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AN ACT
RELATING TO HUMAN SERVICES; REQUIRING THE CHILDREN, YOUTH AND
FAMILIES DEPARTMENT TO ESTABLISH A HOME VISITING PROGRAM;
PROVIDING FOR RULEMAKING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. SHORT TITLE.--This act may be cited as the
"Home Visiting Accountability Act".

SECTION 2. DEFINITIONS.--As used in the Home Visiting
Accountability Act:

A. "culturally and linguistically appropriate"
means taking into consideration the culture, customs and
language of an eligible family's home;

B. "department" means the children, youth and
families department;

C. "eligible family" means a family that elects to
receive home visiting and includes:

(1) a child, from birth until kindergarten
entry; or

(2) a pregnant woman, an expectant father, a
parent or a primary caregiver;

D. "home visiting" means a program strategy that:

(1) delivers a variety of informational,
educational, developmental, referral and other support
services for eligible families who are expecting or who have

1 children who have not yet entered kindergarten and that is
2 designed to promote child well-being and prevent adverse
3 childhood experiences;

4 (2) provides a comprehensive array of
5 services that promote parental competence and successful
6 early childhood health and development by building long-term
7 relationships with families and optimizing the relationships
8 between parents and children in their home environments; and

9 (3) does not include:

10 (a) provision of case management or a
11 one-time home visit or infrequent home visits, such as a home
12 visit for a newborn child or a child in preschool;

13 (b) home visiting that is provided as a
14 supplement to other services; or

15 (c) services delivered through an
16 individualized family service plan or an individualized
17 education program under Part B or Part C of the federal
18 Individuals with Disabilities Education Act;

19 E. "home visiting program" means a program that:

20 (1) uses home visiting as a primary service
21 delivery strategy; and

22 (2) offers services on a voluntary basis to
23 pregnant women, expectant fathers and parents and primary
24 caregivers of children from birth to kindergarten entry;

25 F. "home visiting system" means the infrastructure SB 365

1 and programs that support and provide home visiting. A "home
2 visiting system":

3 (1) provides universal, voluntary access;
4 (2) provides a common framework for service
5 delivery and accountability across all home visiting
6 programs;

7 (3) establishes a consistent statewide
8 system of home visiting; and

9 (4) allows for the collection, aggregation
10 and analysis of common data; and

11 G. "standards-based program" means a home visiting
12 program that:

13 (1) is research-based and grounded in
14 relevant, empirically based best practices and knowledge
15 that:

16 (a) is linked to and measures the
17 following outcomes: 1) babies that are born healthy; 2)
18 children that are nurtured by their parents and caregivers;
19 3) children that are physically and mentally healthy; 4)
20 children that are ready for school; 5) children and families
21 that are safe; and 6) families that are connected to formal
22 and informal supports in their communities;

23 (b) has comprehensive home visiting
24 standards that ensure high-quality service delivery and
25 continuous quality improvement; and

1 (c) has demonstrated significant,
2 sustained positive outcomes;

3 (2) follows program standards that specify
4 the purpose, outcomes, duration and frequency of services
5 that constitute the program;

6 (3) follows a research-based curriculum or
7 combinations of research-based curricula, or follows the
8 curriculum of an evidence-based home visiting model or
9 promising approach that the home visiting program has adopted
10 pursuant to department rules defining "evidence-based model"
11 and "promising approach";

12 (4) employs well-trained and competent staff
13 and provides continual professional supervision and
14 development relevant to the specific program or model being
15 delivered;

16 (5) demonstrates strong links to other
17 community-based services;

18 (6) operates within an organization that
19 ensures compliance with home visiting standards;

20 (7) continually evaluates performance to
21 ensure fidelity to the program standards;

22 (8) collects data on program activities and
23 program outcomes; and

24 (9) is culturally and linguistically
25 appropriate.

1 SECTION 3. HOME VISITING PROGRAMS--ACCOUNTABILITY--
2 EXCLUSIONS--CONTRACTING--REPORTING.--

3 A. The department shall provide statewide home
4 visiting services using a standards-based program. The
5 department shall adopt and promulgate rules by which the
6 standards-based home visiting program shall operate.

7 B. The department shall fund only standards-based
8 home visiting programs that include periodic home visits to
9 improve the health, well-being and self-sufficiency of
10 eligible families.

11 C. A home visiting program shall provide
12 culturally and linguistically appropriate, face-to-face
13 visits by nurses, social workers and other early childhood
14 and health professionals or by trained and supervised lay
15 workers.

16 D. A home visiting program shall do two or more of
17 the following:

18 (1) improve prenatal, maternal, infant or
19 child health outcomes, including reducing preterm births;

20 (2) promote positive parenting practices;

21 (3) build healthy parent and child
22 relationships;

23 (4) enhance children's social-emotional and
24 language development;

25 (5) support children's cognitive and

1 physical development;

2 (6) improve the health of eligible families;

3 (7) provide resources and supports that may
4 help to reduce child maltreatment and injury;

5 (8) increase children's readiness to succeed
6 in school; and

7 (9) improve coordination of referrals for,
8 and the provision of, other community resources and supports
9 for eligible families.

10 E. The department shall work with the early
11 learning advisory council and develop internal processes that
12 provide for a greater ability to collaborate with other state
13 agencies, local governments and private entities and share
14 relevant home visiting data and information. The processes
15 may include a uniform format for the collection of data
16 relevant to each home visiting program.

17 F. When the department authorizes funds through
18 payments, contracts or grants that are used for home visiting
19 programs, it shall include language regarding home visiting
20 in its funding agreement contract or grant that is consistent
21 with the provisions of the Home Visiting Accountability Act.

22 G. The department and the providers of home
23 visiting services, in consultation with one or more experts
24 in home visiting program evaluation, shall:

25 (1) jointly develop an outcomes measurement

1 plan to monitor outcomes for children and families receiving
2 services through home visiting programs;

3 (2) develop indicators that measure each
4 objective established pursuant to Subsection D of this
5 section; and

6 (3) complete and submit the outcomes
7 measurement plan by November 1, 2013 to the legislature, the
8 governor and the early learning advisory council.

9 H. Beginning January 1, 2014 and annually
10 thereafter, the department shall produce an annual outcomes
11 report to the governor, the legislature and the early
12 learning advisory council.

13 I. The annual outcomes report shall include:

14 (1) the goals and achieved outcomes of the
15 home visiting system implemented pursuant to the Home
16 Visiting Accountability Act; and

17 (2) data regarding:

18 (a) the cost per eligible family
19 served;

20 (b) the number of eligible families
21 served;

22 (c) demographic data on eligible
23 families served;

24 (d) the duration of participation by
25 eligible families in the program;

1 (e) the number and type of programs
2 that the department has funded;

3 (f) any increases in school readiness,
4 child development and literacy;

5 (g) decreases in child maltreatment or
6 child abuse;

7 (h) any reductions in risky parental
8 behavior;

9 (i) the percentage of children
10 receiving regular well-child exams, as recommended by the
11 American academy of pediatrics;

12 (j) the percentage of infants on
13 schedule to be fully immunized by age two;

14 (k) the number of children that
15 received an ages and stages questionnaire and what percent
16 scored age appropriately in all developmental domains;

17 (l) the number of children identified
18 with potential developmental delay and, of those, how many
19 began services within two months of the screening; and

20 (m) the percentage of children
21 receiving home visiting services who are enrolled in
22 high-quality licensed child care programs. _____