emphasis on building the professional capacity of visitors to support the emotional and social development of babies and very young children. This competency is increasingly recognized through an endorsement process, which equips home visiting professionals to deliver services using evidence-based infant and early childhood mental health practices. In FY21, 36 home visiting staff members held Infant Mental Health endorsements, including 19 who supervised others. In 2021, ECECD created a three-year plan to implement Statewide Infant Early Mental Health Consultation for early care and education and home visiting programs to further ensure that home visiting and other early care professionals in the state have the evidence-based supports they need to promote optimal development for children (see here for report).

- **333 home visitors provided services in FY 21**
- **63% of all home visitors had bachelor's degree or higher**

HOME VISITOR CREDENTIALS



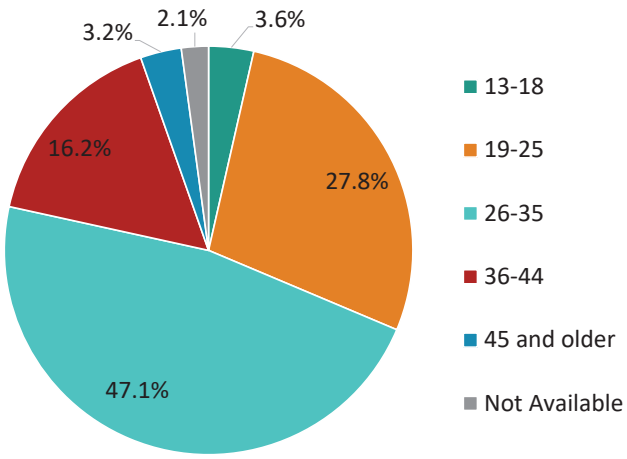
Home Visiting Participants in FY21

Family Demographics

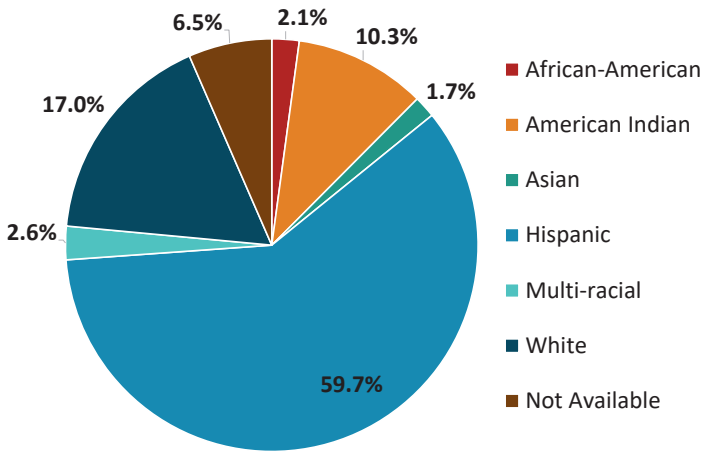
A total of 5,697 families received at least one direct service from a home visitor during FY21, with 6,456 children served. One in five came into home visiting through a medical setting (hospital or clinic). Of these families, 2,399 (42.1 percent) began services prenatally and the majority (71.5 percent) of clients were caregivers of a single child.

5,697 families served; 6,456 children served

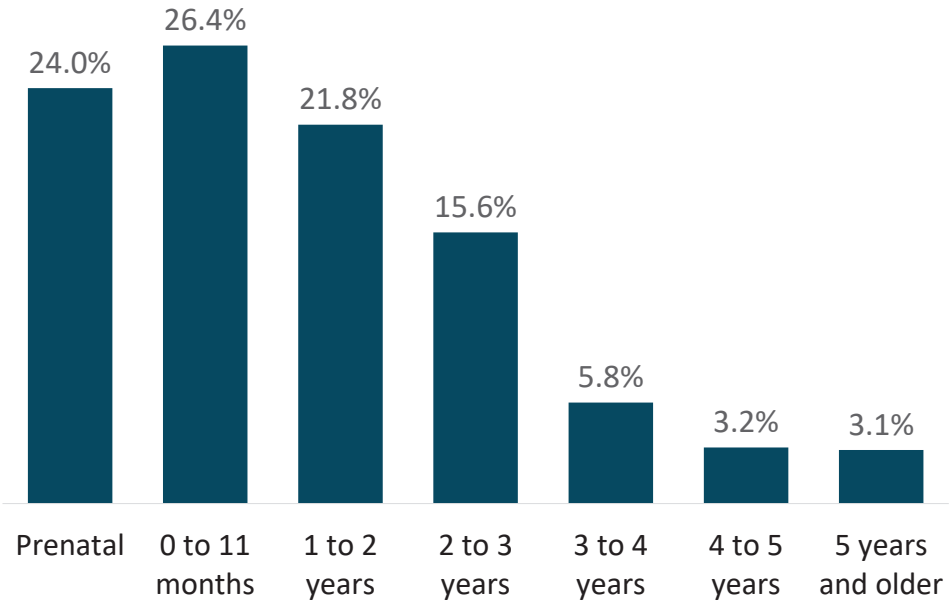
CAREGIVER BY AGE



CLIENTS BY RACE/ETHNICITY



AGE OF CHILDREN SERVED



Of clients who reported race/ethnicity, 59.7 percent were Hispanic, 17 percent were white, 10.3 percent were Native American, 2.1 percent were African American, and 1.7 percent were Asian. Home visitors served families speaking 28 home languages, with 19.2 percent speaking Spanish, 1.3 percent Indigenous languages, and 2.3 other languages.

The median age of primary caregivers was 30.2. Teens represented 6.1 percent of mothers enrolled, with a total of 336 teen parents served. Roughly 70 percent of all primary caregivers had not yet attained a bachelor's degree.

330 teen mothers and 6 teen fathers served in FY21

Family Participation During the Pandemic

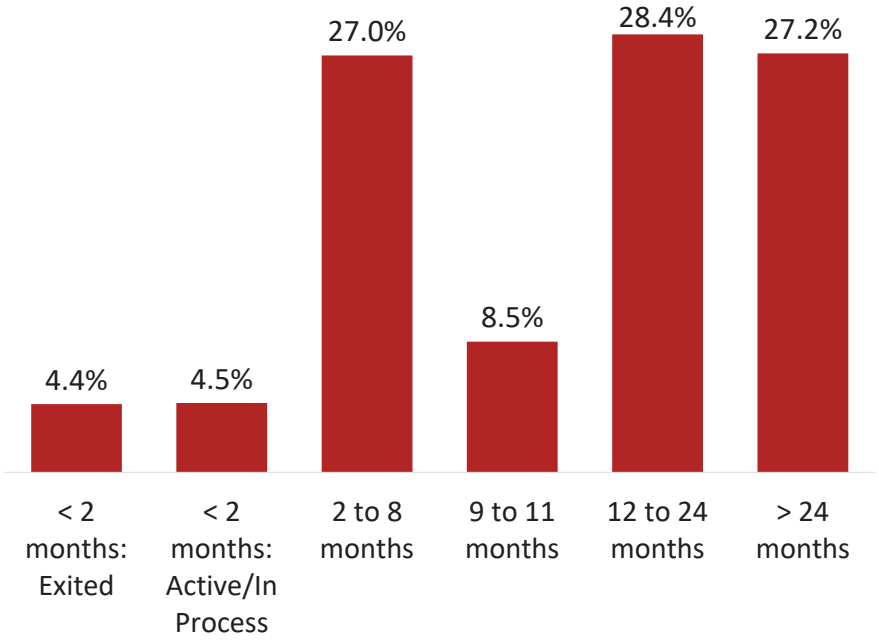
Beginning with the onset of the COVID-19 pandemic in March 2020, ECECD has followed expert public health guidance to mandate suspension of in-person home visits and adoption of telehealth modes to continue full delivery of services to families.

This pivot, while sudden, was well-supported by guidance from federal agencies, national home visiting models, and healthcare professionals who had research to support adoption of telehealth to continue provision of home visiting services (Williams et al., 2021). Pre-COVID research on related programs offering education, assessments, and family supports has shown that virtual delivery is not only feasible but can support program fidelity and mitigate some of the challenges families have in accessing in-person services (McGinty et al., 2006; Hanach et al., 2021; Breitenstein and Gross, 2013; Carta et al., 2013). New research on the home visiting field's shift to telehealth is already emerging, with findings that suggest home visiting has similarly been able to reach families and provide services with fidelity—with clients often able to engage with the program more readily when participation can happen virtually (Bock et al., 2021; Osborne et al., 2020; Supplee and Crowne, 2020; Traube et al., 2020).

ECECD Home Visiting has provided extensive support to home visiting programs in the shift to telehealth service delivery, in the form of virtual meetings, consultation sessions with experts, written protocols and guides, and resources for all program managers, as well as grants to support the costs of telehealth delivery.

As a result, participation of families in New Mexico home visiting has remained comparable to pre-pandemic levels. About forty percent of families were newly enrolled in FY21, with nearly sixty percent continuing from last year. Close to ten percent of families completed their home visiting program during the fiscal year.

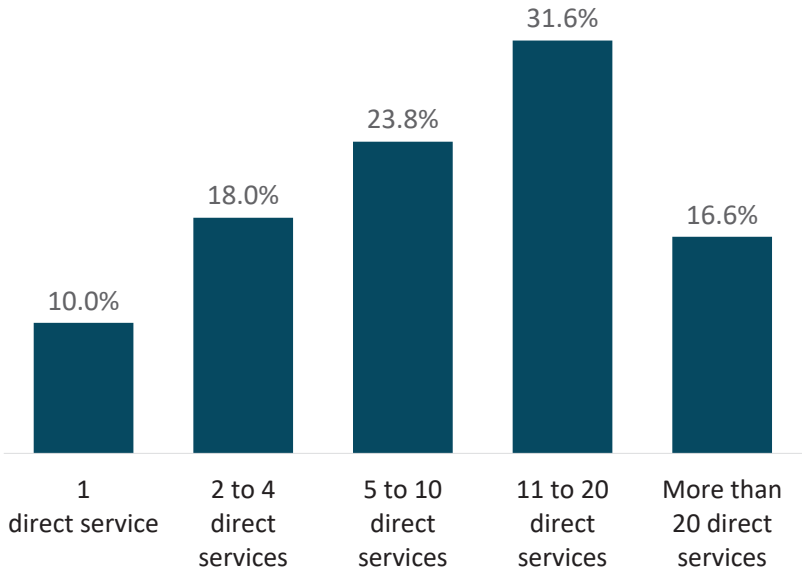
LENGTH OF ENROLLMENT OF FY21 PARTICIPATING FAMILIES



Overall, more than half (55.6 percent) of the families served during the fiscal year have participated in home visiting for more than one year, with those participating for at least two years up from 18 percent last year to 27 percent this year. The average total length of enrollment across families served during FY21 was 16.3 months (with a median service length of 13.3 months).

55.6% of FY21 families have been enrolled for more than one year

FY21 DIRECT SERVICES RECEIVED BY PARTICIPATING FAMILIES



2,338 new families enrolled during FY21

Families received a total of 65,460 direct services from their home visitors this FY, with 90.3 percent of families receiving one or more direct services lasting for 45 minutes or longer. On average, families received 11.5 direct services this year, with nearly 19 percent of families receiving 20 or more direct service contacts. Over their total enrollment period, however, families enrolled this FY had received an average of 27.1 cumulative direct services to date.

Home Visiting Outcomes for FY21

Goal 1: Babies are Born Healthy

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

Home visitor provision of these strategies has been more critical than ever during the pandemic, when pregnant and birthing families needed supports in navigating sometimes drastic changes in how clinical care was delivered. Cross-national research has shown that many pregnant families have experienced disruptions in prenatal care, including cancelled visits, changes to birth plans and exclusion of partners and support persons from care settings (Groulx et al., 2021; Peahl and Howell, 2021; Hendrix et al., 2021). In addition, uncertainty

about how to protect a baby from COVID-19 while nursing led in some cases to maternal reluctance to initiate breastfeeding (Brown and Shenker, 2021; Bartick et al., 2021). And in New Mexico, concern was raised about reports of unwarranted separation of Native American birthing mothers from their infants after giving birth, interfering with the healthy bonding and immediate breastfeeding that is known to benefit baby and mother both (Furlow, 2020; Tomori, 2020). Being accompanied through these heightened levels of social isolation and stress by a trained and trusted home visiting professional was an important lifeline for many this past year.

OUTCOME MEASUREMENT

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

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

PRENATAL OUTCOME DATA

Measures of healthy birth outcomes have shown since 2013 that mothers in home visiting access **prenatal care** more often and earlier than pregnant women statewide, with that trend continuing even during this full year of public health emergency. Of a total of 867 mothers enrolled prenatally with a birth in FY21, data on use of prenatal care was collected on 773, or 89.2 percent. Of those with data available, 98.6 percent (762) reported receiving prenatal care. Of those who received prenatal care, 98 percent (747) reported receiving it before the third trimester of pregnancy. This compares to 96.1 percent of pregnant people statewide accessing prenatal care and 88.3 percent statewide receiving it before the third trimester (NM DOH, Birth Data, 2017-19).

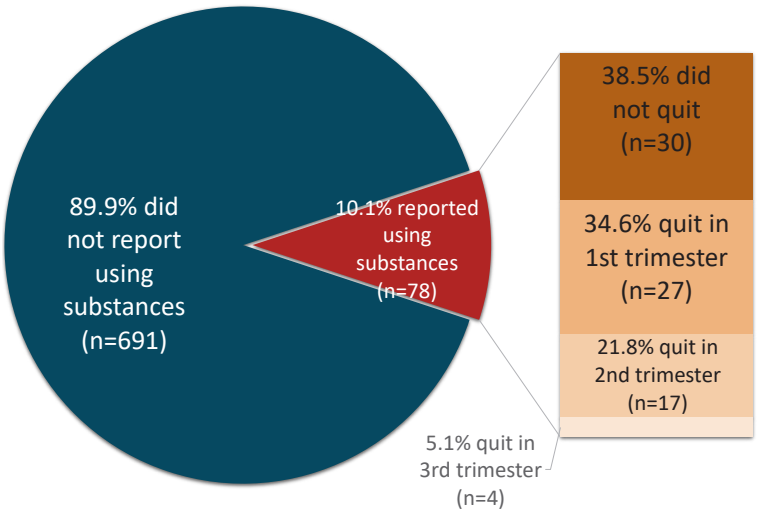
Care in the important first trimester of pregnancy was accessed by 89.9 percent (685) of those reporting data. This exceeds the statewide rate of 64.6 percent of pregnant people reporting first trimester prenatal care (New Mexico Department of Health, Birth Data, 2017-19).

98.6% **of prenatally enrolled mothers with a birth in FY21 and data on prenatal care usage reported receiving prenatal care.**

89.9% **of mothers giving birth in FY21 reported accessing prenatal care in the first trimester compared to 64.6% of mothers statewide (NMDOH, 2017-19).**

Of all mothers who enrolled prenatally and gave birth in FY21, 89.9 percent reported no **substance use** while pregnant; data were unavailable or considered "not applicable" for roughly 9.1 percent (98), as data is self-reported. Of the 10.1 percent (78) who reported use of illegal substances, 61.5 percent (48) discontinued use by the end of pregnancy, with 34.6 percent (27) discontinuing use by the end of the first trimester.

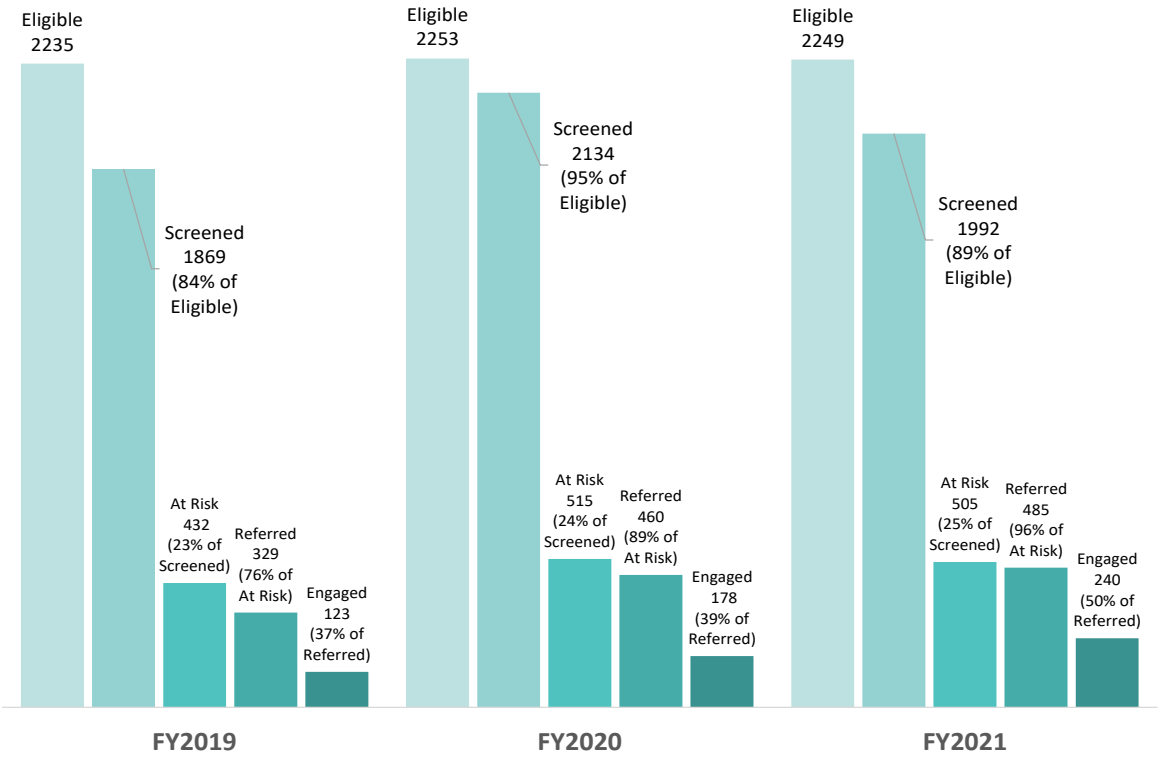
SUBSTANCE USE DURING PREGNANCY



MATERNAL HEALTH OUTCOME DATA

Rates of screening for **postpartum depression** declined slightly, with 88.6 percent of eligible mothers screened using the Edinburgh Postnatal Depression Scale, down from last year's 95 percent. Of the 25.4 percent (505) of mothers identified as having symptoms of postpartum depression ("at risk"), 96 percent (485) were referred for services where available. These referrals resulted in a much higher rate of engagement in supports than last year's 39 percent, with 49.5 percent engaging this year.

POSTPARTUM DEPRESSION SCREENING AND SERVICE CONNECTION, FY19-21



INFANT AND CHILD HEALTH OUTCOME DATA

78.0% of prenatally enrolled mothers with a birth in FY21 and data on breastfeeding initiation reported initiating breastfeeding.

Of the mothers enrolled in home visiting who gave birth during the reporting period and reported on **breastfeeding initiation**, 78 percent (676) initiated breastfeeding. This is a lower rate than in prior years and a lower rate than the statewide rate of 88.8 percent (New Mexico Department of Health, PRAMS 2018), likely reflecting parental uncertainty about COVID-19 transmission via breastfeeding as well as disruptions to in-person breastfeeding supports (Brown and Shenker, 2021).

For the first time, however, the home visiting system is able to report on mothers enrolled in home visiting who breastfed through at least their baby's sixth month. Of those who did choose to initiate breastfeeding, 82.5 percent were still breastfeeding at six months.

92.1% of parents with data on their children's immunization reported their children immunized on schedule.

Data on infant and child receipt of recommended **immunizations** is by parent report, with data missing on 14.1 percent (729) of families with children served in FY21. Of the 4,441 families reporting, however, 92.1 percent report that their children are up to date with recommended immunizations.

Home visitor guidance and encouragement of families to stay up to date on immunizations has been particularly important during the current public health emergency, when administration of routine childhood vaccinations dropped markedly. Researchers have found that while routine vaccine administration rebounded in late 2020

after lockdown orders were lifted, the increase has not yet caught enough children up to levels needed for public health protection against outbreaks of diseases such as measles (Patel et al., 2020; Hill et al., 2021). To ensure needed coordination of home visiting and health care efforts to maintain child protection through immunization, it is recommended that ECECD facilitate administrative matching of home visiting participants to the statewide immunization database.

Spotlight: Meet Dr. Janis Gonzales, inaugural ECECD Chief Health Officer

As one of only four Cabinet level Departments for Early Childhood in the nation, ECECD's mission is to bring all aspects of early childhood together for families. Health is a vital part of that picture, and this year saw the groundbreaking addition of the Chief Health Officer role in ECECD.

This position is currently held by Dr. Janis Gonzales, a pediatrician and public health physician. She is charged with integrating maternal and child health into all aspects of early childhood and improving the connections between the early childhood and health systems to better serve families in an aligned, coordinated way. The Chief Health Officer also serves as a health and safety consultant for early childhood professionals inside and outside ECECD. In 2021 this role has been critical to ECECD's COVID response, including providing guidance to home visiting programs. Dr. Gonzales is also serving as Medical Director for the Family Connects nurse home visiting pilot and assisting with the expansion of Centennial Home Visiting. She is also helping ECECD to implement its newly awarded Early Childhood Comprehensive Systems (ECCS) Health Integration Prenatal to Three grant, a five-year (2021-2026) program to support the healthy development of all children, starting prenatally.

Data to be Developed:

Administrative matching of home visiting participants to the statewide immunization database

Goal 2: Children are Nurtured by their Parents and Caregivers

The Home Visiting Accountability Act calls for measurement of how well New Mexico's home visiting system has promoted positive parenting practices and supported the building of healthy parent and child relationships. New Mexico home visitors are trained in strategies to support positive interactions between caregivers and their infants through play, by fostering regular feeding routines, and by educating caregivers about how to read their infants' cues and respond appropriately. Home visiting's strength-based approach helps parents to value the interactions they have with their child and validates their important role in their child's development (Morris et al., 2021; Peterson et al., 2018). Home visitors are also trained to recognize potential signs that a young child's social and emotional development are at risk or that a parent suffers from depression. When these risks are identified, home visitors connect families with appropriate community services.

OUTCOME MEASUREMENT

The primary indicator used to measure healthy parenting practices is:

- Caregiver progress in practicing positive parent-child interactions

New Mexico home visiting uses one of two validated observational tools to guide practice and measure home visiting impact on parental capacity. Most programs use the Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), designed for home visitors to measure healthy parenting practices and relationships (Roggman et al., 2013a, 2013b). Based on the results, home visitors help families implement specific strategies to foster daily nurturing parenting behaviors that are known to support children's early development. One state-supported home visiting program model, Nurse-Family Partnership, uses an alternative observational tool, called the Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE).

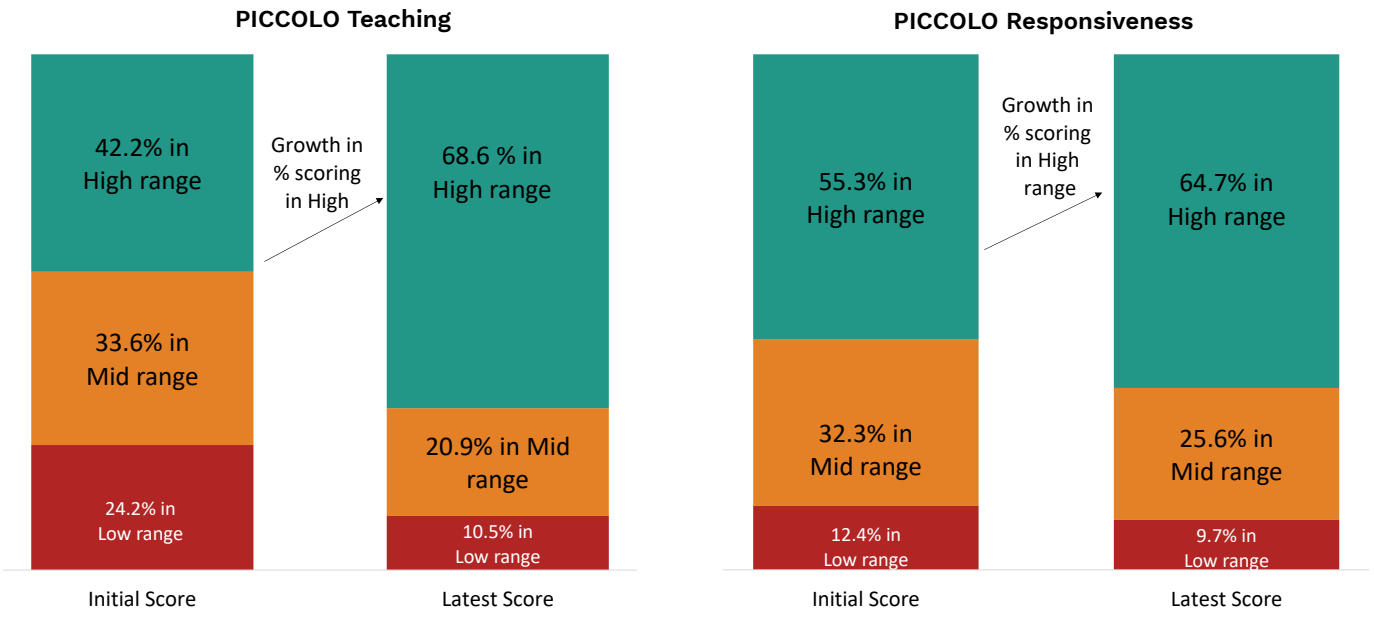
PARENTING CAPACITY OUTCOME DATA

Initial observations of **parenting behavior** using the PICCOLO can be completed once children are at least four months old, and follow-up screens are given after six months of parenting curriculum and activities have been delivered. These follow-up screens measure the development of new strengths in parenting behaviors over time. In FY21, parents of 2,418 children had completed both an initial and a follow-up screen.

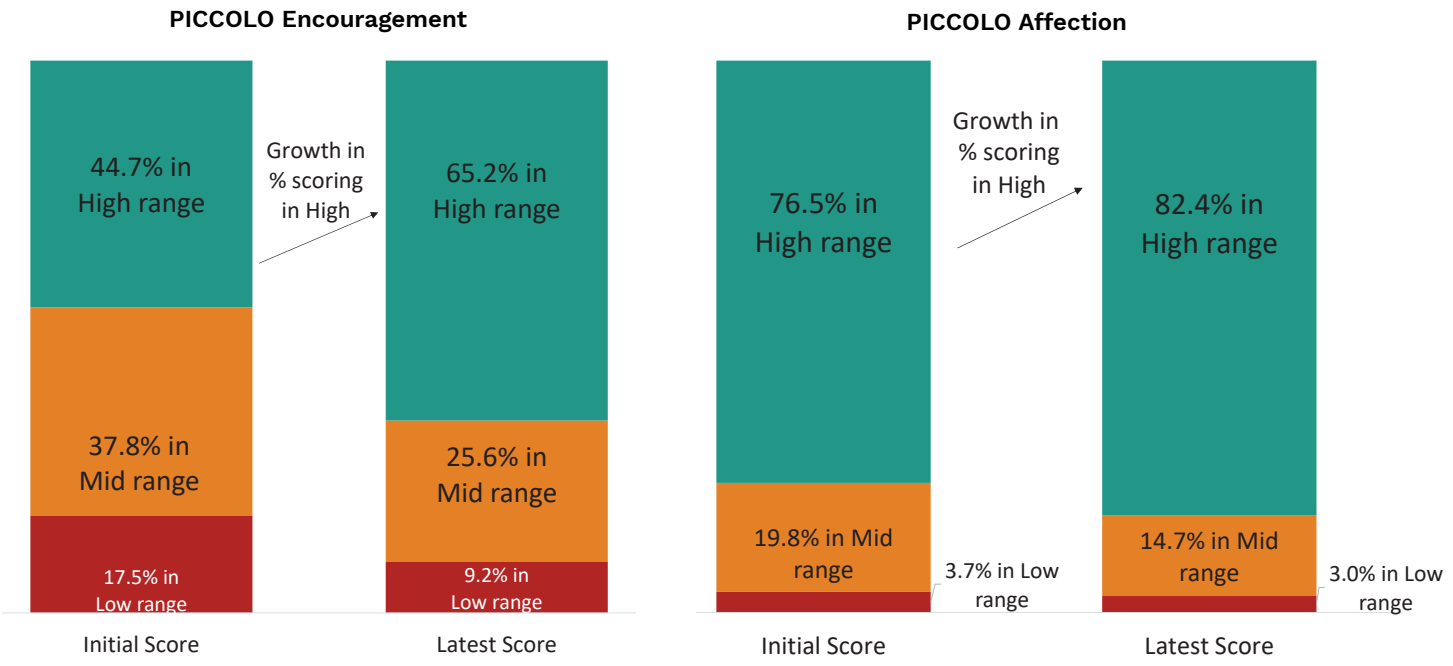
Observational screens are scored in "low," "medium," or "high" categories, with scores in the "low" range signaling areas of opportunity for growth in healthy parenting practices. The four research-based domains of parenting behavior are: **teaching, affection, encouragement,** and **responsiveness**.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

- 1,451 children (60 percent) experienced parental improvement in teaching. This is the domain where parents typically score lowest at first, so there is most room for improvement.
- 1,122 children (46.4 percent) experienced parental improvement in encouragement.
- 778 children (32.2 percent) experienced parental improvement in responsiveness.
- 579 (23.9 percent) experienced parental improvement in affection.

IMPROVEMENTS IN PARENTING BEHAVIOR (PICCOLO SCORES)



IMPROVEMENTS IN PARENTING BEHAVIOR (PICCOLO SCORES)



In addition, 120 children served through the Nurse-Family Partnership model received two or more screens using the DANCE observational tool. A total of 76.7 percent (92) showed increased scores assessing the quality of parent-child interactions from their initial to most recent screen.

Goal 3: Children are Physically and Mentally Healthy

New Mexico's Home Visiting Accountability Act mandates measurement of how home visiting supports children's cognitive and physical development. Early childhood cognitive and physical development is influenced by a host of individual, family, and systemic factors. Home visitors discuss a wide range of these development-related issues with caregivers, such as nutrition, the importance of well-child visits, monitoring for developmental milestones, and social-emotional development. They teach parents strategies to monitor their child's growth, and home visitors are prepared to discuss feeding and any developmental or behavioral concerns. When concerns regarding the child's growth or health are noted, home visitors will make referrals to appropriate providers (Arbour et al., 2021).

OUTCOME MEASUREMENT

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

- Percentage of young children receiving their last well-child visit as recommended by the American Academy of Pediatrics (AAP)
- Percentage of children screened on schedule for potential delay in development with the ASQ-3 or ASQ-SE screening tool
- Percentage of children screened as at risk of delay who are referred to and engage with appropriate services

Home visitors work with families to understand the importance of preventive pediatric health care visits and to complete the AAP recommended schedule of well-child visits, which include pediatric checks at 3-5 days after birth, and by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, and 4 years of age (American Academy of Pediatrics, 2021, available here).

To track and monitor developmental milestones and social-emotional development, home visitors use the Ages and Stages Questionnaire, Third Edition (ASQ-3) and the Ages and Stages Questionnaire-Social-Emotional (ASQ-SE). The American Academy of Pediatrics recommends all children receive developmental screenings at 9 months, 18 months, and 30 months of age and autism screenings at 18 and 24 months of age to ensure the early detection of developmental concerns (American Academy of Pediatrics, 2021). Timely screening ensures that children identified with possible delays are referred in a timely manner to professional early intervention services (Guevara et al., 2012) that can help lessen the effects of delay or disability.

PHYSICAL HEALTH OUTCOME DATA

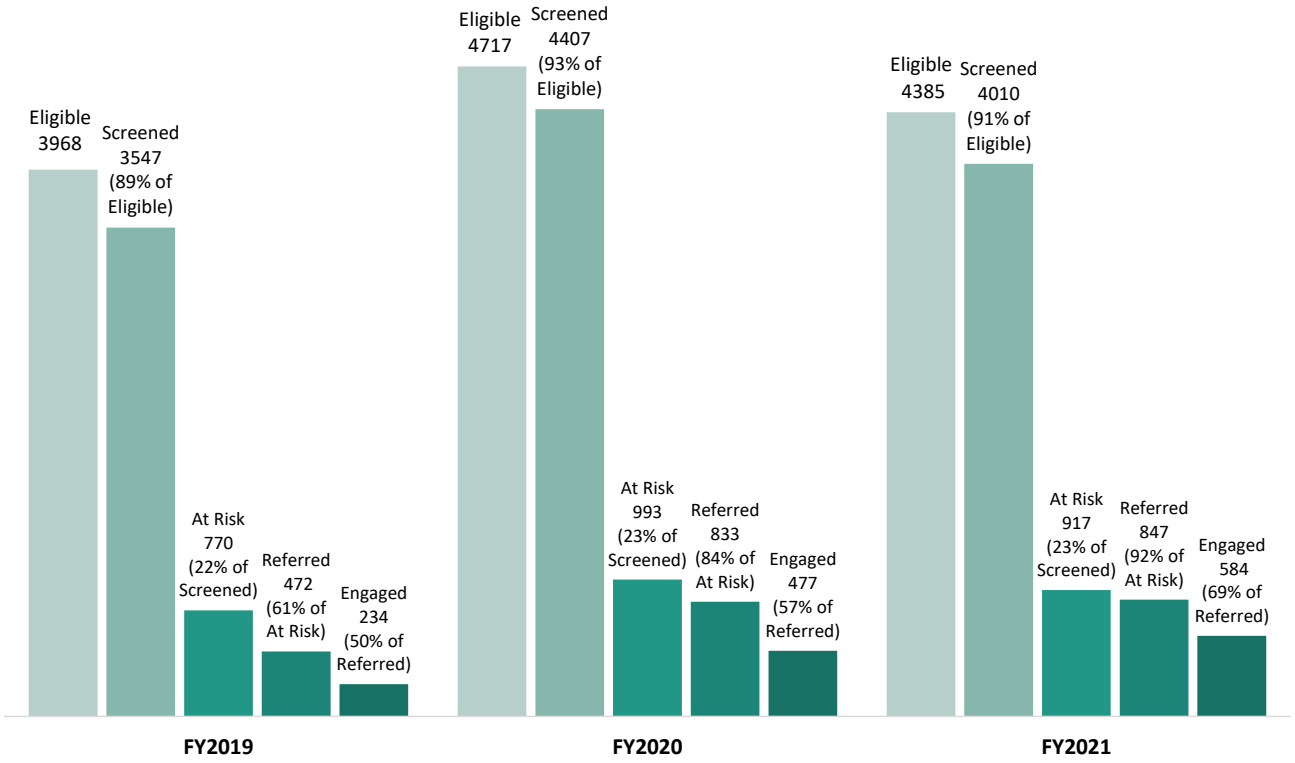
Home visiting programs encourage family connection to preventative health care services and work with families to understand the importance of regular infant and child well-child health visits. They work with families to monitor and track data on the percentage of young children in home visiting who are up to date on the **well-child visit** schedule recommended by the American Academy of Pediatrics.

This FY, 75.2 percent of children served were reported by their parents as being up to date on recommended well-child visits—an increase from last year's 67.6 percent. Nationally, children's engagement with preventive care declined during the pandemic, as families responded to public health concerns and stay-at-home orders. The Centers for Medicare and Medicaid Services reported that between January and May 2020 there was a 40 percent decrease in health screenings for children enrolled in Medicaid and CHIP, the Children's Health Insurance Program (Centers for Medicare and Medicaid Services, 2020). Well-child health screenings allow pediatricians and other health professionals not only to ensure that a child's health and development are on track, but also to help fill in gaps in a family's support system (Polacheck and Gears, 2020). In this context, home visitors continue to provide important supports to families in accessing the regular well-child care that ensures a child's health and development is on track.

75.2% **of child clients with 1+ home visit in FY21 received a pediatric well-child visit.**

SOCIAL-EMOTIONAL HEALTH OUTCOME DATA

CHILDREN SCREENED FOR POTENTIAL DELAY IN DEVELOPMENT (ASQ-3) AND CONNECTED TO EARLY INTERVENTION SERVICES



Rates of home visitor screening of children for potential **developmental delays** remained high this year, and rates increased of children referred to and engaged in early intervention services. In FY21, 4,385 children were old enough (4 months of age) to receive the first ASQ-3 screen, and had been in home visiting for at least five home visits. Children already receiving early intervention services do not receive the screen.

Of these children, 91.4 percent (4,010) had received at least one ASQ-3 screen. Roughly 23 percent, or 917 were identified by the screen as having characteristics of a delay in development, and therefore in the category of "identified for referral (at risk)."

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

In FY21, of the 917 children identified for referral through the ASQ-3, 92.4 percent (847) were referred to FIT early intervention services. This is a new high rate of referral to FIT, up from 84 percent in FY20. Of those referred, 68.9 percent (584) engaged in early intervention services—also a higher rate than seen in past years and an increase from last year's 57 percent.

Goal 4: Children are Ready for School

The Home Visiting Accountability Act requires annual reporting on measures of increased child readiness to succeed in school, including enhanced social-emotional and language development. School readiness involves the child's pre-reading, math, and language skills at school entry, as well as the child's social-emotional development (Shonkoff and Phillips, 2000; High, 2008; Duncan et al., 2007). Every time a parent or caregiver has a positive, engaging verbal interaction with a child—whether it is talking, singing, or reading—neural connections of all kinds are strengthened within the child's rapidly growing brain (Fernald et al., 2013; Tamis-LeMonda et al., 2019). By fostering homes in which such interactions regularly take place, home visiting has been found to boost children's language ability (Iruka et al., 2018; Henwood et al., 2020).

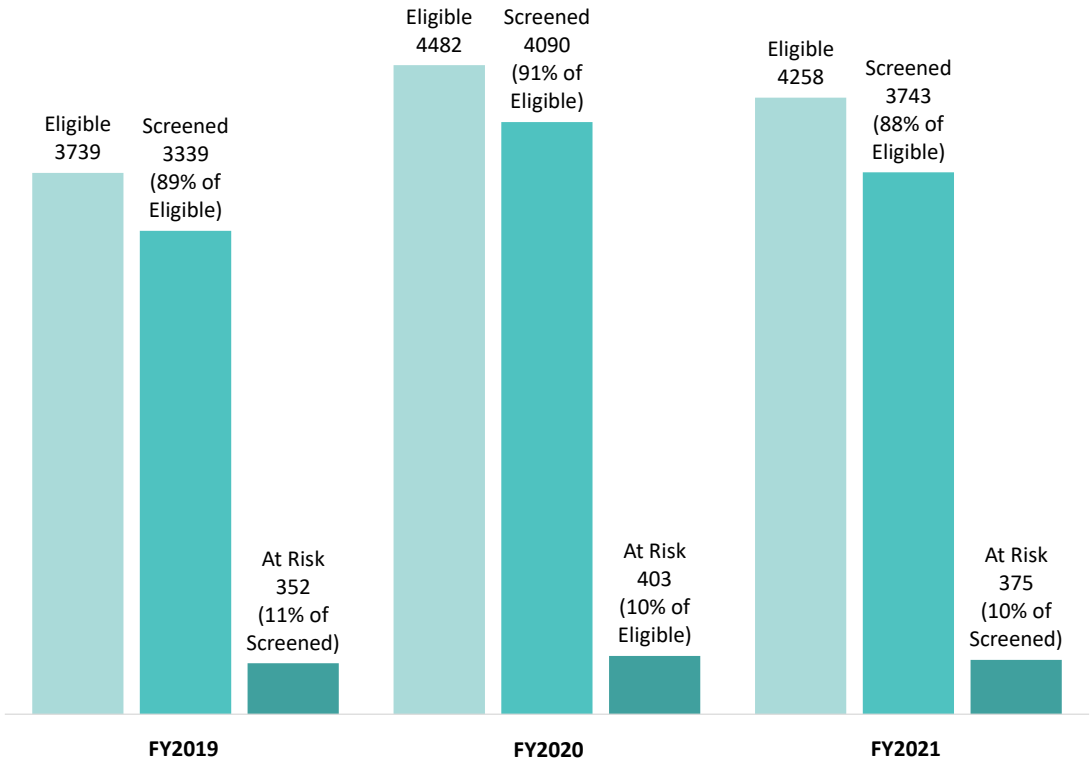
Home visitors screen for and build family capacity to support these social-emotional developmental skills, and provide appropriate referrals where additional professional support is indicated.

OUTCOME MEASUREMENT

The measures used to examine the impact of home visiting services on infants and young children's readiness for learning and school include PICCOLO and ASQ-3 results reported under Goals 2 and 3, as well as:

- Percentage of children screened on schedule for potential delay in social-emotional development with the ASQ-SE screening tool
- Number of days in which a caregiver reads, tells stories, or sings to an infant or child in a typical week

CHILDREN SCREENED FOR RISK OF SOCIAL-EMOTIONAL DELAY (ASQ-SE)



EARLY SCHOOL READINESS OUTCOME DATA

The ASQ-Social-Emotional questionnaire was administered to 3,743 (87.9 percent) of FY21's 4,258 eligible children since their enrollment in home visiting. Of these, 375 (10 percent), scored below cut-off. Scores on the ASQ-SE help guide home visitors' work with families in the preventive interactions designed to address difficulties in children's **social and emotional development**. When scores indicate possible risk for delayed development, home visitors discuss early intervention with families and provide referrals to FIT early intervention services and mental health providers, as appropriate.

Data to be Developed:

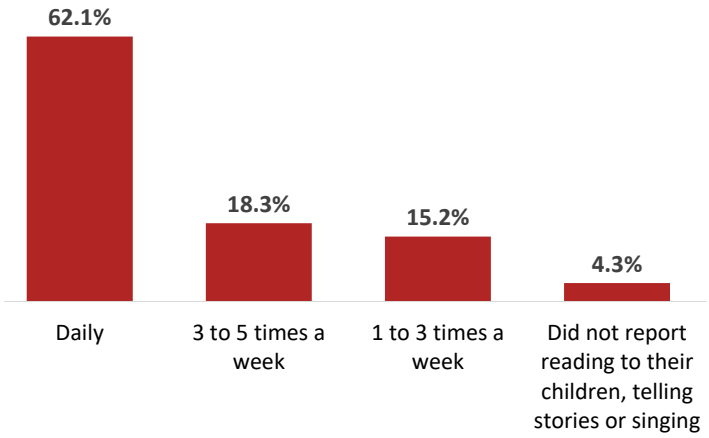
Track referrals and engagement with appropriate agencies for services as a result of ASQ-SE screenings

Spotlight: Supporting Social-Emotional Well-Being through Caregiver Connection

In FY21, ECECD provided training for home visitors in two evidence-based models, Circle of Security and Facilitating Attuned Interactions (FAN). Circle of Security supports caregiver connection to their children through building secure attachment, and helps to set a strong social-emotional foundation for future success. FAN builds on this foundation by helping caregivers become better attuned to their children to foster stronger, positive relationships, which also support social-emotional competence. These two training systems helped parents during the pandemic recognize the increased importance of their own role as a support system for their children. A secure attachment and an attuned parent to support children's social-emotional well-being became even more critical during this time of increased stress.

Programs also promote the development of language and **early literacy activities in the home**. Home visitors work with families to track the number of days in which a caregiver reads, tells stories, or sings to an infant or child in a typical week. Data reported by nearly 80 percent of families served in FY21 shows that 95.7 percent read, sing, or tell stories to their child at least once a week, with 62.1 percent doing so daily.

READING, TELLING STORIES, OR SINGING TO A CHILD IN A TYPICAL WEEK



Spotlight: Bonding through Books

When a family enrolls in home visiting services with the Northern New Mexico First Born program, one of the first things they receive is a book. Those books keep coming, every month, so participants build a family library that grows with their developing child over the years they're in the program. "Reading with children is part of what we do from day one," says program manager Louise Hoogerhuis. She brings 37 years of early childhood expertise to selecting quality books for children at every age. Her program is funded to serve 60 families each month in Mora and Harding counties, and program data shows that 96 percent of these families are reading to their child three times a week or more.

That's important, Hoogerhuis says, because of the many benefits of reading together. In children, it builds their early literacy skills and supports a lifelong love of reading. And it also creates a special opportunity for bonding between a caregiver and child. "You hold a child to read a book to them," explains Hoogerhuis. "Attachment and bonding happen when the book is in the middle."

Providing books is critical to families in the rural areas served by Northern New Mexico First Born, who may have to drive an hour to get to a public library—and whose libraries were often closed during the pandemic. It is also critical to ensuring equitable access to early literacy development. As one grateful grandmother told Hoogerhuis, "We could never afford books. If you have to choose between diapers and books, you'll have to choose diapers."

During the pandemic, Northern New Mexico First Born ensured their families received at least one book each month, handing them off safely in places such as Walmart parking lots. Books came as part of seasonally themed bags of activities to engage families with their little ones, with books included for school-aged siblings as well. Books have been provided through the First Book Program since 2013, with Hoogerhuis writing grants to community funders to cover the costs of shipping. Participating families are also automatically enrolled in Dolly Parton's Imagination Library, giving them a second source for books. "Our families, when they finish with the program, have over 80 titles in their family library," says Hoogerhuis.

Data to be Developed:

Continued ECIDS data system capacity-building to track children across programs, enabling report on the percentage of children receiving home visiting who enter kindergarten at or above grade level on the Kindergarten Observation Tool statewide assessment

Goal 5: Children and Families are Safe

New Mexico's Home Visiting Accountability Act calls for measurement of how programs have provided resources and supports that may help to reduce child maltreatment and injury. Young children who experience developmental trauma, such as exposure to domestic violence, abuse, and neglect, are significantly impacted in their brain development. These children are at higher risk for poor performance in school and in relationships with others (Perry, 2008). While caregivers who experienced child maltreatment themselves are more likely to perpetrate child maltreatment, they are significantly less likely to do so when they have a better relationship with their intimate partner, more satisfaction with parenthood, and better attachment with their children (Thornberry et al., 2013; Wurster et al., 2020). Experts sounded the concern that family safety was likely threatened during the public health emergency, as families stressed by financial or other concerns brought on by the pandemic spent more time together in isolation, cut off from their typical support networks (Abramson, 2020; Cuartas, 2020).

Home visitors help prevent child maltreatment by being positive role models for parents, connecting families to community resources, and providing information about child development and appropriate discipline (Howard and Brooks-Gunn, 2009). Specifically, New Mexico home visiting uses the Circle of Security approach, which research has shown to improve caregiver self-efficacy, secure child attachment, and quality of caregiving (Yaholkoski et al., 2016). Home visiting programs use screening tools to assess risk and support protective factors for child maltreatment, such as secure attachment, family stability, access to health care and social services, and social connectedness.

Where risk factors are present, home visitors use their knowledge of each family to establish intervention plans, including safety plans for families who may be at risk for family violence. Home visitors also discuss up-to-date practices for reducing risk of COVID-19 infection, unintentional injury issues (e.g., potential poisoning and water safety), safe sleep practices, and positive parenting strategies with caregivers to prevent abuse and neglect. If home visitors identify safety concerns or suspect abuse or neglect, they must complete a report to Statewide Central Intake (Child Protective Services).

OUTCOME MEASUREMENT

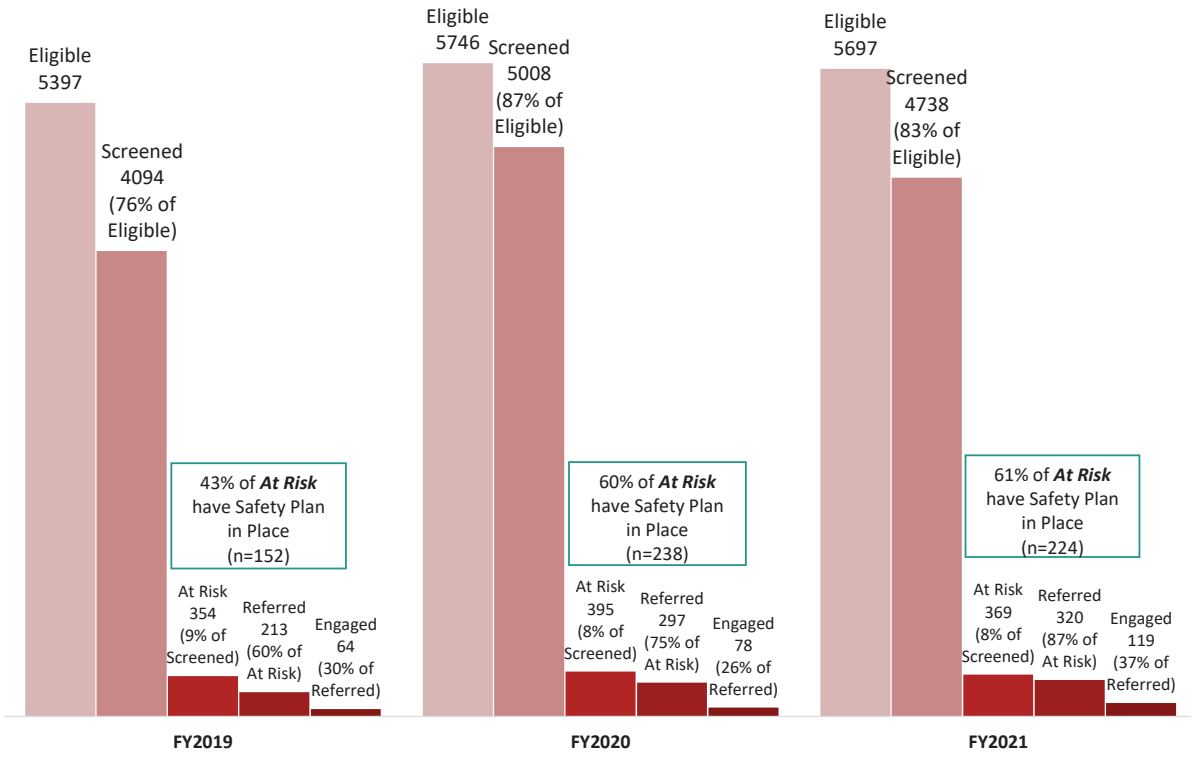
The indicators used to measure home visiting's impact on safety are the percentage of participating families:

- Identified as at risk of intimate partner violence
- Identified as at risk of intimate partner violence who have a safety plan in place
- Identified as at risk of intimate partner violence who are referred to and receive support services
- Engaged in discussion of unintentional injury prevention
- Recorded as having one or more protective services substantiated abuse and/or neglect referrals

New this year is data on family use of safe sleep practices, which can help lower the risk of sleep-related infant deaths (American Academy of Pediatrics, 2016; Dorjulus et al., 2021).

FAMILY SAFETY OUTCOME DATA

CAREGIVERS SCREENED FOR INTIMATE PARTNER VIOLENCE RISK AND CONNECTED TO SERVICES



Among FY21 active families, 4,738 had been screened for potential risk of **intimate partner violence**, using either the Relationship Assessment Tool (RAT) or Hurt, Insult, Threaten or Scream (HITS) Tool for Intimate Partner Violence Screening. This represents 83.2 percent of eligible family caregivers screened.

When screened, 369 (7.8 percent) scored as potentially at risk. Of those at risk, 86.7 percent (320) were referred to available behavioral health services. This represents a continued improvement trend in referrals made, from 75 percent in FY20 and 60 percent in FY19. The percentage of families who engaged in services as a result of the referral was 37.2 percent (119), also higher than in the past.

Of the 369 families who scored as at risk on an intimate partner violence screen, 60.7 percent (224) are recorded as having a **safety plan** in place. This is a downward change from 2019's 73.1 percent, likely tied to telehealth services. Family members may be reluctant to disclose due to lack of privacy, which impacts the identified need for a safety plan. Continued training for home visitors on protocols for responding to at risk scores will need to be a continued priority, as will accurate data reporting on those efforts.

66.5% **of families with 5+ direct services discussed home safety and injury prevention with their home visitors.**

Home visitors' discussions with parents about safety in the home are important to preventing unintentional child injury. Recorded rates of discussion of **home injury prevention** were at a low of 66.5 percent, down from last year's 73.6 percent. This is consistent with last year's report of data which showed that discussion of safety in

the home took place in only 1 out of 5 of the telehealth visits that took place during the public health emergency months of March through June 2020. It continues to be important to ensure that home visitors find ways to review safety with caregivers when they're unable to be physically present in the home environment.

New this year is data that reflects family awareness and use of **safe sleep practices** that are known to reduce the risk of infant sleep-related death, including sudden infant death syndrome and accidental suffocation. Home visiting programs participate in a statewide Safe Sleep program, in collaboration with partners at the New Mexico Department of Health, which teaches parents about sleep risks and what actions they can take to protect their infants (https://safetosleep.nichd.nih.gov/). The New Mexico Home Visiting Safe Sleep Program provides safe sleep education and messaging to families, as well as Safe Sleep Baby Cradles and supporting materials.

Data on safe sleep practices was available for close to 80 percent of families with infants participating in home visiting during FY21. Their responses to questions show that, overall 67.5 percent followed recommended safe sleep practices.

67.5% of parents report they always follow safe sleep practices when putting their infant to sleep.

In particular, 70.4 percent report placing their infant to sleep on their back; 63.1 percent report always placing their infant to sleep alone in their bed; and 63.1 percent avoid placing their infant to sleep with soft bedding.

<1% of families enrolled in home visiting for up to 6 months or longer had abuse or neglect referrals.

ECECD also tracks data that examine the relationships between home visiting services and **prevention of maltreatment.** Of those families receiving home visiting services for at least six months in FY21, 0.62 percent had one or more protective service substantiated abuse or neglect referrals during their participation period. This continues a trend in reduced substantiated referrals after enrollment in home visiting, from an initial 1.94 percent in FY18.

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

The Home Visiting Accountability Act requires measurement of the improved coordination of referrals of families to community resources and supports for families. Connecting families to social support services is part of the goal-setting and planning process with each family, which is informed by screening tools and questionnaires to identify risks (Heinz and Breidenbach, 2020). Appropriate referrals, and follow-ups on those referrals within a month, should occur regularly. Home visitors make referrals to various services and agencies, including primary care providers, behavioral health services, early intervention programs, intimate partner violence services, and child protective services.

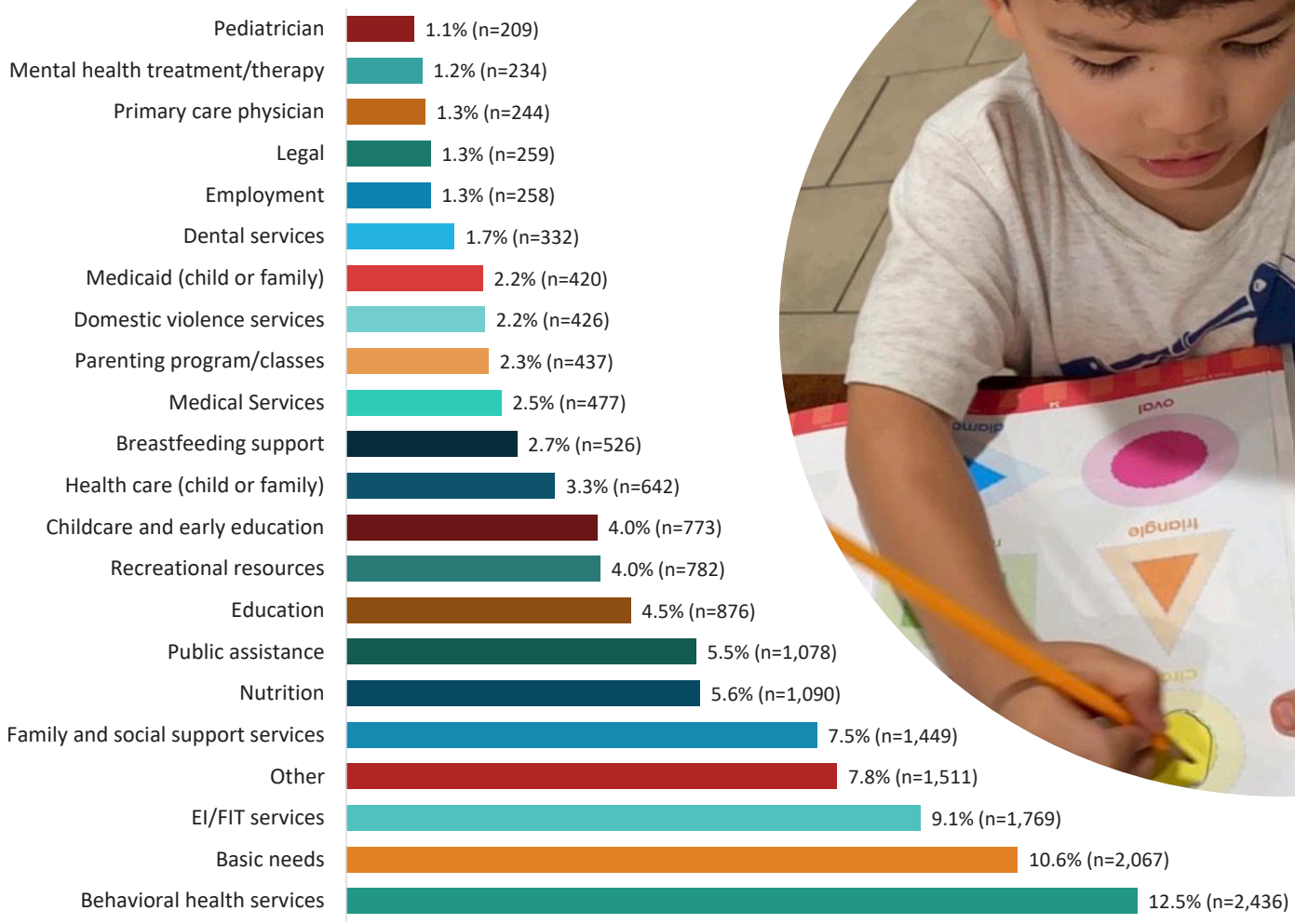
OUTCOME MEASUREMENT

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

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

FAMILY SUPPORTS OUTCOME DATA

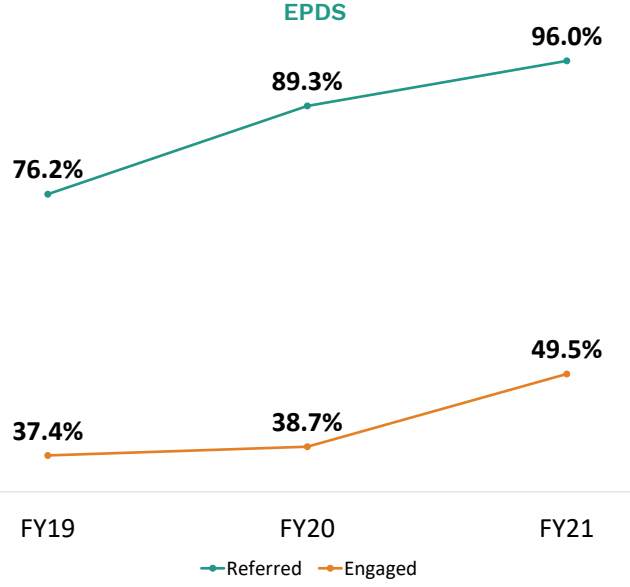
FAMILY REFERRALS, BY SERVICE TYPE



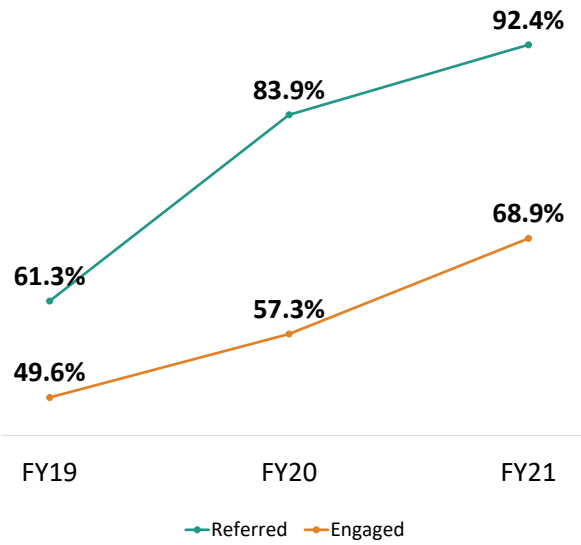
Seventy-two percent of families enrolled this FY have been referred to a total of 31,693 **family support services** during their time in home visiting services, with 7,826 initiated this year. Of referrals made to FY21 families, 12.5 percent were to behavioral health services, 10.6 percent were for basic needs, 9.1 percent were to early intervention (FIT) services, 7.5 percent were to family and social support services and 5.6 percent were for nutrition supports.

SERVICE REFERRAL AND FAMILY ENGAGEMENT TRENDS, 2018-2020

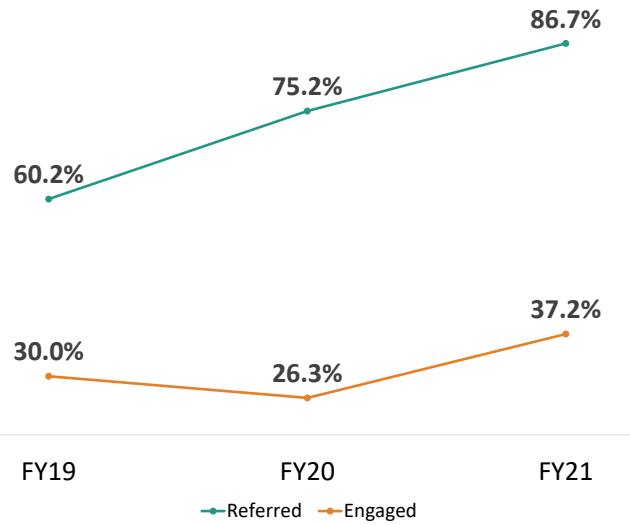
EPDS



ASQ-3



RAT/HITS



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

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

Data show that overall rates of referral and family engagement in services are at or near three-year highs, reflecting focused efforts by ECECD's home visiting support team—which includes the UNM CDD consultation team, UNM ECSC Database Services team, and ECECD home visiting staff—to develop individualized quality improvement plans to support programs in their efforts to better connect families to key support services.

Data to be Developed:

Continued ECIDS data system capacity-building to track children across programs, enabling report on the percentage of children receiving home visiting services who are enrolled in high-quality, licensed child care

Next Steps

Marking its first full year of administering New Mexico's Home Visiting Program, ECECD has identified several next steps to further integrate high quality home visiting into the state's continuum of early childhood services:

Data and Accountability

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

- Reviewing recommended **periodicity of screenings** for potential family risks and training programs on updated expectations;
- Updating outcomes measure **data definitions** to ensure match to current practice and research;
- Tracking **referral steps** taken as a result of social-emotional (ASQ-SE) screening.

ECECD will also support continued implementation of ECIDS data system ability to match administrative data across programs, in order to allow measurement of child outcomes mandated in the Home Visiting Accountability Act but not yet reported:

- Outcome data from the Public Education Department's **Kindergarten Observation Tool (KOT)** matched to participants in home visiting to report on home visiting's impact on school readiness;
- Enrollment in subsidized quality **child care and NM PreK** programs by children during and after home visiting participation to better understand home visiting's impact on connection to other quality early childhood education programs;
- Reliable data on **immunization** of children in home visiting by matching program participants to the **statewide immunization database**.

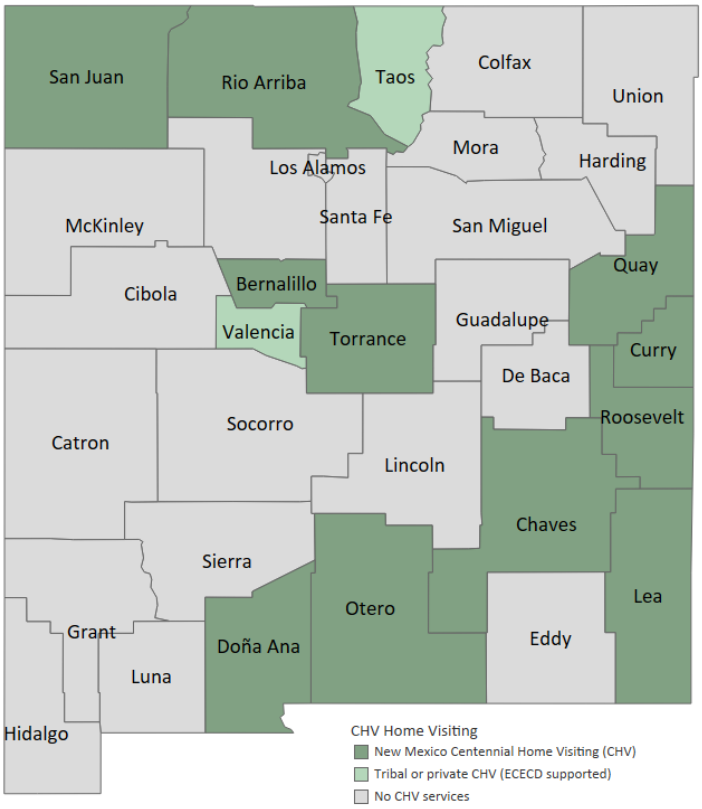
Home Visiting Program Building

ECECD will continue to integrate home visiting into the state's continuum of early childhood education and care services by:

- Completion of a **Home Visiting Cost Study**, funded through the Pritzker Foundation and led by Growing Up New Mexico. The fiscal modeling project began January 2021 and will use provider data to model the true costs of program operation. ECECD will use the study to understand the costs of maintaining a multi-model program approach that addresses varying levels of family need. In FY22, the base reimbursement rate to programs will increase to $4,500 per family per year.
- **Partnership with the New Mexico Infant Mental Health (IMH) Association** to increase the number of home visitors working on and attaining their IMH endorsement.
- Support for implementation of recommendations formulated in October 2021 by the **New Mexico Early Childhood Home Visiting Medicaid Expansion Work Group**, a public-private partnership that has included representatives from the Human Services Department, ECECD, home visiting providers, staff of the Legislative Finance Committee, representatives from the early childhood funders group, Medicaid Managed Care Organization (MCO) representatives, Centennial Home Visiting (CHV) participants and other early childhood service providers from across the state. Recommendations of the work group propose steps to ensure successful provider billing to Medicaid, effective collaboration between MCOs and CHV providers, efficient intake and referral processes, and access to an expanded range of home visiting program models. These steps are designed to help ECECD meet its goal of serving more families, with plans in place for CHV to serve as many as 850 families by FY22 through five new programs: Aprendamos, Community Action Agency of Southern New Mexico, MECA, Presbyterian Medical Services, and YDI (see accompanying map). In FY21, ECECD provided start-up funding to two new programs to offer Centennial Home Visiting in FY22: MECA, which will offer Parents as Teachers home visiting, and YDI, which will offer the Nurse-Family Partnership model. ECECD also supports the participation of Taos Tiwa Babies in the CHV Home Visiting program, as well as Nurse-Family Partnership's expansion of CHV to Valencia County.

FY21 AND FY22 ECECD CENTENNIAL HOME VISITING

Services to 853 families by FY22 in these counties:



- Continued partnership with the Erikson Institute to offer **four FAN (Facilitating Attuned Interactions) training cohorts** in the coming year. Cohorts will receive core training, six months of monthly mentoring, and one year of post-training Community of Practice Consultation and Resources.

- **Support for hybrid models of service provision**, which combine best practices for face-to-face and virtual visits.
- Support for a major effort in the state to increase the flow of family **referrals to home visiting from health care settings**. The state will provide monthly data through a data-sharing memorandum of understanding with the UNM Health Science Center's THRIVE (The Home Visiting Referral Quality Improvement Initiative) project. THRIVE will use monthly data to guide implementation of strategies that their pilot research has identified as key to engaging patient referrals from hospitals, clinics, and other health care settings.
- Offering **software supports to families for school readiness** through the Waterford Upstart project, a home-based school readiness program for preschoolers. Computers and internet will be provided to families who need it, with curriculum individualized for their child's reading, math, and science learning needs. Families are assigned a Waterford coach, who forms a partnership with parents and caregivers to ensure children are receiving quality education as planned. Social-emotional learning is reinforced in the software learning sequence, with further development by parents through off-line activities.
- Sponsoring infant and prenatal/postpartum **CranioSacral Therapy training** as a state-offered early childhood and pre/postpartum health and well-being intervention.

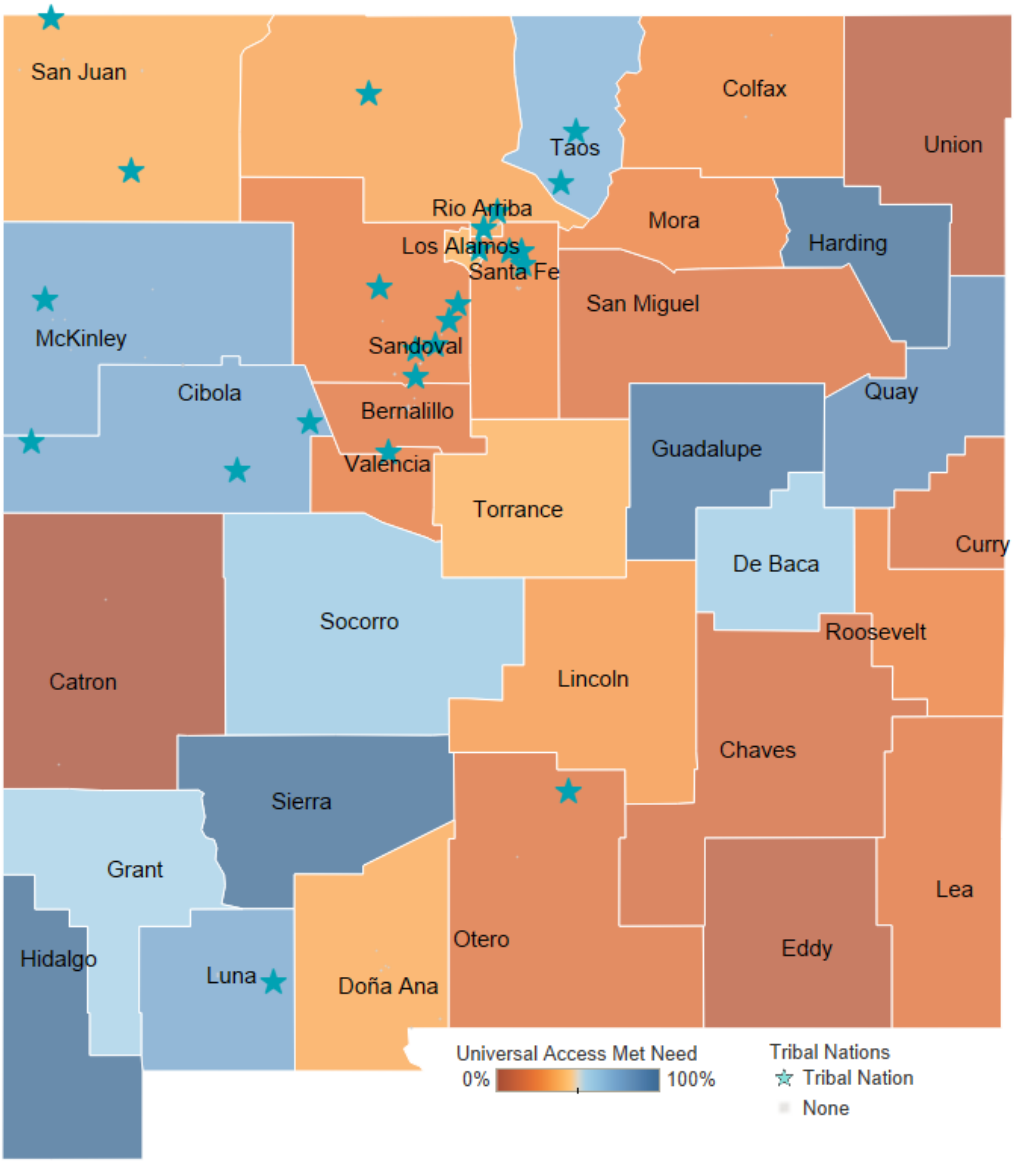
APPENDIX 1: New Mexico Home Visiting Collaborative Statewide Map, FY21

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

These programs, together with ECECD, formed a New Mexico Home Visiting Collaborative in 2016 to provide a forum for statewide home visiting collaboration. Partners have annually shared their capacity data in order to map a comprehensive view of expanding home visiting capacity in New Mexico. These data show that as of December 2020, a total of 7,248 year-round home visiting openings were available to families across the state, across funding streams.

STATEWIDE HOME VISITING CAPACITY, FY21 - 7,248 FAMILY SLOTS

Map shows total Federal, State and Privately funded home visiting slots by county, as of Dec. 2020.



Map colors indicate progress toward meeting estimated need for home visiting, with red showing least estimated need met and green showing most. Estimates of need are based on a method used in New Mexico's Preschool Development Grant Birth-Five Early Childhood Needs Assessment that counts 80 percent of annual live births and 40 percent of previous year births.

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

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

APPENDIX 2: Outcome Measures Defined

Data for nearly all program and outcome measures are collected by home visitors and reported to the state Home Visiting Database, maintained and managed for ECECD by the UNM Early Childhood Services Center (ECSC) since 2008. The data analyzed for this report are de-identified, family-level data provided by ECSC in October 2020. Detailed definitions of measures are offered below.

Measure	Measurement Tool	Operational Definition
Number and type of programs funded	Early Childhood Education and Care Department (ECECD) program contracts	All home visiting prc that s that were both contracted and reported data in the reporting period
Number of families funded (openings)	ECECD program contracts	As reported by ECECD
Number of families served	Home Visiting Database	All families receiving one or more home visits in the reporting period
Demographics of families served	Home Visiting Database	Reported on all clients in families with at least one home visit in the reporting period
Duration of participation by families	Home Visiting Database	Time in months between most recent enrollment and most recent service date for all families served in the reporting period
Home visitors by highest credential earned	Home Visiting Database	Database entry
Goal 1: Babies are Born Healthy		
Percentage of mothers enrolled prenatally who receive prenatal care	Federal Maternal Child Health (MCH) form; item asks *"Did you receive prenatal care? If Y, when did you start with prenatal care?"*	**Numerator:** Number of below who reported receiving prenatal care **Denominator**: Number of mothers enrolled prenatally who gave birth during reporting period and who answered relevant item on the MCH
Percentage of mothers enrolled prenatally who discontinue reported substance use by end of pregnancy	*If Yes,* deral Maternal Child Health (MCH) form; item asks *"During pregnancy, did you drink any alcohol, smoke cigarettes, or use any recreational/illegal drugs? If you used substances during pregnancy, when did you quit?*	**Numerator:** Number of below who report discontinued substance use by end of pregnancy **Denominator**: Number of mothers enrolled prenatally who gave birth during reporting period and who self-reported substance use on MCH
Percentage of postpartum mothers screened for postpartum depression	Edinburgh Postpartum Depression Scale (EPDS)	**Numerato**r: Number of below screened for depressive symptoms using the EPDS **Denominator:** Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period
Percentage of postpartum mothers identified at risk for postpartum depression	Edinburgh Postpartum Depression Scale (EPDS) & Home Visiting Database Referral Records	**Numerator:** Number of below identified as at risk of postpartum depression **Denominator**: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period who were screened with the EPDS
Percentage of postpartum mothers identified at risk for postpartum depression who are referred for services	Edinburgh Postpartum Depression Scale (EPDS) & Home Visiting Database Referral Records	**Numerator:** Number of below referred for behavioral health services **Denominator**: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period who were screened as at risk on the EPDS
Percentage of postpartum mothers identified at risk for postpartum depression who are referred for and receive services	Edinburgh Postpartum Depression Scale (EPDS) & Home Visiting Database Referral Records	**Numerator:** Number of below recorded as engaged in behavioral health services **Denominator**: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period screened as at risk on EPDS who were referred for behavioral health services
Percentage of mothers who initiate breastfeeding	Federal Maternal Child Health (MCH) form; item asks, *"Did you begin breastfeeding your baby?"*	**Numerator:** Number of below who reported initiation of breastfeeding **Denominator**: Number of mothers enrolled prenatally who gave birth during the reporting period and answered breastfeeding question on the Federal MCH
Percentage of infants on schedule to be fully immunized by age 2	Federal Maternal Child Health Form (MCH); item asks, *"Has your child had all recommended shots? "*	**Numerator:** Of below, number who have reported a child as being immunized **Denominator**: Number of families served in the reporting period with data on child immunizations
Goal 2: Children are Nurtured by their Parents and Caregivers		
Percentage of children whose parents show progress in practicing positive parent-child interactions as measured by the PICCOLO	PICCOLO	**Numerator:** Of below, number of children whose parents show positive difference between initial and most recent score, by domain **Denominator:** Number of children with at least 2 PICCOLO screenings
Goal 3: Children are Physically and Mentally Healthy		
Percentage of babies and children receiving the well-child visits recommended for their age by the AAP	Federal Maternal Child Health (MCH) Form; item asks parents to mark which well-child visits child has attended and date of those visits	**Numerator:** Of below, number of children who have received their most recent well child visit according to MCH response **Denominator:** Number of children served in the reporting period

Measure	Measurement Tool	Operational Definition
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are screened on schedule	Ages & Stages Questionnaire-3 (ASQ-3)	**Numerator:** Of below, number who received at least one ASQ-3 screen **Denominator**: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, and received at least 5 home visits
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified with scores below cutoff	Ages & Stages Questionnaire-3 (ASQ-3)	**Numerator:** Of below, number who scored below ASQ-3 cutoff **Denominator**: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits and were screened with at least one ASQ-3 screen
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and referred for further assessment or services	Ages & Stages Questionnaire-3 (ASQ-3) & Home Visiting Database Referral Records	**Numerator:** Of below, number who were referred to early intervention services during the reporting period **Denominator:** Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, and scored below cutoff on at least one ASQ-3 screen
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and receive further assessment or services	Ages & Stages Questionnaire-3 (ASQ-3) & Home Visiting Database Referral Records	**Numerator**: Of below, number who engaged in early intervention services during the reporting period **Denominator**: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, scored below cutoff on at least one ASQ-3 screen and were referred for behavioral health services
Goal 4: Children are Ready for School		
Percentage of children screened for potential social-emotional difficulties with the ASQ-SE screening tool who are screened on schedule	Ages & Stages Questionnaire-Social-Emotional (ASQ-SE)	**Numerator:** Of below, number who received at least one ASQ-SE screen **Denominator**: Number of children who reached 6 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, and received at least 5 home visits
Percentage of children screened for potential social-emotional difficulties with the ASQ-SE screening tool who are identified with scores below cutoff	Ages & Stages Questionnaire-Social-Emotional (ASQ-SE)	**Numerator:** Of below, number who scored below ASQ-SE cutoff **Denominator**: Number of children who reached 6 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits and were screened with at least one ASQ-SE screen
Percentage of caregivers who reported that during a typical week s/he read, told stories, and/or sang songs with their child	Home Visiting Database Activity Records	**Numerator:** Of below, number of caregivers reporting reading to children at least once a week **Denominator:** Number of caregivers served in the reporting period with data on frequency of reading to children
Percentage of children entering kindergarten at or above grade level on state school readiness assessments	None available	**Data Development Recommended**
Goal 4: Children and Families are Safe		
Percentage of families screened for domestic violence	Relationship Assessment Tool (RAT) or other validated tool	**Numerator:** Of below, number ever screened with RAT or other validated tool **Denominator**: Number of families served during the reporting period
Percentage of families identified at risk of domestic violence	Relationship Assessment Tool (RAT) or other validated tool	**Numerator:** Of below, number identified at risk of domestic violence **Denominator**: Number of families served during the reporting period who ever got screened with RAT or other validated tool
Percentage of families identified at risk of domestic violence who are referred to support services	Relationship Assessment Tool (RAT) or other validated tool and Home Visiting Database Referral Records	**Numerator:** Of below, number who received domestic violence support referral **Denominator**: Number of families served during the reporting period who were screened with RAT or other validated tool and identified as at risk
Percentage of families identified at risk of domestic violence who are referred for and receive support services	Relationship Assessment Tool (RAT) or other validated tool and Home Visiting Database Referral Records	**Numerator:** Of below, number who received domestic violence support referral and obtained services **Denominator**: Number of families served during the reporting period who were screened with RAT or other validated tool and identified as at risk
Percentage of families at risk for domestic violence who have a safety plan in place	Relationship Assessment Tool (RAT) or other validated tool and Home Visiting Database Referral Records	**Numerator:** Of below, number who had a safety plan completed **Denominator**: Number of families served during the reporting period who were screened with RAT or other validated tool and identified as at risk

Measure	Measurement Tool	Operational Definition
Percentage of families engaged in discussion of injury prevention	Home Visiting Database Activity Records	**Numerator:** Of below, number of families who received information or training on injury prevention **Denominator**: Number of families receiving more than 5 cumulative home visits
Percentage of families reporting safe sleep practices	Home Visiting Database Activity Records	**Numerator:** Of below, number of families reporting practicing safe sleep habits **Denominator**: Number of families served in the reporting period
Number of substantiated cases of maltreatment suffered by children after entry into program	ECECD and Children, Youth, and Families Department	**Numerator:** Of below, number of families recorded with one or more protective service substantiated abuse or neglect referrals during their participation period **Denominator**: Number of families enrolled in home visiting for 6 months or more in reporting period
Number of families identified for referral to support services available in their community, by type	ASQ-3, RAT and EPDS	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of families identified who receive referral to available community supports, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of families referred who are actively engaged in referral services, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of children receiving home visiting services who are enrolled in a high-quality licensed child care program	None	**Data Development Recommended**

APPENDIX 3: References

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