



New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2016

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

JANUARY 1, 2017

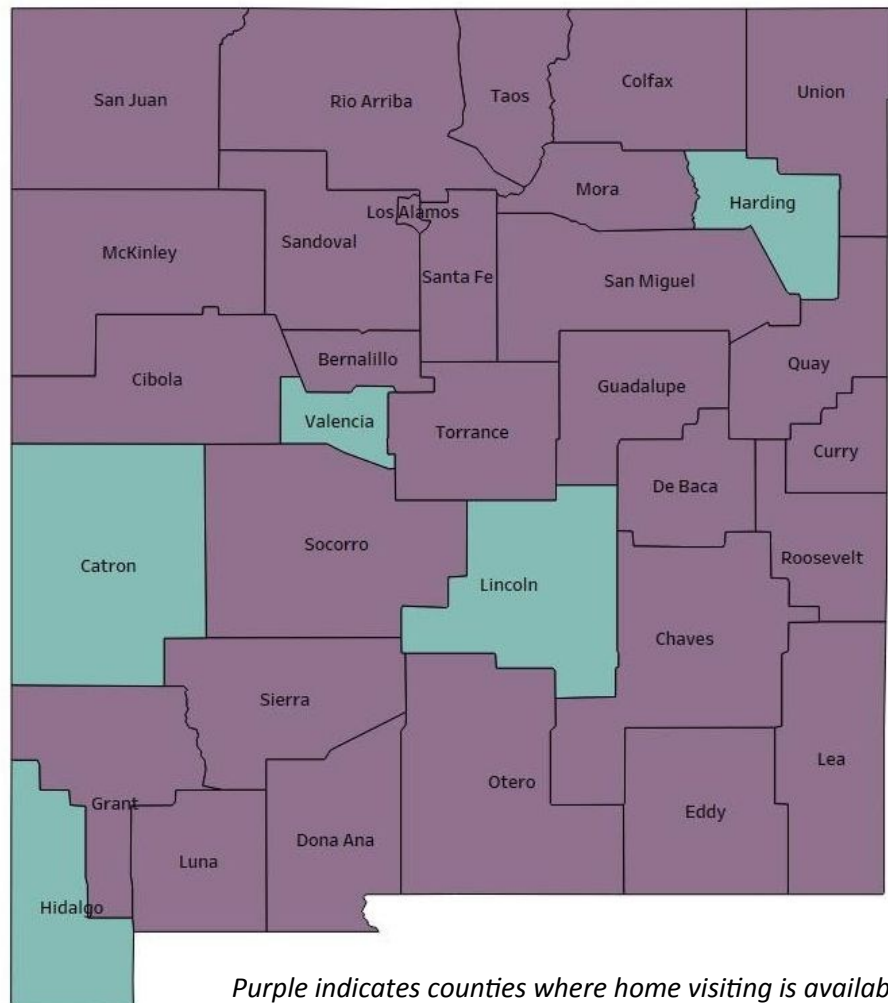
Introduction

The fourth Home Visiting Annual Outcomes Report presents aggregate data about the outcomes for all Children, Youth and Families Department (CYFD) administered home visiting programs in Fiscal Year 2016 (FY16). The report was prepared according to the requirements of NMSA 1978, Sections 32A-23B-1 (2013), referred to here as the "Home Visiting Accountability Act," and is designed to inform policymakers and practitioners about the Home Visiting System's impact on families and children in New Mexico.

Home Visiting in FY16, At a Glance:

- Programs: 30
- Counties Served: 28
- Families Funded: 2,738
- Home Visits: 46,869

New Mexico's Home Visiting System, FY16



Purple indicates counties where home visiting is available. Program offices may not be located in all purple counties, and program service areas may vary.



Children Youth & Families Department

PULLTOGETHER.ORG

Looking Ahead to FY17

CYFD is proud to partner with and support the state’s professional home visiting community, as we have worked together to build the research-based standards and solid infrastructure needed to deliver high-quality services to New Mexico’s children and their families. With this sturdy base established, we are prepared to make some major system enhancements in the year ahead:

- In FY17, home visiting programs will begin participation in CYFD’s FOCUS on Young Children’s Learning quality improvement system, bringing home visiting into fuller alignment with our state early childhood continuum of services.
- A pilot program will begin in FY17 to offer targeted intervention (Level II) services to families in home visiting experiencing high degrees of stress, as identified by risk screens or social service agency referrals.
- Level II Home Visiting will offer a Neonatal Intensive Care Unit (NICU) program designed to support healthy parent–infant relationships during the early years of the infant’s life, both within the NICU and post-discharge.
- CYFD looks forward to continuing collaboration with programs across the state, regardless of funding source, to improve coordination, reach and effectiveness of services to benefit New Mexico’s families and children.

State of New Mexico
CHILDREN, YOUTH and FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



MONIQUE JACOBSON
CABINET SECRETARY

JENNIFER SAAVEDRA
DEPUTY CABINET SECRETARY

December 21, 2016

Dear Friends of New Mexico’s Children and Families,

It is with pleasure that I present to you the third annual New Mexico Home Visiting Program Outcomes Report in compliance with the Home Visiting Accountability Act signed by Governor Martinez in April 2013. The report has been prepared for CYFD under the contract by University of New Mexico’s Center for Education and Policy Research and the Division of Community Behavioral Health. The Home Visiting Accountability Act requires annual reporting of a wide range of data points reflecting in the broad scope of home visiting, and provides CYFD with critical information necessary for the continuous quality improvement of our home visiting system as it continues to grow. The Act also allows CYFD to keep the Governor, Legislators, the Early Learning Advisory Council, and stakeholders informed of the accomplishments of our home visiting system. The report concentrates on measurable progress and outcome data that match the home visiting program’s established goals. Since the first Home Visiting Outcomes Report, CYFD has placed emphasis on the report outcomes and indicators to continually improve the Home Visiting service delivery system with solid data driven practices.

The New Mexico Home Visiting has grown from small beginnings in 1989. This system has a long history of engaging in communities to help shape programming that is responsive to family and community strengths and needs. CYFD supports home visiting commitment of funds to adequately provide contract compliance and program oversight, working with 30 community-based providers. We are also committed to establishing statewide infrastructure for systemic support. Join me in celebrating our growing and responsive home visiting program, an integral part of New Mexico’s early childhood care and education system.

Finally, from a continuous program improvement approach, CYFD will roll out Home Visiting Level II in the next couple of months. Home Visiting Level II will target higher needs families who are at an increased risk for adverse childhood experiences (ACEs). These families will be connected with a bachelor’s/master’s level professional with specialized training, community resources, have a structured curriculum and receive an increased number of home visits. I’m excited and optimistic that this increased level of service to the most at risk families and children will result in positive results and ultimately improve the lives of these most at risk children.

Sincerely,

Monique Jacobson, Cabinet Secretary
Children, Youth and Families Department

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Executive Summary

Introduction

Strong, stable families are the first and most important foundation for children's health, well-being and success. Before children ever enter an early care or preschool setting, the adults who live in their homes are their first teachers and provide them with the nurturing relationships that children need to thrive. Supporting families of young children to help create these stable environments is particularly important in New Mexico, where childhood poverty is widespread and child well-being is consistently ranked among the worst in the nation. New Mexico families often face persistent barriers and challenges that make it difficult for them to provide the stable, stimulating home environments that all parents want for their children.

Home visiting is an established and effective strategy for addressing some of those challenges. Home visitors support families in promoting positive parenting practices, screening for risks, and referring families to appropriate community supports. The services provided by home visiting are expected to be research-based, grounded in best practices and linked to six overarching goals: Babies are born healthy, children are nurtured by their parents and caregivers, children are physically and mentally healthy, children are ready for school, children and families are safe, and families are connected to formal and informal supports in their communities.

In recognition of home visiting's importance, the New Mexico Legislature passed and the Governor signed the Home Visiting Accountability Act in 2013. This act defines home visiting, affirms its place as part of New Mexico's early childhood care and education system, and requires an annual report to include data on key home visiting outcomes specified in the Act. This report fulfills that requirement, and has been prepared for CYFD by the University of New Mexico Center for Education Policy Research and the Division of Community Behavioral Health.

Implementation

Since the 2013 passage of the Act, CYFD has worked to ensure that necessary infrastructure supports for New Mexico's Home Visiting System are firmly in place. Systems for monitoring programs, training home visitors in state standards, and ensuring data accountability have been strengthened, enabling a continued and controlled expansion of services. Data show that even as the system has expanded through new programs and into new service areas, service levels and outcomes achieved have largely stayed steady or improved. The chart below documents the past four years of system expansion:

Key Implementation Measures	FY13	FY14	FY15	FY16	Increase from FY15 to FY16
Funding (State and Federal)	\$5.9 million	\$8.1 million	\$12 million	\$15.5 million	\$3.5 million (29.2%)
Home Visiting Programs	20	24	26	30	4
Counties Served	22	26	27	28	1
Funded Openings	1,005	1,919	2,286	2,738	452 (19.8%)
Families Served	1,911	2,224	2,891	4,020	1,129 (39.1%)

Home Visiting Annual Outcomes Report for FY16

- In FY16, CYFD received \$15.5 million in state and federal funding to support the Home Visiting System, which is a 29.2 percent increase over FY15. For FY17, the Legislature passed and Governor Martinez signed a home visiting budget of \$17.5 million.
- In FY16, CYFD used its funding to support 30 programs in 28 of New Mexico’s 33 counties.
- CYFD funded 2,738 openings in FY16, which is a 19.8 percent increase over FY15. These openings served 4,020 families, as each opening may serve multiple families in one fiscal year.

Outcomes

New Mexico has both contributed to and benefitted from national policy conversations on how best to measure home visiting’s impacts on family and child well-being. In accordance with best practices identified in the research, New Mexico’s home visitors use a variety of validated screening tools (see Appendix 2) to support families and identify their needs. These tools also provide data that can be used to understand impacts on the key Home Visiting System outcomes defined in the Home Visiting Accountability Act. Data from these tools suggest continuing positive impact on families and children through their participation in home visiting. Highlighted findings, by goal outcome area, include:

Key Outcome	FY16
Does Home Visiting Help Improve Healthy Births?	<ul style="list-style-type: none"> • Pregnant women in home visiting have consistently reported accessing prenatal care more often and earlier than women statewide. While 63.9% of expecting mothers statewide began prenatal care in their first trimester of pregnancy, 88% in home visiting had first-trimester care. • 87.7% (1,210) of eligible mothers were screened in the perinatal period for risk of depression. Of those, 23.8% were found to be at risk, of whom 87.2% were referred to appropriate services—a marked increase in referrals from last year’s 77.3%. Slightly more than half are known to have engaged with services.
Does Home Visiting Improve Parent and Caregiver Nurturing of Children?	<ul style="list-style-type: none"> • 748 families were observed at least twice using the PICCOLO tool for measuring nurturing parental behaviors. Of those, more than 85% of families who initially scored at the lowest level showed improved scores when the tool was administered a second time.
Does Home Visiting Help Children Improve their Physical and Mental Health?	<ul style="list-style-type: none"> • Of 2,461 eligible children, 86% (n=2,113) were screened for potential risk of developmental delay using the ASQ-3. • 19% (n=406) were identified for referral. • 81% (n=327) of those identified were referred for services. This represents a notable increase in referrals from last year’s 65.2% referral rate. • 62% (n=204) of those referred engaged with services.
Does Home Visiting Help Children Become Ready for School?	<ul style="list-style-type: none"> • Of 2,326 eligible children, 79% (n=1,833) were screened with the ASQ-SE for social-emotional delays. • 14% (n=254) of those children were identified as at risk and home visitors worked with those families to address those challenges.
Does Home Visiting Help Improve the Safety of Children and their Families?	<ul style="list-style-type: none"> • 2,649 families were screened for potential risk of domestic violence using the RAT. • 6% (n=168) were identified as at risk. • 73% (n=123) of those identified were referred for services. • 42% (n=52) of those referred engaged in services. • Slightly more than a third of those identified as at risk had a safety plan.
Does Home Visiting Help Families Strengthen their Connections to Formal and Informal Supports In their Communities?	<p>Based on screening tools for child development (ASQ-3), perinatal depression (EPDS), and domestic violence (RAT):</p> <ul style="list-style-type: none"> • Home visiting identified 862 instances of children or their caregivers being at risk. • In 81% (n=701) of those instances, clients were referred for services and 56% (n=390) of those referred engaged with services.

FY16 Home Visiting System Improvements

CYFD has taken a variety of steps in response to previous Annual Home Visiting Outcomes Reports, and has strengthened the Home Visiting System in several important ways in FY16:

- Through its manager-monitors and data management partners at UNM Continuing Education Early Childhood Services, CYFD has continued to work toward improved data integrity. Systems for regular monitoring of program-level data are in place, with audits conducted to ensure that data required by contract are available for accountability reporting and program improvement. Where data collected in prior years were incomplete — for example, on the educational backgrounds of home visitors — concerted efforts have resulted in complete or substantially increased reporting of data.
- Home visiting programs place a high priority on screening families for potential risks and linking them to appropriate community resources and supports. Outcomes reporting from the past two fiscal years has suggested that referrals to community supports may not have been occurring as often as screening protocols would indicate. In FY16, referral rates increased markedly for the three primary risk screens administered by home visitors: for maternal depression (87.2% in FY16, up from 77.3% in FY15); for potential developmental delay (80.5% in FY16 versus 65.2% in FY15); and for intimate partner violence (73.2% in FY16, compared to 45.7% in FY15). This suggests that regular data reporting is facilitating continuous improvement system-wide.
- CYFD implemented the statewide NewMexicoKids Resource and Referral Service, connected to the state’s PullTogether outreach campaign, in order to enhance family recruitment and promotion of home visiting. This service offers single phone and/or web-based points of access to home visiting services, and offers families information about all home visiting programs and related early childhood resources available in their communities.
- CYFD has been an active partner in efforts to bring together home visiting programs across the state, and across funding streams, to collaboratively build a more complete understanding of where services and gaps exist in New Mexico and how families are being successfully served in communities across the state. One promising new effort is the New Mexico Home Visiting Collaborative, convened through the Los Alamos National Laboratory Foundation, whose members contributed important data for this report on programs receiving funding from private foundations, tribal home visiting, Early Head Start, and other federal agencies.

Conclusion

The data in this fourth Annual Home Visiting Outcomes Report show a Home Visiting System with infrastructure in place to support stable expansion of home visiting services in the state. With these supports established, CYFD plans to implement several system enhancements in FY17 (see Next Steps, p. 28), including new “Level II” targeted intervention home visiting services for families with more acute needs, and inclusion of home visiting programs in the state’s FOCUS tiered quality improvement system. Even as these improvements are being made, however, there are still many families and children across the state who are not receiving home visiting services and could benefit from them. Expanding to parts of the state where vulnerable children are not yet served by home visiting remains a priority.

The passage of the Home Visiting Accountability Act in 2013 placed New Mexico in the national spotlight as a state committed to helping its young children during their most critical developmental period. Home visiting, child care, pre-kindergarten, early intervention, and other early childhood programs are expanding to provide the critical continuum of services that is essential to healthy children and thriving families. New Mexico is committed to continuously improving our systems to protect children from adverse experiences, develop different models of home visiting for diverse communities, finance home visiting, recruit and retain quality staff, and build collaborative relationships among all stakeholders. These objectives should continue to guide the ongoing development and expansion of New Mexico’s Home Visiting System.

The Context of Home Visiting in New Mexico

New in FY17: Enhanced Home Visiting Services

CYFD's home visiting program is designed to promote child well-being and prevent adverse childhood experiences.

In 2017, CYFD will pilot a Targeted Intervention package of services (Level II), that offer families under high stress supports that go beyond typical promotion and prevention family supports (Level I).

Families eligible for these free and voluntary services will be assessed and referred by social service partners such as Child Protective Services, Juvenile Justice, or Infant-Mental Health services, or through risk assessments conducted during their participation in Level I home visiting programs.

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

Then in 2013, the Legislature passed the New Mexico Home Visiting Accountability Act. The Act defines the Home Visiting System, establishes a common framework for service delivery and accountability across all programs, and outlines expectations for annual outcomes reporting. The Accountability Act codified a system that has existed in some form since 1989, and has become increasingly unified under the leadership of CYFD. In 2009, CYFD was designated the state's lead agency for a coordinated statewide Home Visiting System.

Rather than adopt a single model of home visiting, CYFD led a process to review current home visiting research and best practices. This research was used to establish program standards that provide a common framework 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.

New Mexico's standards-based Home Visiting System is flexible enough to allow each home visiting program to respond to specific community needs, but also provides a unified understanding of what home visiting is and what expectations are for ensuring high-quality service delivery. These concepts are enshrined in the Home Visiting Accountability Act, which defines "Home Visiting" for New Mexico in these terms:

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

What Do Home Visitors Do?

Home visiting aims to help New Mexico’s parents and caregivers reach their full potential as nurturing parents. New babies can be challenging, and parents may feel overwhelmed and unsure of themselves. Parents and caregivers, particularly those who do not have strong family and community supports, can rely on home visitors as a source of emotional support and information about child development. A home visitor might counsel a first-time mother who is concerned about her baby’s eating habits, for example, or give her tips on how to safely bathe a newborn. Most of all, home visiting is based on relationships – strengthening the relationship between caregiver and child, through the relationship between the home visitor and the caregiver. The guiding philosophy of New Mexico’s Home Visiting System is that every facet of young children’s success – physical, social, cognitive or otherwise – is grounded in their relationships with primary caregivers.

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

Home visitors also provide families with information, support, and advice. This part of the service is uniquely tailored to families and their goals and can include everything from breastfeeding support to information on car seat safety and safe sleep practices. Families work with home visitors to set goals for their home visiting experience, and those goals help define logistics such as the frequency of home visits and how long the family remains in the program.

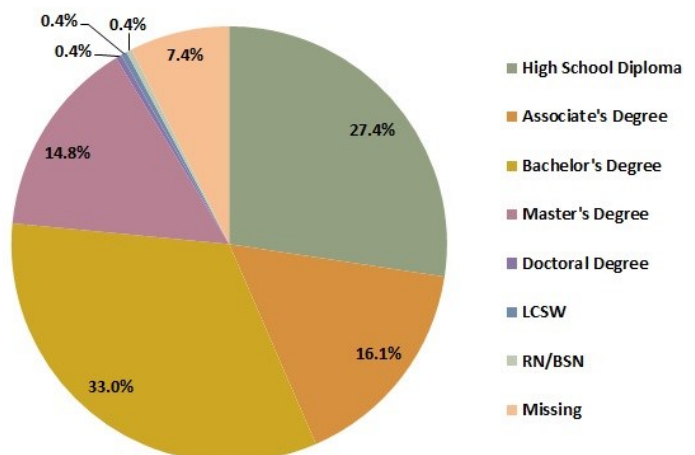
New Mexico’s Home Visiting Workforce

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.

A total of 230 home visitors provided services over the course of FY16. 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.

As a result of efforts to ensure complete and accurate reporting on the educational training of the home visiting workforce over the past two years, data completeness in this area is much improved since annual reporting began in FY13.

Highest Credential of Home Visitors



Total = 230 home visitors employed by all programs during FY16

Professional Development & Training

All home visitors in state-funded programs are trained in home visiting fundamentals and curriculum implementation.

In FY16 CYFD also provided home visiting-specific trainings on such topics as:

- Supporting family breastfeeding goals
- Domestic violence
- Reporting suspected child abuse and/or neglect
- Promoting safe sleep practices
- Use of screening tools

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.

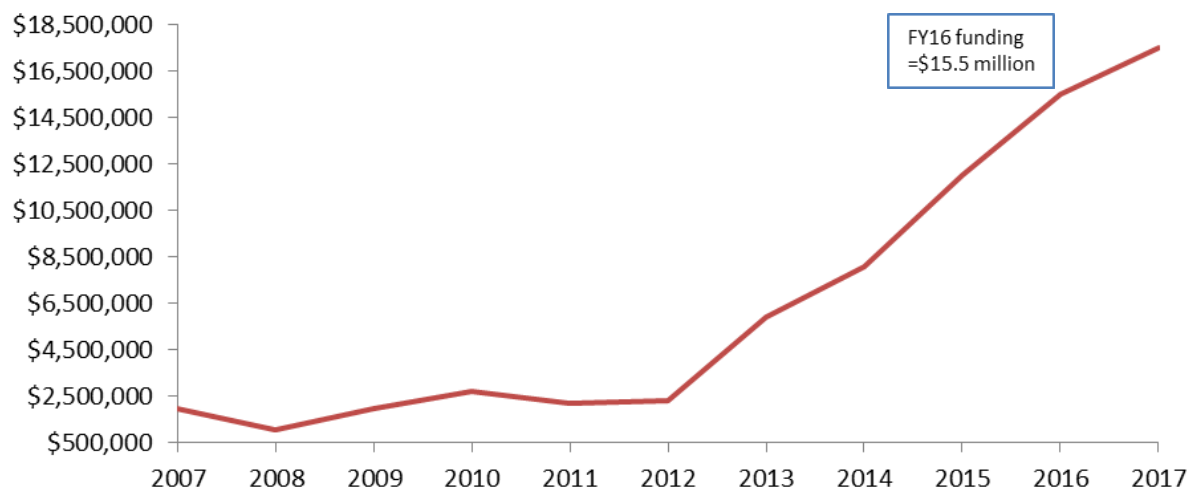
New Mexico's Investments In Home Visiting

New Mexico has 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 a commitment to home visiting, and have increased funding significantly since FY06. State funding for home visiting began in FY06 with a small pilot project funded at \$500,000. In FY16, funding reached \$15.5 million including both state and federal funds, and FY17 saw funding increased to \$17.5 million.

New Mexico's Investment in Home Visiting



Source: LFC Post-Session Reviews

Home Visiting Costs and State Expenditures

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 FY16, CYFD funded 2,738 openings with \$7.3 million in state general funds, \$4.5 million in TANF transfer funds, and \$3.7 million in federal funds.
- The state contracts with agencies to provide home visiting services based on a required contractual cost of \$3,500 per opening. Some receive an additional \$500 per opening for documented special circumstance costs. Federal funds support contracts based on actual costs, and so federal contracts vary by program and home visiting model.

Openings Versus Families

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

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

In FY16 2,738 openings funded 4,020 families (receiving at least one home visit).

New Mexico Home Visiting Programs FY16

State-Funded Programs: Number of Openings and Service Areas

Home Visiting Program	# of Families Funded FY2016	Counties Served FY2016
Apple Tree Educational Center	51	Sierra
Avance, Inc. - NM	90	Doña Ana
Avenues Early Childhood Services	50	McKinley
Ben Archer Health Center	141	Doña Ana, Luna, Otero
Colfax County Commission	33	Colfax, Union
ENMRSH, Inc.	65	Curry, Roosevelt, De Baca, Quay, Guadalupe
Presbyterian Health Service (Española <i>First Born</i> Rio Arriba)	53	Rio Arriba
Gadsden Independent School District <i>Parents as Teachers*</i>	100	Doña Ana
Gallup McKinley County Schools <i>Parents as Teachers*</i>	100	McKinley
Gila Regional Medical Center <i>First Born</i>	114	Grant
Greater Santa Rosa Council on Alcoholism	67	Guadalupe
Guidance Center of Lea Co.	67	Lea
Taos Health Systems, Inc. (Taos <i>First Steps</i>)	170	Taos
La Clinica De Familia, Inc.	204	Doña Ana
Las Cumbres Community Services, Inc.	66	Santa Fe, Rio Arriba
Los Alamos County <i>First Born</i>	60	Los Alamos
Luna County <i>Parents as Teachers</i>	127	Luna
Kiwanis Club of Las Vegas Community <i>First Born</i>	43	San Miguel and Mora Co.
Northwest New Mexico <i>First Born</i>	150	San Juan, McKinley
PB&J Family Services, Inc.	103	Bernalillo, Sandoval
Presbyterian Medical Services <i>Parents as Teachers</i>	160	Cibola, Eddy, Lea, San Juan, Chaves
Regional Educational Cooperative #6/PMS <i>Parents as Teachers</i>	60	Quay and Curry
Presbyterian Health Services (Socorro <i>First Born</i>)	90	Socorro
Southwest Pueblo Consultants and Counseling	30	Cibola, Sandoval, Rio Arriba, Bernalillo
Torrance County	64	Torrance
United Way of Santa Fe County <i>First Born</i>	149	Santa Fe
UNM CDD <i>Parents as Teachers</i> South Valley	125	Bernalillo
UNM Nurse-Family Partnership*	120	Bernalillo
UNM Young Children's Health Center	53	Bernalillo
Youth Development, Inc.	33	Rio Arriba
Total	2,738	

*Program received federal funding during FY16

Openings Funded through Private and Direct Federal Sources

According to data supplied by the New Mexico Home Visiting Collaborative (convened by the Los Alamos National Laboratory Foundation), an additional 1,852 home visiting service openings were available as of Nov. 1, 2016 through funding sources other than the State of New Mexico. These include 785 openings funded through private foundations, 404 through direct federal grants, 232 through the tribal Maternal and Infant Early Childhood Home Visiting program, and 431 through federal Early Head Start home visiting funds. Added to an estimated 2,703 FY17 slots funded by the state, New Mexico has a current FY17 capacity to serve families through about 4,555 openings statewide, across all funding sources. This includes FY17 state expansion to Hidalgo and Valencia counties.

Programs serve families through a variety of home visiting models and curricula that research indicates will effectively serve their prioritized populations and goals. Some communities have adopted nationally recognized evidence-based models, such as Nurse-Family Partnership or Parents as Teachers; some follow the New Mexico-developed First Born promising practice model; and others have developed home grown models which follow New Mexico's research-based standards.

Children Birth to Age 3 in New Mexico

There were approximately 81,363 children age birth to 3 in New Mexico in FY15.

U.S. Census 2014 Pop. Est.

A total of 3,944 children were in families who received at least one home visit in FY16. This does not include families who were only served prenatally in FY16.

Babies Born to Teens in New Mexico

In 2015, 2,327 babies were born to teen mothers.

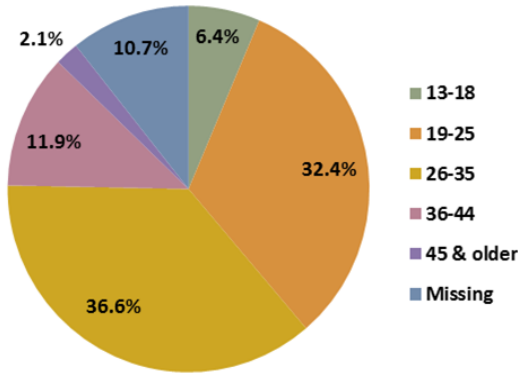
New Mexico Birth Certificates Database, Department of Health

In FY16, state-funded home visiting programs served 577 teen parents.

Home Visiting Participants in FY16

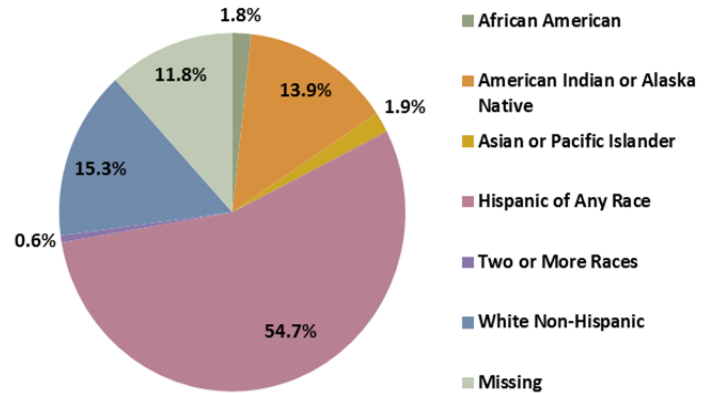
Demographics of Home Visiting Participants in FY16

Caregivers by Age*



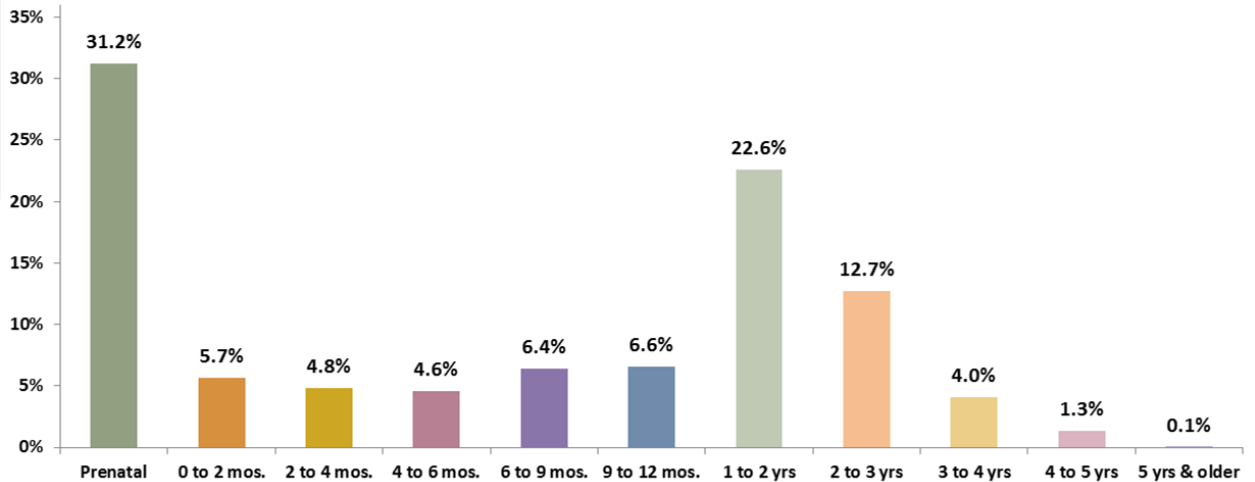
*Total is 5,347, and reflects mother and father caregivers in the 4,020 families with 1 or more home visits in FY16. Mean age is 28.3 years.

All Clients Served by Race/Ethnicity*



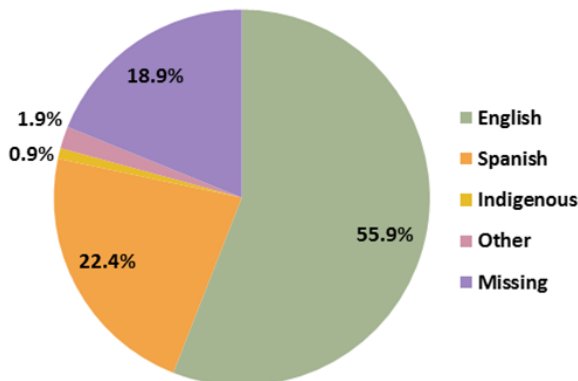
*Total is 8,753, and reflects all household members in the 4,020 families with 1 or more home visits in FY16.

Age of All Children Served in FY16*, at start of FY16



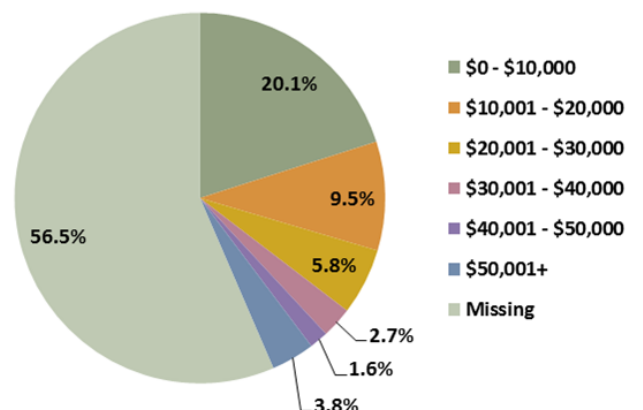
*Total is 3,864, and reflects ages of all children served, with data missing or inaccurate on an additional 80 child clients.

Language Spoken, All Child Clients*



*Home language was available for 81.1% of the 3,944 child clients with 1 or more home visits in FY16.

Families Served by Annual Income*



*Annual income is collected on a voluntary basis and was only collected for 43.5% of the 4,020 active families with 1 or more home visits in FY16 (n=1,749).

Parent/Caregiver Highest Level of Education

Of the 2,929 caregivers with data recorded:

7% were currently enrolled in school

20.3% had less than a high school degree

26.5% had a high school diploma or GED

9.2% had technical training or other schooling

23.4% had some college but less than a bachelor's degree

13.6% had a bachelor's degree or higher

Visits Over Time

Data in this report reflect only home visits that took place in FY16. Many families began receiving services in previous years.

Of the 4,020 families active in FY16, 2,421 (60.2%) were enrolled for the first time.

Including visits before FY16, 41.4% of families have received a cumulative total of 20 or more home visits, and an additional 19.9% have received 40 or more visits.

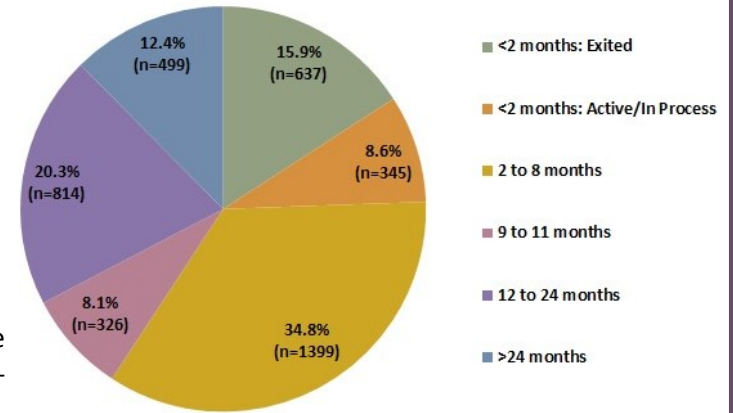
Home Visiting Participants, FY16

Duration of Family Participation

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

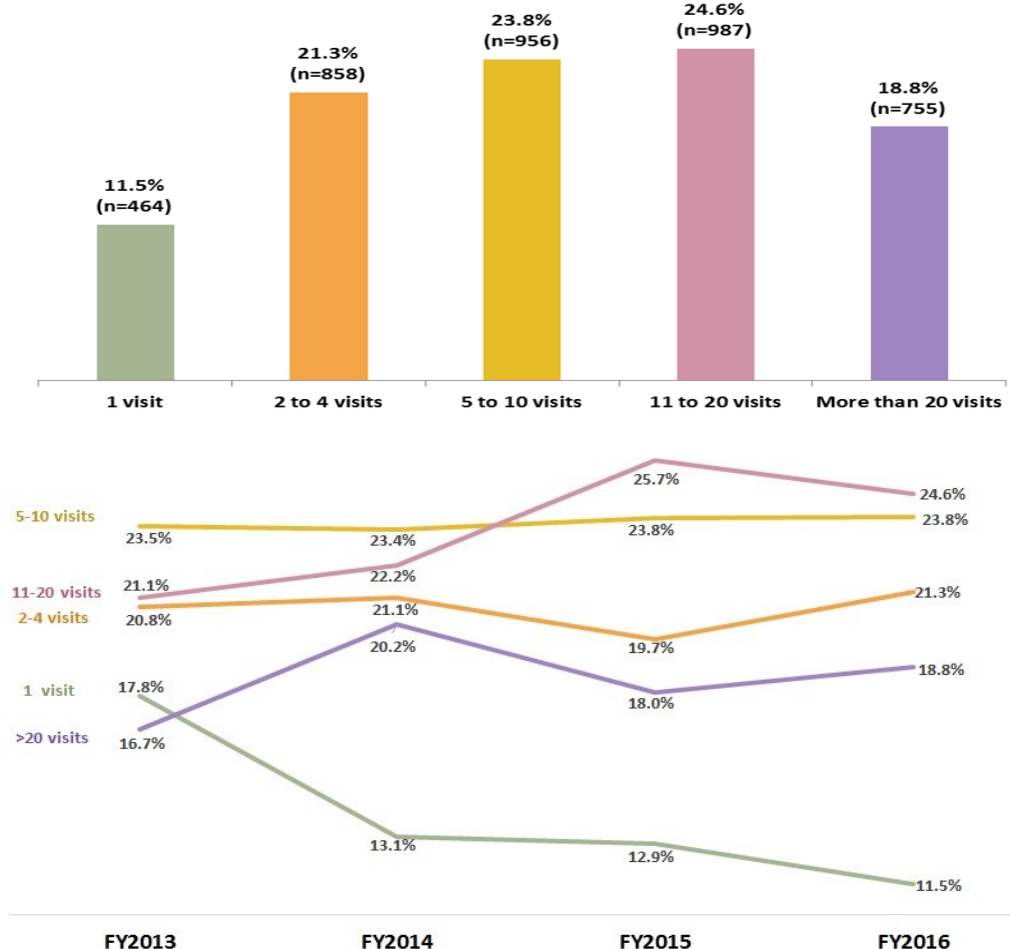
Ideal frequency and duration of services is determined jointly by the home visitor and the family, according to the family's needs, preferences, and cultural context, and according to CYFD's guidelines for screening protocols and curricula completion. The results of screenings are used as one of the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

Total Duration of Family Participation, from Initial Date of Enrollment, in Months (n=4,020)



How Many Fiscal Year Visits Have Families Received?

Number of FY16 Visits Received by Participating Families (n=4,020)



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	
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 (2)k. Number of children that received an Ages & Stages questionnaire and what percent scored age appropriately in all
Children and families are safe	7) Provide resources and supports that may help to reduce child maltreatment and injury	(2)g. Decreases in child maltreatment or child abuse (2)h. Any reductions in risky parental behavior
Families are connected to formal and informal supports in their communities	6) Improve the health of eligible families 9) Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families	(2)m. Percentage of children receiving home visiting services who are enrolled in high-quality licensed child care programs

About the Data: CYFD Home Visiting Database

Data for nearly all program descriptors and outcome measures are reported and collected in the state's Home Visiting Database, maintained and managed for CYFD by the Early Childhood Services Center (ECSC) at UNM Continuing Education since 2008. In addition to its use for external accountability, the database is used by program managers, who are trained to use data internally for program improvement.

The data analyzed for this report is de-identified, family-level data provided by ECSC to CEPR on September 26, 2016. 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.

Data Sources: Screens Used

Child Development

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

Caregiver Depression

Edinburgh Postnatal
Depression Scale (EPDS)

Nurturing Parenting

PICCOLO (Parenting
Interactions with
Children: Checklist of
Observations Linked to
Outcomes)

Domestic Violence

Relationship Assessment
Tool (RAT)

Family Background

Maternal-Child Health
Form (MCH)
Perinatal Questionnaire
(PNQ)

Family Stories: Michelle

When Michelle's midwife referred her into home visiting, Michelle did not yet have a baby and wasn't thinking about developmental milestones or parenting practices. She was interested in earning her GED, and her midwife told her Gila Regional Hospital First Born program offered in-home GED tutoring as part of their services.

Michelle was about five months pregnant then, and now her daughter is 2. She is scheduled to take her final GED test this month, and hopes to enroll in nursing school in the fall. The road to her GED has been long, she said, but the visits from her tutor have made it possible.

"What's great about the program is they're really flexible," she said. "It's taken me a long time to finally get to this point." She said her GED tutor is also knowledgeable about scholarship opportunities and how to enroll in nursing school, which is helpful as she plans her next steps. Michelle has been receiving home visiting services along with her tutoring, which she said provided a helpful support, especially at first when she was home alone with the baby while her fiancé worked long days. She said she depended on breastfeeding support from her home visitor, and appreciated hearing about her parenting experiences.

"I am so comfortable with her, that it helped me a lot especially right after the pregnancy; I didn't want to leave the house because I had a newborn," Michelle said. "She is someone I can talk to and vent my frustrations."

The GED tutoring that has helped Michelle is one of numerous extra services that the Gila Regional program offers to families receiving home visiting. They have an in-house lactation consultant and a diabetes consultant who is also a dietician providing nutrition counseling to families. They have a fatherhood specialist, and a home visitor with additional credentials who works with families with acute challenges.

Adriana Bowen, the program manager for Gila Regional First Born, said these services have been added over the years to help address the specific needs of families in the Silver City area. The home visiting program has existed there for about 20 years, and Bowen said their services are well known and understood throughout the community, which helps to make home visiting a normal part of community life.

"A lovely thing we've found out is that when a mom is pregnant, the assumption is that everybody is going to access home visiting," Bowen said.

Home Visiting Outcomes for FY16

Goal 1: Babies are Born Healthy

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

Background: What the Research Says

Research tells us that healthy babies tend to grow into healthier adults, resulting in healthier overall communities. A number of strategies are known to contribute to infant and child health (Institute of Medicine, 2013; Ip et al, 2007; Center on the Developing Child, 2010), including:

- Encouraging the use of prenatal care
- Discontinuing substance abuse during pregnancy
- Increasing rates of childhood immunizations
- Encouraging good nutritional intake
- Initiation of breastfeeding
- Preventing maternal depression

Caregiver depression can negatively impact child development and a child's outcomes. Maternal depression has been linked to child health, with children of mothers with untreated depression demonstrating behavioral problems, cognitive or developmental delays, and impaired attachment. Treatment of a mother's depression can improve not only her own functioning and quality of life, but can improve her child's symptoms as well (Pilowsky et al, 2008). Given the importance of a mother's mental health on her baby's well-being, the American Academy of Pediatrics recommends that pediatricians screen mothers for postpartum depression at baby's one-, two-, four- and six-month visits (American Academy of Pediatrics, 2016; Earls, 2010).

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., 2009). Home visitors screen mothers regularly for perinatal depression and health care access and usage. Home visitors work with families to address:

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

When a need or risk in these areas is identified, home visitors make appropriate referrals.

Outcome Measurement

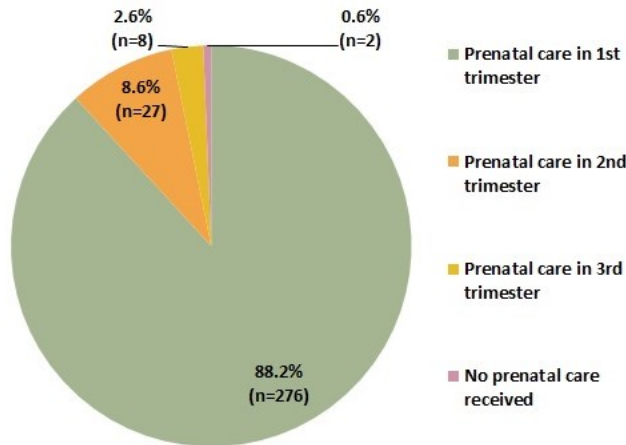
The measures used here to examine the impact of home visiting are:

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

Prenatal Outcome Data

As in previous years, pregnant women who received home visiting reported accessing prenatal care more often and earlier than women statewide. A total of 465 women were enrolled in home visiting services prenatally and had given birth by the end of FY16. Of these, 313 answered a relevant Perinatal Questionnaire item about their engagement in prenatal care. All but two (99.4 percent) reported receiving prenatal care, and 96.8 percent reported receiving prenatal care before the third trimester of pregnancy.

Mothers Enrolled Prenatally who Reported Accessing Prenatal Care in FY16 (n=313)*

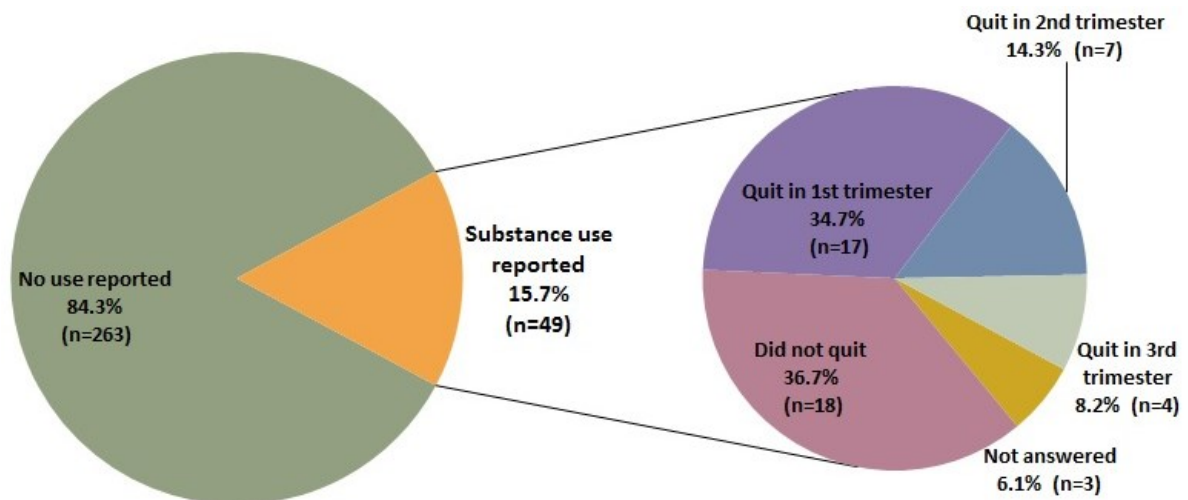


*341 women who entered prenatally have a Perinatal Questionnaire recorded, with 313 respondents to a question that asks when prenatal care began. Answers are missing for 28 women.

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

Mothers in New Mexico home visiting access first trimester care at substantially higher rates than do pregnant women statewide. In FY16, 88 percent of mothers in home visiting began prenatal care in their first trimester compared to 63.9 percent of women statewide in 2014 (the most recent year for which New Mexico Department of Health has reported data.) Rates of care before the third trimester are also higher for women in home visiting (96.8 percent) than for pregnant women statewide (86.6 percent, 2016 Health of Women and Children Report).

Mothers Reporting Substance Use and Discontinued Use During Pregnancy

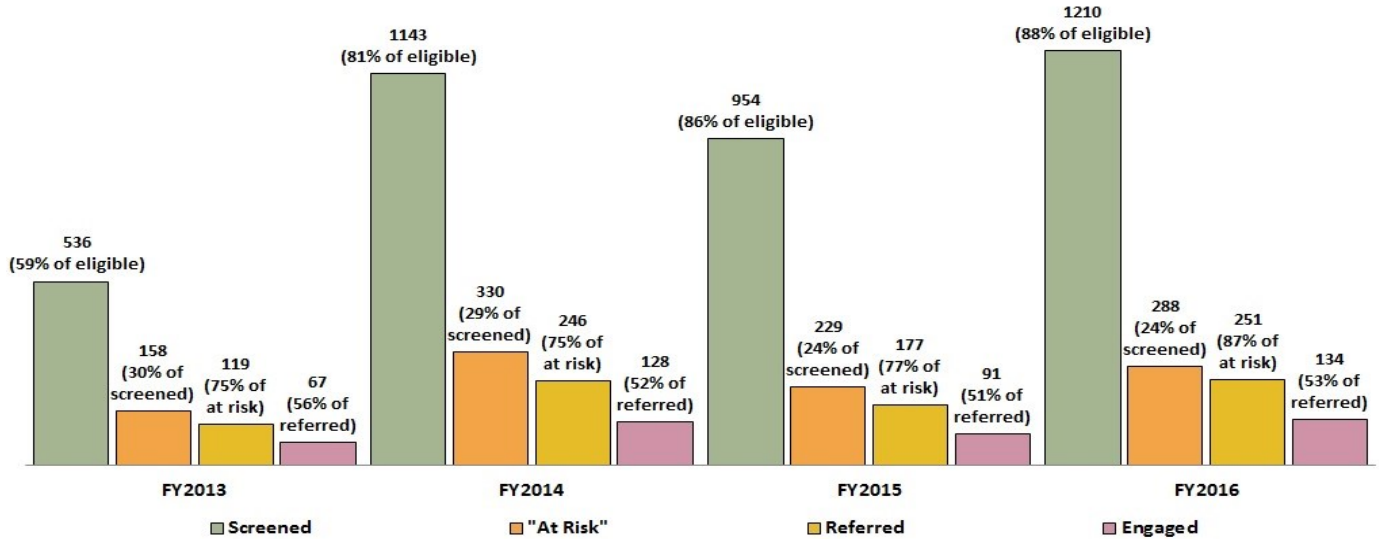


*Total=312 mothers who entered prenatally, gave birth in FY16, were screened with the PPN, and answered relevant items on substance use.

Maternal Health Outcome Data

In FY16, 1,210 eligible mothers* were screened for postpartum depression using the Edinburgh Postnatal Depression Scale. Of the 288 (23.8 percent) who were identified as having symptoms of postpartum depression (“at risk”), 251 (87.2 percent) were referred for services, where available. This represents a substantially increased rate of referral, up from 77 percent in FY15. Of the women referred, 134 (53.4 percent) are recorded as having engaged referral supports.

Postpartum Mothers Screened for Depression and Connected to Available Services (n=576)

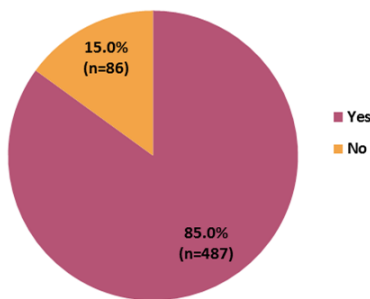


*Eligible were 1,379 caregivers enrolled with a child six months old or younger.

Infant and Child Health Outcome Data

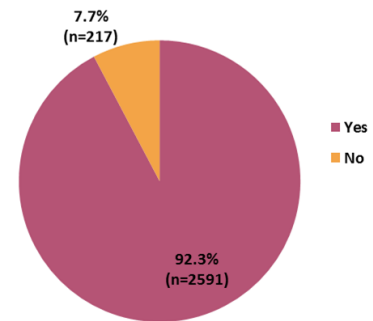
The percentage of women receiving home visiting who report having initiated breastfeeding (85 percent) tracks slightly behind statewide rates (89.3 percent in 2013, NM Dept. of Health, 2016). According to caregiver self-report, 91.3 percent of children in home visiting have received recommended immunizations, comparable to statewide estimates of 91.9 percent immunized (NM Dept. of Health Immunization Program.)

Mothers who Report* Initiating Breastfeeding



*Total = 573 mothers who gave birth this reporting period, allowing for screening using the Perinatal Questionnaire, which asks whether breastfeeding was initiated. Data missing for 48, or 7.7% of clients.

Children Immunized on Schedule, by Parent Report*



*Total = 3,249 caregivers who were screened with relevant portions of the Maternal Child Health Form. Of this pool, 2,808 answered the question, “Has your child had all recommended shots?” Data missing for 13.6% (441) of children served.

Data Development Recommendation

It is again recommended that CYFD add a reporting protocol to measure this indicator required by the Home Visiting Accountability Act:

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

Family Stories: Candy

Candy's journey toward home visiting began when her granddaughter was having trouble walking, but has become an unexpected education in child development and secure attachment.

About a year ago, Candy's granddaughter's pediatrician referred her to early intervention services through ENMRSH, a program that provides both early intervention and home visiting in eastern New Mexico. As the early intervention progressed, Candy also began to receive home visits. She is the full-time caregiver for her 2-year-old granddaughter and her 8-month-old grandson, and she said she is learning things from her home visitor that she never knew when she was raising her own children.

"When she comes in she does more showing me how to parent, how to handle and how to understand, for example, why my granddaughter is throwing a fit or why she's feeling the way she's feeling that day," Candy said. "She gives me advice on how to better understand her emotions and her tantrums she throws, and how to control my emotions and make myself calm down and take a breather."

While screening children for developmental delays and referring them to early intervention is a key goal of home visiting across New Mexico, ENMRSH has also made it a priority to ensure that those referrals go both ways. When their early intervention specialists are working with families, they try to offer home visiting to those they think would benefit – which is most families.

"Really we're prevention and promotion, so any parent would benefit from this program," said Roberta Calderon, ENMRSH's home visiting program manager.

Continued on Next Page

Goal 2: Children are Nurtured by their Parents and Caregivers

SB365 Outcome 2: Promote positive parenting practices

SB365 Outcome 3: Build healthy parent and child relationships

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 (Shonkoff & Phillips, 2000; National Scientific Council on the Developing Child, 2007; Center on the Developing Child at Harvard University, 2010). But when parents lack the skills or resources to meet their babies' needs, the results may have long-lasting impact. Research indicates that many of our costliest social problems such as poor infant and maternal health, child abuse and neglect, school failure, and crime are rooted in this early period (Pew Center on the States, 2011; Heckman & Masterov, 2007).

Mothers who receive home visits are more sensitive and supportive in interactions with their children; they also report less stress than mothers who did not receive home visits (Howard & Brooks-Gunn, 2009). By supporting caregivers in their capacity to provide responsive, nurturing and developmentally appropriate care, home visiting helps to foster the conditions young children need for safe and supportive early learning and optimal development (Hebbler & Gerlach-Downie, 2002).

How Home Visiting Addresses this Goal

In many ways, relationships are the focus of home visiting. 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 (Roggmann et al, 2013a, 2013b), designed for home visiting programs to measure healthy parenting practices and relationships. Based on the results, home visitors help families implement specific strategies to foster daily nurturing parenting behaviors that are known to support children's early development. Home visiting's strength-based approach helps parents to value the interactions they have with their child and validates their important role in their child's development. Home visitors are also trained to recognize potential signs that a young child's social and emotional development are at risk or that a parent suffers from depression. When these risks are identified, home visitors connect families with 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

Continued from Previous Page

“We have a lot of families that are already connected to early intervention, but the parents could use that support.”

Calderon said because ENMRSH provides both services, they are able to coordinate, attend meetings together as older children transition to different services, and ensure that parents are getting the same messages across programs.

For Candy, having both programs has been good for her grandchildren and for her. She said she is more patient with them now, and is less likely to yell when she gets frustrated. She said she was especially affected by a Circle of Security video she watched with her home visitor, which talked about the way children consistently return to adults for security as they explore the world. She said it changed how she saw her granddaughter’s behavior, like frequently returning to Candy while playing at the park instead of playing independently. She said she used to get annoyed, but now she is more patient and calm.

“It helped me understand she wanted to make sure I was still there, and it made me react better instead of pushing her away,” Candy said.

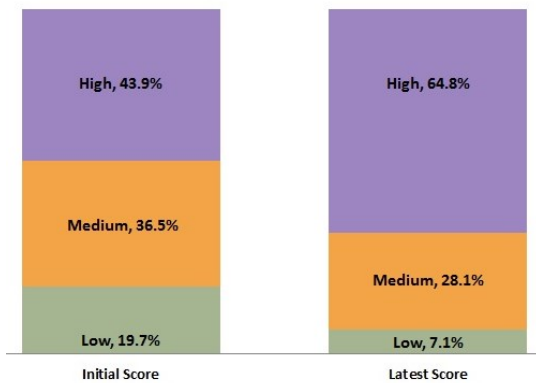
Outcome Data

Initial screens can be completed once children are at least four months old, and follow-up screens are given after six months of parenting curriculum and activities have been delivered. These follow-up screens measure the observable development of new strengths in parenting behaviors over time. In this third year of PICCOLO use, more than twice as many families have received follow-up screens: 748 families have now received both an initial and at least one follow-up screen. In total, 2,573 PICCOLO screens were completed this year.

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

- More than 85 percent of families scoring initially in the “low” range on one or more PICCOLO domains showed improvement on their follow-up screen.
- Of those who initially scored in the “mid” range, between 65 and 80 percent showed improvement across domains.
- In general, mean domain scores increased between assessments. Where scores did not change or decreased between initial and latest screens, 70 percent or more had already demonstrated “high” range scores at initial screening.

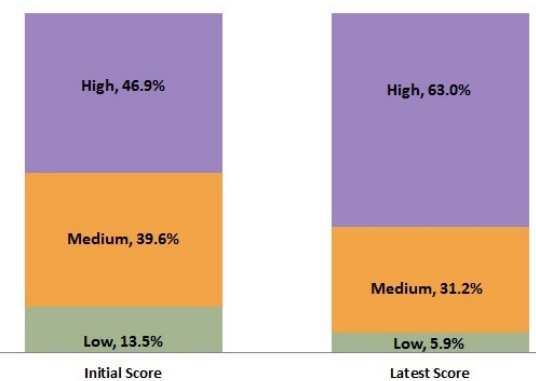
**PICCOLO Changes Over Time:
Teaching Domain**



**PICCOLO Changes Over Time:
Affection Domain**



**PICCOLO Changes Over Time:
Encouragement Domain**



**PICCOLO Changes Over Time:
Responsiveness Domain**



Goal 3: Children are Physically and Mentally Healthy

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

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

Ages & Stages Questionnaire-3

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

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

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

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

Background: What the Research Says

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

Developmental disabilities were reported in about one in six children ages 3-17 in the United States in 2006-2008 (Boyle et al. 2011), while one in four children from infancy to age five are at moderate or high risk for developmental, behavioral, or social delay (Child Trends Data Bank, 2013). Children are also three times as likely to be at high risk for developmental delays if they do not have a parent with at least a high school education, compared to those whose parents have education beyond high school (Child Trends, 2013). By conducting developmental screening with a standardized tool such as the Ages and Stages Questionnaire 3 (ASQ-3), children are more likely to be identified with delays and referred in a timely manner to appropriate early intervention services (Guevara et al. 2012). The American Academy of Pediatrics recommends all children receive developmental screenings at 9 months, 18 months and 30 months of age and autism screenings at 18 and 24 months of age to ensure the early detection of developmental concerns (American Academy of Pediatrics, 2016). This early identification should result in connections to appropriate services for children and families.

How Home Visiting Addresses this Goal

Home visitors discuss issues with mothers and families such as the nutritional needs of babies and mothers, the importance of well-child visits, and behavioral health needs. They teach parents strategies to monitor their child's growth, and home visitors are prepared to discuss feeding and any developmental or behavioral concerns. When concerns regarding the child's growth or health are noted, home visitors will make referrals to appropriate providers. To track and monitor developmental milestones and social-emotional development, home visitors use the Ages & Stages Questionnaire, Third Edition (ASQ-3) and the Ages & Stages Questionnaire-Social-Emotional (ASQ-SE).

Outcome Measurement

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

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

Outcome Data

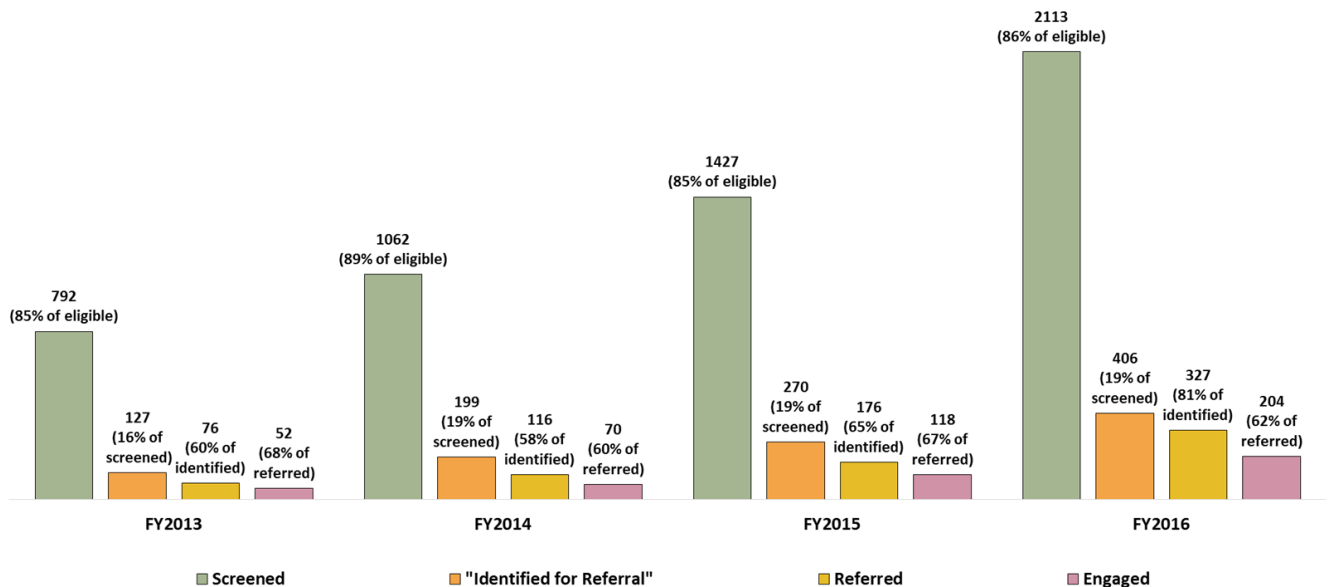
In FY16, 2,461 children were old enough (4 months of age) to receive the first ASQ-3 screen required by the CYFD Home Visiting System, and had been in home visiting for long enough to receive a screen (at least five home visits). Children already receiving early intervention services were not expected to receive the screen.

Of these 2,461 children, 2,113 (85.9 percent) received at least one ASQ-3 screen. Roughly 19 percent, or 406, were identified by the screen as having characteristics of a delay in development, and therefore in the category of “identified for referral.”

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

In FY16, the 406 “identified for referral” scores resulted in referral of 327 children (81 percent of those identified) to early intervention/FIT services. This represents a significant increase in rates of referral from prior years, which ranged from 60 to 65 percent referred. Of the 327 children identified for referral in FY16, 204 (62 percent) are recorded as having engaged with services.

Eligible Children* (n=2,461) Screened On Schedule for Potential Delay in Development with the ASQ-3, and Connected to Early Intervention Services



*Total of 2,461 eligible children represents the children who were at least 4 months old as of May 1, 2016, who also had received at least 5 home visits, and who were not already enrolled in early intervention services.

Goal 4: Children are Ready for School

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

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

Background: What the Research Says

Becoming ready for school is an ongoing process that begins in infancy and continues in the context of children’s relationships with caring adults. These relationships set the stage for all that will follow in a child’s life, including success in school (Brazelton, 2013). School readiness involves the child’s reading, math, and language skills at school entry, and the child’s social-emotional development (Shonkoff & Phillips, 2000; High, 2008; Duncan et al., 2007). Just as nurturing relationships provide the foundation for school readiness, research also indicates that adverse experiences such as poverty and child maltreatment disrupt development of the biological structures children need for learning and well-being. Protective factors such as those promoted by home visiting help set children on a path toward developmental readiness for school (Center on the Developing Child at Harvard University, 2016).

What a child hears also has dramatic consequences for what a child learns. Children who hear fewer words have vocabularies that are half the size of their peers by age three (Hart & Risley, 2003), with studies concluding that these differences continue to relate to academic success at age nine (Gilkerson & Richards, 2009). In addition to promoting language development, talking to children promotes brain development more broadly. Every time a parent or caregiver has a positive, engaging verbal interaction with a child – whether it is talking, singing, or reading – neural connections of all kinds are strengthened within the child’s rapidly growing brain (Fernald et al., 2013). Children whose parents read to them regularly and create a literacy-promoting environment at home scored higher on language assessments and also enjoyed reading books more (Zuckerman & Khandekar, 2010).

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

How Home Visiting Addresses this Goal

New Mexico home visiting programs aim to help children meet age-appropriate milestones that prepare them to eventually succeed in school. Home visitors engage parents in activities designed to improve child functioning across developmental areas, educating parents about child development and strategies to enhance school readiness (such as literacy activities), and promoting positive parent-child interactions. Home visitors are also able to link interested families to other quality early childhood care and education experiences.

Home visitors facilitate children’s social-emotional development by helping them understand their own feelings, others’ feelings, and turn-taking. Using the PICCOLO, home visitors observe and provide feedback, when needed, on caregiver affection, encouragement, responsiveness, and teaching in caregiver-child interactions. These skills are all associated with later school readiness. Home visitors also provide appropriate referrals based on results of standardized developmental screening tools (ASQ-3 and ASQ-SE).

Outcome Measurement

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

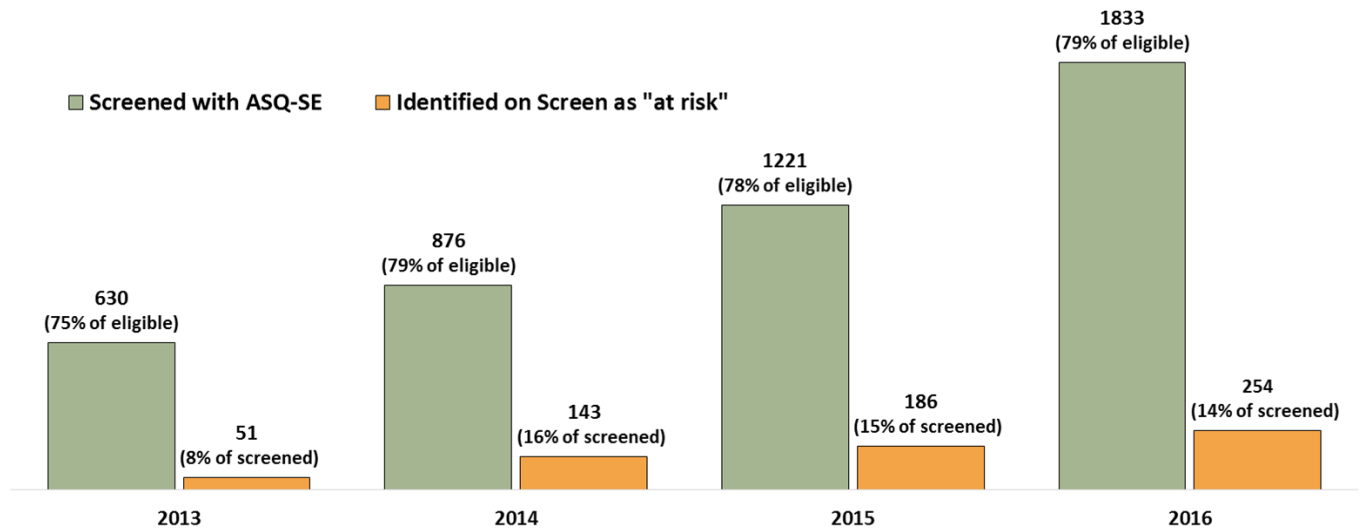
- Percentage of children screened on schedule for potential delay in development with the ASQ-3 and ASQ-SE screening tools
- Percentage of children screened as at risk of delay (both tools), and those who are referred successfully to available services (ASQ-3 only)
- Caregiver progress in practicing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

Outcome Data

As reported with Goal 3 outcome data (p. 21), ASQ-3 screenings showed that 85.9 percent of eligible infants and young children received a screening for possible delay in development, and that 80.5 percent of those identified with possible characteristics of developmental delay were referred to early intervention services for further assessment. Parents’ progress in practicing the positive parent-child interactions that support infant and young child social-emotional development is effectively supported and measured in home visiting statewide using the PICCOLO screen, as reported in Goal 2 outcome data (p. 19).

In addition, the ASQ-Social-Emotional questionnaire was administered to 1,833 (78.8 percent) of 2,326 eligible* children. Of these, 254 (13.9 percent), scored below cut-off. Such scores on the ASQ-SE help guide home visitors’ work with families in the preventive interactions designed to address children’s social and emotional difficulties.

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



*Total of 2,326 eligible children represents the children who were at least 4 months old as of May 1, 2016, who also had received at least 5 home visits, and who were not already enrolled in early intervention services.

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.” It is again recommended that:

- CYFD plan for tracking the **percentage of children receiving home visiting services who enter kindergarten at or above grade level on the Kindergarten Observation Tool statewide assessments** implemented in 2016.
- CYFD **begin tracking referrals to and engagement with early intervention services that result from ASQ-SE screenings**, as is currently done with the ASQ-3.
- CYFD consider **adding a measure to capture home visiting successes in promoting family literacy**, such as the number of days in a week that family members report reading to their children. In 2011-12, 16.9 percent of children under 5 in New Mexico were read to less than 3 days a week by family members (*National Survey of Children’s Health*).

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). In addition, caregivers who experienced child maltreatment themselves are more likely to perpetrate child maltreatment. However, caregivers who experienced maltreatment are significantly less likely to perpetrate maltreatment when they have a better relationship with their intimate partner, more satisfaction with parenthood, and better attachment with their children (Thornberry et al., 2013). Research has shown that programs targeting parent-child relationships can help protect children from maltreatment and related risk factors (Chen & Chan, 2016) and even help heal damage from harm that has already occurred (Ludy-Dobson & Perry, 2010). Such programs may also help prevent accidental injuries. In a review of multiple home visiting and center-based programs, Kendrick et al. (2008) found home-based parenting interventions significantly reduced unintentional injuries to children.

In a review of studies analyzing the effectiveness of child maltreatment prevention interventions, home visiting and parent education appeared to reduce risk factors and prevent physical abuse and neglect (Mikton & Butchart, 2009). Home visitors help prevent child maltreatment by being positive role models for parents, connecting families to community resources, and providing information about child development and appropriate discipline (Howard, 2009). In another review of hundreds of studies of child maltreatment, several variables were identified as protective factors for child abuse and neglect. These factors include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (Horton, 2003; Thomas et al., 2003; Ridings et al., 2016). In a review of research examining reductions in child maltreatment for families enrolled in home visiting programs, the U.S. Department for Health and Human Services found mixed results, with some studies — but not all — showing positive effects from home visiting (Administration for Children and Families, 2015).

How Home Visiting Addresses this Goal

Home visiting programs use screening tools to assess risk and protective factors for child maltreatment. Protective factors include secure attachment, family stability, access to health care and social services, and social connectedness. Conversely, risk factors include exposure to domestic violence and developmental and emotional challenges. Home visitors use their knowledge of each family to establish intervention plans, including safety plans for families who may be at risk for family violence. Home visitors also discuss unintentional injury issues (e.g., potential poisoning, pet safety, and water safety) and positive parenting strategies with caregivers to prevent abuse and neglect. If home visitors identify safety concerns or suspect abuse or neglect, they must complete a report to Statewide Central Intake (Child Protective Services).

Outcome Measurement

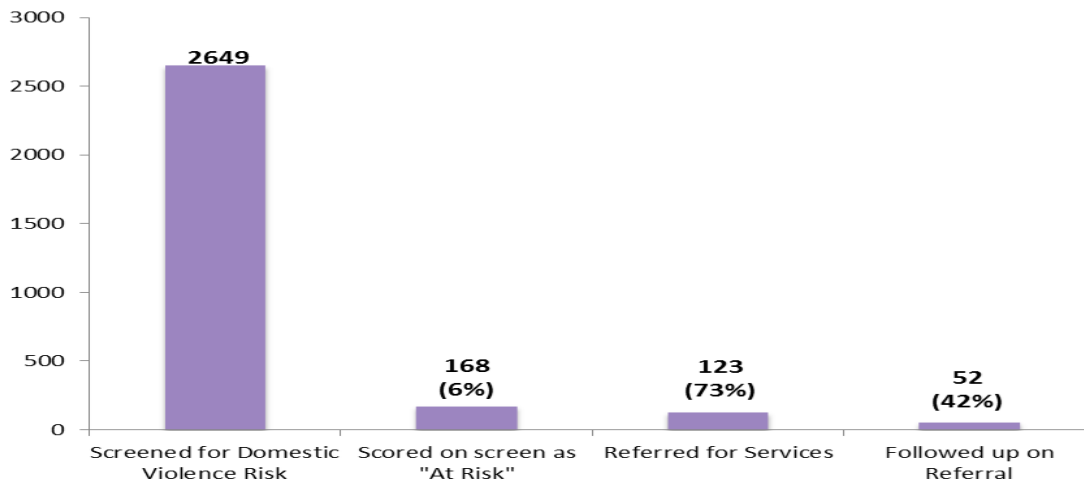
The indicators used to measure home visiting's impact on safety are the percentage of families:

- Identified as at risk of domestic violence on the Relationship Assessment Tool (RAT)
- Identified as at risk of domestic violence who have a safety plan in place
- Identified as at risk of domestic violence who are referred to and receive support services
- Engaged in discussion of unintentional injury prevention

Outcome Data

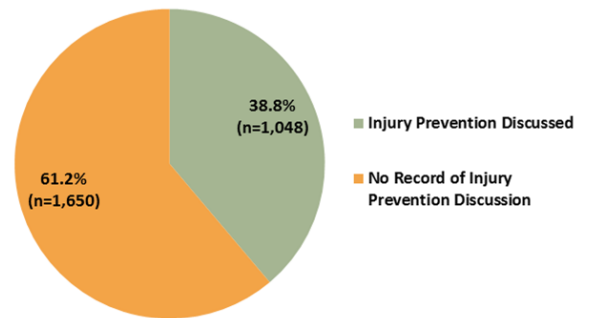
Of FY16's 4,020 active families, 2,649 (65.9%) were screened for potential risk of intimate partner violence with the Relationship Assessment Tool (RAT), first used statewide this year. When screened, 168 (6.3 percent) scored as potentially at risk. This is a low rate of identification compared to national data on prevalence of intimate partner violence, and CYFD is investigating other research-based tools that may more effectively identify need. However, 73.2 percent (123) of caregivers identified as at risk were referred to available behavioral health services, which is a marked increase from last year's 46 percent referred. This year, 52 (42.3 percent) of those referred are known to have engaged in services.

Caregivers Screened for Domestic Violence Risk & Connected to Services



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

Of the 168 families scored as "at risk" on the RAT screen, 33.3 percent are recorded as having a safety plan in place. As safety plans were only recorded for 4 percent of families determined to be at risk last year, it seems that training of home visitors in use of the newer RAT screening tool and protocols for responding to "at risk" scores has begun to affect practice. It will be important that training and monitoring continue to focus on ensuring that appropriate safety plans and referrals to community services are in place for all families screened as at risk of potential domestic violence.



Families Engaged in Discussion of Injury Prevention

As in FY15, FY16 recorded rates of discussion of home injury prevention were unaccountably lower (38.8 percent) than preceding years (80 percent in FY13). Continued review of program practices will determine whether visitor practices or data entry issues need to be addressed.

Data Development Recommendation

The Home Visiting Accountability Act requires the Home Visiting System to report annually on "Decreases in child maltreatment or child abuse." It continues to be recommended that:

- CYFD develop rigorous data collection and reporting protocols to ensure complete and accurate reporting of the **number of reported and substantiated cases of maltreatment experienced by children after entry into the home visiting program.** This will involve a data sharing strategy between CYFD's divisions of Early Childhood Services and Child Protective Services.

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 community supports is essential for fostering safe and healthy children. In addition to tangible supports like nutrition or housing, supportive social networks also contribute significantly to improved mental health for mothers and experiences for children (Balaji et al., 2007). New Mexico’s communities offer services to help families thrive, but those who need them most may not know these supports exist or how to access them. Home visiting can help close those gaps for families. One North Carolina study found that families who received home visiting services were connected to more community supports than families in a control group, and were more likely to access high-quality child care (Dodge et al, 2014). This link to child care may be particularly important, as CYFD estimates that only about one-third of families who are eligible for child care assistance take advantage of that support.

A recent review has found that five evidence-based home visiting models are associated with improved referrals and community linkages (Minkovitz et al., 2016). Research shows families value referrals as a useful part of home visiting (Paris & Dubus, 2005), and are more engaged with home visiting when visitors have the knowledge to make appropriate referrals (Wagner et al., 2000). Multiple researchers have also identified cohesive networks among home visiting programs and the services they refer families to as an important best practice in successful home visiting (e.g. Golden et al., 2011; Dodge & Goodman, 2012).

How Home Visiting Addresses this Goal

Home visiting programs place a high priority on screening families for potential risks and linking them to community resources and supports that can help address identified needs. Connecting families to social support services is part of CYFD’s goal-setting and planning process with each family, which is informed by screening tools and questionnaires to identify risks. Appropriate referrals, and follow-ups on those referrals within a month, should occur regularly. Home visitors make referrals to various services and agencies, including primary care providers, behavioral health services,

Family Stories: Laura

Laura went straight from high school to college to career, working various pre-career jobs along the way. So when she decided to stay home after the birth of her son, it was a big transition.

“It was tough; I’d never stayed home before,” she said. “It was really, really hard for me to adjust and not have adult interaction.”

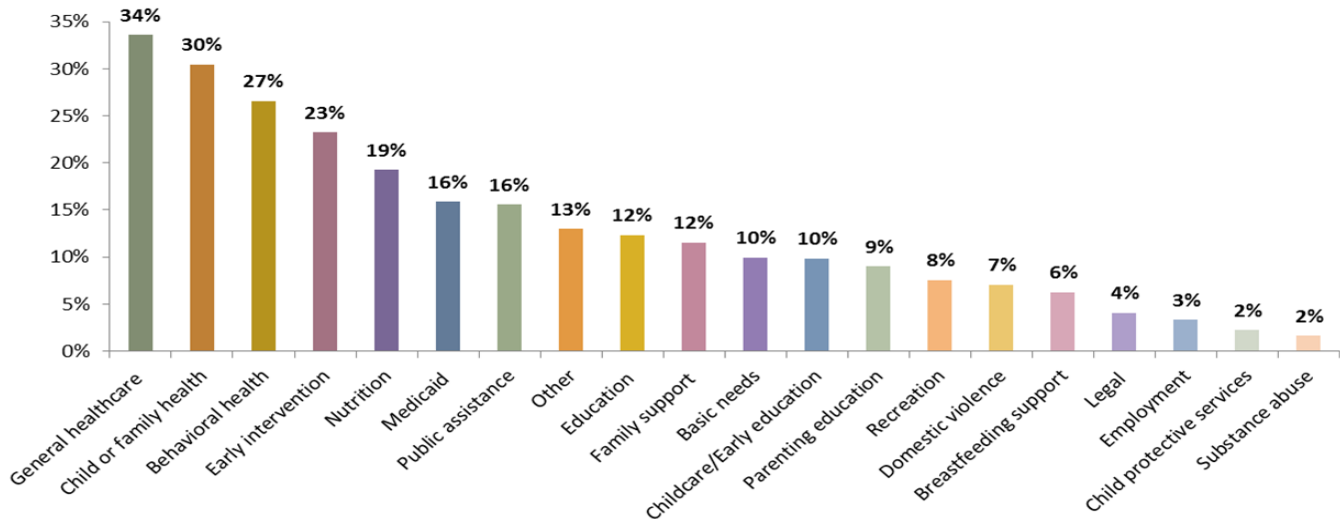
That’s where home visiting became a helpful support.

“Just having adult interaction from the outside world was nice,” Laura said, adding that home visitors can provide a sounding board without any personal entanglements. “Even if you can discuss that you had a bad day yesterday, it’s beneficial to the parent, I think. It helps that when they leave, they’re not going to judge you or go run and tell your sister or your brother.”

Laura has had a lot to talk about and process in the past three years. She now has two children, ages 1 and 3, and in September she also returned to the workforce as a special education resource teacher. She returned sooner than

Continued on next page

Percent of Served Families (n=4,020) Receiving 1+ Referral, by Service Type



Cont. from previous page

she had planned, after the drop in oil prices changed their family finances.

Changing finances are common for the families in the Hobbs area served by Guidance Center of Lea County Home Visiting. In a community that relies heavily on oil jobs, the dramatic drop in oil prices has resulted in job losses and some families leaving the area. Though Laura has responded by returning to work and continuing her education (she is also pursuing a master's degree in education), some families have been less able to absorb the economic change.

Katie Ssejjemba, home visiting manager for the program, said economic changes have meant changing needs for families. Typically, home visitors do an assessment with families when they first enter home visiting about what kinds of services and supports they might need and qualify for. As families lose income and stability, Ssejjemba said home visitors are revisiting those assessments to see if families have new needs. They are also seeing new domestic violence and addiction challenges.

"That kind of goes hand in hand with when times get economically depressed," she said.

early intervention programs, domestic violence services, and child protective services. Home visitors also use a screening tool called the Social Support Index to assess whether families are experiencing isolation, and use that information to connect families to community supports as needed.

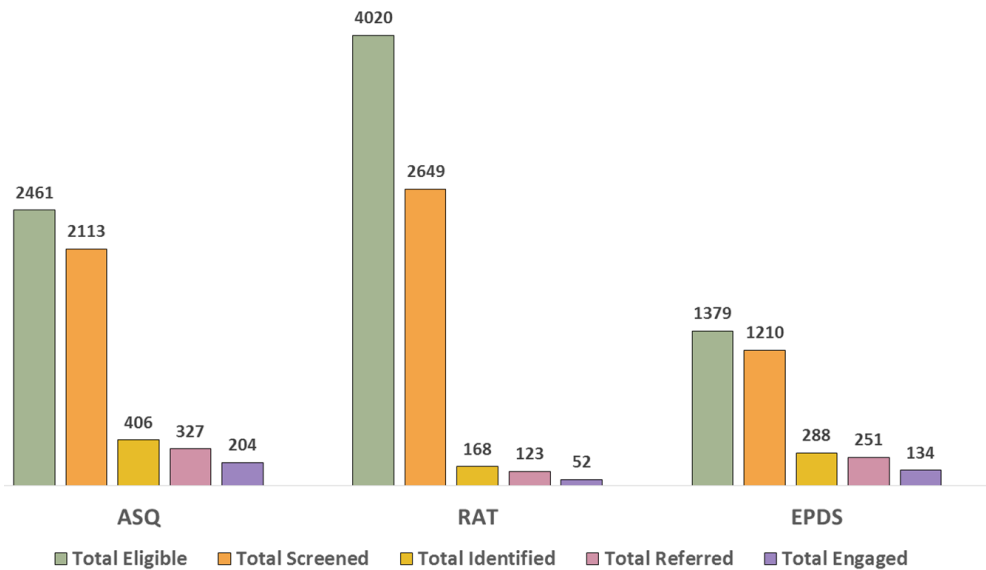
Home visiting can also help identify gaps in available services, and can inform community-level change to address "resource deserts," such as rural communities where resources are not readily available. Home visiting programs often belong to networks of service providers who can help identify these gaps and, in some cases, can be partners in cultivating needed services. Moreover, if home visiting programs are situated within a broader community of providers, they can build relationships between programs that make referrals more seamless for families.

Outcome Measurement

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

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

Screenings and Referrals for Enrolled Families (total families = 4,020)



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

Outcome Data

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

Data Development Recommendation

- The Home Visiting Accountability Act requires the Home Visiting System to report annually on "**Percentage of children receiving home visiting services who are enrolled in high-quality, licensed child care.**" It is recommended that CYFD continue to support state efforts through Race to the Top and beyond to develop the Early Childhood Integrated Data System (ECIDS).

CYFD Reflections and Next Steps

CYFD recognizes that New Mexico's Home Visiting System reflects the work of thousands of individuals in New Mexico's families, programs and organizations dedicated to promoting and protecting the well-being of the state's children. Investment in this work has been an ongoing priority of New Mexico's Legislature and Governor, who have supported significant expansion of the statewide system for more than five years. Continued and thorough reporting of data about these efforts has allowed those responsible at both the program and system levels to examine what is working and what needs attention in order to evaluate, recalibrate and improve the delivery of high-impact services to families.

In response to the findings of this year's report, CYFD has targeted a set of Next Steps to strengthen statewide home visiting. These Next Steps are organized into the following categories: 1) Data and Accountability, 2) Program Improvement, and 3) Home Visiting Policy.

Data and Accountability

This fourth year of outcomes reporting provides an opportunity to reflect on measures and data collection methods used from FY13 to date, including reporting mandated by the Home Visiting Accountability Act.

CYFD will consider the following recommendations to refine measures used, and to more accurately capture home visiting's impact on New Mexico home visiting goals:

- Depression screening should be expanded from perinatal mothers to all primary caregivers so that all are screened for depression with a validated tool.
- Breastfeeding duration should be measured in addition to breastfeeding initiation, as short duration in mothers statewide suggests that home supports may be beneficial.
- Social-emotional developmental screening data (ASQ-SE) should report referrals and engagement in services as is done with the ASQ-3 developmental screens.
- Data on the number of days families read with their children should be collected to better understand the impact of home visiting's early literacy efforts with families.
- A well-child care measure should be used that captures whether a child has had the most recent recommended well-child check visit, as recommended by the American Academy of Pediatrics. This will allow home visitors to record this important measure without the undue burden posed by collecting data on the comprehensive AAP list of recommended well-child visits.
- CYFD monitoring should ensure that all caregivers complete the Maternal-Child Health form and Perinatal Questionnaire, which provide data points important for directing services, accountability measurement, and program improvement.
- Data should be collected from mothers, perhaps through the Perinatal Questionnaire already in use, to identify barriers to prenatal care.

CYFD will also take steps to implement the cross-agency data collection efforts needed to report on measures for which data is currently unavailable:

- CYFD will take steps to develop a child maltreatment measure that provides the number of reported and substantiated cases of maltreatment experienced by children in home visiting. This will involve matching data from CYFD's separate Child Protective Services and Early Childhood Services systems, with safeguards in place for client privacy.

- CYFD will prepare data matching agreements with the Public Education Department to enable reporting of school readiness data from the Kindergarten Observation Tool for children participating in home visiting and an appropriate statewide comparison group.
- CYFD will identify the parameters and permissions needed for matching of children receiving home visiting to their enrollment in subsidized quality child care, through the Early Childhood Integrated Data System (ECIDS) currently in development.
- CYFD will explore administrative data matching of participants in home visiting to the statewide immunization database to increase reliability of immunization data reporting.
- CYFD has ensured that all programs now adequately report the education and training backgrounds of their staff. In order to better understand the relationship between workforce and outcomes, CYFD will work to expand the data collected on the home visiting workforce (such as compensation, scheduling and turnover.)
- CYFD will ensure that appropriate data is collected and used to identify families who will most benefit from new Level II Targeted Intervention Home Visiting services and to measure the effectiveness of these services in meeting family and child needs.
- As it implements a new Level II Neonatal Intensive Care Unit (NICU) Home Visiting program, CYFD will identify data needed to track program success in connecting NICU families to local home visiting programs, ensuring that services continue for a full year, and reducing incidences of medical neglect and/or child abuse and abandonment.

Program Monitoring and Improvement

In FY16, CYFD fully staffed its new home visiting administrative structure of manager-monitors, who provide ongoing assessment and operations support for state-funded programs. Manager-monitors ensure that steps are taken to meet program standards, contractual requirements, and goals, and that programs successfully access consultation supports for continuous quality improvement processes.

- Beginning in the last quarter of FY16, CYFD instituted an enrollment accountability measure that asks programs to demonstrate, at regular intervals, that 75 percent of their contracted slots are filled. CYFD manager-monitors will work with programs to analyze enrollment data and address any barriers to achieving contracted levels of enrollment.
- CYFD will continue working to improve home visitors' ability to address family violence, including adoption of a new gender neutral Intimate Partner Violence (IPV) tool that meets federal evidence-based standards. CYFD will focus on providing training on IPV screening protocols, follow-up activities, and data recording.
- In FY17, CYFD will focus on two other safety topics: home injury prevention, and the personal safety of home visitors.
- CYFD will continue to work with programs and the broader home visiting field to build understanding of what constitutes successful completion of home visiting for the variety of families being served. As families come into programs with differing levels of need and varying goals, their participation in services may vary accordingly. It is important for the field to find appropriate ways to define and measure what success means for the diversity of families served.
- Home visiting programs depend on access to community-based services to help families meet their goals and needs. CYFD is interested in learning more about how home visiting programs successfully facilitate family connections to resources in their communities, as well as how to proactively support community development of resources that are identified as missing or inaccessible.

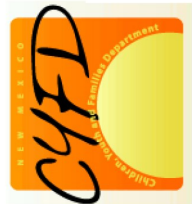
Home Visiting Policy

New Mexico has been able to build a solid infrastructure for its expanding Home Visiting System and to ensure the system can provide the data needed for accountability. With this base now firmly in place, CYFD is ready to more deeply integrate its Home Visiting System into the overall continuum of early childhood care and education services for children and families in the state.

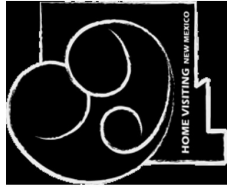
- Beginning in FY17, state-supported home visiting programs will participate in FOCUS on Young Children's Learning, the state's tiered quality improvement process for early childhood programs. With the support of CYFD's home visiting consultation team and data services, programs will be supported in a self-assessment and improvement process that aligns with the rest of the state's early childhood programs.
- In FY17, CYFD will implement a Level II Targeted Intervention Home Visiting pilot, aimed at better meeting more acute family needs than those addressed by existing Level I prevention and promotion home visiting services. While Level I services address the needs of the majority of families served by home visiting, Level II Targeted Intervention is designed to support parents of children prenatal to age 3 who may be dealing with especially high demands and stresses of parenting. Families may be eligible for Level II Targeted Intervention based on referral from child protective services, juvenile justice, or infant mental health practitioners, or by risk assessments conducted through Level I home visiting services.
- Home Visiting Level II Neonatal Intensive Care Unit (NICU) services will be offered next year through a program designed to support the continuum of parent-infant needs and healthy parent-infant relationships essential to the early years of the infant's life both within the NICU and post discharge. National studies have demonstrated that newborns discharged from intensive care are at an elevated risk for child maltreatment, with preterm infants at even higher risk. Attachment disorders occur more frequently in infants with atypical behaviors, such as preterm infants, those with neurological problems, or infants of depressed or substance-abusing mothers.
- CYFD continues its commitment to improving promotion of and recruitment into home visiting services. In FY16, the *NewMexicoKids* Resource & Referral service was launched as part of the state's *PullTogether* promotional campaign that offers families streamlined points of access to information on available home visiting programs via phone and the web.
- CYFD is encouraged by the willingness of home visiting programs across the state – whether funded by state, federal or private entities – to collaborate toward better understanding of where services and gaps exist statewide and how families are being successfully engaged and served in communities across the state. One such effort is the Los Alamos National Laboratories Foundation-coordinated New Mexico Home Visiting Collaborative, whose members provided data from programs receiving state, private, federal Early Head Start, federal home visiting, and tribal home visiting funding for inclusion in this report. While CYFD has no oversight or accountability for programs that receive no state funding, it greatly appreciates this voluntary effort to better map the entire home visiting landscape in the state.

The passage of the Home Visiting Accountability Act in 2013 affirmed New Mexico's commitment to helping its young children during their most critical developmental period. Home visiting, child care, pre-kindergarten, early intervention, and other early childhood programs are expanding to provide the critical continuum of services that is essential to healthy children and thriving families. New Mexico is committed to continuously improving our systems to protect children from adverse experiences, develop different models of home visiting for diverse communities, finance home visiting, recruit and retain quality staff, and build collaborative relationships among all stakeholders.

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



New Mexico Home Visiting Program Logic Model



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

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

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

Theoretical Framework

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

Core Quality Components (Inputs/Resources)

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



Core Service Components (Outputs/Activities)

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

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

Ongoing Support and Continuous Quality Improvement

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

Short-Term Outcomes

Women are healthier throughout their pregnancies and babies experience improved birth outcomes.

- Increased use of prenatal care
- Increased numbers of babies born \geq 37 weeks gestation

Mothers who experience postpartum depression (PPD) receive appropriate treatment.

- Mothers with possible symptoms of PPD are identified
- Mothers who screen positive for PPD demonstrate knowledge of how to access services to help them with this condition.

Parents have the knowledge and skills needed to nurture their child's development so that each child is ready for school.

- Parents demonstrate knowledge of their children's developmental abilities and emerging skills and stages.
- Parents routinely spend time interacting in a nurturing and positive manner with their children
- Parents demonstrate knowledge of which developmental milestones their children have achieved.

Parents provide appropriate health and safety monitoring, supervision and practices according to the developmental needs/stages of their children.

- Parents demonstrate awareness of health, nutritional, and physical safety needs appropriate for child's age and stage of development.

Health and safety issues and possible developmental delays are identified early.

- Parents demonstrate knowledge of how to access community resources available to them to help address identified areas of need (including domestic violence, substance abuse, physical, dental and mental health needs and developmental services).

Families are more connected to health care and needed social supports.

- Parents demonstrate knowledge of how to access needed services available to them in the community.
- Parents demonstrate knowledge of how reliable, safe, and appropriate friends, family members, and neighbors can provide their families with support when they need it.

Long-Term Outcomes

Babies are born healthy.

Children are nurtured by their parents & caregivers.

Children are physically & mentally healthy & ready for school.

Children & families are safe.

Families are connected to formal & informal supports in their communities.

APPENDIX 2: Screening Tools Used

Screening Tool	Abbrev.	Description	Frequency
Ages & Stages Questionnaire-3	<i>ASQ-3</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</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 and/or emotional competence	<i>At 6 months, and every 6 months after</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>
Relationship Assessment Tool	<i>RAT</i>	Used to identify caregivers experiencing emotional and/or physical abuse in their intimate relationships	<i>At intake and annually</i>

APPENDIX 3: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Number and type of programs funded	Children, Youth and Families Department (CYFD)	All home visiting programs who were both contracted and reported data in FY16 (n=30)
Number of families funded (openings)	CYFD	As reported by CYFD (n=2,738)
Number of families served	Home Visiting Database	All families receiving one or more home visits in FY16 (n=4,020)
Demographics of families served	Home Visiting Database	Reported on all clients 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 by highest credential earned	Home Visiting Database	Database entry
Percentage of mothers enrolled prenatally who receive prenatal care	Perinatal Questionnaire; item asks "Did you receive prenatal care? If Y, when did you start with prenatal care?"	Numerator: Number of below who reported receiving prenatal care Denominator: Number of mothers enrolled prenatally who gave birth during reporting period and who answered relevant Perinatal Questionnaire item
Percentage of mothers enrolled prenatally who discontinue reported substance use by end of pregnancy	Perinatal Questionnaire; item asks "During pregnancy, did you drink any alcohol, smoke cigarettes, or use any recreational/illegal drugs? If you used substances during pregnancy, when did you quit?"	Numerator: Number of below who report discontinued substance use by end of pregnancy Denominator: Number of mothers enrolled prenatally who gave birth during reporting period and who self-reported substance use on Perinatal Questionnaire
Percentage of postpartum mothers screened for postpartum depression	Edinburgh Postpartum Depression Scale	Numerator: Number of below screened for depressive symptoms using the EPDS during the reporting period Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period
Percentage of postpartum mothers identified at risk for postpartum depression who are referred for services	Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records	Numerator: Number of below referred for behavioral health services Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period who were screened as at risk on the EPDS
Percentage of postpartum mothers identified at risk for postpartum depression who receive services	Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records	Numerator: Number of below recorded as engaged in behavioral health services Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period screened as at risk on EPDS who were referred for behavioral health services
Percentage of mothers who initiate breastfeeding	Perinatal Questionnaire; item asks, "Did you begin breastfeeding your baby?"	Numerator: Number of below who reported initiation of breastfeeding Denominator: Number of mothers who had a delivery during the reporting period and answered breastfeeding question on the Perinatal Questionnaire

APPENDIX 3: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Percentage of babies and children receiving the well-child visits recommended for their age by the AAP	Maternal Child Health Form item asks, "Has your child attended one or more appointments during the past 12 months for a 'well-child' regular check-up?"; does not meet the statutory requirement of reporting completion of AAP recommended well-child visits	Data Development Recommended
Percentage of infants on schedule to be fully immunized by age 2	Maternal Child Health Form; item asks, "Has your child had all recommended shots? "	Numerator: Of below, number of children who are reported to be on schedule Denominator: Number of children with at least one home visit with data on immunizations
Percentage of parents who show progress in practicing positive parent-child interactions as measured by the PICCOLO	PICCOLO	Numerator: Number of families with time 2 PICCOLO scores, by domain, and difference between interval scores Denominator: Number of families with initial PICCOLO scores, by domain
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are screened on schedule	Ages & Stages Questionnaire-3	Numerator: Of below, number who received at least one ASQ-3 screen Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, and received at least 5 home visits
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified with scores below cutoff	Ages & Stages Questionnaire-3	Numerator: Of below, number who scored below ASQ-3 cutoff Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits and were screened with at least one ASQ-3 screen 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: Of below, number 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	Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records	Numerator: Of below, number 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 3: Outcome Measures Defined

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	Relationship Assessment Tool	Numerator: Of below, number identified at risk of domestic violence Denominator: Number of families screened with RAT during reporting period
Percentage of families identified at risk of domestic violence who receive support services	Relationship Assessment Tool and Home Visiting Database Referral Records	Numerator: Of below, number who received domestic violence support referral and obtained services Denominator: Number of families screened with RAT and identified as at risk during reporting period
Percentage of families at risk for domestic violence who have a safety plan in place	Relationship Assessment 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 RAT and identified as at risk during reporting period
Percentage of families engaged in discussion of injury prevention	Home Visiting Database Activity Records	Numerator: Of below, number of families who received information or training on injury prevention during reporting period Denominator: Number of families receiving more than 5 cumulative home visits
Number of substantiated cases of maltreatment suffered by children after entry into program	None	Data Development Recommended
Number of families identified for referral to support services available in their community, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT, and EPDS screens and referrals, above
Number of families identified who receive referral to available community supports, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT, and EPDS screens and referrals, above
Number of families referred who are actively engaged in referral services, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT, and EPDS screens and referrals, above
Number of children receiving home visiting services who are enrolled in a high-quality licensed child care program	None	Data Development Recommended

APPENDIX 4: References

- 2016 Health of Women and Children Report, United Health Foundation and American Public Health Association, americashealthrankings.org.
- Administration for Children and Families. (2015). Home Visiting Evidence of Effectiveness: Reductions in Child Maltreatment. <http://homvee.acf.hhs.gov/Outcome/2/Reductions-in-Child-Maltreatment/4/1>.
- American Academy of Pediatrics (2016). Recommendations for Preventive Pediatric Health Care. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.
- Anderson, L.M., Shinn, C., Fullilove, M.T., Scrimshaw, S.C., Fielding, J.E., Normand, J., & Carande-Kulis, V.G. (2003). The effectiveness of early childhood development programs: A systematic review. *American Journal of Preventive Medicine, 24*(3), 32-46.
- Balaji, A. B., Claussen, A. H., Smith, D. C., Visser, S. N., Morales, M. J., & Perou, R. (2007). Social Support Networks and Maternal Mental Health and Well-Being. *Journal of Women's Health, 16*(10), 1386–1396. <http://doi.org/10.1089/jwh.2007.CDC10>.
- Boyle, C.A., Boulet, S., Schieve, L., Cohen, R.A., Blumberg, S.J., Yeargin-Allsopp, M., Visser, S., Kogan, M.D. (2011). Trends in the Prevalence of Developmental Disabilities in US Children, 1997–2008. *Pediatrics, 126*(6), 1034-1042.
- Brazelton, T. (2013). Foreword in *Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice*, Eds. Kristie Brandt, Bruce Perry, Stephen Seligman, & Ed Tronick. American Psychiatric Publishing.
- Center on the Developing Child. (2010). In brief: Early childhood mental health. *Harvard University*. http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_early_childhood_mental_health/.
- Center on the Developing Child. (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. Harvard University. www.developingchild.harvard.edu.
- Chen, M., & Chan, K. L. (2016). Effects of Parenting Programs on Child Maltreatment Prevention A Meta-Analysis. *Trauma, Violence, & Abuse, 17*(1), 88-104.
- Child Trends Data Bank. (2013). Screening and Risk for Developmental Delay: Indicators on Children and Youth. http://www.childtrends.org/wp-content/uploads/2013/07/111_Developmental-Risk-and-Screening.pdf.
- Dodge, K. & Goodman, B. (2012). Durham Connects Impact Evaluation Final Report [to] Pew Center on the States.
- Dodge, K.; Goodman, W.B.; Murphy, R.A.; O'Donnell, K.; Sato, J.; and Guptill, S. (2014). Implementation and Randomized Controlled Trial Evaluation of Universal Postnatal Nurse Home Visiting. *American Journal of Public Health, 104*(1), 136-143. doi: 10.2105/AJPH.2013.301361.
- Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A.C., Klebanov, P., Pagani, L.S., Feinstein, L., Engel, M., Brooks-Gunn, J., Sexton, H., Duckworth, K., & Japel, C. (2007). School readiness and later achievement. *Developmental Psychology, 43*(6), 1428-1446.
- Earls, M.F; Committee on Psychosocial Aspects of Child and Family Health American Academy of Pediatrics. (2010). Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice. *Pediatrics, 126*(5), 1032-1039.
- Fernald, A., Marchman, V. A. and Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science, 16*, 234–248. doi: 10.1111/desc.12019.
- Gilkerson, J. and Richards, J. (2009). The power of talk (Second Ed.): Impact of adult talk, conversational turns, and TV during the critical 0-4 years of child development. LENA Foundation Technical Report, ITR-01-2.
- Golden, O., Hawkins, A., & Beardslee, W. (2011). Home Visiting and Maternal Depression: Seizing the Opportunities to Help Mothers and Young Children. *The Urban Institute*.

- Guevara, J.P., Gerdes, M., Localio, R., Huang, Y.V., Pinto-Martin, J., Minkovitz, C., Hsu, D., Kyriakou, L., Baglivo, S., Kavanagh, J., & Pati, S. (2012). Effectiveness of developmental screening in an urban setting. *Pediatrics*, *131*(1), 30-37.
- Hart, B., & Risley, T. (2003). The early catastrophe: The 30 million word gap by age 3. *American Educator*, *27*, 4-9. <http://www.aft.org/sites/default/files/periodicals/TheEarlyCatastrophe.pdf>.
- Hebbeler, K.M. & Gerlach-Downie, S.G. (2002). Inside the black box of home visiting: A qualitative analysis of why intended outcomes were not achieved. *Early Childhood Research Quarterly*, *17*, 28-51.
- Heckman, J.J. & Masterov, D.V. (2007). The productivity argument for investing in young children. Paper presented at the T.W. Schultz Award Lecture at the Allied Social Sciences Association Annual Meeting, Chicago: January 5-7.
- High, P. (2008). School readiness. *Pediatrics*, *121*(4), e1008-e1015. doi: 10.1542/peds.2008-0079.
- Horton, C. (2003). Protective factors literature review: Early care and education programs and the prevention of child abuse and neglect. *Center for the Study of Social Policy*. Washington, D.C. www.cssp.org.
- Howard, K.S. & J. Brooks-Gunn. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children*, *19*(2), 119-146.
- Institute of Medicine. (2013). The childhood immunization schedule and safety. *Institute of Medicine*. Washington, D.C.
- Ip, S, Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T., Lau, J. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. *Evidence Report/Technology Assessment*, *153*, 1-186.
- Kendrick, D., Barlow, J., Hampshire, A., Stewart-Brown, S., & Polnay, L. (2008). Parenting interventions and the prevention of unintentional injuries in childhood: Systematic review and meta-analysis. *Child: Care, Health, and Development*, *34*(5), 682-695.
- Kirkland, K. & Mitchell-Herzfeld, S. (2012). Evaluating the effectiveness of home visiting services in promoting children's adjustment in school. *New York State Office of Children and Family Services, Bureau of Evaluation and Research*.
- Lee, E., Mitchell-Herzfeld, S., Lowenfels, A., Greene, R., Dorabawila, V., & DuMont, K. (2009). Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine*, *36*(2), 154-160.
- Ludy-Dobson, C., & Perry, B.D. (2010). The role of healthy relational interactions in buffering the impact of child trauma. In: *Working with children to heal interpersonal trauma: The power of play*. Gil, Eliana (Ed.) (pp. 26-43). New York: Guilford Press.
- Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization*, *87*(5), 353-361.
- Minkovitz, C. S., O'Neill, K. M. G., & Duggan, A. K. (2016). Home Visiting: A Service Strategy to Reduce Poverty and Mitigate Its Consequences. *Academic Pediatrics*, *16*(3 Suppl), S105-111. <http://doi.org/10.1016/j.acap.2016.01.005>.
- National Scientific Council on the Developing Child. (2007). *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*. www.developingchild.harvard.edu.
- National Survey of Children's Health. (2013) Child and Adolescent Health Measurement Initiative (CAHMI), 2011-2012 NSCH: Child Health Indicator and Subgroups SAS Codebook, Version 1.0. *Center for Child and Adolescent Health, sponsored by the Maternal and Child Health Bureau*. www.childhealthdata.org.
- New Mexico Department of Health. (2016). Breastfeeding in New Mexico: Positive Trends and Gains. Issue 2016-2.
- Paris, R. & Dubus, N. (2005). Staying connected while nurturing an infant: A challenge of new motherhood. *Family Relations*, *54*, 72-83.
- Parlakian, R. (2003). Before the ABC's: Promoting school readiness in infants and toddlers. Washington, DC: Zero to three.

Perry, B.D. (2008). Child maltreatment: A neurodevelopmental perspective on the role of trauma and neglect in psychopathology. *In: Child and Adolescent Psychopathology. Beauchaine, Theodore P. (Ed.), & Hinshaw, Stephen P. (Ed.).* (pp. 93-128). Hoboken, NJ: John Wiley & Sons, Inc.

Pew Center on the States. (2011). States and the New Federal Home Visiting Initiative: An Assessment from the Starting Line. http://www.pewcenteronthestates.org/uploadedFiles/assessment_from_the_starting_line.pdf. [pewstates.org/uploadedFiles/PCS_Assets/2013/HOME_Summit_Brief.pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/HOME_Summit_Brief.pdf).

Pilowsky D.J., Wickramaratne P, et al. (2008). Children of depressed mothers 1 year after the initiation of maternal treatment: findings from the STAR*D-Child Study. *American Journal of Psychiatry, 165*(9), 1136-47.

Ridings, L. E., Beasley, L. O., & Silovsky, J. F. (2016). Consideration of Risk and Protective Factors for Families at Risk for Child Maltreatment: An Intervention Approach. *Journal of Family Violence, 1*-10.

Roggman, L.A., Cook, G., Innocenti, M.S., Jump Norman, V.K., & Christiansen, K. (2013a). PICCOLO: Parenting interactions with children: Checklist of observations linked to outcomes. Baltimore, MD: Brookes.

Roggman, L.A., Cook, G.A., Innocenti, M.S., Jump Norman, V., Christiansen, K. (2013b). Parenting interactions with children: Checklist of observations linked to outcomes (PICCOLO) in diverse ethnic groups. *Infant Mental Health Journal, 34*, 290-306.

Shonkoff, J. P., & Phillips, D. A. (2000). From neurons to neighborhoods: The science of child development. *National Research Council and Institute of Medicine.*

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

Thornberry, T. P., Henry, K. L., Smith, C. A., Ireland, T. O., Greenman, S. J., & Lee, R. D. (2013). Breaking the Cycle of Maltreatment: The Role of Safe, Stable, and Nurturing Relationships. *Journal of Adolescent Health, 53*(4), S25–S31. <http://doi.org/10.1016/j.jadohealth.2013.04.019>.

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

Zuckerman, B. & Khandekar, A. (2010). Reach Out and Read: Evidence based approach to promoting early child development. *Current Opinion In Pediatrics, 22*, 1-6. Committee on Children and Disabilities, American Academy of Pediatrics. Developmental surveillance and screening for infants and young children. *Pediatrics* 2001;108(1), 192-195. *Pediatrics*121(6), e1503 -e1509. doi: 10.1542/peds.2007-1680.



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