



New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2013

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

JANUARY 1, 2014

Home Visiting in FY13, At a Glance:

Programs: 20

Counties Served: 22

Families Funded:
1,005

Home Visits: 20,224

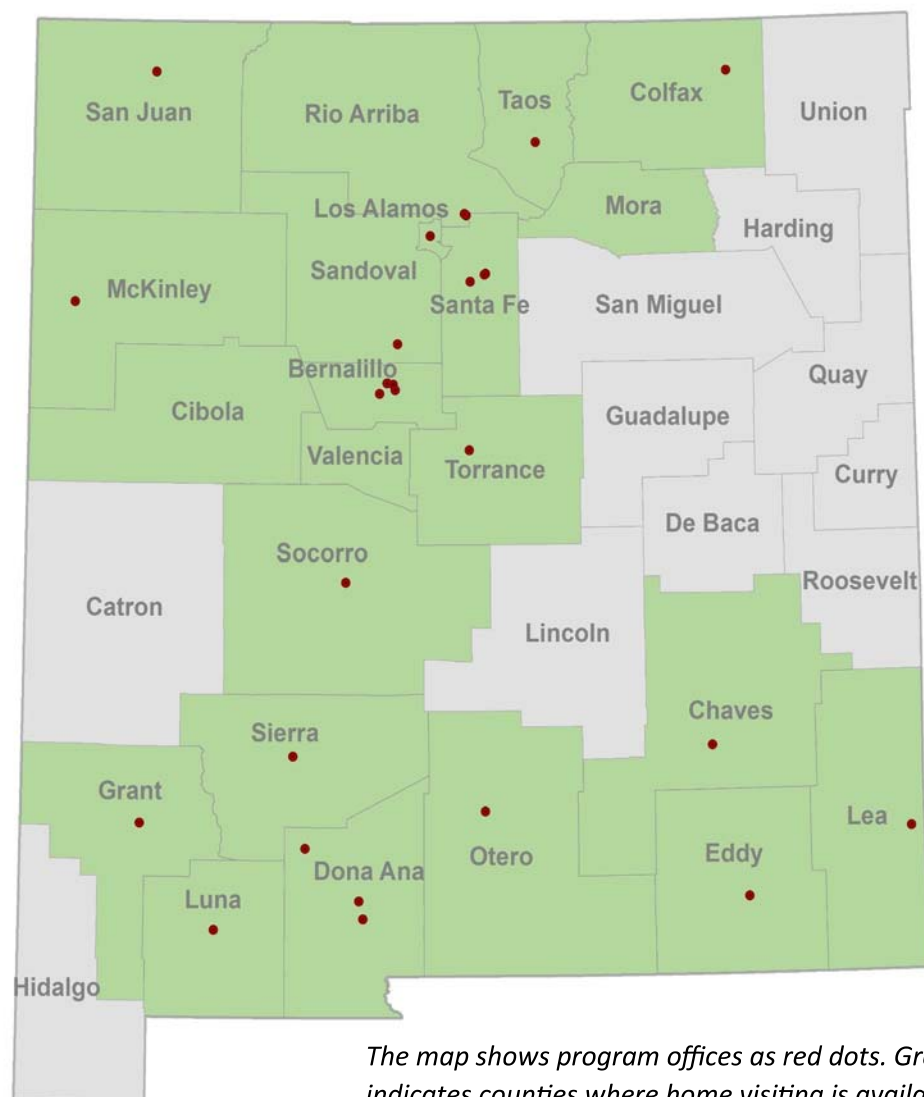
Home Visitors: 144

Introduction

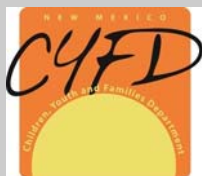
This first Annual Home Visiting Outcomes Report presents aggregate data about the outcomes for all Children, Youth and Families Department (CYFD)-administered home visiting programs funded by the State of New Mexico in Fiscal Year 2013 (FY13). The report was prepared according to the requirements of NMSA 1978, Sections 32A-23B-1 (2013), referred to here as the "Home Visiting Accountability Act," and is designed to inform policymakers and practitioners about the impact of the state's Home Visiting System on families and children in New Mexico.

New Mexico's Home Visiting System, FY13

New Mexico's 20 home visiting programs serve 22 of New Mexico's 33 counties.



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



Home Visiting Program Goals

Children are Born Healthy

Children are Nurtured by
their Parents and Caregivers

Children are Physically and
Mentally Healthy

Children are Ready for
School

Children and Families are
Safe

Families are Connected to
Formal and Informal
Supports in their
Communities

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New Mexico's Home Visiting System on the National Stage

In the past few years, New Mexico has become a key player in national conversations about home visiting. But New Mexico's efforts to develop a Home Visiting System date back decades, and reflect the hard work of professionals, advocates, and communities, as well as the bipartisan efforts of lawmakers and elected officials. Those efforts are now being acknowledged in the national dialogue.

National interest in New Mexico's Home Visiting System is reflected in numerous invitations during 2013 for CYFD staff to present about the state's system at national conferences:

- "Integrating Home Visiting into a Comprehensive Early Childhood System," presented in Texas to the Health Resources and Services Administration Maternal, Infant and Early Childhood Home Visiting (MIECHV) Region VI Conference
- "New Mexico Home Visiting," presented in Washington, DC at the Pew Foundation National Summit on Quality in Home Visiting Programs
- "New Mexico's Home Visiting Accountability Act," presented at the Pew Foundation National Webinar
- "New Mexico's Comprehensive Early Childhood System," presented in Florida at the Pew Foundation Home Visiting State Leaders Meeting
- "Is there an App for That? Strengthening Family Engagement with Technology," presented at MIECHV Technical Assistance Coordinating Center (TACC) Webinar

State of New Mexico CHILDREN, YOUTH AND FAMILIES DEPARTMENT

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DEPUTY CABINET SECRETARY

December 13, 2013

Dear Friends of New Mexico's Children and Families:

It is with pleasure that I present to you the first *New Mexico Home Visiting Program Outcomes Report* in compliance with the Home Visiting Accountability Act signed by Governor Martinez in April, 2013. The report has been written under contract by UNM's Center for Education Policy Research and Center for Rural and Community Behavioral Health. The Home Visiting Accountability Act requires annual reporting of a wide range of data points reflecting the broad scope of home visiting, which ensures accountability to program funders and also provides CYFD with critical information necessary for the on-going improvement of the Home Visiting Program as it grows and matures. New Mexico has become a national leader in the establishment of a comprehensive early childhood care and education system and the Act allows CYFD to keep the Governor, Legislators, the Early Learning Advisory Council, and stakeholders informed of the accomplishments of the New Mexico Home Visiting Program.

From small beginnings as far back as 1989, the Home Visiting Program has a long history of engaging communities to help shape programming that is responsive to family and community strengths – and needs. The emerging Program incorporates research-based best practices that focus on strengthening healthy families and children. Growth of the home visiting system will continue to be responsive to the diverse families of New Mexico and will continue to be guided by research about child and family well-being.

CYFD appreciates the support of New Mexico's emerging Home Visiting Program.

Sincerely,

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

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Executive Summary

Introduction

On April 2, 2013, Governor Susana Martinez signed SB365: The Home Visiting Accountability Act into law. The Act, which was passed overwhelmingly by both the Senate and House, granted the Children, Youth, and Families Department (CYFD) statutory authority to establish a statewide system of home visiting services.

The Act contains a great deal of detailed information about home visiting, much of which is included throughout this Annual Report. For the purposes of this Executive Summary, it is important to note that home visiting is intended to deliver a variety of informational, educational, developmental, referral and other support services for eligible families who are expecting or who have children who have not yet entered kindergarten. It is designed to promote child well-being and prevent adverse childhood experiences. New Mexico is committed to building a Home Visiting System that includes both the infrastructure and programs needed to provide universal, voluntary access for pregnant women, expectant fathers, and parents and primary caregivers of children from birth to kindergarten entry. The services provided during home visiting are expected to be research-based, grounded in best practices, and linked to six overarching goals:

- Babies that are born healthy;
- Children that are nurtured by their parents and caregivers;
- Children that are physically and mentally healthy;
- Children that are ready for school;
- Children and families that are safe; and
- Families that are connected to formal and informal supports in their communities.

Finally, the Home Visiting Accountability Act requires CYFD to produce an Annual Outcomes Report to the Governor, the Legislature, and the Early Learning Advisory Council. The Annual Outcomes Report is to include information on the implementation of the Home Visiting System, as well as the system's progress in meeting specific goals and outcomes.

The University of New Mexico's Center for Education Policy Research and the Center for Rural and Community Behavioral Health have collaborated to produce the Annual Outcomes Report for CYFD. As the authors of this report, we have had the opportunity to work with policy makers, agency and program staff, community advocates, and families involved in home visiting. We have the deepest respect for the time, compassion, and effort that these New Mexicans have dedicated to ensuring our state's youngest and most vulnerable residents begin their lives in the best way possible.

Here are some key points from this year's report:

What Do We Know About The Implementation Of Home Visiting Programs In FY13?

New Mexico has a large and impressive system of home visiting that is still in development, and saw its most significant funding come in just the past two years. Home visiting as a state system is in an early phase, and measures of implementation in this report are most usefully considered as a baseline from which to compare future performance. As home visiting has expanded, CYFD has worked to keep contracted programs in compliance with its standards for service delivery, screenings, and data reporting. Where data in this report show instances where implementation has lagged, it is important to keep in mind that the system is still growing, with new programs coming online, new employees being recruited and trained, and new research-validated screens being brought into use across all programs in the system.

Executive Summary (cont'd)

High-level data on implementation of home visiting in FY13 clearly shows a system in expansion:

- Since FY06, funding for home visiting has increased from \$500,000 for a small pilot program to \$8.5 million in state and federal funds in FY14.
- In FY13, CYFD received \$5.9 million in state and federal funds to support the Home Visiting System.
- CYFD funded 20 home visiting programs with the capacity to provide openings and services to 1,005 families at any one time. During FY13, those 20 programs provided home visiting services to 1,911 families and 1,630 children.
- Home visiting programs are designed to engage families for varying numbers of visits and lengths of time, depending on the family's needs and requests. In FY13, 18% of the families had one visit, 21% had two to four visits, and the remaining families had between five and more than 20 visits. Almost 74% of families' participation in the program ranged from two months to more than two years, including a large number of families who were continuing their services from previous years.
- The average cost per client served in state funded programs was \$2,998, and the average cost per client served in federally funded programs was \$5,614. The difference is because the state contracts with agencies to provide home visiting services based on required contractual costs of \$3,000 per client opening. Federal funds support contracts based on actual costs, and so federal contracts vary by program and home visiting model.
- In FY13, 144 professionals provided home visiting services. These home visitors hold a wide variety of educational credentials, ranging from high school diplomas to doctoral degrees. They receive professional development in curriculum, working with children and families, and use of screening tools and data entry, which is critical to achieving both outcomes and accountability.

What Do We Know About The Outcomes Of Home Visiting In FY13?

One of the most important questions about home visiting is whether the program is achieving its goals. This is also one of the most technically challenging questions to answer, because we need valid and reliable measures related to healthy births, nurturance, physical and mental health, school readiness, safety, and sources of support. In addition, we need to develop a sense of how many families would have to participate in home visiting programs in order to see statewide improvements in child well-being. Clearly, many individual children and families benefit from home visiting, but one of the hopes in establishing a statewide Home Visiting System is to have statewide impact. Finally, some of the goals outlined for home visiting are long-term goals, and New Mexico needs an effective system for tracking children as they move through early childhood programs, into K-12 education, and beyond.

It is clear from the data that New Mexico has made important progress in developing measures related to the six key goals of home visiting. Here are some of those results:

- Pregnant women in home visiting accessed prenatal care earlier and more often than pregnant women statewide.
- Postpartum depression screens were done for 536 eligible mothers. Approximately 30% of those mothers were identified as having symptoms of postpartum depression. Of those mothers, 75% were referred for services, where available, and more than half of those mothers engaged in referral supports.

Executive Summary (cont'd)

- The state piloted the use of an important tool (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes -PICCOLO) with 163 families during FY13. This assessment will provide valuable information about how well children are being nurtured.
- Becoming ready for school is an ongoing process that begins in infancy and encompasses secure relationships, language skills and other cognitive development, and strong socio-emotional development. The state used a number of screening assessments to measure these outcomes, including the Ages & Stages Questionnaire: Social Emotional (ASQ-SE). Three-quarters of eligible children were screened on the ASQ-SE and 8% were identified as at risk.
- Domestic violence risk screens were administered to 1,092 caregivers. Of these, 98 (9%) scored at risk on the Woman Abuse Screening Tool (WAST). Of these 98, 26 were referred for services and 13 engaged in services.
- Three important screening tools [The Ages & Stages Questionnaire (ASQ), the Woman Abuse Screening Tool (WAST) and the Edinburgh Postnatal Depression Scale (EPDS)] were used with the majority of eligible clients. These screens provided home visitors with valuable information used to guide the kinds of services offered to families, from learning about particular topics to clinical referrals.

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

Conclusion

Over the past decade, New Mexico has committed itself to improving the lives of infants and young children. The state has increased funding, passed key legislation, implemented programs, developed infrastructure, and touched the lives of numerous young children and their families. Even more importantly, New Mexicans from all political persuasions, diverse communities, and geographic regions have forged a powerful alliance that focuses on the care and education of our youngest residents. New Mexico is nationally recognized as a leader in early childhood, and these efforts should be a point of pride for this state.

The passage of New Mexico's Home Visiting Accountability Act places our state firmly in the midst of the national discussion on how to support young children during their most critical developmental period, how to help families become self-sufficient, and how to build stronger communities. Leading states (including New Mexico) are grappling with issues including how to better protect children from adverse experiences, how to develop different models of home visiting that meet the needs of diverse communities, how to gather the data that lead to continuous improvement, how to finance home visiting, how to recruit and support the most effective staff, how to build collaborative relationships among all the stakeholders committed to the care and education of young children, and how to build realistic plans for expansion. These are daunting challenges for sure, but they are challenges worth facing. And surely, they are challenges we can meet.

CYFD Home Visiting Principles

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

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

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

- Home Visiting Program Standards Manual

The Context of Early Childhood Care and Education in New Mexico

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

New Mexico’s 2013 Home Visiting Accountability Act

State-funded home visiting programs began in New Mexico in 1989, when a variety of programs began to spread in communities around the state. In 2005, a Home Visiting Task Force, comprised of CYFD, the Public Education Department, the Department of Health, and the Human Services Department, began to address the expansion, coordination, and alignment of state-funded services. In 2007, the Legislature established a Home Visitation Work Group, charged with developing a long-term plan to phase in a statewide system of home visiting. In 2009, CYFD was designated the state’s lead agency for this coordinated statewide Home Visiting System.

The 2013 legislative session saw passage of the New Mexico Home Visiting Accountability Act, which defines the Home Visiting System, establishes a common framework for service delivery and accountability across all programs, and outlines expectations for annual reporting of home visiting outcomes. The Act defines “Home Visiting” for New Mexico in these terms:

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

-NMSA 1978, Sections 32c; 32D1-2; G4 (2013)

The Structure of New Mexico's Home Visiting System

Home Visiting Mission Statement

Home visitors partner with families to promote child development and confident parenting by supporting the relationship among the family, home visitor, and the community.

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

CYFD's *Home Visiting Program Standards* were developed to establish a clear mission of home visiting as one system; to provide a unifying infrastructure for training, technical assistance and data reporting; and to articulate a specific set of expectations for how a home visiting program should be implemented. These Home Visiting Program Standards are based on research and best practices for:

Program Standard	Rationale
1. Program Participation	Effective programs clearly identify their target population and intensity and duration of participation, in order to achieve outcomes.
2. Culturally Competent Service Delivery	Diversity in New Mexico makes it essential to support services that respect the culture, values, and preferences of families.
3. Relationship-Based Practices	The quality of parent-child interactions is central to all intended outcomes.
4. Family and Child Goal Setting	Screening and family-specific goal setting enable families to work toward outcomes outlined in the logic model. (See Appendix 1 for logic model).
5. Curriculum and Service Delivery Approach	New Mexico home visiting programs are required to provide information on infant/child development, including developmental guidance using a research-based curriculum.
6. Program Management Systems	Implementation of sound and coherent management practices ensures support to staff to provide high quality services.
7. Staff Qualifications and Supervision	Effectiveness is enhanced when home visitors have knowledge, skills, experience and personal characteristics to deliver services. Professional development fosters effectiveness through specialized training that is directly related to work requirements.
8. Community Engagement	Home visiting services should be embedded within each community's early childhood system of care. Strategic planning and cross-agency relationships foster effective community referral networks and a continuum of services that meet the needs of families.
9. Data Management	While different agencies may use different models or approaches to home visiting within their communities, all follow the same requirements for data collection and reporting. CYFD uses the data collected by all agencies to monitor and improve service delivery in each community across the state.

What Do Home Visitors Do?

New Mexico's CYFD-funded home visiting programs vary in many ways; however, all programs are unified by a set of standards and values required by CYFD. Relationships are at the heart of those standards. All CYFD home visiting programs are required to place the child/caregiver relationship at the core of the home visiting effort. The guiding philosophy is that every facet of young children's success – physical, social, cognitive or otherwise – emanates from their relationships with primary caregivers.

Home visitors are tasked with establishing a trusting relationship with families, and working with them in a non-judgmental way. According to the CYFD Home Visiting Program Standards manual, "Giving up on families or labeling them as 'unmotivated' or 'resistant' is not acceptable within this framework. In instances where services are not accepted and/or families are not satisfied, providers reflect and try to understand the family's perspective."

Within this framework of relationships and trust, home visitors provide support and information, with an emphasis on preventing adverse experiences for children and families. Home visitors administer numerous screenings, which allow them to check for early signs of developmental delay in children, depression in mothers, abuse within the family, and other risk factors. When these screenings show families have challenges that are beyond the scope of prevention, home visitors refer families to support services in their communities. They also follow up on these referrals to see if families are using the services.

Beyond the formal screenings, home visitors provide families with information, support, and advice. This part of the service is uniquely tailored to families and their goals, and can include everything from handouts on coping with teething to information on the importance of reading to children. Families work with home visitors to set goals for their home visiting experience, and those goals help define logistics such as the frequency of home visits and how long the family remains in the program.

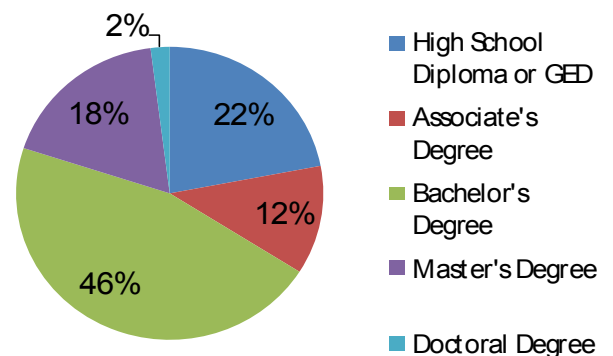
Who Are Home Visitors?

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

In FY13, there were 144 home visitors providing home visiting services. Some were full-time, some part-time, and some were supervisors who also provide home visits.

Home visitors hold a wide variety of educational credentials, ranging from high school diploma to doctoral degree. Twenty-seven of the system's home visiting staff have additional endorsements and certifications, such as infant mental health endorsement, licensed professional counselor, or licensed baccalaureate or master's social worker.

Highest Education of Home Visitors
(n= 72 of 144 total)



* Educational attainment data was not reported for 50% of home visiting staff.

Professional Development

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

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

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

Supervision

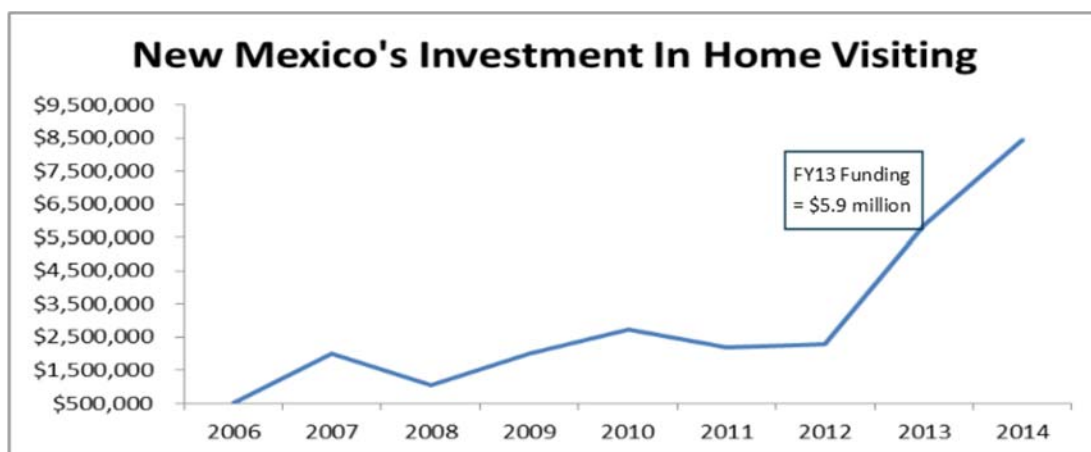
All home visitors receive at least two hours per month of individual reflective supervision with a qualified supervisor and have access to a master's level licensed mental health professional for consultation.

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

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

New Mexico's Long-Term Investment in Home Visiting

Both the Executive and Legislative branches have demonstrated an ever-increasing commitment to home visiting, and have increased funding significantly since FY06. State funding for home visiting began in FY06 with a small pilot funded for \$500,000. In FY14, funding reached \$8,451,800, including both state and federal funds. This represents almost a sixteen-fold (1590%) increase in eight years.



Source: LFC Post-Session Reviews

How Much Does Home Visiting Cost Per Family?

- In FY13, CYFD funded 800 openings with state general funds for a total of \$2.4 million. The average cost per opening was \$2,998.
- In FY13, CYFD funded 205 openings using federal funds, for an average cost per opening of \$5,614.
- The state contracts with agencies to provide home visiting services based on a required contractual cost of \$3,000 per opening. Federal funds support contracts based on actual costs, and so federal contracts vary by program and home visiting model.

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

- In FY13, CYFD spent 75% of its state general funds on direct services and 25% on infrastructure development (data and management systems and training).
- In FY13, CYFD received a \$1.1 million non-recurring federal competitive grant for infrastructure development. Of the remaining federal funds, CYFD spent 72% on direct services.

Openings Versus Families

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

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

In FY13,
1,005 openings
funded
1,911 families served
(receiving at least
one home visit)

What Do We Know About Home Visiting Programs Funded in FY13?

Program Service Areas and Number of Openings Funded

Home Visiting Program	Approximate Number Of Families Funded In FY2013	Counties Served
Ben Archer Health Center Welcome Baby Program	69	Doña Ana, Luna, Otero, Sierra
Colfax County Home Visiting Program	17	Colfax
Española Hospital Rio Arriba County <i>First Born</i>	36	Rio Arriba
Gallup-McKinley County Schools <i>Parents As Teachers</i> *	80	McKinley
Gila Regional Hospital <i>First Born</i>	60	Grant
Holy Cross Hospital, Taos First Steps	90	Colfax, Mora, Taos
La Clinica de la Familia Home Visiting Services	70	Doña Ana
Las Cumbres Rio Arriba	17	Rio Arriba
Las Cumbres Santa Fe Community Infant Program	18	Santa Fe
Los Alamos Hospital <i>First Born</i>	27	Los Alamos
Luna County <i>Parents as Teachers</i> *	75	Luna
Native American Professional Parent Resources, Inc. <i>Parents as Teachers</i>	35	Bernalillo, Cibola, Sandoval, Valencia
Peanut Butter & Jelly Therapeutic Family Services	37	Bernalillo, Sandoval
Presbyterian Medical Services <i>Parents as Teachers</i>	75	Chaves, Eddy, Lea, San Juan
Socorro General Hospital <i>First Born Socorro</i>	57	Socorro
Torrance County Amigas de la Familia	61	Torrance
United Way of Santa Fe County <i>First Born</i>	71	Santa Fe
UNM Center for Development and Disability VISION	27	Bernalillo
UNM Center for Development and Disability <i>Nurse-Family Partnership</i> *	50	Bernalillo
UNM Young Children's Health Center	33	Bernalillo
Total	1,005	
* Program received federal funding during FY13		

FY13 Programs

New Mexico's Home Visiting System included 20 programs serving residents of 22 of New Mexico's 33 counties.

The total number of funded openings was 1,005.

How Do Program Models Match Community Needs?

CYFD-funded home visiting programs served both rural and urban communities in FY13, and are contracted through a variety of clinic-, hospital-, and community-based entities. All programs are required to identify the specific needs of the communities in which they work. Programs are encouraged to select home visiting models and tools that research indicates will effectively serve their prioritized populations and goals.

While the majority of the state's programs have developed their own mixed service delivery models using approved research-based curricula, some programs follow proprietary, comprehensive models:

CYFD-approved research-based home visiting curricula include:

- Partners for a Healthy Baby
- Portage Project Growing: Birth to Three
- Partners in Parenting Education

CYFD-approved evidence-based and promising practice models are:

- First Born
- Parents as Teachers
- Nurse-Family Partnership

Who Receives State-Funded Home Visiting?

According to the Home Visiting Accountability Act, state-funded home visiting services are offered:

- On a voluntary basis
- To pregnant women, expectant fathers, and parents and primary caregivers of children from birth to kindergarten entry.

Eligibility and Target Populations

The Act guides CYFD-funded home visiting services to be voluntary and universally available to families. As prevention and promotion services, they carry no eligibility requirements (unless required by the program model, such as Nurse-Family Partnership or First Born.)

In cases where demand is greater than available openings, programs determine appropriate criteria for priority enrollment.

For example, programs may prioritize enrollment for pregnant women, first-time parents, teen parents, and families considered to face additional risks.

What Do We Know About Home Visiting Participants in FY13?

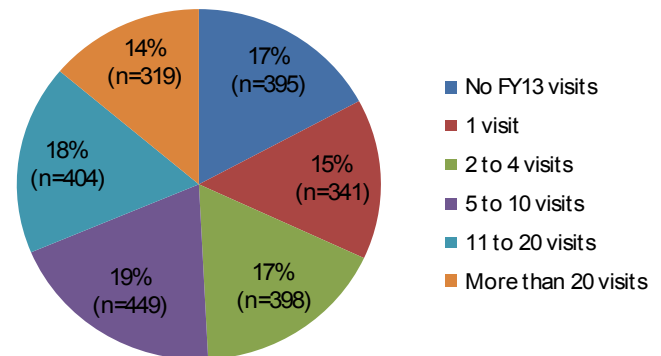
Who Did the Home Visiting System Serve in 2013?

In FY13, 2,306 families were involved with CYFD home visiting programs in some way, either through initial contact and/or engagement with services.

Of these, 83% (1,911) have had at least one home visit.

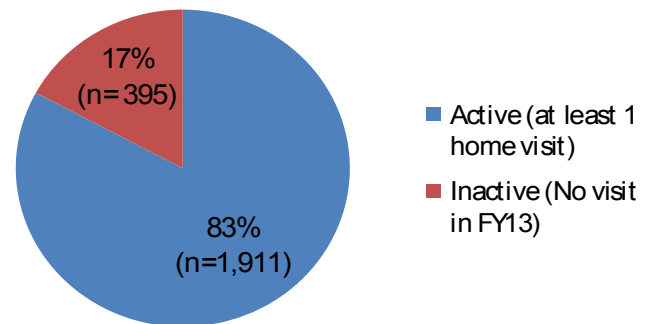
Seventeen percent (395) made contact with a program but were either too new to the program to have had a visit or discontinued contact prior to a first completed visit.

Family Involvement of Any Type, FY13 (n=2,306)



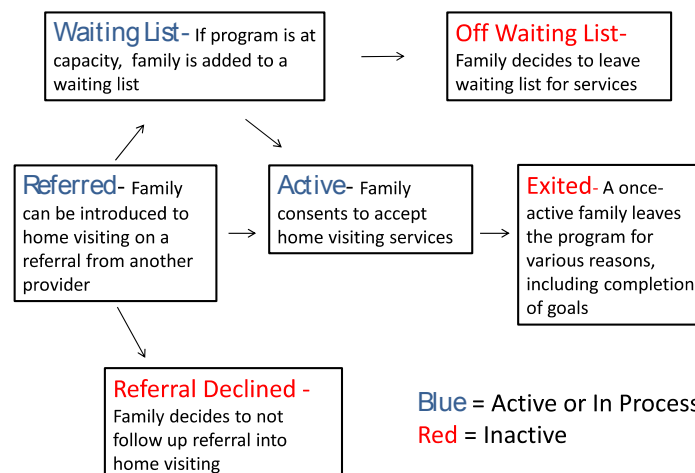
Note: The 395 families with no visits include families who are newly enrolled or waiting for available openings. Families may have begun services in past FYs.

Families by AcOve Status, FY13 (n=2,306; acOve=1,911)



In this report, we are considering acOve home visiting participants to be those 1,911 families who engaged with at least one actual home visit. These families included 1,630 children.

How Do Families Flow Through the Home Visiting System?



Home visiting services are voluntary and have no eligibility requirements, with the exception of the Nurse-Family Partnership and First Born programs, and are considered *universal access*. Services are free of charge and a physician's referral is not required.

Programs vary in the manner in which they enroll families. In many cases, an interested caregiver or parent-to-be can contact the local home visiting program and begin services. In other cases, families are referred from health care providers, social service agencies, or other early childhood providers.

Children Birth to Age 3 in New Mexico

There were approximately 84,000 children age birth to 3 in New Mexico in FY13.

A total of 1,630 children were in families who received at least one home visit in FY13.

Babies Born to Teens in New Mexico

In 2012, 1,048 babies were born to mothers age 10-19.

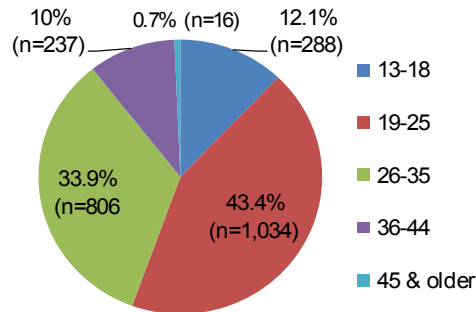
(New Mexico Birth Certificates Database, Department of Health)

In FY13, 228 caregivers in home visiting programs were age 13-18.

What Do We Know About Home Visiting Participants in FY13?

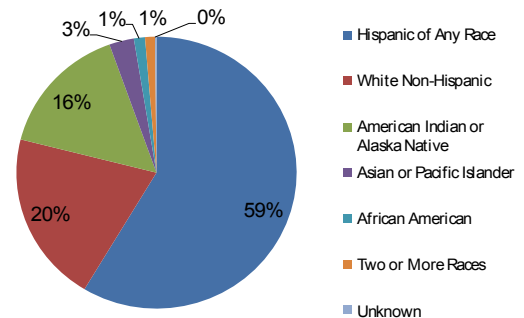
Who Were Home Visiting Participants in 2013?

Caregivers by Age, FY13 (n=2,381*)



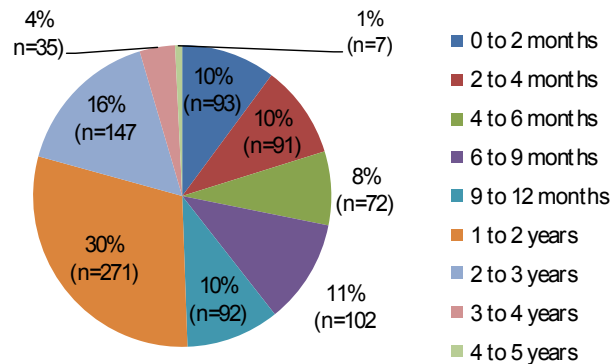
*Total of 2,381 reflects multiple caregivers in the 1,911 families with 1 or more home visits in FY13.

Caregivers and Children, by Race/Ethnicity, FY13 (n=4,204*)



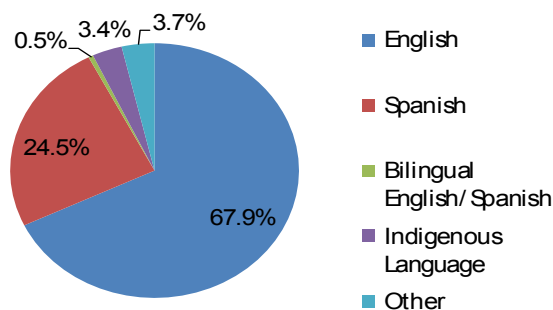
*Total of 4,204 reflects both caregivers and children in the 1,911 active families with 1 or more home visits in FY13.

Child, by Age at Start of FY13 (n=910*)



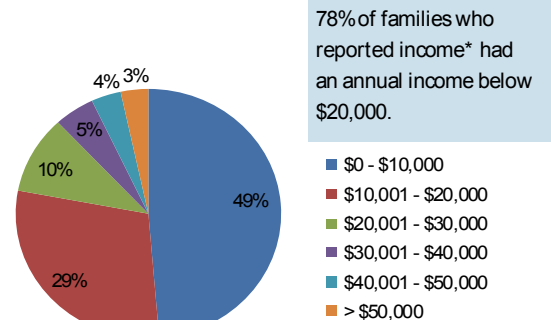
*A total of 1,630 child clients were served in the 1,911 active families with 1 or more home visits in FY13. Of these, 1,623 had useable birthdate data available. Of these 1,623, 910 were born and receiving services at the start of FY13. The remaining 713 children who received services in FY13 were not yet born at the start of the FY; their families were still receiving prenatal services.

Language Spoken at Home, All AcOVE Families (n=954*)



*Home language was only collected for 49.9% of the 1,911 active families with 1 or more home visits in FY13 (n=954).

Families by Annual Income (n=386*)



78% of families who reported income* had an annual income below \$20,000.

*Annual income is collected on a voluntary basis, and was only collected for 20.2% of the 1,911 active families with 1 or more home visits in FY13 (n=386).

What Do We Know About Home Visiting Participants in FY13?

Educational Attainment of Caregivers in Home Visiting

Of the 699 caregivers for whom educational attainment was recorded:

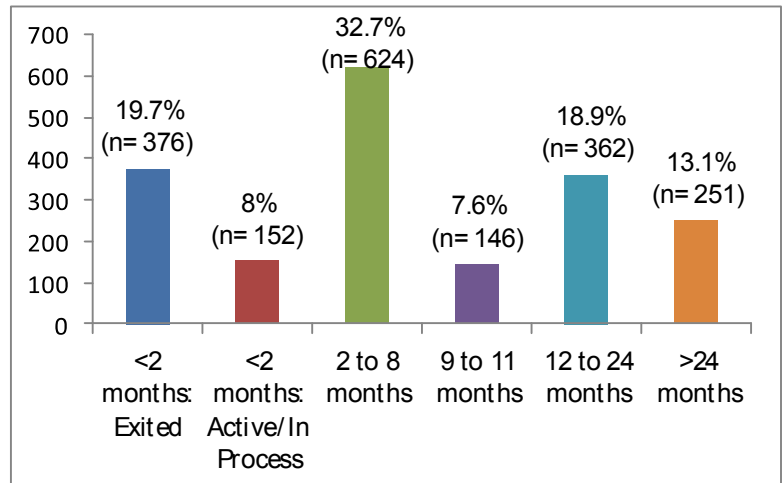
- 14% were still in high school
- 20% had less than a high school degree
- 26% had a high school diploma or GED
- 25% had some college but less than a bachelor's degree
- 14% had a bachelor's degree or higher

What is the Duration of Family Participation?

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

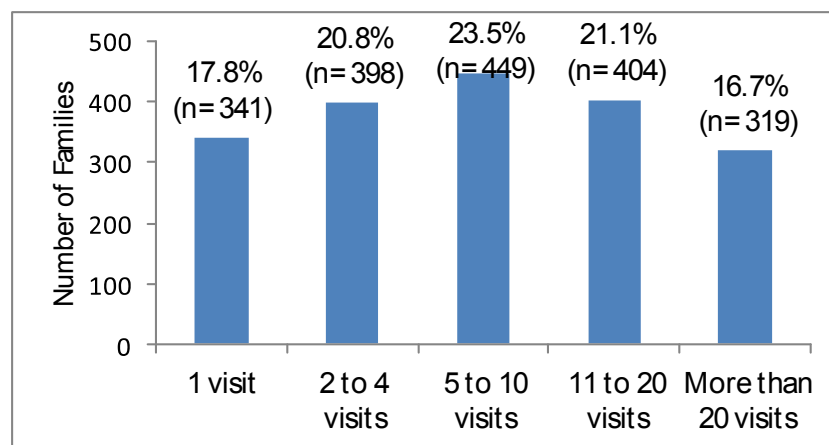
Ideal frequency and duration of services is determined jointly by the home visitor and the family, according to the family's needs, preferences, and cultural context, and according to CYFD's guidelines for screening protocols and curricula completion. The results of screenings are used as one of the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

Total Duration of Family Participation, from Initial Date of Enrollment, in Months (Total FY13 Families = 1,911)



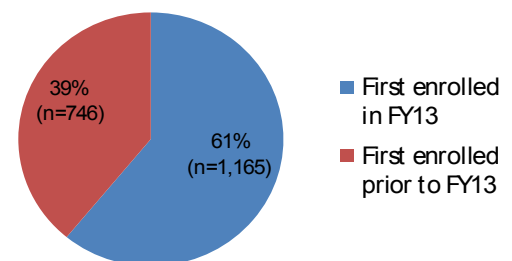
How Many Visits Have Families Received?

Number of FY13 Visits Received by Participating Families (Total Families = 1,911)



Of the 1,911 families active in FY13:

- 746 (39%) were enrolled for the first time
- 1,165 (61%) were continuing services begun in a prior fiscal year
- 33% have received a cumulative total of 20 or more home visits
- 17% have received more than 40 visits



The Home Visiting Accountability Act Specifies Program Goals and Outcomes to be Reported Annually

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

About the Data

CYFD Home Visiting Database

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

Data is entered by the home visitors who work directly with families. Part of the professional development provided by CYFD is training on how to collect and report data completely and accurately. This has been an increasing focus for CYFD. Nonetheless, home visitors find it challenging to balance the time needed to fully serve families with the time demands of extensive data entry on all families, services, and screens. It is also a challenge to bring new programs and new home visitors up to speed on the use of the database in timely fashion.

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

The Screening Tools Linked to Outcomes

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

Real People: Jacqueline, Carlos, and Isaiah

Jacqueline and Carlos' favorite pictures of their family were taken by Louise, the home visitor who has been part of their family for more than a year. The pictures, which hang in the family's south-east Albuquerque apartment, were taken in the neonatal intensive care unit after their son Isaiah was born six weeks early.

Louise began working with the family through a midwife's referral when Jacqueline was 10 weeks pregnant. They ended up needing her support more than they expected, because Jacqueline was in a car crash a few months later. The crash led to nerve damage in her arm, stacks of medical bills, and the loss of the couple's car. Carlos said Louise was crucial for the family during that time.

"Louise was with us through the accident," he said. "When Jacqueline was depressed, Louise was there picking her up, letting her know she can move that arm."

Despite his premature birth in April of 2013, Isaiah is now a pretty healthy guy. He has some webbing on his hand and some delays in development, but most of his parents' challenges — getting him to sleep and finding new foods to feed him — are typical for first-time parents.

On a recent home visit Louise, who is a nurse, brought a baby scale and weighed Isaiah. She measured the circumference of his head and few other dimensions before he began to squirm.

Continued on next page

What Do We Know About the Outcomes of Home Visiting?

Goal 1: Children are Born Healthy

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

Background: What the Research Says

Research tells us that healthy babies tend to grow into healthier adults, resulting in healthier overall communities. Two classic measures of physical health for infants are birth weight and preterm births. Research has also identified a number of strategies that are helpful in improving children's health, including:

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

While it may not be intuitive that maternal depression is linked to a child's health, children of depressed mothers demonstrate poorer health compared to children of non-depressed mothers (Casey et al., 2004). Moreover, infants of clinically depressed mothers often withdraw from their caregivers, which affects their language skills as well as their physical and cognitive development (Embry and Dawson, 2002).

How Home Visiting Addresses this Goal

Research shows that quality home visiting programs improve birth outcomes and facilitate a more efficient use of the health care system (Lee et al., 2007). Home visitors screen families regularly for perinatal depression and health care access and usage. CYFD requires that home visitors work with families to address:

- Adequate use of prenatal, postpartum, and well-child medical care
- Reported prenatal substance abuse
- Postpartum depression
- Initiation of breastfeeding

When a need or risk in these areas is identified, home visitors are trained to help families access community resources and to make appropriate referrals.

Outcome Measurement

The measures used here to examine home visiting's impact are:

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

Real People, (cont.)

She brought pamphlets on teething, anticipating that Isaiah has started the process or soon will, and chatted with Jacqueline about strategies for coping with teething and keeping Isaiah's mouth clean.

Once teeth start poking through his gums, she said, those openings can become infection sites.

Louise has helped the family in a variety of ways, Carlos said. She referred them to services that helped them get baby supplies, and helped them get signed up for Women, Infants and Children services. But Carlos also described less tangible ways Louise has supported the family.

"She gives me confidence that I can be the best dad," he said. "And she makes me want to be that best dad."

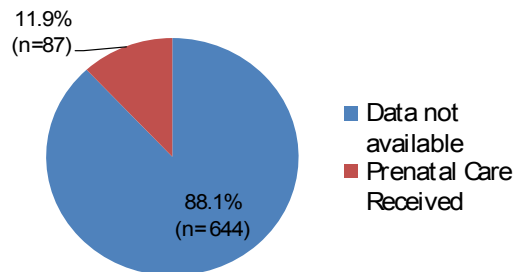
And when he and Jacqueline see positive results from their parenting, it boosts that confidence further. For example, at six months old, Isaiah hasn't had a diaper rash. Carlos attributes this to tips from Louise about how often to change his diapers and how to do it properly.

Given how much home visiting has helped his family, Carlos has asked Louise about ways he can give back. He said he would like to give some of his time to help inspire other fathers. "I'd tell them if I can do it they can do it," he said.

Outcome Data

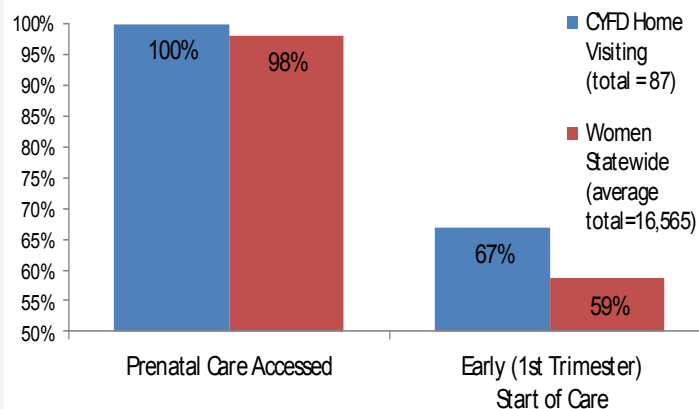
A total of 731 women (38.3% of active families) were enrolled in home visiting services prenatally in FY13. Of these, 87 answered a relevant Perinatal Questionnaire item about their engagement in prenatal care. All (100%) reported receiving prenatal care, and all (100%) reported receiving prenatal care before the third trimester of pregnancy.

Percentage of Mothers Enrolled Prenatally who Reported Accessing Prenatal Care* in FY13



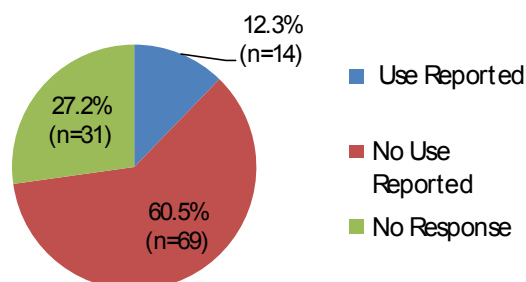
* Total = 87 of the mothers who entered the program prenatally (total=731) and answered a Perinatal Questionnaire item which asks when prenatal care began. Programs began using the Perinatal Questionnaire during FY13.

Comparison of Prenatal Care Starts, Home Visiting Mothers (FY13) and Mothers Statewide (2008-12)



Pregnant women in home visiting who reported accessing prenatal care accessed it more often and earlier than women statewide. (New Mexico Birth Certificates Database, Department of Health)

Percentage of Mothers Enrolled Prenatally who Reported Substance Use While Pregnant, FY13*



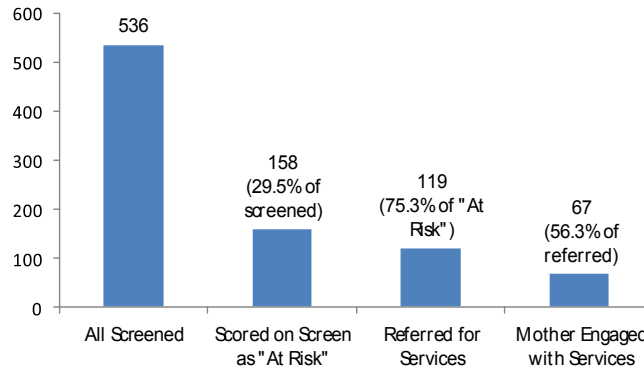
While only 14 mothers enrolled prenatally reported substance use during pregnancy, it is significant that 79% (11) of them discontinued use before giving birth, 64% of them before the third trimester.

*Total = 114 of the mothers who entered the program prenatally (n=731) were screened using the Perinatal Questionnaire, which asks when prenatal care began. Of the 114, 31 were screened but did not answer the substance abuse item.

Maternal Health Outcome Data

In FY13, 536 eligible* mothers were screened for postpartum depression using the Edinburgh Postnatal Depression Scale. Of the 158 (29.5%) who were identified as having symptoms of postpartum depression ("at risk"), 119 (75.3%) were referred for services, where available. Sixty-seven of these women (56.3%) are recorded as having engaged referral supports.

Percentage of Postpartum Mothers Screened for Depression and Connected to Available Services

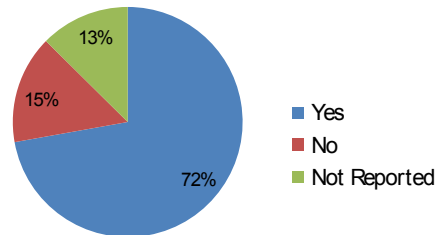


*Eligible were those caregivers enrolled with a child six months old or younger during FY13

Infant and Child Health Outcome Data

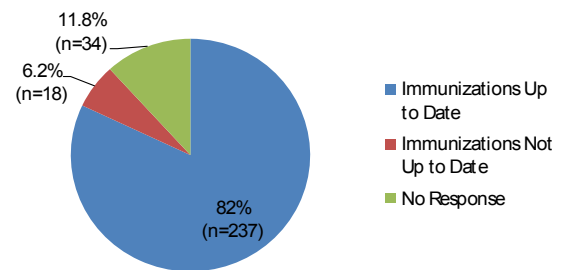
Respondents to the Perinatal Questionnaire and the Maternal Child Health Form provided data on the following measures:

% of Mothers who Report* Initiating Breastfeeding



*Total = 114 mothers who entered the program prenatally (total=731) and were screened using the Perinatal Questionnaire, which asks whether breastfeeding was initiated

% of Children Screened* who were Immunized on Schedule, by Parent Report



*Total = 289 children whose caregivers were screened with relevant portions of the Maternal Child Health Form. 255 answered the question, "Has your child had all recommended shots?"

Data Development Recommendation

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

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

Childhood Immunizations

Of parents who responded to a home visiting Maternal-Child Health Form question in FY13 (n=255), 93% reported that their children have had all recommended shots.

Statewide, 88% of 2-3 year-old children in 2011-12 had received the recommended vaccine series by their 2nd birthday.

(NM Immunization Program, NM Department of Health)

Goal 2: Children are Nurtured

SB365 Outcome 2: Promote positive parenting practices

SB365 Outcome 3: Build healthy parent and child relationships

Background: What the Research Says

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

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

How Home Visiting Addresses this Goal

New Mexico home visitors are trained to use various strategies to support positive interactions between caregivers and their infants through play, by fostering regular feeding routines, and by educating caregivers about how to read their infants' cues and respond appropriately. New Mexico home visiting programs use the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) observational tool to measure healthy parenting practices and relationships. Based on the results, home visitors help families implement strategies to foster nurturing relationships between young children and their caregivers. Home visitors are also trained to recognize signs that a young child's social and emotional development are at risk or that a parent suffers from depression. When these risks are identified, home visitors connect families with the appropriate community services.

Outcome Measurement

The primary indicator used here to measure healthy parenting practices is:

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

Outcome Data

In FY13, home visitors completed initial PICCOLO screens with 163 families.

The PICCOLO tool was piloted for use in the CYFD Home Visiting System in FY13, with all programs completing professional development training by the end of the fiscal year. In this pilot year, at least one entire screen was completed by each CYFD-funded program. The PICCOLO is fundamentally a screen for progress over time, and is not intended for use as a one-time snapshot. As of the end of FY13, only a handful of programs had completed a second screen, which would serve to measure progress. Therefore, data on family progress in nurturing parenting interactions will first be available in FY14, as home visitors continue implementation of follow-up PICCOLO screens.

"Nurturing begets nurturing. A caring, professional-parent/family relationship supports a caring, nurturing parent-child relationship." (Bernstein, 2003)

New in FY13: Screening with the PICCOLO tool

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

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

- Affection
- Responsiveness
- Encouragement
- Teaching

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

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

Ages & Stages Questionnaire-3

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

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

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

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

Goal 3: Children are Physically and Mentally Healthy

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

SB365 Outcome 5: Support children's cognitive and physical development

Background: What the Research Says

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

The American Academy of Pediatrics recommends that all children be screened for developmental delays and disabilities with a standardized tool at regular intervals, to ensure the early detection of developmental concerns. The prevalence of developmental delays in infants and toddlers is estimated nationwide at about 13%, with children from low-income families more likely to have delays than children from families living above the poverty level. Early detection of developmental concerns will result in appropriate referrals and implementation of early intervention services as needed (American Academy of Pediatrics, 2008).

How Home Visiting Addresses this Goal

During visits, home visitors are trained to discuss issues such as nutritional needs of the baby and mother, well/sick child care, and behavioral health needs. They are instructed to educate the family in monitoring the child's growth, and to discuss the child's feeding experiences and any concerns. Home visitors are also trained to note concerns regarding the child's growth and health and to subsequently provide appropriate referrals to providers. To track the overall development of the child, home visitors use the Ages & Stages Questionnaire, Third Edition (ASQ-3) and the Ages & Stages Questionnaire-Social-Emotional (ASQ-SE).

Outcome Measurement

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

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

Outcome Data

For Comparison:

Statewide, 38% of children under age 6 were reported to have received a developmental screening in 2011-12 during a health care visit. (National Survey of Children's Health)

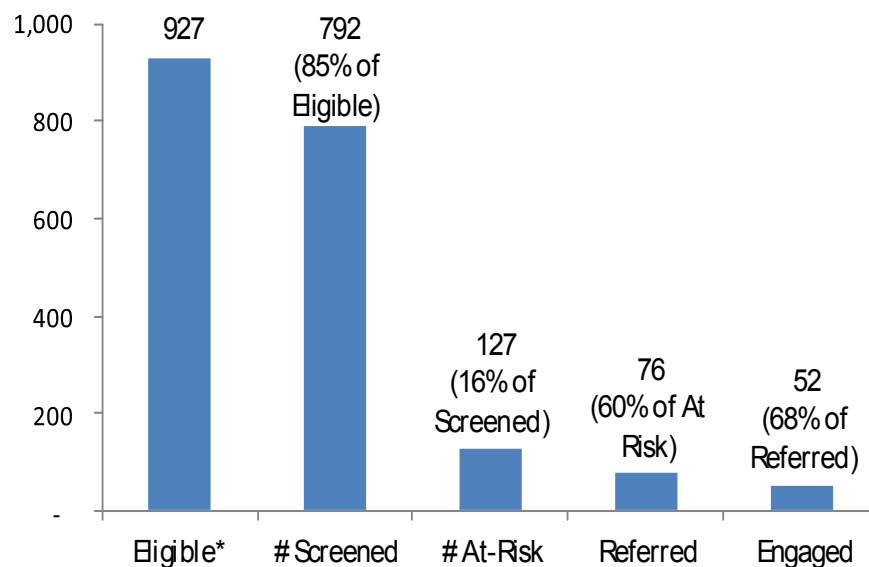
23% of children in New Mexico aged 4 months-5 years were determined to be at moderate to high risk of developmental problems, based on parents' concerns, in 2011-12. (National Survey of Children's Health)

22% of children in New Mexico aged 2-5 were reported to demonstrate a developmental delay in 2009-10. (National Survey of Children with Special Health Care Needs)

In FY13, 927 children were old enough to receive the first ASQ-3 screen (4 months) required by the CYFD Home Visiting System, and had been in home visiting for long enough to receive a screen (at least five home visits). Children already receiving early intervention services were not expected to receive the screen, which has a preventive intent.

Of these 927 children, 792 (85%) received at least one ASQ-3 screen. Sixteen percent, or 127, were identified by the screen as having characteristics of a delay in development ("at risk"). Depending on the degree and nature of the possible delay identified, home visitors may either refer families directly to early intervention/FIT services or supply parents with developmentally appropriate activities and rescreen at the next age interval. In FY13, 60% of the 127 "at risk" scores in FY13 resulted in referral of 76 children to early intervention/FIT services. Of these 76 children, 52 (68%) are recorded as having engaged with services.

Percentage of Eligible Children* (n=927) Screened On Schedule for Potential Delay in Development with the ASQ-3, and Percentage Connected to Early Intervention Services



*Total of 927 eligible children represents the children who were at least 4 months old as of May 1, 2013, who also had received at least 5 home visits, and who were not already enrolled in early intervention services.

Real People: Aileen, Armando, and Jayleen

Jayleen has a half-dozen caregivers that span three generations, all of whom take an interest in her home visiting sessions.

Jayleen was born in April, and lives in Albuquerque's South Valley with her parents, Aileen and Armando, and her grandmother. The house also bustles with children – Aileen's younger siblings, nieces and nephews, who all help care for Jayleen.

During a recent home visit, visitor Francesca went through the Ages & Stages Questionnaire with Aileen, asking questions like, "If you call your baby when she's out of sight, does she turn toward you?" Aileen said yes, and then demonstrated. Jayleen, who was being held by Aileen's younger sister in the kitchen, turned her head at the sound of her name.

Later in the questionnaire, when Francesca asked whether Jayleen coos when she sees herself in the mirror, Aileen's 11-year-old nephew jumped in, grinning, and said that yes, she does. Jayleen's father, Armando, also answered some of the questions when Francesca asked them in Spanish.

In early December, Aileen was on track to graduate at the end of the semester from Robert F. Kennedy charter high school. It was the school that referred her to home visiting services, and allows her to do much of her schoolwork from home so she can focus on being a mother and maintaining her job at Radio Shack. After she finishes her high school diploma, Aileen says she would like to study nursing.

Aileen is relatively new to home visiting, and only received her first visit from Francesca in November. However, she was enrolled in a

Goal 4: Children are Ready for School

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

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

Background: What the Research Says

Becoming ready for school is an ongoing process that begins in infancy, and which occurs in the context of children's relationships with caring adults. These relationships set the stage for all that will follow in a child's life, including success in school (Brazelton, 2013). School readiness involves the critical experiences provided by nurturing family relationships; the child's skills at school entry such as reading, math, and language skills; and the child's social-emotional development (Shonkoff and Phillips, 2000; High, 2008; Duncan et al., 2007). Ensuring children are spoken to and read to are proven strategies for improving language skills. Specifically, there is strong evidence that the amount of language a child is exposed to at home, from birth to 3 years old, is strongly linked to differences in school performance in elementary school (Hart and Risley, 1995). Children whose parents read to them regularly and create a literacy-promoting environment at home scored higher on receptive and expressive language assessment and also enjoyed book reading (Zuckerman and Khandekar, 2010).

In addition, strong social-emotional skills have been proven to ease the transition to kindergarten and support future school success. Self-control, respect for others, interest in classroom materials, skills in listening and attending, and the ability to initiate and persist on small tasks are all expectations of a school-age child; these skills all spring from social-emotional competence (Parlakian, 2003). Some early research in New York has also found that students who were enrolled in a quality home visiting program were half as likely as their peers to be retained in first grade, and were more likely to demonstrate certain school-ready skills (Kirkland and Mitchell-Herzfeld, 2012).

How Home Visiting Addresses this Goal

New Mexico home visiting programs aim to help children meet age appropriate milestones that prepare them to eventually succeed in school. Home visitors are tasked with supporting caregivers and providing activities to build literacy skills. These activities might include reading aloud with the child, helping the child explore using age-appropriate toys, and providing ample opportunities for physical play. Home visitors are trained to facilitate children's social-emotional development by helping them understand their own feelings, others' feelings, and turn-taking. Using the PICCOLO, home visitors monitor and provide feedback, when needed, on caregiver affection, encouragement, responsiveness, and teaching in caregiver-child interactions. These skills are all associated with later school readiness. Home visitors also provide appropriate referrals based on results of standardized developmental screening tests (ASQ-3 and ASQ-SE).

Continued on next page

Real People, (cont.)

different home visiting program during part of her pregnancy, before she briefly moved to Texas and then returned. She said she hopes home visiting can help her be a more informed mother, equipped with information about nutrition, development, and how to give her daughter the best life possible. She gave an example about nutrition, and said her husband recently wanted to give Jayleen fresh milk. She told him not to, but she wasn't sure if she was correct or what the reason might be. These are the kinds of things she wants to learn.

Aileen speaks in fluent English with Francesca, and alternately speaks in English and Spanish when she addresses Jayleen. She said it's important to her that Jayleen become bilingual, and she hopes to eventually enroll her in a dual language school setting.

Francesca is also helping connect Aileen to community supports, including a service that links local donors to low-income families in need of holiday presents. At each visit she asks about Aileen's application for Medicaid, which has been pending for several weeks, and gives her advice on how to move forward and who to call.

On a home visit in early December, Francesca talked to Aileen about her goals, which are focused on learning different parenting techniques, and learning what Jayleen should be doing at different stages. Francesca asked what assets and strengths Aileen brings to these goals, and then asked what obstacles might get in the way of her achieving them.

After a pause, Aileen said, "I wouldn't let anything get in the way. It's her first and then it's me."

Outcome Measurement

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

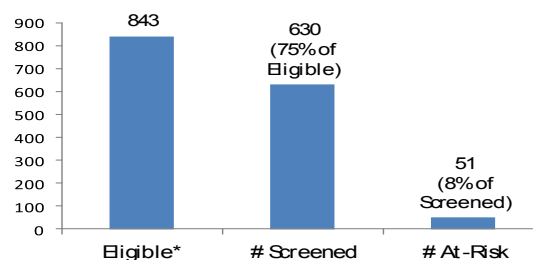
- Percentage of children screened on schedule for potential delay in development with the ASQ-3 or ASQ-SE screening tool
- Percentage of children screened at risk of delay who are referred successfully to available services
- Caregiver progress in practicing positive parent-child interactions, as measured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

Outcome Data

See Goal 3 outcome data (p. 22) on ASQ-3 screening, which shows that 85% of eligible infants and young children received a screening for possible delay in development, and that 60% of those identified with possible characteristics of developmental delay were referred to early intervention services for further assessment. Parents' progress in practicing the positive parent-child interactions that support infant and young child social-emotional development will be reported in FY14, when new PICCOLO follow-up screens have been administered (see Goal 2, p. 20).

In addition, the ASQ-Social/Emotional screen was administered to 630 (75%) of 843 eligible* children. Of these, 51 (8%), scored below cut-off. Such scores on the ASQ-SE help guide home visitors' work with families in the preventive interactions designed to address children's social and emotional difficulties.

Percentages of Eligible* Children (n=843) Screened and Identified as at Risk of Social-Emotional Delay on the ASQ-SE Screen



*Eligible children were at least 6 months old by May 2013, had received at least 5 visits, and were not in early intervention programs.

Data Development Recommendation

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

- Any increases in school readiness, child development and literacy

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

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

Prevention of Adverse Childhood Experiences

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

Child Well-Being in New Mexico

New Mexico's children are ranked the lowest in well-being of all the 50 states.

(AnnieE.Casey Foundation; KidsCount.org)

Goal 5: Children and Families are Safe

SB365 Outcome 6: Improve the health of eligible families

SB365 Outcome 7: Provide resources and supports that may help to reduce child maltreatment and injury

Background: What the Research Says

Young children who experience developmental trauma, such as exposure to domestic violence, abuse, and neglect, are significantly impacted in their brain development. These children are at higher risk for nearly every psychiatric disorder, as well as for poor performance in school and in relationships with others (Perry, 2008). Research has shown that programs targeting parent-child relationships can help protect children from these harms and even help heal damage from harm that has already occurred (Ludy-Dobson & Perry, 2010).

In a review of hundreds of studies of child maltreatment, several variables were identified as risk factors for child abuse and neglect. These factors include parents with high levels of anger, a hyper-reactive style of parenting, parents with symptoms of anxiety and depression, and families with high levels of conflict and low cohesion (Stith et al., 2009).

Unintentional injuries account for a significant number of child fatalities annually in the United States, with an average of 33 child deaths each day from an injury-related event (Borse et al., 2008). In a review of multiple home visiting and center-based programs, Kendrick et al. (2008) found home-based parenting interventions significantly reduced such unintentional injuries to children. Factors like educating parents about home hazards, safety practices and equipment for young children, and the organization of the home environment were all related to the decrease in reported injuries.

How Home Visiting Addresses this Goal

During visits, home visitors are instructed to help families who may be at risk for family violence to develop safety plans. Home visitors discuss unintentional injury issues including potential poisoning, pet safety, and water safety. They also discuss child physical abuse prevention and child neglect prevention strategies with caregivers. If home visitors identify safety or abuse concerns, they are required to make a referral to Child Protective Services. Children potentially benefit in multiple ways; they benefit from the prevention strategies provided by home visiting, and they also benefit when safety risks are identified and appropriate referrals are made. Screenings for possible safety risk factors (using CYFD selected tools and measures) include home safety, developmental concerns in children, perinatal depression in mothers, domestic violence, and family social support.

Outcome Measurement

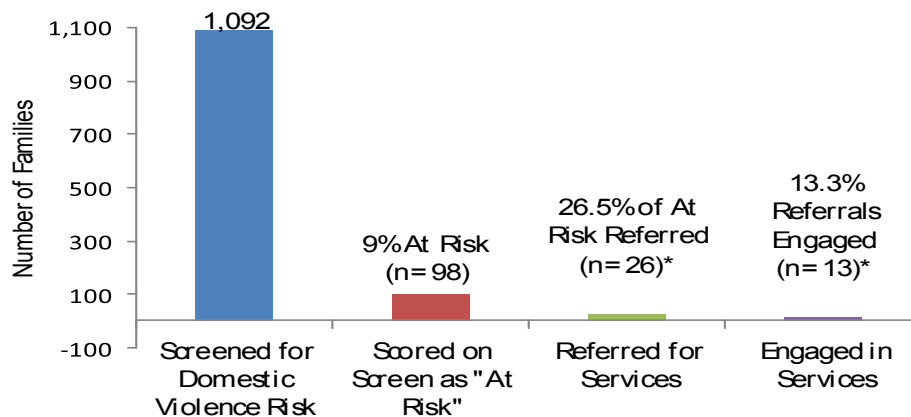
The indicators used to measure home visiting's impact on safety are the percentage of families:

- Identified as at risk of domestic violence on the Woman Abuse Screening Tool
- Identified as at risk of domestic violence who have a safety plan in place
- Identified as at risk of domestic violence who are referred to and receive support services
- Engaged in discussion of unintentional injury prevention

Outcome Data

Of the 1,911 active families with one or more home visits in FY13, 1,092 were screened for potential risk of domestic violence with the Woman Abuse Screening Tool (WAST). Not all caregivers are in a relationship, so it is difficult to determine how many more than the 1,092 screened might have benefited from screening. Of those screened, 98 (9%) scored as potentially at risk, and 26 (26.5%) of these caregivers were referred to available behavioral health services. Thirteen (13.3%) of those referred are recorded as having engaged in services as a result of referral.

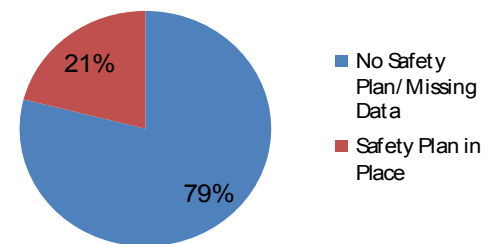
Percentage of Caregivers Screened (n=1,092) for Domestic Violence Risk and Connected to Services



**Referral data was missing for 11.2% of clients screened as "at risk," and engagement data was missing for 11.2% of referrals made.*

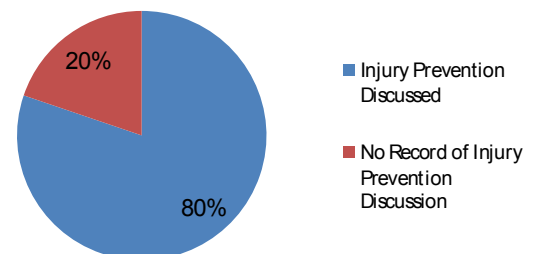
Percentage of Families At Risk of Domestic Violence who Have a Safety Plan in Place

Of the 98 families scored as at risk on the WAST screen, 21 (21%) are recorded as having safety plan in place. Another 64 families (65%) report no safety plan in place, and 13 (13%) have no data reported.



Percentage of Families Engaged in Discussion of Injury Prevention

Of the 1,911 active families with 1 or more home visits in FY13, 1,172 had received at least 5 home visits. At this point in service, it is reasonable to expect that discussions of injury prevention have taken place. Of these 1,172 families, 940, or 80%, have a record of discussion of at least one injury prevention topic with a home visitor.



Data Development Recommendation

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

- Decreases in child maltreatment or child abuse

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

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

Real People: Sara, Clemente, and Jendaya

In the months after her daughter was born in November 2012, Sara found herself feeling isolated. She and her husband Clemente share one car, which he would take to work, leaving Sara and her daughter unable to leave the house easily, especially in those winter months. It was during this time that Sara began to suffer from postpartum depression, and signed up for home visiting services, which she heard about from a friend.

“That was a really tough time, and knowing that I’m going to have someone I like talking to come to my house every week was really helpful,” Sara said.

Now, Sara talks about her depression in the past tense, and said her home visiting experience has evolved over the past year as her needs have changed. On a recent home visit, Sara talked with her home visitor, Chrissy, about beginning to impose discipline and set boundaries for her daughter, Jendaya.

Sara said Jendaya has bitten her a few times – not in an aggressive way, but as part of teething. She said she dealt with the biting by telling Jendaya not to bite and putting her down, creating a natural consequence for the biting. Chrissy suggested she might follow that up by giving the baby something appropriate to bite on.

Chrissy offered to start using a curriculum called “Circle of Security,” which deals with attachment and bonding, and places an emphasis on helping parents recognize issues from their own pasts and how those issues may affect their parenting.

Continued on next page

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

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

Background: What the Research Says

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

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

Home visiting is an essential part of the state’s effort to ensure families are connected to the social support services they need or want. Multiple researchers have identified cohesive networks among home visiting programs and the services they refer families to as an important best practice in successful home visiting (eg Golden et al., 2011; Dodge and Goodman, 2012).

How Home Visiting Addresses this Goal

Home visiting programs funded by CYFD place a high priority on screening families for potential risks and identifying community resources and supports to bolster maternal and child outcomes. Keeping families connected to social support services is part of CYFD’s goal-setting and planning process with each family, which is informed by screening tools and questionnaires to identify risks. Appropriate referrals, and follow-ups on those referrals within a month, should occur on a regular basis while each family is receiving home visiting services. Home visitors issue referrals to a variety of services and agencies, including primary care providers, behavioral health service providers, early intervention programs, domestic violence services, and child protective services. Home visitors also use a screening tool called the Social Support Index to assess whether families are experiencing isolation, and use that information to connect families to community supports and services as needed.

Outcome Measurement

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

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

Real People, (cont.)

She said much of the curriculum centers on helping parents recognize their own blind spots and areas of discomfort, and helping them avoid passing those on to their children.

“It’s powerful, to help parents understand themselves,” Chrissy said. “Some parents are really great with their baby when the baby cries or needs something, or when the baby nurses, but when it want to crawl away and see another person and explore the world, they freak out because their experience was the world wasn’t safe.”

She said Circle of Security can be helpful in such situations. “They can start to see, ‘That’s my blind spot, it’s actually safe for my kid to do that.’”

Sara said curricula and workshops have been helpful to her throughout the home visiting process. She recently attended a workshop Chrissy recommended about sleep for parents and babies, which included childcare for parents who attended, and information about the sleep needs and sleep patterns of children.

Sara said she thinks all mothers could benefit from home visiting. “It’s amazing that the support is out there, because it’s incredibly important for moms to get that support, especially in the first year,” she said, adding, “I don’t know what the second year is going to be like.”

Outcome Data

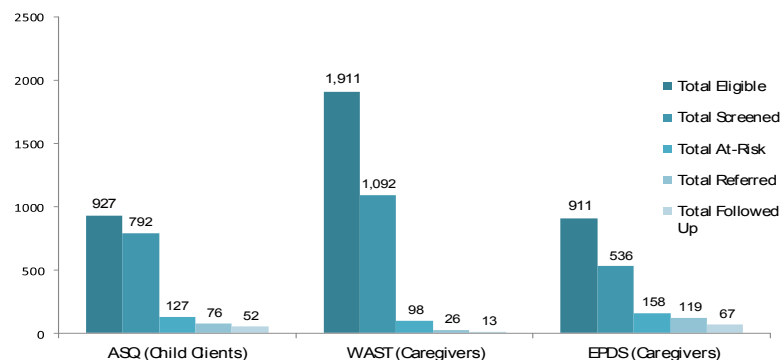
Many of home visitors’ activities with families are informed by the results of key screening tools. These screens are designed to be completed by a child’s caregiver, often with the home visitor. Screens serve to identify areas where home visitors can strengthen caregivers’ parenting skills and knowledge through curriculum and activities, and to flag areas of possible concern that merit continued monitoring. Where concern continues or exceeds the scope of the preventive services that home visiting offers, the screens trigger referrals to available community support services.

Three key screens used by the Home Visiting System to identify areas of concern and to guide the continuum of home visitor activity, from curriculum emphasis to clinical referral, are:

Screening Tool	Abbrev.	Description	Timing
Ages & Stages Questionnaire	ASQ	Parent questionnaire used to identify infants or young children who are in need of further assessment in five domains of child development	at 4 months, 6 months, and every 6 months to age 36 months
Edinburgh Postnatal Depression Scale	EPDS	Used to identify women at risk for prenatal and perinatal depression	prenatally, or within 6 mo of enrollment
Women Abuse Screening Tool	WAST	Used to identify caregivers experiencing abuse in their current relationships	prenatal, and twice after birth; if score is above cutoff, monthly until below cutoff

The following shows the number of children or caregivers considered eligible to receive either an ASQ-3, WAST, or EPDS screen; the number and percentage of clients eligible for screens who received them; the number screened who showed characteristics of concern or risk; and the number of clients receiving referrals who engage them. Areas flagged by screen scores can sometimes be addressed by home visitors, so not all subscale scores require immediate referral to intervention services. There are also communities with inadequate access to needed services, where referrals cannot be made.

Screenings and Referrals for Enrolled Families (total families = 1,911*)



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

Data Development Recommendation

We recommend CYFD develop data collection and reporting protocols to ensure reporting of the following measure, required by the Home Visiting Accountability Act:

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

CYFD Response and Next Steps

CYFD is proud of the accomplishments of the Home Visiting System reflected in this first report. CYFD recognizes and appreciates the work of many committed individuals and organizations that have developed, implemented, and continue to support programs and infrastructure to address the needs of New Mexico's families. We especially appreciate the contracted home visiting agencies for their ongoing contributions to the system and the wisdom gained through their direct experience. Because the New Mexico Home Visiting System is in early stages of its development, we know that much more can be done to ensure that the growing system is strong and effective.

CYFD has identified Next Steps for program improvement in response to the findings of the report. They are organized into three interrelated categories: 1) Data and Accountability, 2) Program Improvement, and 3) Home Visiting Policy.

Data and Accountability:

- CYFD will develop a plan for collection of the data required by the Home Visiting Accountability Act that is currently unavailable: 1) the percentage of children in home visiting receiving regular well-child exams as recommended by the American Academy of Pediatrics; 2) any increases in school readiness, child development, and literacy skills; 3) the number of children in home visiting enrolled in high-quality licensed child care programs; and 4) decreases in child maltreatment or child abuse.
- CYFD will continue to implement the monitoring system described in the Home Visiting Program Standards to help programs achieve superior data integrity. Training, technical assistance, and support to programs is adjusted according to data compliance needs. CYFD will continue to emphasize the importance of data for program management to improve services to children and families, and to have complete and accurate data for accountability purposes.
- CYFD will review child and family demographic data, in order to have more extensive information about the families served. CYFD will continue to ensure that monitoring, training, technical assistance, and follow-up assist programs to avoid incomplete data. Annual completion of CYFD forms will continue to be emphasized, to enhance CYFD's ability to compare data and assess children and families' progress towards meeting program goals.
- CYFD will expand the data collected on the CYFD-funded home visiting workforce, in order to better understand challenges and to have the information needed to recruit, train, support, and retain the best home visitors possible.

Data Sources

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

CYFD Next Steps (cont'd)

Program Improvement:

- CYFD will continue to develop a workable definition of what constitutes successful completion of the home visiting process. This is being developed in accordance with the CYFD Home Visiting Program Standards, which require programs to define the frequency, intensity, and duration of the home visits received by a family. This is based on the family's needs, goals set with the home visiting program, and the family's capacity to fully participate in the program. This definition will be reflected in the data, in order to better indicate why families leave the program, and to differentiate between families who left because they achieved their goals and those who left the program for other reasons.

Home Visiting Policy:

- CYFD suggests that discussions continue on how funding for home visiting can be stable and predictable, rather than having to rely on an ever-changing mix of funding streams that have included such sources as one-time tobacco funds or one-time federal grants.
- CYFD is in the process of conducting a study to better understand the full costs of developing and sustaining home visiting programs in different communities across the state. This study will include analyses of direct service costs as well as infrastructure costs. The results are expected to inform future procurements and contracts for home visiting.
- CYFD recognizes that the Home Visiting Accountability Act encourages strategies for collaborating with non-CYFD home visiting programs, including private foundation-funded programs, in order to better map the entire home visiting landscape in the state. This information will be helpful in determining how many young children and families who need home visiting programs are receiving these services from state-contracted providers and non-state providers.

Conclusion

Over the past decade, New Mexico has committed itself to improving the lives of infants and young children. The state has increased funding, passed key legislation, implemented programs, developed infrastructure, and touched the lives of numerous young children and their families. Even more importantly, New Mexicans from all political persuasions, diverse communities, and geographic regions have forged a powerful alliance that focuses on the care and education of our youngest residents. New Mexico is nationally recognized as a leader in early childhood, and these efforts should be a point of pride for this state.

The data contained in this first Annual Outcomes Report clearly show the extensive implementation of home visiting across New Mexico. There were 1,911 families who received at least one home visit in FY13. Those families were provided with a rich variety of services and supports. A significant number of families and children were screened for potential risks and then referred for additional services. Other families had the opportunity to talk with knowledgeable professionals and to feel they live in a state that cares about their well-being. The data in this report also show that home visiting programs, services, and supports can be strengthened, and it is hoped that the information presented in this report will be used constructively to do so.

It is equally clear, from the data in this report and other national and state reports, that New Mexico has a long way to go in terms of reaching all the young children and families who need programs like home visiting. In FY13, home visiting served 1,630 children. In 2012, New Mexico had an estimated 144,000 children under 5 years old. Clearly, not all of those children or their families would want to participate in home visiting. But we need to think wisely about how many of those children and their families would benefit, and then develop a plan to expand the home visiting system to reach these families.

The passage of New Mexico's Home Visiting Accountability Act places our state firmly in the midst of the national discussion on how to support young children during their most critical developmental period, how to help families become self-sufficient, and how to build stronger communities. The leading states (including New Mexico) are grappling with issues including: How to better protect children from adverse experiences, how to develop different models of home visiting that meet the needs of diverse communities, how to gather the data that lead to continuous improvement, how to finance home visiting, how to recruit and support the most effective staff, how to build collaborative relationships among all the stakeholders committed to the care and education of young children, and how to build realistic plans for expansion. These are daunting challenges for sure, but they are challenges worth facing. And surely, they are challenges we can meet.

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

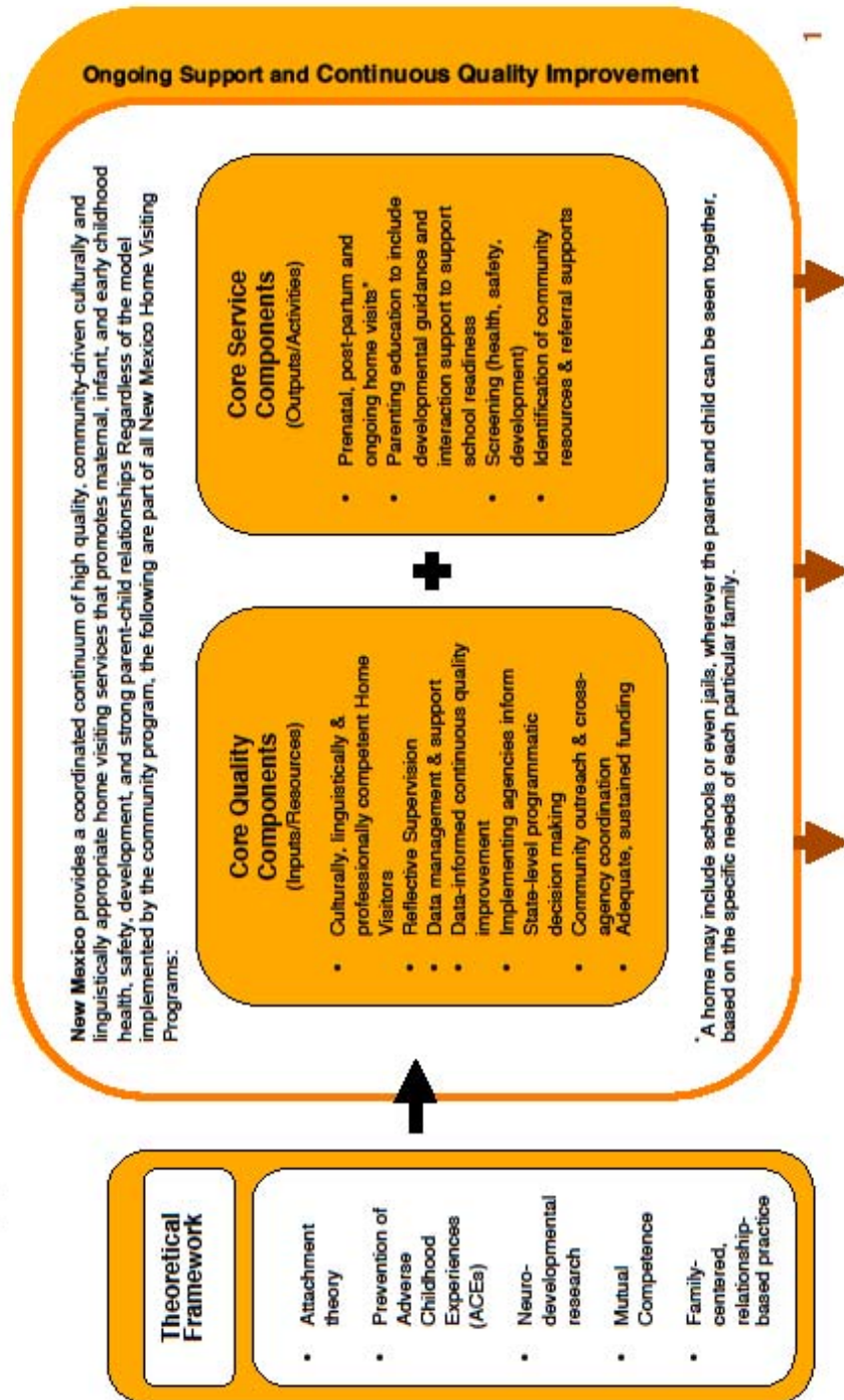


New Mexico Home Visiting Program Logic Model

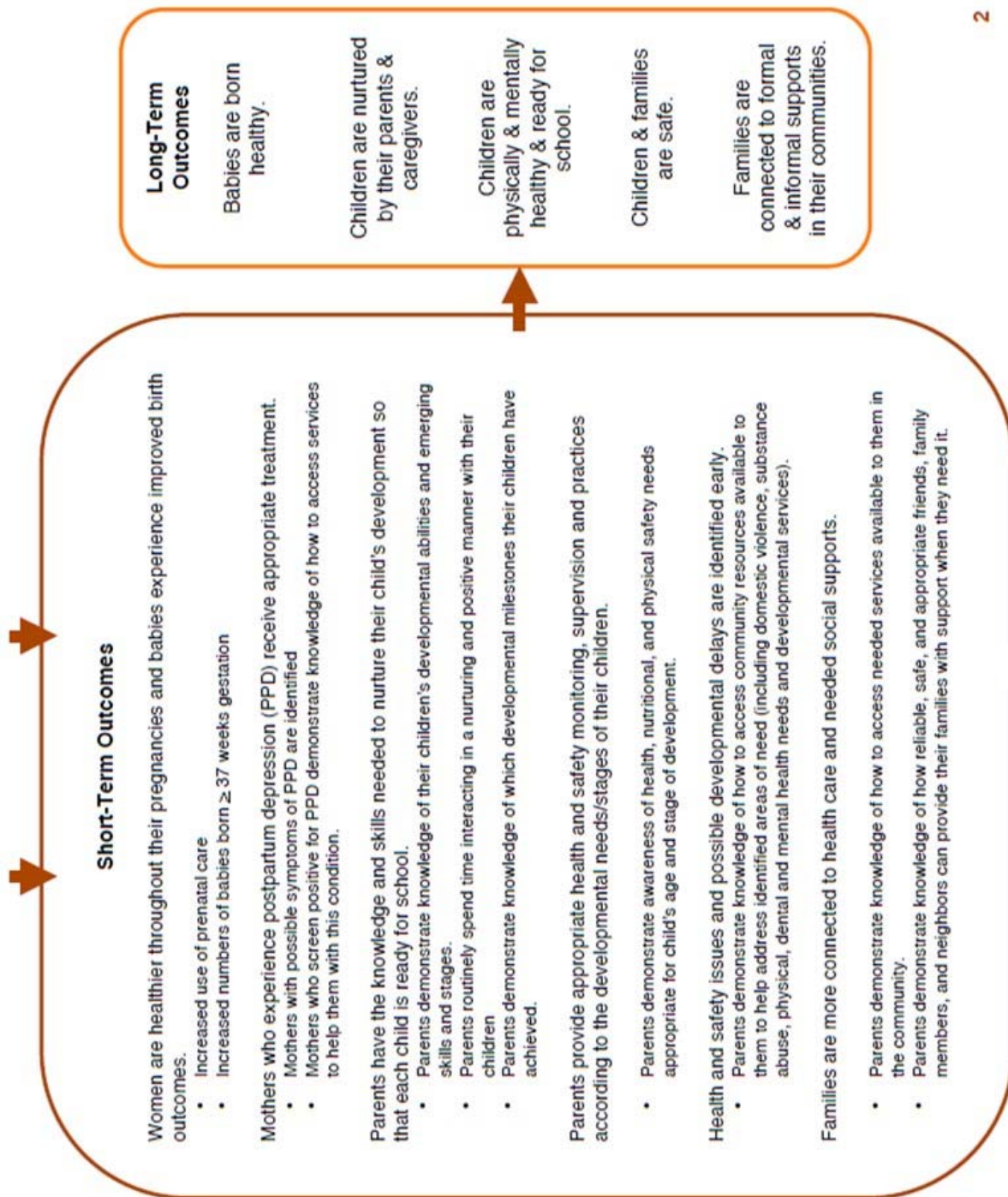


Program Vision: New Mexico families are supported to raise children who are healthy, happy and successful.

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



APPENDIX 1: New Mexico CYFD Home Visiting Program Logic Model, Part 2



APPENDIX 2: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Number and type of programs funded	Children, Youth and Families Department (CYFD)	All home visiting programs both contracted and reporting data in FY13 (n=20)
Number of families funded (openings)	CYFD	As reported by CYFD (n=1,005)
Number of families served	Home Visiting Database	All families reported in data set for FY13 (n=2,306), regardless of receipt of home visit
Number of active families	Home Visiting Database	All families receiving one or more home visits in FY13 (n=1,911)
Cost per family	Calculated from CYFD data and Home Visiting Database	Total funding divided by number of funded openings
Demographics of families served	Home Visiting Database	Reported on caregivers and children in families with at least one home visit
Duration of participation by families	Home Visiting Database	Time between most recent enrollment and most recent service date
Home visitors/ supervisors by level of educational training	Home Visiting Database	Database entry
Percentage of mothers enrolled prenatally who receive prenatal care	Perinatal Questionnaire; item asks <i>"Did you receive prenatal care? If Y, when did you start with prenatal care?"</i>	Numerator: Number of below who reported receiving prenatal care Denominator: Number of mothers enrolled prenatally during reporting period who answered relevant Perinatal Questionnaire item
Percentage of mothers enrolled prenatally who discontinue reported substance use by end of pregnancy	Perinatal Questionnaire; item asks <i>"During pregnancy, did you drink any alcohol, smoke cigarettes, or use any recreational/illegal drugs? If you used substances during pregnancy, when did you quit?"</i>	Numerator: Number of below who report discontinued substance use by end of pregnancy Denominator: Number of mothers enrolled prenatally during reporting period who self-reported substance use on Perinatal Questionnaire
Percentage of postpartum mothers screened for postpartum depression	Edinburgh Postpartum Depression Scale	Numerator: Number of below screened for depressive symptoms using the EPDS during the reporting period Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period
Percentage of postpartum mothers identified at risk for postpartum depression who are referred for services	Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records	Numerator: Number of below referred for behavioral health services Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period who were screened as at risk on the EPDS
Percentage of postpartum mothers identified at risk for postpartum depression who receive services	Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records	Numerator: Number of below recorded as engaged in behavioral health services Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period screened as at risk on EPDS who were referred for behavioral health services
Percentage of mothers who initiate breastfeeding	Perinatal Questionnaire; item asks, <i>"Did you begin breastfeeding your baby?"</i>	Numerator: Number of below who reported initiation of breastfeeding Denominator: Number of mothers who had a delivery during the reporting period and answered "breastfeeding" question on the Perinatal Questionnaire

APPENDIX 2: Outcome Measures Defined (cont'd)

Measure	Measurement Tool	Operational Definition
Percentage of babies and children receiving the well-child visits recommended for their age by the AAP	Maternal Child Health Form item asks, <i>"Has your child attended one or more appointments during the past 12 months for a "well-child" regular check-up?" does not meet the statutory requirement of reporting completion of AAP recommended well-child visits</i>	Data Development Recommended
Percentage of infants on schedule to be fully immunized by age 2	Maternal Child Health Form; item asks, <i>"Has your child had all recommended shots? "</i>	Numerator: Number of below who answered "Yes" to immunization question Denominator: Number of primary caregivers answering relevant question on the Maternal-Child Health Form
Percentage of parents who show progress in practicing positive parent-child interactions as measured by the PICCOLO	PICCOLO (data not available in FY13)	Numerator: Not applicable in FY13; no follow-up screens to date Denominator: Number of families who received both an initial PICCOLO screen and a follow-up screen during re-
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are screened on schedule	Ages & Stages Questionnaire-3	Numerator: Number of below who received at least one ASQ-3 screen Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, and received at least 5 home visits
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified with scores below cutoff	Ages & Stages Questionnaire-3	Numerator: Number of children below who scored below ASQ-3 cutoff Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits and were screened with at least one ASQ-3 screen during the reporting period
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and referred for further assessment or services	Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records	Numerator: Number of below who were who were referred to early intervention services Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, and scored below cutoff on at least one ASQ-3 screen
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and receive further assessment or services within two months of screening	Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records	Numerator: Number of below who engaged in early intervention services during reporting period Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, scored below cutoff on at least one ASQ-3 screen and were referred for behavioral health services

APPENDIX 2: Outcome Measures Defined (cont'd)

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

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