



New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2015

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, 2016

Home Visiting in FY15, At a Glance:

Programs: 26

Counties Served: 27

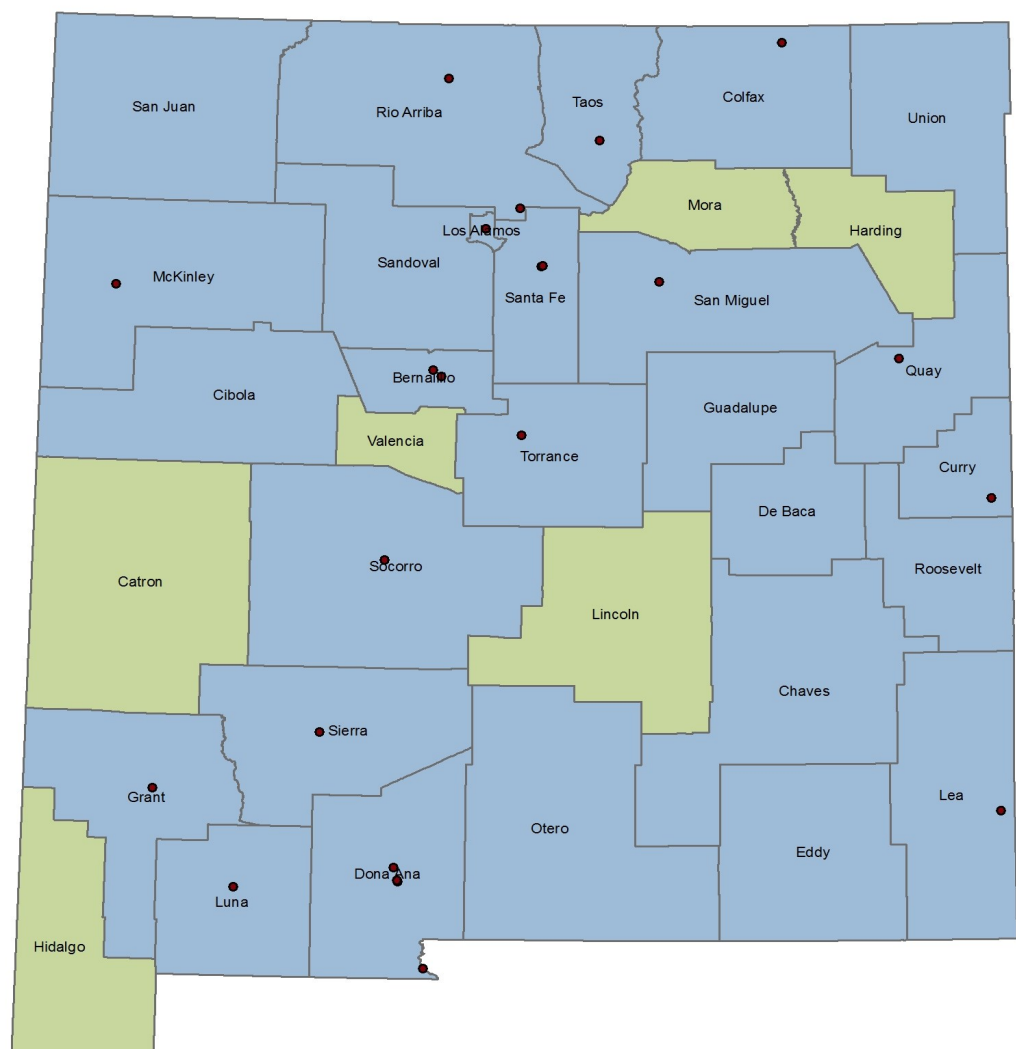
Families Funded:
2,286

Home Visits: 33,148

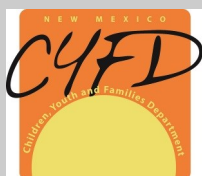
Introduction

The third Annual Home Visiting Outcomes Report presents aggregate data about the outcomes for all Children, Youth and Families Department (CYFD) administered home visiting programs in Fiscal Year 2015 (FY15). 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.

New Mexico's Home Visiting System, FY15



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



Recognizing New Mexico's Professional Excellence

CYFD is proud to partner with home visiting professionals in the state who are committed to attaining high-quality program standards and improved outcomes for New Mexico's children and their families. Exemplars among our FY15 partners include:

- UNM's Nurse Family Partnership Home Visiting program and United Way of Santa Fe staff and Manager Marisol Atkins were featured in the documentary "Protecting Our Children: Everybody's Business," which highlighted home visiting as part of a major statewide media campaign to support prevention of child maltreatment.
- Six home visiting professionals attained New Mexico Association for Infant Mental Health endorsements (Levels 1 & 2), meeting an important new professional development goal for New Mexico's system.
- The Gallup-McKinley Parents as Teachers and UNM Nurse Family Partnership programs received commendations for meeting all federal outcomes benchmarks.
- Luna County Parents as Teachers Director Anna Barraza was named regional Promotora of the Year, and the program received an Exceptional Advocacy award for child auto safety.

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 18, 2015

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 26 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.

Sincerely,

Monique Jacobson, Cabinet Secretary
Children, Youth and Families Department

OFFICE OF THE SECRETARY
P.O. DRAWER 5160 • SANTA FE, N.M. • 87502
PHONE: (505) 827-7602 • FAX: (505) 827-4053

Home Visiting Program Goals

Babies are Born Healthy

Children are Nurtured by their
Parents and Caregivers

Children are Physically and
Mentally Healthy

Children are Ready for School

Children and Families are Safe

Families are Connected to
Formal and Informal Supports
in their Communities

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Executive Summary

Introduction

New Mexico's Home Visiting Accountability Act, which was signed by Governor Susana Martinez in 2013, has become a nationwide model for states seeking to formalize support for their Home Visiting Systems and establish uniform goals and reporting measures. This third Annual Home Visiting Outcomes Report fulfills a key requirement of that law.

New Mexico's Home Visiting System aims to provide support services to families who are expecting a child or whose children have not yet entered kindergarten. These services are intended to increase child well-being and prevent adverse childhood experiences by building parental capacity, establishing trusting relationships with families, and optimizing the relationships between parents and children in their home environments.

New Mexico has committed itself to building a Home Visiting System that includes the infrastructure and program capacity needed to provide universal voluntary access to home visiting for pregnant women, expectant fathers, and parents and primary caregivers of children from birth to kindergarten entry. The services provided through 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
- Families are connected to formal and informal supports in their communities.

The Home Visiting Accountability Act requires CYFD to produce an Annual Home Visiting Outcomes Report to the Governor, the Legislature, and the Early Learning Advisory Council. The University of New Mexico's Center for Education Policy Research and the Division of Community Behavioral Health have collaborated to produce this report for CYFD.

Implementation

New Mexico's Home Visiting System is engaged in an ongoing process of supported system growth. State efforts began in FY06 with a small pilot program, and significant funding increases and program expansion began in 2012. CYFD is now focused on supporting current programs through continuous quality improvement; expanding access by launching new programs; and improving measures, tools, and screens used to serve families and evaluate outcomes.

Key Implementation Measures	FY13	FY14	FY15	Increase from FY14 to FY15
Funding (State and Federal)	\$5.9 million	\$8.1 million	\$12 million	\$3.9 million
Home Visiting Programs	20	24	26	2
Counties Served	22	26	27	1
Funded Openings	1,005	1,919	2,286	367
Families Served	1,911	2,224	2,891	667

- In FY15, CYFD received \$12 million in state and federal funding to support the Home Visiting System, which is a 48 percent increase over FY14. For FY16, the Legislature passed and Governor Martinez signed a home visiting budget of \$14.3 million.
- In FY15, CYFD used its funding to support 26 programs in 27 of New Mexico's 33 counties.
- CYFD funded 2,286 openings in FY15, which is a 19 percent increase over FY14. These openings served 2,891 families, as each opening may serve multiple families in one fiscal year.

Outcomes

The goals and desired outcomes of home visiting are stated clearly in the Home Visiting Accountability Act. Much of the national discussion on home visiting focuses on what measures of success to use and how progress can best be tracked. New Mexico is a recognized leader in these discussions and the work done here is watched carefully across the country.

New Mexico's home visitors use a variety of research-based screening tools (see Appendix 2) to support families and identify their needs. These tools also provide insight into key outcomes including healthy births, nurturing parental behaviors, physical and mental health, school readiness, safety, and family support.

Key Outcome Questions	FY15
Does Home Visiting Help Improve Healthy Births?	<ul style="list-style-type: none"> • Pregnant women in home visiting once again reported accessing prenatal care more often and earlier than women statewide.
Does Home Visiting Improve Parent and Caregiver Nurturing of Children?	<ul style="list-style-type: none"> • 335 families were observed at least twice using the PICCOLO tool for measuring nurturing parental behaviors. Of those, more than 90% 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 1,672 eligible children, 85% (n=1,427) were screened for potential risk of developmental delay using the ASQ-3. • 19% (n=270) were identified for referral. • 65% (n=176) of those identified were referred for services. • 67% (n=118) of those referred engaged with services.
Does Home Visiting Help Children Become Ready for School?	<ul style="list-style-type: none"> • Of 1,571 eligible children, 78% (n=1,221) were screened with the ASQ-SE for social-emotional delays. • 15% (n=186) 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"> • 1,247 families were screened for potential risk of domestic violence using the WAST. • 9% (n=107) were identified as "at risk." • 41% (n=44) of those identified were referred for services. • 48% (n=21) of those referred engaged in services. • An additional 812 screens were administered using the new RAT tool, which replaced the WAST in Feb. 2015.
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 (WAST):</p> <ul style="list-style-type: none"> • Home visiting identified 606 instances of children or their caregivers being "at risk." • In 66% (n=397) of those instances, clients were referred for services and 58% (n=230) of those referred engaged with services.

This Year's Progress in Strengthening Home Visiting

CYFD has taken a variety of steps in response to previous Annual Home Visiting Outcomes Reports, and has strengthened the Home Visiting System in the following ways during FY15:

- Through the federal Race to the Top grant, CYFD and the Public Education Department (PED) are piloting a statewide Kindergarten Observation Tool (KOT) that is scheduled for full rollout in FY16. This assessment may prove helpful in understanding whether home visiting and other early childhood programs affect school readiness.
- Through the same grant, CYFD, PED, and the Department of Health are also developing an integrated data system that will enable the state to assess the number of children in home visiting who are also enrolled in other early childhood programs, and to analyze links between children's early learning experiences and their outcomes in the K-12 system.
- CYFD has continued to work toward improved data integrity. This year, for example, the home visiting data system included educational attainment data for 100 percent of home visitors, up from 50 percent in FY13.
- CYFD transitioned from the Woman Abuse Screening Tool (WAST) to the RAT (Relationship Assessment Tool) in mid-FY15, in order to screen for domestic violence in a more inclusive way. The RAT is gender-neutral, and is not limited to abuse between intimate partners. This FY15 report includes outcomes from both the WAST and the RAT.
- FY15 saw a significant expansion in the use of the PICCOLO, which measures improvements in nurturing behavior in parents and was first rolled out in FY14. The PICCOLO was conducted at least twice with 335 families in FY15, which is more than three times the FY14 number.
- Based on a study of the full costs of developing and sustaining home visiting programs in different communities across the state, CYFD has increased the per-family rate at which it reimburses home visiting programs.
- CYFD has begun developing a Home Visiting Resource and Referral Service, which is intended to enhance family recruitment and promotion of home visiting. This service will provide a single point of access to home visiting services, and will assist in matching families with home visiting programs that best meet their needs.

Conclusion

New Mexico has become a national leader in support for addressing the needs of young children in recent years, and home visiting is central to that effort. The data in the third Annual Home Visiting Outcomes Report show the continued expansion of home visiting across New Mexico, made possible through sustained increases in state funding. They also reflect the ongoing refinement of measures for tracking child and family outcomes, as well as growing sophistication in the use of data collected for program and system improvements. Although important progress has been made, there are still many families and children across the state who are not receiving home visiting services and could benefit from them. Targeting expansion 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, prekindergarten, early intervention, and other early childhood programs are beginning to provide the critical continuum of services that is essential to healthy children and thriving families. New Mexico still has much to learn about protecting children from adverse experiences, developing different models of home visiting for diverse communities, financing home visiting, recruiting and retaining quality staff, and building collaborative relationships among all stakeholders. These questions should guide the ongoing development and expansion of New Mexico's Home Visiting System.

The Context of Home Visiting in New Mexico

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

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 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 united understanding of what home visiting is and what it seeks to accomplish. These concepts are enshrined in the Home Visiting Accountability Act, which defines "Home Visiting" for New Mexico in these terms:

CYFD Home Visiting Principles

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

"Home Visiting Program staff provide services to promote parental competence and successful early childhood development by optimizing the relationships between parents and children in their home environment."

Home Visiting Program Standards Manual, rev. 2015

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?

Professional Development & Training

Home visitors in CYFD-funded programs are trained in home visiting fundamentals and curriculum implementation.

In FY15, CYFD also provided home visiting-specific trainings on such topics as:

- Reflective practice
- Use of screening tools
- Culturally sensitive approaches
- Trauma-informed supports
- Adverse childhood experiences
- Domestic violence
- Database use

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 of 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 – emanates from 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 numerous screenings, which allow them to check for early signs of developmental delay in children, depression in mothers, abuse within the family, and other risk factors. When these screenings show 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 the 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 handouts on coping with teething to information on the importance of reading to children. Families work with home visitors to set goals for their home visiting experience, and those goals help define logistics such as the frequency of home visits and how long the family remains in the program.

Who Are Home Visitors?

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

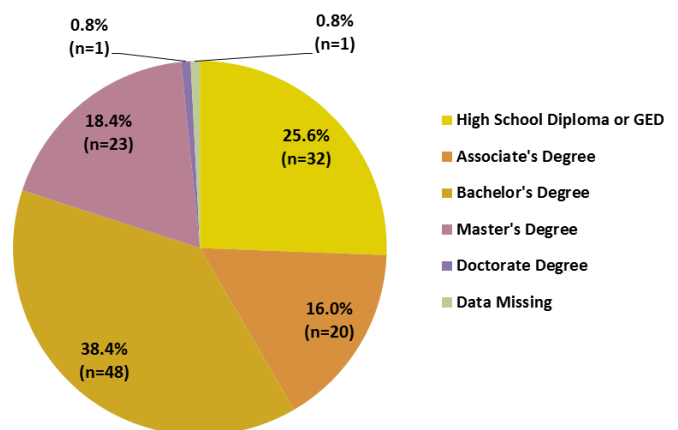
In FY15, there were 125 home visitors providing services. Some were full-time, some part-time, and some were supervisors who also provide home visits. Home visitors hold a wide variety of educational credentials, ranging from high school diploma to doctoral degree.

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.

Complete and accurate reporting on the educational training of the home visiting workforce was a data collection focus for CYFD this year. As a result, completed data was available on nearly 100 percent of the workforce, up from only 50 percent in FY13. This year's data provide a comprehensive picture of the background of the home visiting workforce for the first time.

Highest Education of Home Visitors



Total = 125 home visitors employed by all programs during FY15

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

New Mexico has continued its commitment 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)

Openings Versus Families

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

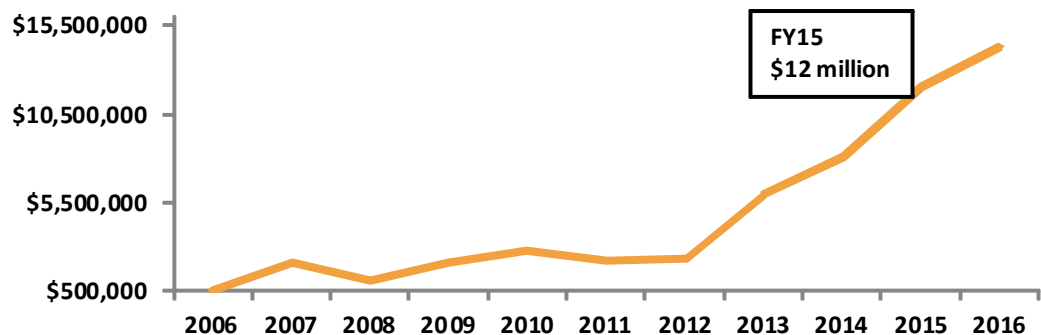
For example, a family may participate in home visiting for six months and exit the program. A second family would then occupy that same funded opening for the remaining six months.

In FY15, 2,286 openings funded 2,891 families (receiving at least one home visit).

New Mexico's Long-Term Investment in Home Visiting

Both the Executive and Legislative branches have continued to demonstrate a commitment to home visiting, and have increased funding significantly since FY06. State funding for home visiting began in FY06 with a small pilot funded for \$500,000. In FY15, funding reached \$12 million including both state and federal funds, and FY16 saw funding increased to \$14.3 million.

New Mexico's Investment in Home Visiting



Source: LFC Post-Session Reviews

How Much Does Home Visiting Cost Per Family?

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 FY15, CYFD spent 82 percent of its total state and federal funds (\$9.9 million) on direct services and 18 percent on infrastructure development. In comparison, in FY14 CYFD spent 80 percent on direct services and 20 percent on infrastructure development. In FY13, the breakdown was 75 percent on direct services and 25 percent on infrastructure.
- In FY15, CYFD funded 2,286 openings with \$6.9 million in state general funds, \$2 million in TANF (Temporary Assistance to Needy Families) transfer funds, and \$1 million in federal funds.
- In FY15, the state contracted with agencies to provide state-funded home visiting services at a calculated rate of \$3,000 per family opening. Federal funds support contracts based on actual costs, and so federal contracts vary by program and home visiting model. After conducting a cost analysis during FY15, CYFD will increase the rate per family opening beginning FY16 to reflect the increased requirements in the New Mexico Home Visiting program. Additional funding will be available for qualifying programs requiring support to meet the needs of rural and underserved communities.

What Do We Know About Programs Funded in FY15?

Program Service Areas and Number of Openings Funded

Home Visiting Program	# of Families Funded FY2015	Counties Served FY2015
AppleTree Educational Center, Little Things Matter	41	Sierra
Avance	90	Doña Ana
Ben Archer Health Center Welcome Baby Program	111	Doña Ana, Luna, Otero
Colfax County Home Visiting Program	33	Colfax, Union
ENMRSH	50	Curry, Roosevelt, De Baca, Quay, Guadalupe
Española Hospital Rio Arriba County <i>First Born</i>	53	Rio Arriba
Gadsden <i>Parents As Teachers</i> *	100	Doña Ana
Gallup-McKinley County Schools <i>Parents As Teachers</i> *	100	McKinley
Gila Regional Hospital <i>First Born</i>	94	Grant
Guadalupe Early Childhood Home Visiting Program of GSRCA Inc.	67	Guadalupe
Guidance Center of Lea County Home Visiting Program	67	Lea
Holy Cross Hospital, Taos <i>First Steps</i>	170	Colfax, Taos, Union
La Clinica de la Familia Home Visiting Services	154	Doña Ana
Las Cumbres Community Services	66	Santa Fe, Rio Arriba
Los Alamos Hospital <i>First Born</i>	60	Los Alamos
Luna County <i>Parents as Teachers</i> *	115	Luna
Northern NM-Kiwanis <i>First Born</i>	43	San Miguel
Peanut Butter & Jelly Therapeutic Family Services	103	Bernalillo, Sandoval
Presbyterian Medical Services <i>Parents as Teachers</i>	160	Cibola, Eddy, Lea, San Juan, Chaves
REC 6- Presbyterian Medical Services <i>Parents as Teachers</i>	60	Quay
Socorro General Hospital <i>First Born Socorro</i>	75	Socorro
Torrance County Amigas de la Familia	74	Torrance, Guadalupe
United Way of Santa Fe County <i>First Born</i>	109	Santa Fe
UNM Center for Development and Disability <i>Nurse-Family Partnership</i> * and <i>Parents as Teachers</i> *	205	Bernalillo, Lea
UNM Young Children's Health Center	53	Bernalillo
Youth Development Inc.	33	Rio Arriba
Total	2286	
*Program received federal funding during FY15		

How Do Program Models Match Community Needs?

CYFD-funded home visiting programs serve both urban and rural communities, and are contracted through a variety of clinic-, hospital-, and community-based entities. All programs are encouraged to select home visiting models and tools that research indicates will effectively serve their prioritized populations and goals. Some communities have chosen to adopt either Nurse-Family Partnership or Parents as Teachers, both of which are nationally recognized as “evidence-based” models. Others have adopted the First Born model, which was developed in New Mexico and is recognized nationally as a “promising practice.” The rest of New Mexico’s home visiting programs have developed “home grown” models. All programs, regardless of model, must follow CYFD standards and use approved, research-based curricula. This system ensures that all of New Mexico’s home visiting programs are grounded in research, but allows the flexibility for each program to meet the unique needs of its community.

The Home Visiting Accountability Act guides CYFD-funded home visiting services to be voluntary and available to families regardless of their income. As prevention and promotion services, they carry no eligibility requirements (unless required by the program model, such as Nurse-Family Partnership or First Born). In cases where demand is greater than available openings, programs determine appropriate criteria for priority enrollment. For example, programs may prioritize enrollment for pregnant women, first-time parents, teen parents, and families considered to face additional risks.

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 2,789 children were in families who received at least one home visit in FY15. This does not include families who were only served prenatally in FY15.

Babies Born to Teens in New Mexico

In 2014, 2,564 babies were born to mothers age 10-19.

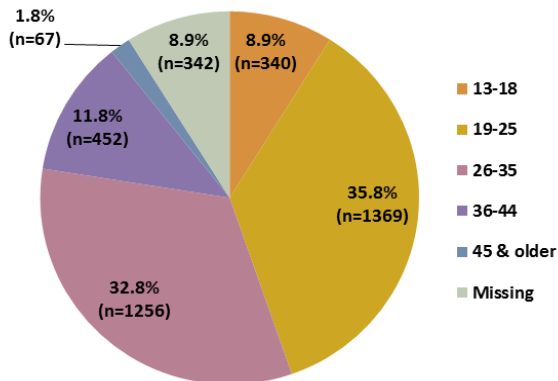
New Mexico Birth
Certificates Database,
Department of Health

In FY15, 340 mother and father caregivers in home visiting programs were age 13-18.

What Do We Know About Home Visiting Participants in FY15?

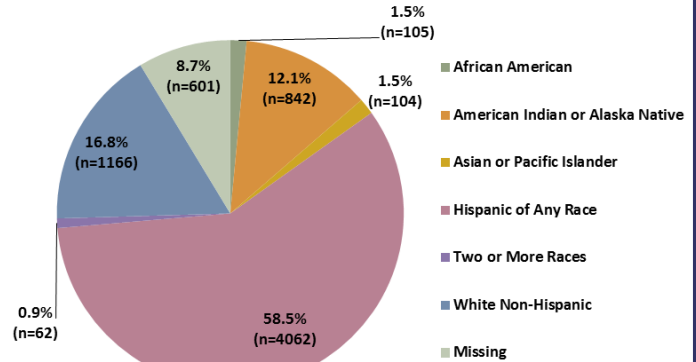
Demographics of Home Visiting Participants in FY15

Caregivers by Age (n=3,826*)



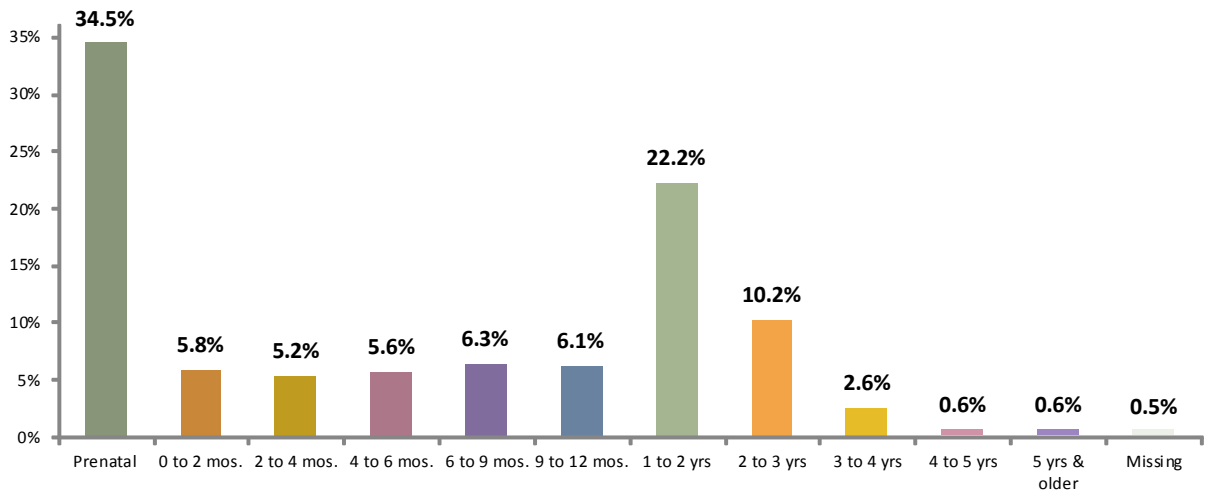
*Total of 3,826 reflects mother and father caregivers in the 2,891 families with 1 or more home visits in FY15

All Clients Served by Race/Ethnicity (n=6,942*)

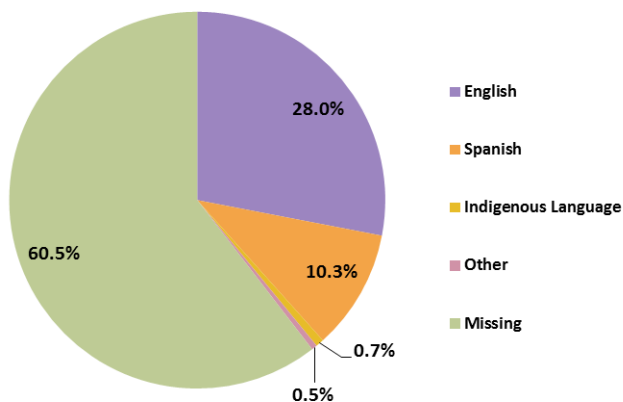


*Total reflects all household members in the 2,891 families with 1 or more home visits in FY15

Age of All Children Served in FY15 (n=2,789), at start of FY

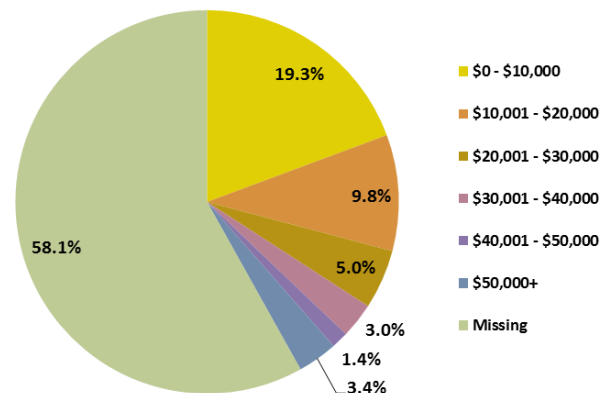


Language Spoken at Home, All Families



*Home language was only collected for 39.5% of the 2,891 active families with 1 or more home visits in FY15 (n=1,143).

Families by Annual Income (n=1,211)



*Annual income is collected on a voluntary basis, and was only collected for 41.9% of the 2,891 active families with 1 or more home visits in FY15 (n=1,211).

Parent/Caregiver Education

Educational attainment was recorded for 2,070 caregivers:

9.2% were currently enrolled in school

22.2% had less than a high school degree

25.7% had a high school diploma or GED

7.1% had technical training or other schooling

22.3% had some college but less than a bachelor's degree

13.5% had a bachelor's degree or higher

Visits Over Time

Data in this report reflect only home visits that took place in FY15. Many families began receiving services in previous years.

Of the 2,891 families active in FY15:

1,826 (63.2%) were enrolled for the first time

Including visits before FY15, 41.5% of families have received a cumulative total of 20 or more home visits, and an additional 19.0% have received more than 40 visits.

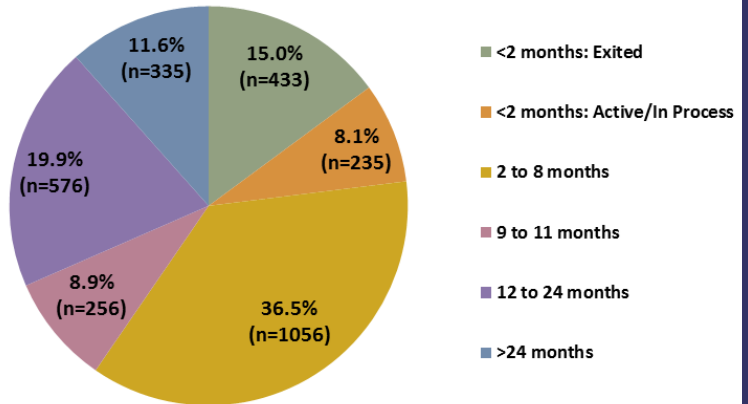
What Do We Know About Home Visiting Participants in FY15?

What is the Duration of Family Participation?

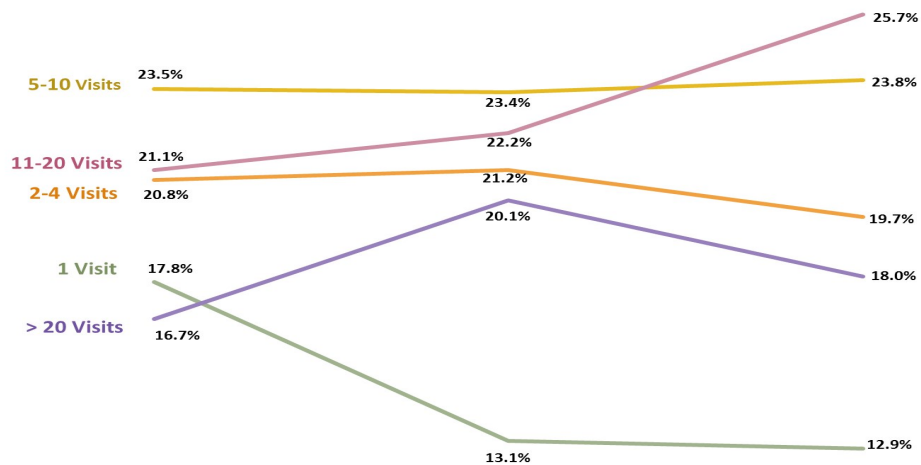
Because home visiting models are designed to engage families for varying lengths of time, it is difficult to compare participation durations across families. The goal of all programs, however, is to retain participants until family goals are achieved or the home visiting curriculum is completed.

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.

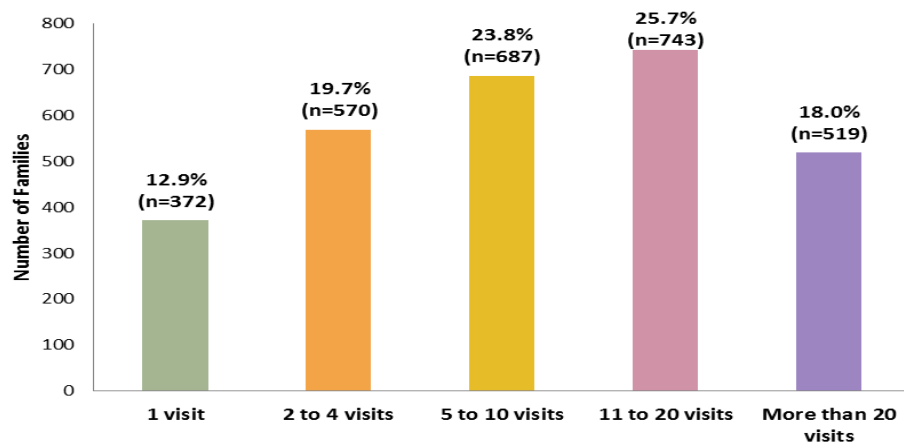
Total Duration of Family Participation, from Initial Date of Enrollment, in Months (n=2,891)



How Many Visits Have Families Received?



Number of FY15 Visits Received by Participating Families (Total Families=2,891)



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

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

Program Spotlight: Using the Data

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 October 27, 2015. 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.

When home visitors at the University of New Mexico Young Children's Health Center are overdue in administering a required screening tool, they get an email about it. They get emails when a key piece of data is missing, or when an "at-risk" screen has not resulted in a referral.

"Data for us is like breathing air," said John Buchan, clinical therapy manager for the program.

The comparison is an apt one, as data management is not a separate process for Buchan and the home visitors he works with. Rather, data infuses their work in many small ways, from reflective supervision to regular data audits. Buchan said the team uses data as a communication loop, not as a punitive way to measure performance. This is key, he said, because the numbers in the data system often only begin to tell the story of what is happening in the field.

"There could be lots of reasons why something is not completed in the chart," he said. "It could be that the family was on vacation, it could be that the mom had to go to the hospital. If I find out that the ASQ and the SSI are both overdue by a month and a half, it's not a red flag that you're not doing your job, it's an opening for a conversation."

He gave one recent example of PICCOLO observations that were overdue for some refugee families. This prompted conversations among the home visiting staff about the challenges of administering the PICCOLO in languages like Swahili or Pashtu. Home visitors typically use a phone-based translation service when visiting refugee families, but this can be difficult when using an observational tool like the PICCOLO.

Because Buchan does reflective supervision as well as data management, he is well-positioned to know when something in the data doesn't seem right. He gave the example of a mother whose score on the Edinburgh Postnatal Depression Scale did not show risk, but the home visitor's observations indicated she was depressed and had experienced considerable trauma. This prompted conversations about why the screen might not have shown symptoms of depression, and what strategies the home visitor might use to start a dialogue with the mother.

Buchan said the most important thing about using the data is understanding that it only tells the beginning of the story. He said he hopes policymakers and others looking at home visiting data will view it through the same lens.

"My recommendation would be that they look at the data in the same way that we do, that it not be interpreted as objective gospel, but it should give them an idea of a trend, and be used as an opening for conversation and inquiry," he said. "The numbers don't always tell the story; there's a lot of qualitative information that really fills in the blanks."

Screening Tools Linked to Outcomes

Screening Tool	Description
Ages & Stages Questionnaire-3 (ASQ-3)	Parent questionnaire used to identify infants or young children who are in need of further assessment in five domains of child development
Age & Stages Questionnaire: Social/Emotional (ASQ-SE)	Aids in identifying young children who may benefit from more in-depth evaluation and/or preventive interventions designed to improve their social competence, emotional competence, or both
Edinburgh Postnatal Depression Scale (EPDS)	Used to identify women at risk for prenatal and perinatal depression
Maternal-Child Health Form (MCH)	Information regarding demographics and risk factors for the family and child
Perinatal Questionnaire (PNQ)	Information regarding an infant's birth including prenatal care, birth weight, and mother's experience with pregnancy
Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)	Observational tool for tracking and supporting parenting interactions that lead to positive child outcomes from infancy through preschool
Relationship Assessment Tool (RAT)	Used to identify caregivers experiencing emotional and/or physical abuse in their intimate relationships
Woman Abuse Screening Tool (WAST)	

What Do We Know About the Outcomes of Home Visiting?

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. Research has also identified a number of strategies that contribute to child health, including:

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

Maternal depression has been linked to a child's 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 children'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 (2008) released a recent report which recommends that pediatricians screen mothers for postpartum depression at baby's one-, two-, and four-month visits (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

Stories from the Field: Mandy

When Mandy was a junior in high school, her son was born early, at 24 weeks. He was in the hospital for two months and was diagnosed with lupus, causing his skin to look dry and patchy. During an ordeal that would have been hard for any adult, Mandy relied heavily on her home visitor, Michelle.

"I would always call ... and ask her for tips, what did I need to do," Mandy said. "She was always there, even through text messages."

Mandy had connected with Michelle through her high school, after getting pregnant at the end of her sophomore year. Michelle helped coordinate with Mandy's teachers and the school attendance secretary to ensure Mandy could keep up with her schoolwork and stay on track to graduate. With this support, Mandy graduated from high school and is now studying business and administration. She also works full-time as a caregiver to the elderly.

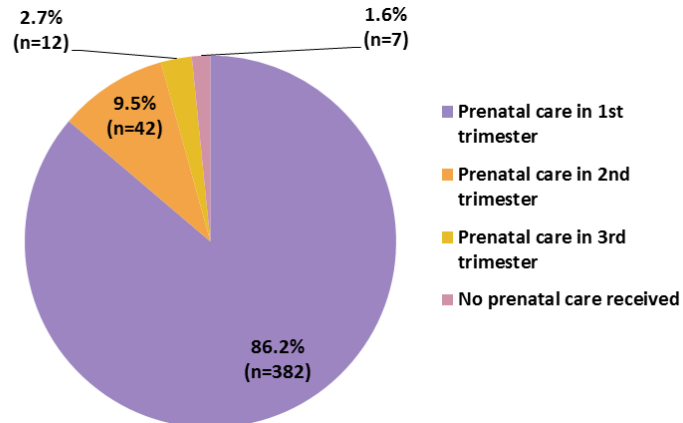
Michelle said Mandy was anxious about leaving her son, Zephaniah, with another caregiver during the day so she could work and go to school. Michelle helped Zephaniah's paternal grandmother connect with the child care assistance program as a registered home provider.

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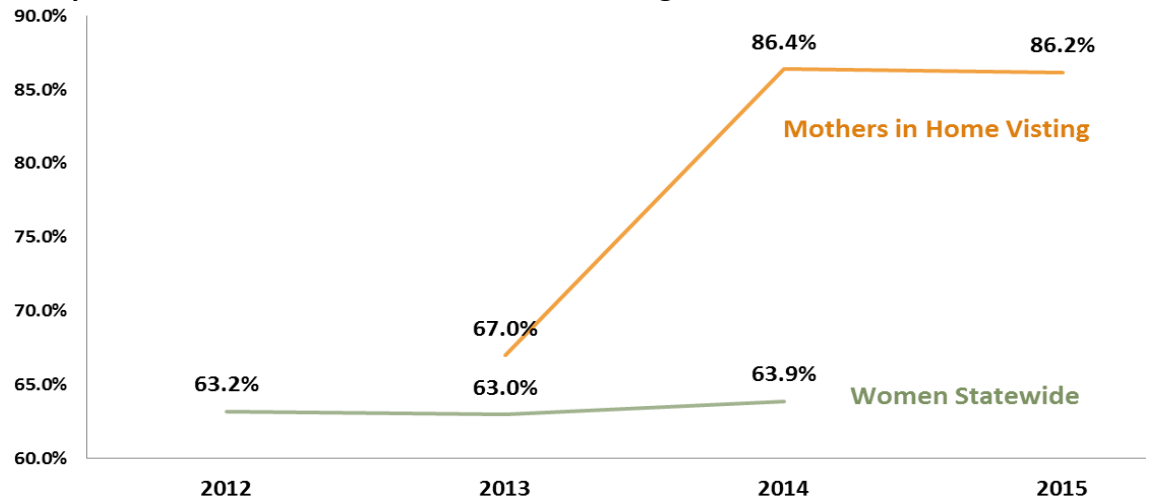
Prenatal Outcome Data

As in FY14, pregnant women in home visiting who reported accessing prenatal care accessed it more often and earlier than women statewide. A total of 478 women were enrolled in home visiting services prenatally and had given birth by the end of FY15. Of these, 443 answered a relevant Perinatal Questionnaire item about their engagement in prenatal care. All but seven (98.4 percent) reported receiving prenatal care, and all but twelve (95.7 percent) reported receiving prenatal care before the third trimester of pregnancy.

Mothers Enrolled Prenatally (n=443) who Reported Accessing Prenatal Care in FY15

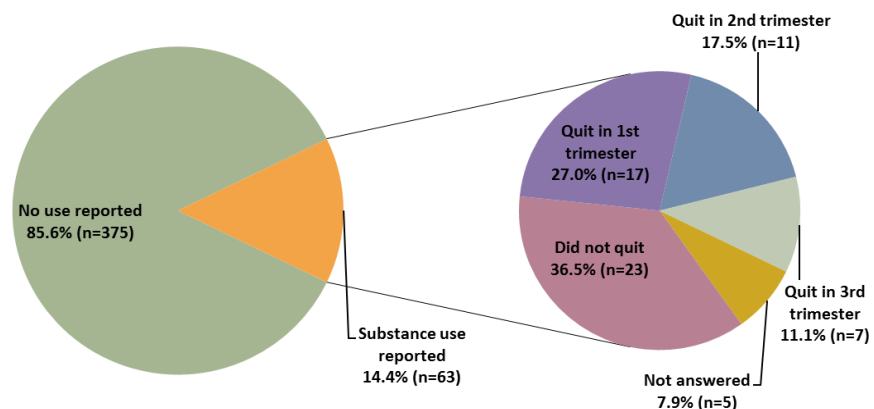


Comparison of First Trimester Care, Home Visiting Mothers and Mothers Statewide



*Source: New Mexico Birth Certificates Database, Department of Health

Mothers Reporting Substance Use and Discontinued Use During Pregnancy



*Total=438 mothers who entered prenatally, gave birth in FY15, were screened with the PPN, and answered relevant items on substance use.

Continued from Previous Page

Later, Mandy connected with a tribal child care program through Zuni Pueblo. Zephaniah, now four, started Head Start this year, and Mandy recently went to his first parent-teacher conference. She got only positive feedback, which she credited to home visiting and the parenting lessons she has learned.

Michelle said Mandy was always eager to learn. She would borrow books from Michelle to read to her son, and was adamant about breastfeeding for as long as possible. She was determined to help Zephaniah overcome any delays due to his premature birth.

“When we would do the ASQ, in the beginning he was a little bit behind,” Michelle said. “She stayed on him, she worked with him and worked with him.”

Michelle also worked with Mandy and her partner on life planning. When she first started seeing them, Zephaniah’s father was struggling to find a job because he hadn’t finished high school. Michelle referred him to a GED program, and provided guidance on how to maintain a household budget. The pair now live in their own place with Zephaniah and his younger brother Elias, who is one. Mandy is now 21, and has been in home visiting for more than four years.

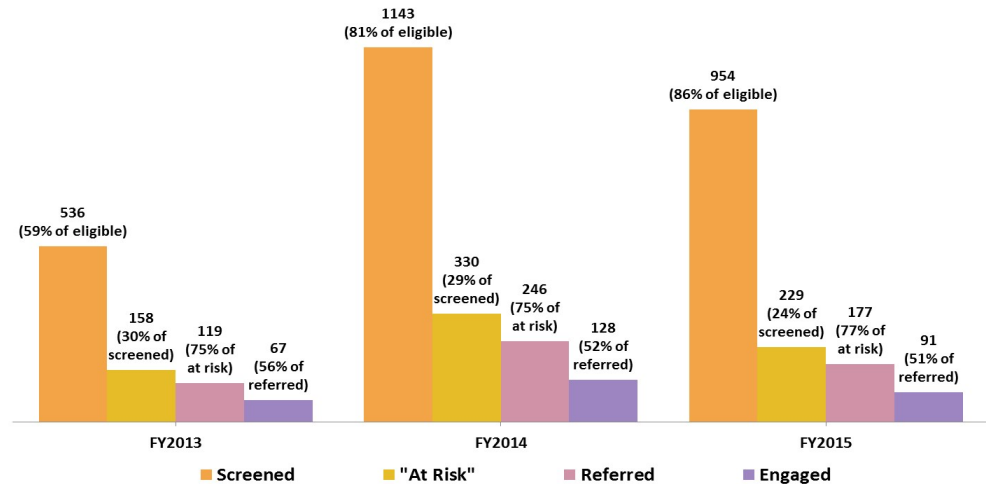
“A lot of parenting skills are hard; it’s hard to do it all on your own,” Mandy said. “With this program it helps a lot.”

Maternal Health Outcome Data

In FY15, 954 eligible mothers* were screened for postpartum depression using the Edinburgh Postnatal Depression Scale. Of the 229 (24 percent) who were identified as having symptoms of postpartum depression (“at risk”), 177 (77 percent) were referred for services, where available. Of these women, 91 (51 percent) are recorded as having engaged referral supports.

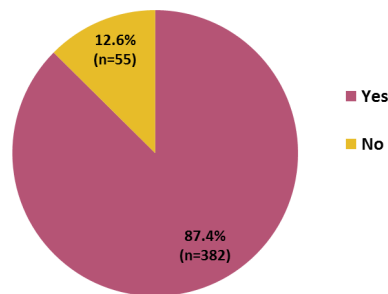
Infant and Child Health Outcome Data

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



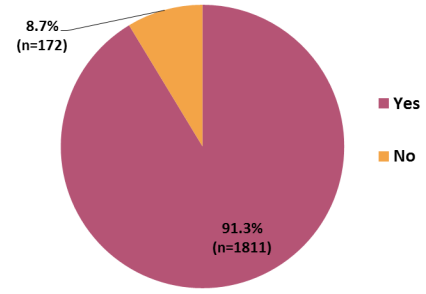
*Eligible were those caregivers enrolled with a child six months old or younger

Mothers who Report* Initiating Breastfeeding



*Total = 437 mothers who entered the program prenatally and gave birth during the reporting period, allowing them to be screened using the Perinatal Questionnaire, which asks whether breastfeeding was initiated.

Children Immunized on Schedule, by Parent Report*



*Total = 2,789 children whose caregivers were screened with relevant portions of the Maternal Child Health Form. 1,983 answered the question, “Has your child had all recommended shots?”

Data Development Recommendation

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

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

Stories from the Field: Ana

When Ana plays with her 16-month-old son Diego, she sits on the floor of her tidy trailer in southeast Albuquerque and flashes him a warm smile. Diego clambers into her lap for a hug, his small teeth showing as he grins in a way that seems to take up most of his face.

“Vamos a jugar,” Ana says – “Let’s play,” in Spanish – and they start to play with a set of cups, each a different color, that nest inside each other and can also be stacked into a tower. Marlene, a home visitor, starts naming the colors of the cups and counting them, “Uno, dos, tres,” as she points to each. Diego watches her, and begins stacking the cups. When he places the final cup, he starts clapping for himself, and Ana and Marlene clap too.

It is hard to believe, watching this interaction, that such affection didn’t come naturally to Ana. She said before Marlene began to visit her, she did not play and engage with Diego as she does now. She was withdrawn – she now realizes she was feeling depressed and isolated – and when she did interact with Diego and his older brother, her tone was angry and frustrated.

Ana said she thought it was normal to be harsh with her children, yelling at them for infractions like spilled juice.

“I used to think this is how you should treat your children,” Ana said in Spanish, adding that this was her experience as a child. “I thought it was normal, but now with this child it’s different because of everything I’ve been taught. I’ve learned how to treat them.”

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 resulting damage can be severe and long lasting. Research indicates many of our costliest social problems such as poor infant and maternal health, child abuse and neglect, school failure, and crime are rooted in this early period (Pew Center on the States, 2011; Heckman & Masterov, 2007).

Mothers who receive home visits are more sensitive and supportive in interactions with their children; they 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

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 that 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

Through home visiting, Ana said she learned how to be more encouraging, and how to praise Diego's efforts and use a warm tone of voice. She said the Circle of Security curriculum, which fosters the idea that children need a safe and secure base from which to explore the world, shaped her parenting.

Marlene said the first time she administered the PICCOLO – the tool home visitors use to measure nurturing behavior – Ana scored low across the various domains of affection, responsiveness, teaching, and encouragement. The second time she administered the screen, Marlene said, Ana scored much better.

"I see the change," said Marlene, who has been visiting Ana for more than a year.

These changes haven't only helped Diego. They have also improved Ana's relationship with her older son, who is six years old and a survivor of kidney cancer. She said her older son used to be extremely jealous of Diego and angry with him. Marlene and Ana talked about strategies to improve their relationship, and Marlene advised her to make sure the older son was getting plenty of attention and affection. When Ana's husband comes home from work, he now greets their oldest son first instead of going straight to the baby. Ana said her oldest son has dramatically changed his behavior toward Diego, and will even invite him to play.

"Last week when I came, he said, 'You know what? I love my brother now,'" Marlene said.

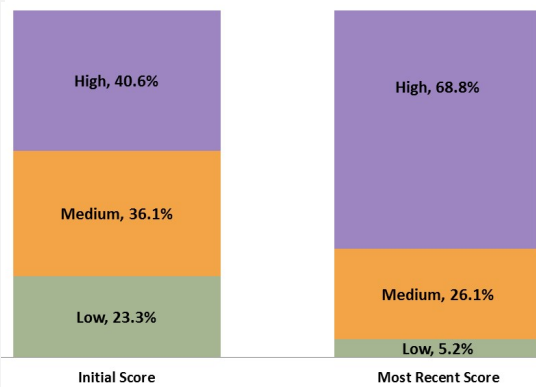
Outcome Data

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 what new strengths in parenting behaviors are observable over time. In this second year of PICCOLO use, 335 families have now received both an initial and a follow-up screen.

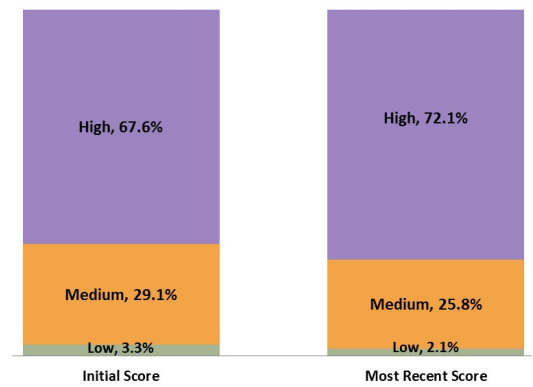
Screens are scored in "low", "medium", or "high" categories, with scores in the "low" range signaling areas of risk for poor parenting and associated child outcomes. According to FY15 data:

- More than 90% of families scoring initially in the "low" range on one or more PICCOLO domain showed improvements on their follow-up screen. A full 100% of those scoring "low" on the teaching domain improved by their second screen.
- Of those who initially scored in the "mid" range, roughly 70-80% showed improvement across domains.
- Where no change was demonstrated, 91% had demonstrated initial scores in the "high" range, and where scores had decreased, 75% had started with "high" scores.

**PICCOLO Changes Over Time:
Teaching Domain**



**PICCOLO Changes Over Time:
Affection Domain**



**PICCOLO Changes Over Time:
Encouragement Domain**



**PICCOLO Changes Over Time:
Responsiveness Domain**



Ages & Stages Questionnaire-3

The ASQ-3 is a screening tool that provides parents 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 and linkages are made to the New Mexico Family-Infant Toddler (FIT) early intervention program.

Goal 3: Children are Physically and Mentally Healthy

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

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

Background: What the Research Says

Early childhood development is influenced by a host of individual, family, and systemic factors. Programs that focus on early childhood development and provide family support promote the well-being of young children and lead to improved physical and mental health outcomes for parents and children. 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 1 in 6 children ages 3-17 in the United States in 2006-2008 (Boyle et al. 2011) and children are twice as likely to be at risk for developmental delays if they do not have a parent with at least a high school education (Child Trends Data Bank, 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 a developmental screening at 9 months, 18 months and 24 or 30 months of age to ensure the early detection of developmental concerns (American Academy of Pediatrics, 2008). This early detection should result in linkage to appropriate services for children and their families.

How Home Visiting Addresses this Goal

Home visitors discuss issues with the mother and family such as nutritional needs of the baby and mother, the importance of well-child visits and behavioral health needs. They show parents how to monitor their child's growth, and home visitors are prepared to discuss feeding and any developmental/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.

Stories from the Field: Maria

Maria remembers her mother having a home visitor when she was a child. The visitor supported her mother with Maria's younger siblings, and also helped the immigrant family with some of the basics of life in the United States.

"She actually had to teach them everything from how to use their phone, to how to use the oven to make a turkey for Thanksgiving," said Zalenna, a home visitor who works near the Mexican border. She visits Maria, and her colleague was the home visitor for Maria's mother. Zalenna said she can see the impact that two generations of home visiting has had on the family.

"She has participated in home visiting for such a long time, she knows what the ASQ looks like, she knows what we're looking for, developmentally," Zalenna said. In fact, when Maria noticed her third daughter wasn't hitting expected milestones, she called a local early intervention program and referred herself in.

"She wasn't crawling, she wasn't moving or turning around like other kids, so I decided to call Life Quest," Maria said. "They helped her with therapy." She said she knew about typical development and early intervention because of her family's experience with home visiting.

"We can talk to them about everything and they're always here to help," she said.

To Zalenna, that self-referral is a clear sign home visiting is making a difference.

"It shows that she is aware of the child milestones and what's age-appropriate for her children," Zalenna said.

Outcome Data

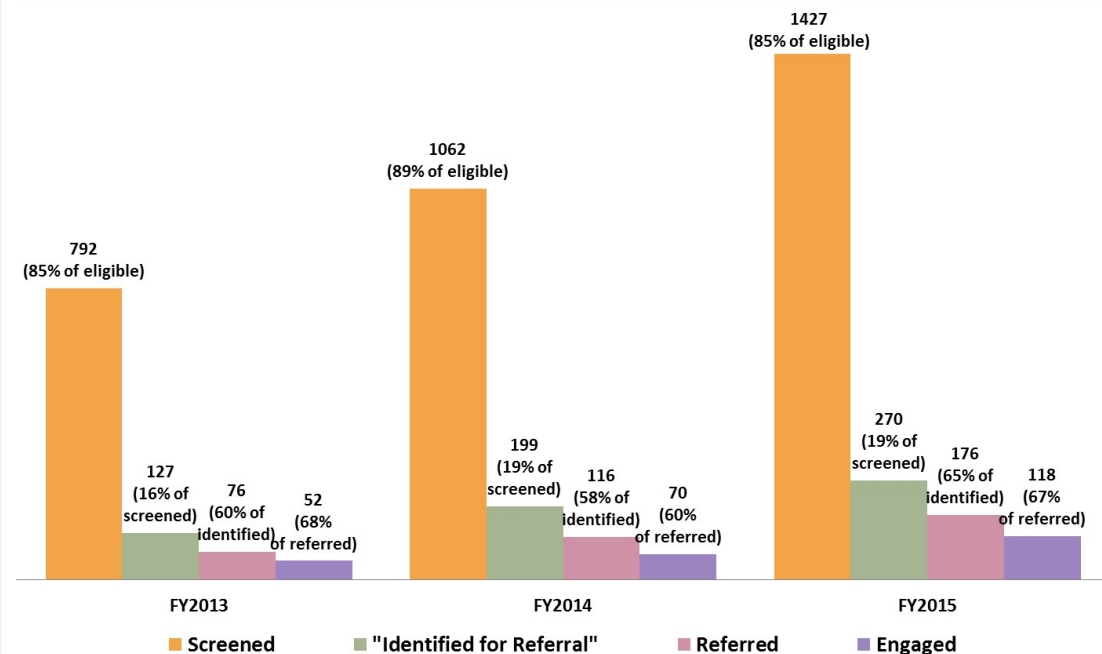
In FY15, 1,672 children were old enough to receive the first ASQ-3 screen (4 months) required by the CYFD Home Visiting System, and had been in home visiting for long enough to receive a screen (at least five home visits). Children already receiving early intervention services were not expected to receive the screen, which has a preventive intent.

Of these 1,672 children, 1,427 (85 percent) received at least one ASQ-3 screen. Nineteen percent, or 270, were identified by the screen as having characteristics of a delay in development, or "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.

In FY15, 65 percent of the 270 "identified for referral" scores resulted in referral of 176 children to early intervention/FIT services. Of these 176 children, 118 (67 percent) are recorded as having engaged with services.

Eligible Children* (n=1,672) Screened On Schedule for Potential Delay in Development with the ASQ-3, and Connected to Early Intervention Services



*Total of 1,672 eligible children represents the children who were at least 4 months old as of May 1, 2015, 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 critical experiences provided by nurturing family relationships; the child's skills at school entry such as reading, math, and language skills; and the child's social-emotional development (Shonkoff & Phillips, 2000; High, 2008; Duncan et al., 2007).

What a child hears 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, putting them at a disadvantage before they even step foot in a classroom (Hart & Risley, 2003). More recently, Fernald and colleagues (2013) found significant differences in vocabulary and language processing efficiency among toddlers 18-24 months old based on family socio-economic status. 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. Children whose parents read to them regularly and create a literacy-promoting environment at home scored higher on receptive and expressive language assessment and also enjoyed book reading 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. Some also link families to center-based 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). The ASQ-SE is a screening tool that identifies infants and children whose social or emotional development should be further evaluated to determine if a referral to appropriate services is necessary.

Outcome Measurement

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

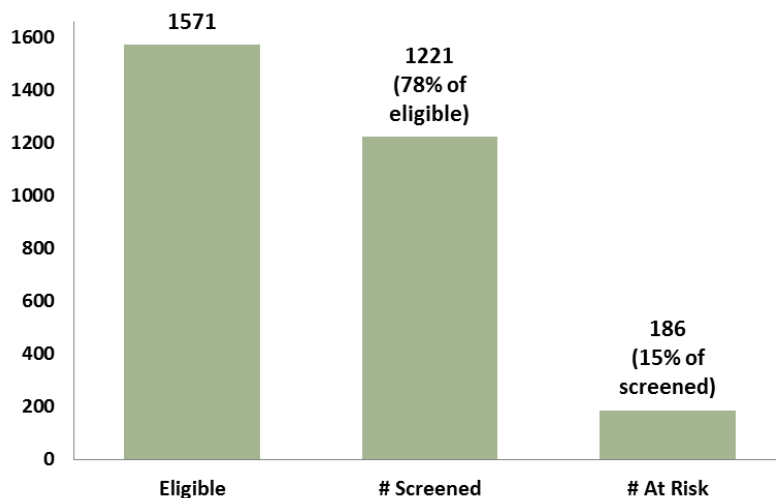
- Percentage of children screened on schedule for potential delay in development with the ASQ-3 or ASQ-SE screening tool
- Percentage of children screened at risk of delay who are referred successfully to available services
- Caregiver progress in practicing positive parent-child interactions, as measured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

Outcome Data

Recall that Goal 3 outcome data (p. 21) on ASQ-3 screening showed that 85 percent of eligible infants and young children received a screening for possible delay in development, and that 65 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 beginning to be measured system-wide with the PICCOLO screen, as reported in Goal 2 outcome data (p. 19).

In addition, the ASQ-Social/Emotional screen was administered to 1221 (78 percent) of 1,571 eligible* children. Of these, 186 (15 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 (n=1,571) Screened and Identified as at Risk of Social-Emotional Delay on the ASQ-SE Screen



**Eligible children were at least 6 months old by May 2015, had received at least 5 visits, and were not enrolled in early intervention programs.*

Data Development Recommendation

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

- **Any increases in school readiness, child development and literacy**

We again recommend that CYFD establish a system for tracking the **percentage of children receiving home visiting services who enter kindergarten at or above grade level on state assessments**. The Public Education Department and CYFD are currently developing plans for a statewide, validated kindergarten readiness assessment. We recommend CYFD begin plans for coordinated **collection of assessment data for the children who have received home visiting services**, as PED pilots the assessment in the 2015-16 school year.

CYFD may also consider adding a measure that would capture its successes in promoting family literacy. One national measure used is the number of days in a week that family members report reading to their infants and children. In 2011-12, 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, 2015*).

Prevention of Adverse Childhood Experiences

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

Fellitti et al, 1998

New This Year: The Relationship Assessment Tool

During FY15, CYFD-funded home visiting programs transitioned from the Woman Abuse Screening Tool (WAST) to the Relationship Assessment Tool (RAT). The change was made because the RAT is a gender-neutral screen designed to account for the range of relationships that may affect the caregiver and child.

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 these harms 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 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). 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 or abuse concerns, they must make a referral to Child Protective Services.

Outcome Measurement

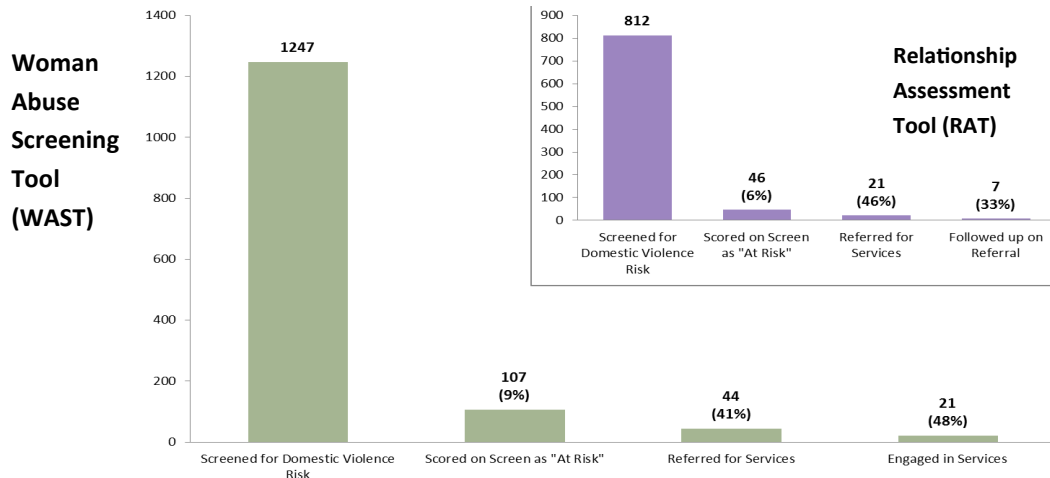
The indicators used to measure home visiting's impact on safety are the percentage of families:

- Identified as at risk of domestic violence on the Woman Abuse Screening Tool (WAST) or 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 the 2,891 active families in FY15, 1,247 were screened for potential risk of domestic violence with the Woman Abuse Screening Tool (WAST). Not all caregivers are in a relationship, so it is difficult to determine how many more might have benefited from screening. Of those screened, 107 (9 percent) scored as potentially at risk, and 44 (41 percent) of these caregivers were referred to available behavioral health services. Twenty-one (48 percent) of those referred are recorded as having engaged in services. Initial results for 2015's new Relationship Assessment Tool (RAT) are also shown.

Caregivers Screened for Domestic Violence Risk and Connected to Services

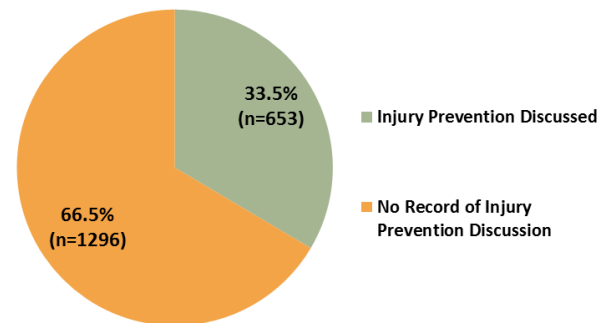


Families At Risk of Domestic Violence Who Have a Safety Plan in Place

Of the 107 families scored as "at risk" on the WAST screen, fewer than 4 percent are recorded as having a safety plan in place. As the Home Visiting System trains its home visitors in use of the newer RAT screening tool, it will be important to establish effective protocols for responding to "at risk" scores, including how to establish appropriate safety plans and referrals to community services, and record them in the data system.

Families Engaged in Discussion of Injury Prevention

Of the 2,891 active families in FY15, 1,949 had received at least five home visits, allowing time for discussions of injury prevention to have taken place. Of these families, 653 (33.5 percent), have a record of discussing at least one injury prevention topic with a home visitor. As this represents a significant decrease from the 80 percent of families receiving injury prevention discussion in FY13, it will be important to review program practices. These lower rates could reflect data entry issues, changes in visitor practice, or other variables like a high number of families who received prevention training during a previous reporting year.



Data Development Recommendation

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

- **Decreases in child maltreatment or child abuse**

In order to meet these reporting requirements, we continue to recommend 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.**

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

Survey Data on Referral Challenges

State-funded home visiting programs were surveyed in August of 2014 about a variety of topics, including challenges they face in referring families to appropriate community services. Specifically, programs were asked, “Are there needed referral services which are difficult for families to access in your community?”

Programs reported that some of their toughest challenges involve transportation. Of the fifteen programs that answered the survey question, thirteen said transportation was a barrier to families accessing needed referrals. This was true in rural areas, as well as urban centers where programs reported inadequate public transportation.

Two-thirds of programs also reported challenges with connecting families to high-quality child care or Head Start, substance abuse treatment services, and family therapy. Conversely, few programs reported challenges accessing weight loss support for families or early intervention services such as the Family Infant Toddler Program.

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

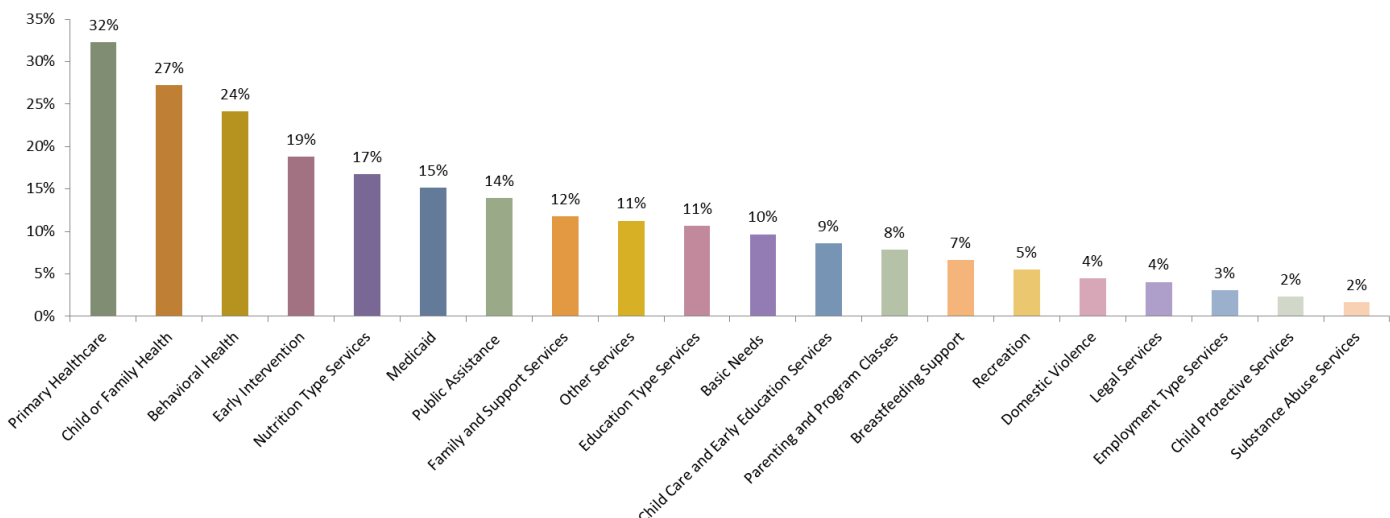
Connecting families to community supports is essential for fostering safe and healthy children. New Mexico’s communities offer numerous services to help families thrive, but the families who need them most may not always know these supports exist or how to access them. Home visiting can help close those gaps for families. A recent study from North Carolina 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).

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

Families Served who Received 1+ Referral, by Type (n=2,891)



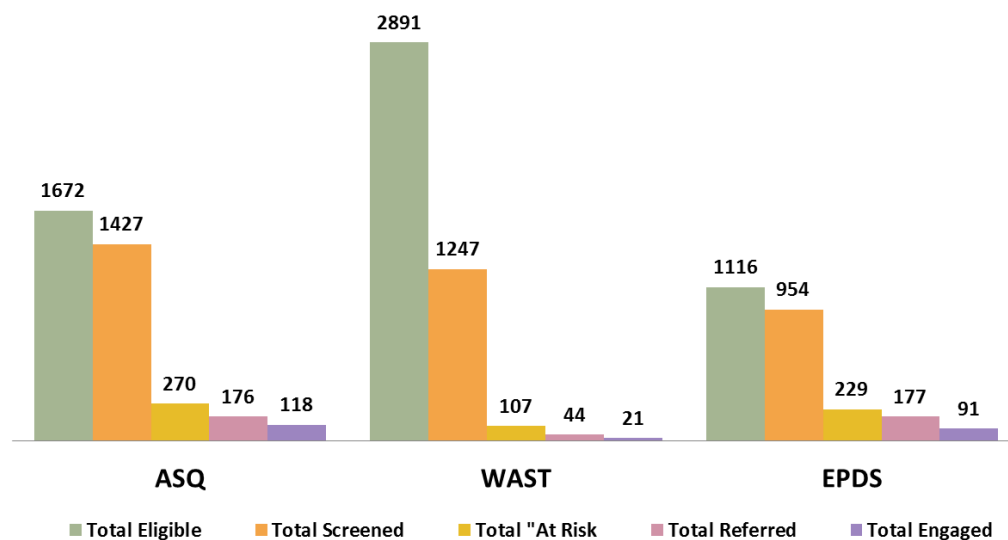
Home visiting can also help identify gaps in available services, and can drive community-level change. Especially in rural areas, home visitors may encounter families who need services that aren't available in their communities. Home visiting programs often belong to networks of service providers who can help identify these gaps in community programs and, in some cases, can be partners in cultivating the services that are needed. Moreover, if home visiting programs are situated within a broader community of collaborative 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 = 2,891)



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

Outcome Data

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

Data Development Recommendation

We recommend CYFD continue to support state efforts through Race to the Top to develop a unified early childhood data system. This will assist in reporting on the following measure, required by the Home Visiting Accountability Act:

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

CYFD Reflections and Next Steps

New Mexico has made it a mission to prioritize and invest in the overall well-being of children and families. Since 2006, New Mexico has made a commitment to children and families by investing in home visiting programs that support families from the beginning of a child's life. The CYFD Home Visiting System has greatly benefited from this investment and has used these funds to bring quality services to families across the state.

CYFD recently changed its Mission/Vision to "Improving the quality of life for children." This Mission/Vision, along with the New Mexico Home Visiting Accountability Act (2013), continues to steer programs across the state toward providing quality services. In this third Annual Outcomes Report, it is the goal to showcase not only the continued growth of the system and its outcome data, but also the stories behind the numbers. Home visiting is not just about outcomes and measures, it also about the lives that are changed by the dedicated providers who are welcomed into families' homes. Home visiting is about taking responsibility for the loving care of babies at the family level, the community level, and as a state. With this core value in mind, CYFD has committed to undertake the following next steps, which are organized into the categories of: 1) Data and Accountability, 2) Program Improvement, and 3) Home Visiting Policy.

Data and Accountability

- CYFD will continue to provide technical support to programs to ensure they are able to record data accurately and to access data reports from the home visiting database independently. CYFD will also provide professional development support for interpreting and using data reports for ongoing program improvement.
- CYFD will convene program managers to review this year's aggregate outcomes data for the purpose of identifying system-wide next steps for improvement.
- CYFD will review best practice recommendations for reporting on measures required by the Home Visiting Accountability Act that are currently unavailable, and institute timely changes in data collection and reporting accordingly. Measures currently not reported are:
 - 1) The percentage of children in home visiting receiving regular well-child exams as recommended by the American Academy of Pediatrics;
 - 2) Any increases in school readiness, child development, and literacy skills;
 - 3) The number of children in home visiting enrolled in high-quality licensed child care programs; and
 - 4) Decreases in child maltreatment or child abuse.
- CYFD and its evaluators will review new best practice recommendations on measures currently reported to see what improvements in data collection and reporting could strengthen New Mexico's accountability system. For example, CYFD may want to consider a stronger measure for tracking drug use or to consider tracking breastfeeding duration.
- CYFD will begin tracking referrals to and engagement with early intervention services that result from screenings with the ASQ-SE tool, as is currently done with the ASQ-3 screen. The ASQ-SE is also an important tool for identifying young children who may benefit from more in-depth evaluation and preventive services.

Data Sources

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

Onda: New Mexico's Continuous Quality Improvement (CQI) Process

Developed by CYFD and the University of New Mexico Center for Development and Disability (CDD), Onda-CQI incorporates self-assessment by local program managers, supported by review of readily-accessible data about program activities. This assessment is enriched by reflective involvement of staff members, and further supported by the assigned CYFD Manager-Monitor and consultation provided by the CDD training assistance team and the data management contractor. This Onda working group is the local CQI team.

Onda, from the Latin word *unda* meaning wave or ripple, is based on the principle that everything we do and think affects the people in our lives and their reactions, in turn, affect others. Through the New Mexico Home Visiting Onda-CQI Process, we hope to achieve a systemic change in the program and practices that will “ripple” to benefit our children and their families.

- This year, the Early Childhood Data Services team at UNM Continuing Education worked with programs to achieve nearly 100 percent compliance on workforce education reporting (up from 50 percent in FY13). As CYFD increases training expectations and offerings, programs will also track and report participation in required professional development activities, to better understand the relationship between training improvement efforts and outcomes.
- CYFD and programs will continue working together to collect data that will help the state better understand barriers to connecting families with critical referral services in their communities. This is particularly important where rates of referral and engagement do not appear to be meeting the needs of all children and families scored at potential risk of poor outcomes on key screens used by home visiting programs.

Program Improvement

- CYFD will examine program data on family engagement and retention to analyze which engagement strategies seem most successful. It is important that state-funded programs are reaching and fully serving the families they are designed to reach. Robust, multiyear data will permit analysis of engagement and retention in services by a variety of family characteristics. If there are families who could benefit from home visiting but are not engaged with the system, it will be important to identify new strategies to reach them.
- CYFD will continue its efforts to gain better understanding of what constitutes successful completion of home visiting for the variety of families served. As families come into programs with differing levels of need and individualized goals, their participation in services may vary accordingly. It is important to get a better sense of what success means for these families, and to find appropriate ways to measure it.

Home Visiting Policy

- The Home Visiting Accountability Act encourages collaboration with non-CYFD home visiting programs to better understand the full landscape of home visiting in the state. CYFD will work with non-state-funded programs to include data on all home visiting services in its annual outcomes report. At a minimum, inclusion of basic data (such as numbers of families served by location) would help to identify gaps in access and to facilitate coordination among agencies to prevent oversaturation of services. Fuller data on families served and outcomes measured would help all stakeholders to better understand the current reach and impact of home visiting.
- CYFD will continue its active engagement in looking at how to link home visiting into an even more coherent system through collaboration and alignment of outreach to reach all families in the state. It is hoped that through these discussions there will be a more connected system that does not differentiate among programs due to funding sources (i.e. federal, state, or private) but works together to meet the needs of children and families.
- CYFD will conduct an independent survey of families along the continuum of engagement with the Home Visiting System, from those who opted out of services early to those who completed through full model fidelity, in order to gauge client satisfaction and learn about barriers to engagement and retention.

Concluding Thoughts

Moving forward, CYFD will continue to evaluate its current processes and involve home visiting programs in discussions to ensure policy is matching actual practice. New Mexico Home Visiting continues to be in the national spotlight for its innovative approaches to meeting the needs of diverse communities within the state. New Mexico will continue to take every opportunity to develop the best possible system for child and family well-being. The data in this report provide critical information to help CYFD learn more about program needs and modifications as the Home Visiting System continues to grow. With continued infrastructure supports, program input, community feedback and listening to families' needs, New Mexico Home Visiting will continue to showcase how investment in early childhood services has a lasting positive impact.

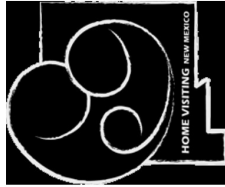
APPENDIX I: New Mexico CYFD Home Visiting Program Logic Model, Part 1



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:

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

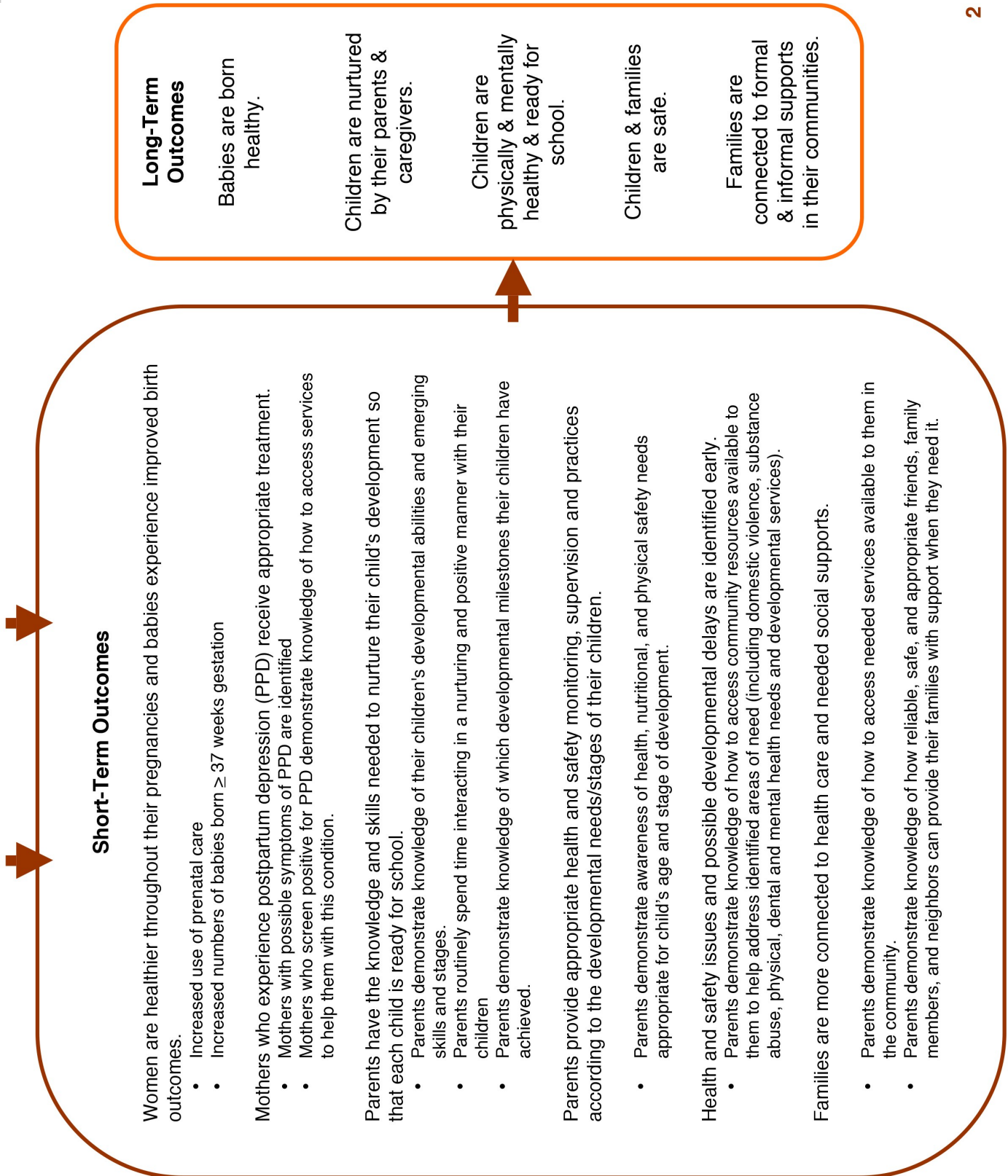
* A home may include schools or even jails, wherever the parent and child can be seen together, based on the specific needs of each particular family.

Ongoing Support and Continuous Quality Improvement

Theoretical Framework

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

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



APPENDIX 2: Screening Tools Used

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

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 FY14 (n=24)
Number of families funded (openings)	CYFD	As reported by CYFD (n=1,919)
Number of families served	Home Visiting Database	All families receiving one or more home visits in FY14 (n=2,224)
Cost per family	Calculated from CYFD data and Home Visiting Database	Total funding divided by number of funded openings
Demographics of families served	Home Visiting Database	Reported on caregivers and children in families with at least one home visit
Duration of participation by families	Home Visiting Database	Time between most recent enrollment and most recent service date
Home visitors/supervisors by level of educational training	Home Visiting Database	Database entry
Percentage of mothers enrolled prenatally who receive prenatal care	Perinatal Questionnaire; item asks <i>"Did you receive prenatal care? If Y, when did you start with prenatal care?"</i>	Numerator: Number of below who reported receiving prenatal care Denominator: Number of mothers enrolled prenatally 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 <i>"During pregnancy, did you drink any alcohol, smoke cigarettes, or use any recreational/illegal drugs? If you used substances during pregnancy, when did you quit?"</i>	Numerator: Number of below who report discontinued substance use by end of pregnancy Denominator: Number of mothers enrolled prenatally 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, <i>"Did you begin breastfeeding your baby?"</i>	Numerator: Number of below who reported initiation of breastfeeding Denominator: Number of mothers who had a delivery during the reporting period and answered "breastfeeding" question on the Perinatal Questionnaire

APPENDIX 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 within two months of screening	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	Woman Abuse Screening Tool (used until 2/1/2015) Relationship Assessment Tool (required after 2/1/2015)	Numerator: Of below, number identified at risk of domestic violence Denominator: Number of families screened with WAST/RAT during reporting period
Percentage of families identified at risk of domestic violence who receive support services	Woman Abuse Screening Tool or Relationship Assessment Tool (see above) 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 WAST/RAT and identified as at risk during reporting period
Percentage of families at risk for domestic violence who have a safety plan in place	Woman Abuse Screening Tool or Relationship Assessment Tool (see above) and Home Visiting Database Referral Records	Numerator: Of below, number who had a safety plan completed in reporting period Denominator: Number of families screened with WAST/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 Recommendation
Number of families identified for referral to support services available in their community, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, WAST, and EPDS screens and referrals, above
Number of families identified who receive referral to available community supports, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, WAST, and EPDS screens and referrals, above
Number of families referred who are actively engaged in referral services, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, WAST, and EPDS screens and referrals, above
Number of children receiving home visiting services who are enrolled in a high-quality licensed child care program	None	Data Development Recommendation

APPENDIX 4: References

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